Report of the Regional Director

The Work of the World Health Organization in the African Region

July 2023–June 2024

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World Health Organization

African Region

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Designed in Kampala, Uganda

Contents

Abbreviations

AfDB	African Development Bank
Africa CDC	Africa Centres for Disease Control and Prevention
AIRA	Africa Infodemic Response Alliance
AHOP	African Health Observatory Platform on Health Systems and Policies
AMR	antimicrobial resistance
AVAREF	African Vaccine Regulatory Forum
BMS	Business Management System
COP	Conference of the Parties
EPR	emergency preparedness and response
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
GAP	Global Action Plan on Child Wasting
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GTS	Global Technical Strategy for Malaria 2016–2030
GSM	General Management System
HiAP	Health in All Policies
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IHR	International Health Regulations
MCAT	multicountry assignment team
Men5CV	pentavalent meningococcal ACWYX conjugate vaccine
MenACV	monovalent meningococcal A conjugate vaccine
NCD	noncommunicable disease
nOPV2	novel oral polio vaccine type 2
NTD	neglected tropical disease
PrEP	pre-exposure prophylaxis
PRSEAH	prevention and response to sexual exploitation, abuse and harassment
UHC	universal health coverage
US CDC	United States Centers for Disease Control and Prevention
SADC	Southern African Development Community
SCI	service coverage index
SDG	Sustainable Development Goal
SIDS	Small Island Developing States
SPAR	States Parties Self-Assessment Annual Report
TASS	Transforming African Surveillance Systems
TB	tuberculosis
UAE	United Arab Emirates
WASH	water, sanitation and hygiene
WHO	World Health Organization
WPV	wild poliovirus

Foreword

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The active contribution of African Heads of State and Government to the global discourse on accelerating progress towards universal health coverage and enhanced health security demonstrates the renewed political commitment and resolve to learn from the important lessons of the COVID-19 pandemic in the African Region. The WHO Secretariat in the African Region continues to work with our Member States and in close collaboration with partners, to translate this commitment into resilient, integrated people-centred health systems and better health outcomes for the people of Africa.

This report presents the work of the WHO Secretariat in the African Region over the period from 1 July 2023 to 30 June 2024. During this period, we supported Member States in the Region to undertake actions to accelerate progress towards the health-related Sustainable Development Goals (SDGs), with a particular focus on overcoming the stagnation or reversal in progress caused by the COVID-19 pandemic.

We continued to implement the Transformation Agenda and document lessons learnt in our efforts to ensure that the WHO Secretariat in the Region continues to evolve into a fit-for-purpose organization that is responsive to the needs of its Member States.

I applaud the leadership of our Member States as well as the important contribution of health workers, partners, communities and other stakeholders in our efforts to improve the health and well-being of all people in Africa, especially the most vulnerable and marginalized communities.

The progress highlighted in this report would not have been possible without strong partnerships. I acknowledge with gratitude our strong partnership with the African Union, the Africa CDC, regional economic communities, bilateral and multilateral partners, financing partners, UN entities, civil society, academia and the private sector.

The African Region continues to experience significant challenges. These include the prolonged adverse impact of the COVID-19 pandemic, the economic and debt crises, the disruptions attendant on climate change, conflict and humanitarian emergencies, among others.

Our collective experience and commitment will be vital to efforts to accelerate progress towards the health-related SDGs in the face of multiple challenges.

Dr Matshidiso Moeti
WHO Regional Director for Africa

Executive summary

This report on the work of the WHO Secretariat in the African Region during the period July 2023 to June 2024 presents the support provided to Member States in the Region to recover from the COVID-19 pandemic and accelerate progress towards attaining the health-related SDG targets.

The Transformation Agenda, a bold attempt to accelerate reform of the WHO Secretariat in the African Region that was introduced in 2015, was consolidated during the reporting period. Actions undertaken to strengthen commitment to WHO values and ethical standards, integrate diversity, equity and inclusion (DEI) together with prevention and response to sexual exploitation, abuse and harassment (PRSEAH), strengthen leadership and teamwork, contributed to the successful implementation of health programme priorities described in the report.

Progress in enhancing accountability and financial management that has been a hallmark of the Transformation Agenda was sustained during the reporting period. The number of overdue direct financial cooperation (DFC) reports dropped by 98%, from 1861 in March 2016 to just 36 by April 2024. This improvement led to increased resource allocation for country offices, rising from 66.9% in the 2018–2019 biennium to 74.6% in 2022–2023. The progress made by the WHO African Region in enhancing risk management capacity and accountability was confirmed by the Independent Expert Oversight Advisory Committee (IEOAC) during a visit to the Region (the Regional Office for Africa and the three WHO Country Offices in Congo, Democratic Republic of the Congo and South Africa) in October–November 2023. The IEOAC included this observation in its report to the 154th meeting of the Executive Board in January 2024.

Progress towards universal health coverage (UHC)

Over the past two decades, the African Region has registered progress towards UHC with the average service coverage index rising from 23 in 2000 to 41 in 2021. During the reporting period, WHO supported Member States to translate the commitments they had made during the UN High-level Meeting on Universal Health Coverage and the UN High-level Meeting on Tuberculosis held in September 2023, into concrete action.

During the reporting period, an analytical assessment conducted by WHO confirmed that 88% of Member States in the WHO African Region now have primary health care and UHC at the centre of their national health policies, strategies and plans. WHO continued to support Member States in the Region to formulate and implement evidence-based health financing strategies to protect people from impoverishing health spending.

WHO, working with partners and stakeholders, continued to support Member States' efforts to end preventable maternal and childhood mortality through actions to scale up access to quality, high-impact interventions.

WHO continues to support Member States to undertake a whole-of-society approach to health workforce planning, development and management, increasing availability and implementation of national health workforce policies/strategies, and assisting countries to adopt national health workforce accounts to improve their tracking and reporting capabilities.

In collaboration with Member States and partners, WHO developed the Africa Health Workforce Investment Charter, which was adopted through the Windhoek Statement on Investing in Africa's Health Workforce at the inaugural Africa Health Workforce Investment Forum in Namibia in May 2024. The Charter is designed to assist governments to leverage evidence-based principles to collaborate with partners and stakeholders, align priorities and resources, and enhance recruitment and retention of health workers. The goal is to minimize inefficiencies in current spending, while ensuring a sustainable increase in resources allocated to health care and the health workforce.

Access to health products was improved through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems. WHO played an active role in the establishment of a pooled procurement programme for the Region's Small Island Developing States (SIDS), initially serving as its secretariat. At the SIDS Ministerial Meeting in March 2024, Mauritius was selected as the secretariat for the pooled procurement mechanism. A number of long-term agreements have since been signed with identified suppliers, significantly lowering the prices of several medicines. In February 2024, WHO supported the organization of the first regional workshop to establish a pooled procurement mechanism for health products in the six countries[1] of the Central African Economic and Monetary Community (CEMAC). It also supported the Economic Community of West African States (ECOWAS) to develop and validate documents to strengthen implementation of its pooled procurement mechanism.

WHO continues to provide technical assistance to countries to enhance the capacities of national regulatory authorities. During the reporting period, the National Regulatory Authority of Zimbabwe was assessed to have attained Maturity Level 3. There are now five countries[2] in the Region whose national regulatory authorities have attained Maturity Level 3, which indicates a stable, well-functioning and integrated regulatory system.

The African Region made important strides in disease control, elimination and eradication efforts during the reporting period.

The WHO African Region, which was certified as wild poliovirus-free in August 2020, experienced a setback in 2021 when wild poliovirus was imported into Southern Africa from the remaining global polio endemic reservoir. In May 2024, transmission of imported wild poliovirus in Southern Africa was confirmed to have been interrupted following a coordinated subregional outbreak response effort across several counties. The Region also continues to make progress with regard to stopping outbreaks caused by vaccine-derived polioviruses.

1 Chad, Cameroon, Gabon, Congo, Central African Republic, Equatorial Guinea.

2 Ghana, Nigeria, South Africa, United Republic of Tanzania, Zimbabwe

Sub-Saharan Africa continues to bear the highest burden of **malaria,** accounting for about 95% of all malaria cases and deaths. In January 2024, Cabo Verde became the third country in the Region to be certified for malaria elimination, after Mauritius in 1973 and Algeria in 2019.

The introduction of malaria vaccine into national immunization programmes of Member States with high malaria burden was a significant achievement realized during the reporting period.

In March 2024, Ministers of Health from the 10 highest-burden countries[3] that account for 70% of the global malaria burden met to renew their commitment to accelerate the response to end malaria deaths with the signing of the Yaoundé Declaration. Nigeria was the first of these high-burden countries to convene a national ministerial meeting on rethinking malaria elimination in the context of wider health sector reforms, and increasing the national health budget.

WHO assisted 20 countries[4] to conduct malaria programme reviews and revise their national strategic plans used for resource mobilization, by supporting data analyses, risk stratification, subnational tailoring of interventions (SNT), leading external review missions and guiding development of national policies based on WHO guidelines.

The WHO African Region continues to register progress in efforts to control **neglected tropical diseases (NTDS).**

Chad became the eighth country in the Region to be validated for the elimination of human African trypanosomiasis (sleeping sickness) as a public health problem in April 2024, and is using the lessons learnt to address the high burden of Guinea-worm disease in the country.

3 Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda, United Republic of Tanzania

4 Angola, Botswana, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Madagascar, Mali, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, United Republic of Tanzania, Uganda

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Protecting people from health emergencies

During the reporting period, WHO, working closely with the Africa Centres for Disease Control (Africa CDC), supported the participation of Member States of the African Region in global negotiations on international legal instruments to govern health emergency prevention, preparedness, response and resilience (HEPR). These processes included the work of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic preparedness and response.

African Member States also participated in the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). After almost 18 months of deliberations, a package of approved amendments to the IHR (2005) was presented and approved at the Seventy-seventh session of the World Health Assembly in May 2024.[5] It included amendments to 28 of the 66 articles of the IHR (2005), and the addition of two new articles.

Implementation of the Transforming African Surveillance Systems (TASS) flagship programme by the WHO Regional Office for Africa continues to strengthen the capacity and improve the performance of Member States. As of June 2024, ninety-three per cent of Member States in the Region were sharing timely and high-quality Integrated Disease Surveillance and Response (IDSR) data each week.

The proportion of countries with capacity to analyse and link data from surveillance systems at national and intermediate levels increased from 68% in 2022 to 98% in 2023. Close to 60% of African Member States produced regular IDSR bulletins in 2023.

During the reporting period, WHO received reports of 146 public health events, comprising 126 outbreaks and 20 humanitarian crises. Among these, 25 required significant operational support from WHO.

The Region witnessed an upsurge in cholera outbreaks, particularly in Southern Africa, with countries such as Malawi, Zambia and Zimbabwe experiencing unprecedented outbreaks. The commitments made by SADC Heads of State in February 2024 provided an excellent opportunity to accelerate multisectoral national efforts to control cholera.

The Region is also witnessing an increasing number and intensity of climate-related crises (droughts, floods and cyclones), as well as zoonotic transmission-related outbreaks. The number of zoonotic disease outbreaks increased by 87% between 2003 and 2012, and between 2013 and 2022.

5 WHA77.17 (1 June 2024). Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005)

Promoting health and well-being

During the reporting period, an implementation plan for the Regional strategy for community engagement 2023–2030 was developed during a WHO AFRO cross-cluster workshop in April 2024 in Brazzaville, Congo. This implementation plan will be used to guide countries in implementing the Regional strategy for community engagement during the 2024–2025 biennium.

In the build-up to the 28th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28) in December 2023 in Dubai, WHO in the African Region co-led three regional meetings of health ministers. These resulted in a Common African Position on climate and health, and the signing by 29 African Member States of the UAE Declaration on climate and health.

To mark the first-ever Health Day during COP28, WHO in the African Region co-convened and facilitated three ministerial forums attended by ministers and high-level delegates from 15 countries of the WHO African and Eastern Mediterranean Regions. The ministers reaffirmed their commitment to implement the Libreville Declaration on health and the environment, and to step up their leadership in the climate and health agenda, in collaboration with their environment counterparts.

In late 2023, Malawi took a significant step forward in its tobacco control measures by ratifying WHO's Framework Convention on Tobacco Control (WHO FCTC), a crucial international treaty designed to address the severe public health risks associated with tobacco consumption and exposure to tobacco smoke.

The launch of the Road Safety Status Report for the African Region was another important activity undertaken during this reporting period.

In June 2023, WHO released updated recommendations for managing and preventing wasting and nutritional oedema in under-five children. To accelerate the adoption of the recommendations, the WHO Regional Office for Africa and the UNICEF Eastern and Southern Africa Regional Office organized a workshop in November 2023. This was part of an ongoing collaboration with other GAP partners (WFP, UNHCR and FAO) to disseminate the recommendations and build the capacity of countries on the revised guidance.

Integrated action for better health

WHO continues to collaborate closely with partners, including donors, to enhance and sustain Member States' capacities to address the antimicrobial resistance (AMR) threat. These efforts, guided by the One Health approach, focus on five key technical areas: strengthening AMR governance, multisectoral partnerships, and coordination; raising awareness and understanding of AMR; enhancing surveillance systems and laboratory capacity for detecting and characterizing emerging AMR; promoting optimal antimicrobial use; and implementing evidence-based policies and practices.

With regard to health research, during the reporting period, WHO supported the institutionalization of capacity development and reinforcing collaboration between ministries of health, WHO, academic institutions and implementing partners. Actions were undertaken to support early career researchers with impact grants for work aligned with regional priorities, and the partnership with the European and Developing Countries Clinical Trial Partnership (EDCTP) worked to strengthen research capacity, regulatory activities and the clinical trial ecosystem in the Region. Efforts were also made to enhance country leadership and governance in developing and adapting WHO normative products.

During the reporting period, WHO continued to support Member States to strengthen and increase access to primary health care (PHC) by developing proactive normative guidance, capacitating digital health leadership across the Region, scaling up localized technological innovations, and capacitating digital health interventions for impact.

Providing better support to countries

The WHO Regional Office for Africa exercised its leadership through strategic convening and agenda-setting, high-level health advocacy, engagement in strategic partnerships, and strengthening communication efforts. These initiatives resulted in increased political commitment to health, improved capacity to translate commitments into tangible actions at both national and community levels, and enhanced ability to mobilize resources for priority health programmes.

WHO in the African Region completed alignment of staffing in all 47 country offices to country needs, based on stakeholder expectations expressed during the functional reviews. By the end of 2023, a total of 556 new staff, including 94 international professional officers and 42 United Nations Volunteers, were recruited to perform newly-identified functions in countries. This endeavour is already producing results in terms of improved performance by country offices, including building partnerships, coordinating resources and providing evidence in support of Member States.

Conclusions and way forward

WHO in the African Region continued to support Member States to implement priority actions to regain momentum towards achieving the health-related SDG targets. The urgency of these actions cannot be overemphasized, given that the target date of 2030 is only six years away.

It is important that the lessons from the COVID-19 pandemic, as well as from other emergencies and shocks that the Region frequently experiences, continue to be taken into consideration as WHO and partners support Member States to build resilient health systems, with strong primary health care foundations.

The adoption of the Fourteenth General Programme of Work (GPW 14) by the Seventy-seventh session of the World Health Assembly in May 2024 provides a great opportunity for harmonized actions by Member States, as well as all global health actors.

The Lusaka Agenda, which has identified priority shifts for the effective alignment of all support provided by global health initiatives (GHIs) and other health actors in support of country leadership, is another important opportunity. The priorities identified by the Lusaka Agenda are: strengthening primary health care; progress towards sustainable, domestically financed health services; equity; strategic and operational coherence; as well as research and local manufacturing capacity.

Fig. 1. Timeline of key events

2023

31 July
- Mauritius becomes the first African country to implement the entire WHO package of tobacco control measures to reduce tobacco use and related deaths.

25 August
- WHO in the African Region inaugurates the first candidates of the Mwele Malecela Mentorship Programme for Women in Neglected Tropical Diseases (MMM Programme).

29 August
- African health ministers endorse a regional strategy to ramp up action against antimicrobial resistance (AMR) at the Seventy-third session of the WHO Regional Committee for Africa in Botswana.
- WHO Regional Director for Africa Dr Matshidiso Moeti receives Botswana's Presidential Order for Meritorious Service Award in Africa, for her contribution to health development.

20 September
- Landmark Political Declaration on pandemic prevention, preparedness and response adopted at UN General Assembly.

21 September
- New Political Declaration on universal health coverage: expanding our ambition for health and well-being in a post-COVID-19 world adopted at the UN General Assembly.

22 September
- World leaders adopt historic declaration to accelerate the fight against tuberculosis at the UN General Assembly.

24 October
- Nigeria adds human papillomavirus (HPV) vaccine to its routine immunization system; aims to reach 7.7 million girls in a single vaccination round.

30 October
- First Pathways to Leadership for Health Transformation Training workshop for leaders from the African, Eastern Mediterranean and European Regional Offices.

16 November
- Malawi ratifies WHO's Framework Convention on Tobacco Control (WHO FCTC).

14 December
- Senegal and WHO inaugurate regional health emergency hub in Dakar, the second in Africa.

26 December
- WHO recognizes noma (cancrum oris) as a neglected tropical disease (NTD).

2024

12 January
- WHO certifies Cabo Verde as malaria-free.

22 January
- Cameroon adds the RTS,S malaria vaccine to its national routine immunization services.

5 February
- Burkina Faso adds the RTS,S malaria vaccine to its national routine immunization services.

6 March
- Ministers of Health from high-burden malaria countries sign the Yaoundé Declaration to accelerate action to end malaria deaths.

27 March
- Ministers of Health from Africa's Small Island Developing States (SIDS) establish a secretariat for pooled procurement of essential medicines and medical products.

12 April
- Nigeria becomes the first country in the world to launch a new pentavalent meningococcal vaccine (Men5CV), which protects against five strains of the bacteria.

25 April
- Benin, Liberia and Sierra Leone launch a large-scale roll-out of the life-saving malaria vaccine.

6 May
- WHO in the African Region and partners launch the Region's first Africa Health Workforce Investment Charter.
- WHO awards Namibia silver tier and bronze tier status for progress on reducing mother-to-child transmission of hepatitis B and HIV respectively.

14 May
- End of wild poliovirus type 1 (WPV1) outbreak in Malawi and Mozambique.

12 June
- Launch of strategic framework for the elimination of visceral leishmaniasis (VL) as a public health problem in eastern Africa.

19 June
- WHO Africa launches new Guidance Framework for Sickle Cell Disease Management in Africa.

1. Introduction

This report presents the work of the WHO Secretariat in the African Region between July 2023 and June 2024. During this time, WHO, working closely with partners, supported Member States in the Region in their post-COVID-19 recovery efforts to regain momentum towards achieving universal health coverage, enhancing health security, and addressing determinants of health.

During the reporting period, the WHO workforce in the African Region comprised staff members and affiliates. There were close to 2500 long-term and temporary staff, with 1837 (74%) at country level and 642 (26%) at Regional Office level. Affiliates, including consultants, United Nations Volunteers (UNVs), Junior Professional Officers (JPOs), personnel on special services agreements, as well as agreements for performance of work contracts, complemented the staff strength. The entire WHO workforce made important contributions to WHO's work during the reporting period.

The work presented in this report was guided by the Thirteenth General Programme of Work (GPW 13), which initially spanned the period 2019–2023. The Seventy-fifth World Health Assembly extended the lifespan of GPW 13 to 2025.[6] This extension offered the WHO Secretariat the opportunity to use the lessons learnt during the COVID-19 pandemic to effectively support Member States to accelerate progress towards the achievement of the triple billion targets and health-related SDGs.

The Transformation Agenda, which accelerated the reform of the WHO Secretariat in the African Region to make it a responsive, effective and accountable organization, also guided WHO's work in the Region as highlighted in this report.

Chapter 1
Introduces the report and provides an overview of its content.

Chapter 2
Presents an update on the implementation of the Transformation Agenda and how it contributed to making the Secretariat more responsive, results-driven and accountable. The chapter also provides an overview of progress towards polio eradication in the Region.

Chapter 3
Highlights key activities to accelerate progress towards universal health coverage in the African Region and results.

Chapter 4
Presents details of the support provided by the WHO Secretariat to Member States in the Region to protect their populations from the adverse impacts of health emergencies.

Chapter 5
Highlights the key areas in which WHO supported efforts by Member States to promote health and well-being.

Chapter 6
Describes efforts to combat antimicrobial resistance (AMR) and strengthen health systems through integrated action.

Chapter 7
Details the actions undertaken by WHO during the reporting period to provide better support to Member States through leadership, governance and effective management of resources.

Chapter 8
Presents the conclusion and proposed way forward.

6 WHA 75.6 Extension of the Thirteenth General Programme of Work 2019–2023 to 2025

2. Transformation of the WHO Secretariat

Transformation Agenda – Results and lessons learnt

The Transformation Agenda (TA) of the WHO Secretariat in the African Region was introduced in 2015 with the aim of accelerating the reform of the WHO Secretariat in the African Region to make it a more effective and responsive organization, better able to meet the needs of its Member States. The four focus areas of the TA are pro-results values, smart technical focus, responsive strategic operations and effective communications and partnerships. The key TA activities undertaken during the reporting period are described below:

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Pro-results values

- During the reporting period, the WHO Secretariat in the African Region continued to strengthen its commitment to WHO values and ethical standards, specifically sustaining the implementation of WHO's strategy to prevent and respond to sexual exploitation, abuse and harassment (PRSEAH).
- Ongoing efforts to integrate diversity, equity and inclusion, along with PRSEAH, into WHO AFRO processes and staff well-being are expected to positively modify attitudes towards these critical issues.
- The Pathways to Leadership for Health Transformation Programme was extended to WHO EURO and WHO EMRO. Additionally, Benin launched its second cohort for directors, while the first cohort delivered by Ashasi University was launched in Ghana.
- The AFRO Team Performance Programme and Mentorship Programme, financed by the WHO Global Learning Development Committee, have been integrated into staff development. WHO AFRO promoted women's involvement in leadership through the Women in Leadership Speaker Series, providing a platform for women to engage with female leaders in global development.

Smart technical support

- WHO AFRO has strengthened its technical support to Member States by investing in human capital and resources, scaling up the efforts of the 11 multicountry assignment teams (MCATs), which comprise over 90% subject-matter experts.
- WHO AFRO continued to implement flagship programmes (PROSE, TASS and SURGE) to enhance emergency response capabilities, training 11 national emergency response teams to effectively manage outbreaks.
- The timeliness of outbreak detection improved markedly, with detection times reduced to seven days in 2023, and response lead times to two days. The median time to control viral haemorrhagic fever outbreaks also fell to 48 days in 2023.
- Further achievements include the reduction in the number of zero-dose children from 7 312 000 in 2022, to 6 718 000 in 2023, reflecting progress in routine immunization coverage.
- The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) saw 19 Member States eliminate at least one neglected tropical disease (NTD) by 2023, compared to six in 2010. WHO AFRO also made strides in addressing AMR, with 47 Member States developing national action plans on AMR by 2024, up from just two in 2015. The number of Member States tracking these plans increased from 26 in 2022, to 37 in 2024, highlighting a significant advancement in the Region's health management capabilities.

Responsive strategic operations

- In 2023, WHO AFRO made significant strides in accountability and financial management. The number of overdue direct financial cooperation (DFC) reports dropped by 98%, from 1861 in March 2016 to just 36 by April 2024. This improvement led to increased resource allocation for country offices, rising from 66.9% in the 2018–2019 biennium to 74.6% in 2022–2023. Additionally, the Secretariat has maintained a satisfactory audit rating since 2016, reflecting strong internal controls and financial management.
- The Secretariat also saw enhanced efficiency through long-term agreements and expanded supplier networks, achieving efficiency gains of approximately US$ 1.6 million. The adoption of digital tools, including a new Translation Management System and Travel Management System, streamlined processes and improved cost-effectiveness.
- Over 350 000 field workers and 200 000 polio campaign workers transitioned to digital payments, leading to more timely financial reporting. Furthermore, the leadership programme for health transformation has trained over 200 senior health officials, with 49% female participation, partnering with universities to sustain its impact.
- Emphasizing results-driven implementation and optimizing programmatic key performance indicators (KPIs) aligned with the General Programme of Work targets, WHO AFRO has taken corrective measures based on KPI analysis.
- The focus on enhancing internal accountability, demonstrating value for money, and tracking the immediate benefits of health interventions, continues to be a priority. This effort has contributed to strengthening the WHO supply chain in the African Region.
- At unit level, WHO AFRO continues to consolidate changes initiated under the Transformation Agenda by fostering stakeholder feedback in six key areas: WHO values; effectiveness; quality; cost-consciousness; agility and change management; and collaboration. This feedback aims to further enhance team effectiveness, improve communication, and increase motivation and engagement. Forty-one regional and country level units, three clusters in the Regional Office and four WHO country offices are using these lessons to address challenges to collective performance within the Organization.

Partnerships and effective communication

- To expand its external relations, WHO AFRO recruited additional external relations officers to identify funding opportunities and develop proposals aligned with Member States' needs, leading to the mobilization of new funding and increased collaboration with non-State actors. A total 42% of donor reporting was submitted timeously in 2023.
- WHO AFRO enhanced accountability and transparency in its communications with donor partners by sharing various communication products, including human interest stories, press releases and social media posts.
- Twitter follower numbers stand at 315 000 and Facebook followers at 1.8 million, while page views on the WHO AFRO website totalled 8.5 million in 2023.
- Additionally, WHO AFRO organized partner briefings and established regular reporting mechanisms.

The implementation of the Transformation Agenda has provided invaluable insights for future change management in the WHO African Region. The Secretariat documented important lessons from nine years of implementation of Transformation Agenda activities in Africa. These include:

- The importance of co-creation for sustainable transformation: Engaging Member States as active participants throughout the process has fostered a sense of ownership at country level, improving sustainability and alignment between WHO's goals and national priorities. Additionally, the COVID-19 pandemic has underscored the need for investing in primary health care to ensure a resilient health system capable of maintaining essential services and delivering comprehensive, equitable care, including during emergencies.
- Prioritizing people and culture: This has been crucial in driving sustainable change in the African Region. Initiatives such as the Change Agent Network, the Mentorship Programme and the Pathways to Leadership Programme have demonstrated the importance of organizational culture reforms, staff engagement, and robust change management support.
- Building strong leadership capacity: This critical component has been exemplified by the AFRO Pathways to Leadership Programme, which equips both WHO staff and national health officials with essential skills. The success of this programme in attracting participants from other regions further emphasizes its effectiveness.
- Balancing process and results: While robust processes and systems are important, there is a need to maintain sustained focus on results and impact. Shifting the narrative from "what we do" to "the impact we achieve at country level" has been transformative.
- Adaptability and resilience in the face of emerging challenges: This has presented opportunities to consolidate and accelerate transformation efforts, in alignment with the Region's recovery and resilience priorities.
- Embracing innovation: This has significantly enhanced WHO's transformation work, integrating cutting-edge technologies and innovative approaches to streamline operations, improve service delivery, data management and decision-making processes.
- Building action-oriented partnerships with stakeholders, including the private sector and academia: This has been instrumental in defining innovative approaches, mobilizing resources, and amplifying the impact of transformation initiatives.
- Documenting the journey of the Transformation Agenda, including successes, challenges, and lessons learnt: This is crucial for promoting learning within WHO, while serving as a valuable resource for broader health system transformation efforts across Africa.

Polio eradication in the WHO African Region

In August 2020, the African Region accomplished an extraordinary milestone when it was certified free of indigenous wild poliovirus. This achievement was the result of dedicated efforts by governments, communities, stakeholders and partners. In November 2021, the African Region suffered a setback with the importation of wild poliovirus into Malawi. The imported wild poliovirus transmission spread from Malawi to neighbouring Mozambique, sparking a robust subregional response that was implemented in five[7] Southern African countries. Over 100 million vaccine doses were dispensed to immunize all children in the participating countries. Surveillance for poliovirus was also strengthened, with 15 new wastewater surveillance sites established in the participating countries. In May 2024, a thorough assessment conducted by an independent polio Outbreak Response Assessment Team (OBRA) confirmed that the imported transmission of wild poliovirus in Southern Africa had been interrupted. The last confirmed wild polio case was recorded in August 2022 in Mozambique, and in Malawi in November 2021.

During the reporting period, 28 countries in the African Region experienced outbreaks caused by circulating vaccine-derived poliovirus (cVDPV), the risk of which is higher in under-immunized populations. WHO, working closely with Global Polio Eradication Initiative (GPEI) partners, supported these countries to implement outbreak response activities, including vaccination campaigns and surveillance strengthening, with a total of 237 million children vaccinated at least once. Of the 28 countries that conducted outbreak response vaccination campaigns, 25 used novel oral polio vaccine type 2 (nOPV2) while three used bivalent oral polio vaccine type 2 (bOPV2). A total of 506 237 718 doses of nOPV2 were dispensed in 25 countries.

The Region has registered progress in efforts to halt outbreaks due to cVDPV. During the reporting period, the Region reported 328 CVDPV cases, down from 714 cases in the preceding 12 months, representing a 54% decrease in the number of cases. The Region remains on track to meet its strategic goals of interrupting variant poliovirus outbreaks by December 2024.

WHO supported countries to maintain high quality surveillance to ensure that polioviruses are promptly detected. During the reporting period, the Region achieved high sensitivity surveillance as demonstrated by the non-polio acute flaccid paralysis rate of 7.05. A 91% stool adequacy rate was also achieved in the Region, which means that the two core surveillance indicators were met during the reporting period.

By June 2024, WHO had supported 46 out of the 47 countries in the Region to set up fully functional environmental surveillance systems. The establishment of environmental surveillance sites across the Region has enhanced detection of poliovirus.

Sixteen polio laboratories in the Region provide timely determination of the origin and type of polioviruses detected in stool and wastewater samples. During the reporting period, WHO conducted trainings for regional polio laboratory data managers and health professionals to support high quality laboratory data. Six laboratories were capacitated to carry out genetic sequencing for polio, and four laboratories on direct detection through nanopore technology.

Country capacities to plan and implement high quality polio eradication activities have been enhanced by support provided by the WHO AFRO Geographic Information Systems (GIS) Centre. Using electronic data tools, the Centre supports the mapping of cross-border communities, migratory roots, border crossings and transit routes.

WHO continues to leverage polio structures and assets to support other crucial public health priorities, including strengthening routine immunization, integrated disease surveillance, as well as investigation and response to public health events.

7 Malawi, Mozambique, United Republic of Tanzania, Zambia, Zimbabwe

3. Progress towards universal health coverage

The goal of universal health coverage (UHC) is to ensure that all people receive the health services they need where they need them, without suffering any financial hardship. These include services designed to promote better health, prevent illness and provide treatment, rehabilitation and palliative care. The services should be of sufficient quality to be effective, while ensuring that their use does not expose users to financial hardship.[8]

Over the past two decades, the African Region has made progress towards achieving UHC, with the average service coverage index rising from 23 in 2000 to 44 in 2021.

Improved access to quality essential services

During the reporting period, WHO continued to provide technical support to countries with the aim of strengthening governance and broader health system capacities for the advancement of UHC. The UHC Partnership, a key collaboration that aids all 47 countries in the Region, has supported the deployment of health policy advisers to 31 Member States.

The Political declaration of the high-level meeting on UHC adopted by the UN General Assembly (A/Res/74/2) re-emphasized the vital importance of strengthening legislative and regulatory frameworks and institutions for the achievement of UHC.

To assess whether the legal and regulatory frameworks of Member States in the WHO African Region were compatible with the goals of UHC, WHO undertook the following three-phased intervention:

- rapid assessment of UHC laws in all 47 countries,
- supporting Member States to institute appropriate legal reforms,
- consolidating lessons learnt and developing technical products for country use.

8 World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. Tracking universal health coverage. 2023 global monitoring report

As part of phase one, a significant number of documents and laws have been collected and analysed using the Rapid Assessment of Legislative Framework (RALF) tool. Findings from this exercise indicate that 88% of national health strategies and policies were developed on the foundations of primary health care and UHC. Most countries, however, lack legislation on dedicated financing of the health sector. Only a few have legally earmarked taxes or other specified revenue schemes for the health sector.

WHO aided countries to evaluate their national health strategic plans annually and at the end of each term, capturing successes and lessons learnt for future planning. Evaluation outcomes guided new planning priorities. Support included leveraging partner investments for holistic health system enhancement, aligning grants with national priorities to strengthen health systems, effectively encompassing evidence-based strategies for improved planning and implementation.

WHO provided assistance in implementing the Health in All Policies framework by conducting multisectoral capacity-building activities for 50 policy-makers across 15 countries. This support utilized a range of WHO tools, including the Health in All Policies Training Manual.

The WHO Secretariat worked with countries to establish institutionalized health sector coordination involving various stakeholders. As a result, countries like Burkina Faso, Congo, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Senegal, South Africa, South Sudan and Zimbabwe now have notably active health coordination mechanisms. Enhancing private sector involvement in health is a crucial focus for WHO AFRO. There are ongoing efforts to support countries in the Region to enhance private sector engagement through advocacy events and policy dialogues. Côte d'Ivoire and Ethiopia were supported to develop national strategies for effective private sector collaboration to advance UHC goals.

Protecting people from impoverishing health spending

By the end of the June 2024, WHO had supported 32 countries[9] in the African Region to enhance their health financing systems for UHC by formulating evidence-based strategies. Twenty-four officers from 10 countries[10] participated in the annual WHO-organized Advanced Course on Health Financing for UHC. Additionally, up to 31 countries received training on the use of the Health Financing Progress Matrix for national assessment. Three countries received strategic oversight and technical assistance to conduct assessments using cross-programmatic efficiency analysis (CPEA) to enhance comprehensive evidence generation to inform health financing policy decisions, bringing the number of countries that have done so to 10.[11]

Technical expertise was provided to Member States of the Region for the design and implementation of health financing reforms, such as health insurance reforms and other prepayment mechanisms focusing on vulnerable populations, which were executed in 19 countries.[12] Public financial management (PFM) practices were tailored for effective health financing in 18 countries.[13] Technical expertise was provided for the financial planning of health services packages and/or health sector strategies to countries including Cameroon, Comoros, Eswatini, Kenya, Madagascar, Namibia, Uganda and Zimbabwe.

9 Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe

10 Burkina Faso, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Namibia, Nigeria, Zambia, Zimbabwe

11 Cameroon, Côte d'Ivoire, Comoros, Ghana, Kenya, Mozambique, Nigeria, South Africa, United Republic of Tanzania and Uganda

12 Burkina Faso, Chad, Comoros, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mali, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, Togo, Uganda, Zambia

13 Algeria, Burkina Faso, Côte d'Ivoire, Ghana, Burundi, Benin, Cameroon, Congo, Gabon, Ghana, Kenya, Mozambique, Namibia, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia

Strengthening health financing in Namibia

Namibia is developing a policy on universal health coverage. As part of this effort, the Ministry of Health and Social Services is leading a multisectoral effort to develop evidence-based health financing strategies and interventions. WHO, at the request of the Ministry of Health and Social Services of Namibia, conducted a training course to empower public servants and stakeholders with the knowledge and skills necessary to strengthen health financing systems.

This training course was held in Swakopmund from 13 to 16 May 2024 and brought together 35 public servants involved in public financial management, including budget officers, finance managers and programme managers from several ministries. It contributed to enhancing their understanding of health financing principles and concepts, and equipped them with knowledge and skills in programme-based budgeting for health financing.

WHO continued its work to drive the regional agenda on financing for primary health care through a subregional forum on Financing for Primary Health Care for West and Central African countries in November 2023, convened in collaboration with UNICEF under the Harmonization for Health in Africa (HHA) platform. The forum built on the work of the earlier Forum for East and Southern African countries convened during the previous reporting period. The forum provided an opportunity for key actors from ministries of finance and health across 24 countries in West and Central Africa to share knowledge and identify practical actions and policy changes to accelerate the delivery of UHC through primary health care financing improvements.

As part of its mandate, WHO continues to improve the capacity of countries and provide technical support to generate evidence on health spending through the health accounts estimation process. This provides essential intelligence to monitor health financing commitments and reforms, and to inform decision-making. In the previous 12 months, direct technical assistance was provided to 11 countries[14] to update their health expenditure trends, seven of which have now completed the process. As of 2024, forty-one countries in the Region have used, or are using, the System of Health Accounts to estimate and report on health spending. Further, a regional atlas of health spending trends in the Region was prepared and published.

14 Burundi, Cabo Verde, Chad, Ghana, Kenya, Malawi, Mozambique, Seychelles, South Africa, Togo, Uganda

Better health for women, children, adolescents and older people

The African Region has achieved significant progress in maternal and child health over the past two decades. According to United Nations estimates released in 2023, the maternal mortality ratio (MMR) decreased by one third (from 788 to 531 maternal deaths per 100 000 live births), and the under-five mortality rate (U5MR) by half since 2000. Algeria, Cabo Verde, Mauritius, Mozambique and Seychelles achieved the Sustainable Development Goals' MMR target of less than 70 maternal deaths per 100 000 live births since 2015. South Africa and Zambia also joined this list after 2015.

Additionally, Cabo Verde, Mauritius, Sao Tome and Principe and Seychelles met both the targets to reduce the neonatal mortality rate (NMR) to at least as low as 12 per 1000 live births, and the U5MR to at least as low as 25 per 1000 live births. Algeria met only the under-five mortality target, and South Africa met only the target for neonatal mortality.

Availability of antenatal, intrapartum and postnatal care improved in the African Region. Specifically, the number of countries with over 70% antenatal care coverage grew from 30% in 2010 to 34% in 2023. Likewise, the percentage of births attended by skilled health personnel rose from 28% in 2010 to 60% in 2023. The regional proportion of births attended by skilled health personnel also saw a 14% increase in 5 years, rising from 64% in 2018 to 74% in 2023.

The achievements in ending preventable maternal and child mortality were underpinned by a broad range of interventions and support.

In line with the Global Strategy for Women's, Children's and Adolescents' Health (GSWCAH) 2016–2030, the WHO African Region supported countries to strengthen reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH&N) programmes. This effort resulted in updated strategic plans for reproductive, maternal, newborn, child and adolescent health (RMNCAH) in 20 countries,[15] and the establishment and regular meeting of coordination mechanisms in 31 countries[16] for programme review and strengthening. Additionally, these countries integrated RMNCAH initiatives into their national health sector strategies and policies to guide investments and improvements in maternal and newborn health (MNH).

Additionally, WHO and its partners supported 21 high-burden countries[17] to develop and implement Every Newborn Action Plan (ENAP)/Ending Preventable Maternal Mortality (EPMM) acceleration plans for maternal and newborn health. The plans set national and subnational coverage targets for key maternal and newborn interventions to guide countries in making progress by 2025, and attracting investments. Subnational targets are vital for tracking progress and ensuring equitable access to services; they feed into the African Region's overall targets.

Currently, only 34% of countries (target is 90%) have antenatal care with coverage of at least four visits (over 70%). Additionally, 60% of countries (target is 90%) have coverage of more than 80% of births attended by skilled health personnel, and 36% of countries (target is 90%) have early routine postnatal care coverage (over 60%). Integrated Management of Childhood Illness (IMCI) is being renewed in the African Region to improve child-centred health services.

15 Angola, Comoros, Congo, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Uganda, United Republic of Tanzania and Zambia.

16 Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Guinea, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Togo, Uganda and United Republic of Tanzania.

17 Burundi, Burkina Faso, Central African Republic, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

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As nations aim for UHC, enhancing the quality of health care and services becomes crucial. Through the Quality, equity and dignity (QED) network, WHO supported eight leading African countries[18] to strengthen maternal and neonatal health quality systems. This assistance improved learning frameworks, monitoring and evaluation and best practice dissemination. Furthermore, the implementation of the WHO Labour Care Guide, a tool for collaborative decision-making and respectful care in nine countries,[19] improved the quality of maternity care during childbirth.

Through policy dialogues initiated by WHO and its partners, policies in nearly all African countries [20] (n = 45) now advocate for mandatory reporting of maternal deaths within 24 hours for review. Additionally, 30 countries[21] (63%) have developed national guidelines for maternal and perinatal death surveillance and response (MPDSR) to effectively address the causes of maternal and perinatal deaths. Some countries have extended this initiative to include child death surveillance and response.

Additionally, WHO and its partners improved knowledge and addressed skills gaps in implementing MPDSR in countries by training 150 resource personnel through two regional workshops in English and French. Subsequently, countries improved their abilities to address underlying causes of maternal and neonatal deaths. For instance, in Ethiopia the MPDSR technical working group and seven regional hospitals were supported to implement MPDSR and the paediatric death audit tool. Burundi established a new national committee to steer MPSDR activities, while Zambia conducted a learning visit to South Africa to understand the process of conducting Confidential Enquiries into Maternal Deaths. Madagascar's Ministry of Health issued a reminder to health facilities to report maternal and perinatal deaths within 24 hours, and to review them within 15 days.

In the area of child health, 15 years ago in 2009, the Fifty-sixth session of the Regional Committee adopted "Child Survival: A Strategy for the WHO African Region". The SDG era and the transformative ambition of the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 and the urgency to accelerate called for additional guidance for Member States.

18 Côte d'Ivoire, Ethiopia, Ghana, Malawi, Nigeria, Sierra Leone, United Republic of Tanzania and Uganda.

19 Burkina Faso, Central African Republic, Comoros, Ethiopia, Ghana, Lesotho, Malawi, Madagascar and Mozambique .

20 All countries except Cabo Verde and Equatorial Guinea.

21 Algeria, Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

As a result, WHO AFRO embarked on a multi-step process to co-create a common agenda for child health, in close consultation with Member States and stakeholders. WHO AFRO commissioned a regional stocktaking of the situation of children–the progress, barriers and bottlenecks, as well as the success factors, enablers and facilitators to accelerating progress. The analysis is a first step towards a comprehensive agenda for child health development and well-being. It addresses all children's ages (0–19 years), with special attention to neglected age cohorts, such as older children aged 5–9 years and younger adolescents aged 10–14 years, together with early childhood development (ECD) as a cross-cutting outcome. A Member States' consultation earlier this year validated the situation analysis and embarked on the development of a framework to strengthen integrated child-centred health services, building on lessons learnt from the integrated management of childhood illness strategy.

As part of the Child Health Task Force's Child Survival Action initiative, WHO AFRO is supporting policy advocacy with 13 countries,[8] which countries are off-track for child survival, the majority in the West and Central African subregions, to renew their commitments and design, implement and track progress against acceleration plans. Sierra Leone, the pathfinder country, has developed and is implementing a Child Survival Action Plan; Guinea, Liberia, Mali, Nigeria and South Sudan have developed plans that are yet to be validated, and dialogue is ongoing with the rest.

To improve development outcomes for children, WHO AFRO is supporting advocacy and multisectoral coordination, and strengthening health systems to deliver and monitor services that support nurturing care for young children, in close coordination with key partners in particular UNICEF, the World Bank, the Africa Early Childhood Network (AfECN), and the Early Childhood Development Action Network (ECDN).

Facilitating cross-country learning has been a hallmark of our work in ECD, in close partnership with partners. In October 2023, the Government of Rwanda hosted 18 country teams from Eastern and Southern Africa representing key sectors involved in ECD (the coordinating sectoral ministries or agencies, ministries of education and ministries of health), which participated in an ECD measurement meeting. The meeting, co-organized by WHO AFRO and the UNICEF Eastern and Southern Africa Regional Office (ESARO) with the World Bank, AfECN and ECDN, considered advances and challenges in population-level measures of ECD, programme monitoring and monitoring an individual child's development as part of the continuum of ECD measurement, and how the ECD community can address these issues as a collective.

In March 2024, WHO sponsored and co-convened with UNICEF a learning event on "The Role of the Health Sector in Supporting Early Childhood Development: Building Human Capital Along the Life Course" at the Eastern Africa Region ECD Conference. The session showcased promising practices from Ethiopia, Kenya, Uganda and the United Republic of Tanzania. One regional example showcased the integration of nurturing care into pre-service curricula for paediatricians by the East, Central and Southern Africa College of Paediatrics and Child Health (ECSAPACH)[9], to bring greater attention to early childhood development in the subregion.

At the same conference, WHO co-organized a parallel session on "Strengthening and Scaling Up Services" with AfECN . The session focused on interrogating issues and scaling up strategies employed by countries together with innovative models in the effort to strengthen and scale up services that contribute to children's development. It explored national and subnational efforts to scale up services–in cities, regions and nationally.

Three countries – Kenya, Mozambique and the United Republic of Tanzania – are receiving financial and technical assistance to support and model integration of nurturing care into health systems using all available opportunities. This approach includes the integration of perinatal mental health into maternal child health programmes, given that it critically addresses the well-being of caregivers, which is an important attribute for the healthy development of children.

The adolescent birth rate dropped below 100 for the first time, decreasing from 108 to 97 annual births per 1000 women aged 15–19 years from 2015 to 2021. With WHO advocacy, 10 countries[22] in the African Region committed to the Agenda for Action for Adolescent Health and Well-being during the Global Forum for Adolescents. Also, 44 countries[23] implemented specific interventions for adolescent sexual and reproductive health, including pregnancy prevention, while 38 countries[24] developed dedicated plans for adolescent health (ADH) and well-being.

WHO also continued to support normative actions to increase the availability of adolescent disaggregated data for advocacy, to inform policy decisions and to monitor the health and well-being of adolescents. Forty-seven indicators for monitoring ADH have been recommended by the Global Action for Measurement of Adolescent health (GAMA) Advisory Group. The indicators are applicable to all adolescent population subgroups and span six domains: programmes, policies, and laws; systems performance and interventions; social, cultural, economic, educational and environmental health determinants; health behaviours and risks; subjective well-being; and health outcomes and conditions.

WHO AFRO is supporting countries to generate and use adolescent disaggregated data, taking advantage of scheduled reviews and updates of national health information systems, and recommended indicators. In 2022, twelve countries[25] introduced ADH disaggregated data into their Health Management Information System (HMIS) tools including the District Health Information Software 2 (DHIS2).

22 Botswana, Ethiopia, Ghana, Liberia, Malawi, Namibia, Nigeria, Congo, South Africa and Zambia.

23 Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

24 Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania and Zambia.

25 Côte d'Ivoire, Burkina Faso, Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Mozambique, Nigeria, Senegal, South Africa and Zimbabwe.

Currently, about 58% of women in the African Region aged 15–49 years have their family planning needs met with modern contraceptive methods, up from 47% in 2010. Eswatini, Lesotho, Namibia and Zimbabwe have achieved over 80% satisfaction. WHO supported this progress by helping 44 countries[26] implement evidence-based guidelines on safe contraceptive methods and human rights. Integration of self-care and digital interventions has enhanced access to sexual and reproductive health services, especially during the COVID-19 pandemic. Over the last 2 years, 23 countries[27] have developed guidelines and strategies for self-care in sexual and reproductive health, including contraceptive pills, subcutaneous depot medroxyprogesterone acetate (DMPA-SC) self-injection, and HIV self-testing.

In West and Central Africa, WHO and its partners supported countries to successfully integrate postpartum family planning into maternal, neonatal and child health services by creating a community of practice. This initiative included organizing two annual meetings for countries like Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo. These meetings aimed to advocate for postpartum family planning, share lessons learnt, develop action plans and set annual coverage targets.

Countries have expanded access within the legal limits by updating guidelines and reviewing policies to align with WHO standards. In the African Region, 40[28] out of 47 countries allow abortion under restricted conditions, such as cases of rape, incest and fetal impairment, and when maternal health is at risk. Legal frameworks in Benin, Democratic Republic of the Congo and Mozambique have been revised to improve access. Similar efforts are ongoing in Malawi, Sierra Leone and Zimbabwe. WHO built the capacity of over 2000 health workers across nine countries[29] through training on relevant WHO guidelines and abortion care.

Healthy life expectancy (HALE) rose from 54.4 in 2015 to 56 in 2019 in the WHO African Region. Thus, the number of older people in Africa is expected to triple from 54 million in 2020 to 163 million by 2050. This improvement is attributed to the implementation of age-friendly policies and national programmes for healthy ageing, aimed at preventing age-based discrimination.

By the end of 2023, WHO had supported 30 Member States[30] to develop policies, frameworks and strategies to promote healthy ageing. In the African Region, 29 countries[31] established laws or policies to prevent age-based discrimination. Many countries reported limited resources for implementing these policies, with only 10[32] reporting adequate resources for programme implementation. WHO supported five countries[33] to implement an Integrated care for older people (ICOPE) approach, shifting clinical services from hospitals to primary health care settings. This shift allowed health-care providers to better meet the unique needs of older people in primary health care, and further engage with the community.

26 Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

27 Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Namibia, Niger, Nigeria, Senegal, Sierra Leone, Uganda and United Republic of Tanzania.

28 Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

29 Burkina Faso, Burundi, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ghana and Mali.

30 Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Eritrea, Gabon, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritius, Namibia, Niger, Nigeria, Senegal, Sierra Leone, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

31 Benin, Botswana, Burkina Faso, Burundi, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Niger, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

32 Congo, Côte d'Ivoire, Guinea, Lesotho, Malawi, Niger, Togo, Sierra Leone, South Africa and South Sudan.

33 Botswana, Kenya, Mauritius, Nigeria and Senegal.

Towards more health workers in the right places with the right skills

WHO continues to support Member States to undertake a whole-of-society approach to health workforce planning, development and management, which increases the availability and implementation of national health workforce policies/strategies, and assists countries to adopt national health workforce accounts to improve tracking and reporting capabilities.

Through WHO initiatives, countries have enhanced their ability to track health workforce data and conduct health labour market analyses, which have been crucial in informing policy reforms and stimulating job creation. Efforts by WHO have also been instrumental to increasing capacity for training health workers, including the establishment and strengthening of accreditation mechanisms for health training institutions and the implementation of competency-based education curricula in multiple countries. Additionally, WHO has promoted quality assurance in training and supported gender equity initiatives by highlighting and addressing disparities in the health workforce. WHO has also advocated for and supported measures to enhance the efficiency of health systems, address technical inefficiencies and improve workforce management.

Persistent and emerging challenges necessitate increased and more strategic investments in the health workforce. Despite progress made, forecasts indicate a potential shortage of 6.1 million health workers by 2030, whereas they are essential for effectively addressing the Region's disease burden through comprehensive health promotion, disease prevention, treatment, rehabilitation and palliative care. Additionally, almost 27% of trained health workers are currently unemployed, thus highlighting a mismatch between training outputs and job opportunities. Bridging this gap requires a 43% increase in current funding levels allocated for health workforce employment. Furthermore, the Region has encountered challenges concerning substandard working conditions, with approximately 14 countries experiencing an average of four instances of health-worker industrial unrest or strikes annually since 2018. Brain drain remains a significant concern, with one in every 10 doctors or nurses trained in Africa now working abroad.

In collaboration with Member States and partners, WHO developed the Africa Health Workforce Investment Charter, which was adopted through the Windhoek Statement on Investing in Africa's Health Workforce at the inaugural Africa Health Workforce Investment Forum in Namibia in May 2024. This Charter is designed to assist governments to leverage evidence-based principles to collaborate with partners and stakeholders, align priorities and resources, and enhance recruitment and retention of health workers. The goal is to minimize inefficiencies in current spending, while ensuring a sustainable increase in resources allocated to health care and the health workforce.

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Investing in Africa's health workforce to achieve universal health coverage

In 2024, WHO AFRO documented a decade of progress in health workforce development in the African Region. The Region has made modest progress in health workforce development over the last decade, alongside the improvements in service coverage. There has been increased investment in training and education infrastructure, which increased the number of health profession education institutions to about 4000, from fewer than 1000 in 2005. This trend concomitantly culminated in an increase in the aggregate number of all health workers, from 1.6 million in 2013 to about 5.1 million in 2022. There are 27 doctors, nurses, midwives, pharmacists and dentists per 10 000 people, compared to only 11 in 2023. The improvement stems from a 70% increase in training outputs, which rose from 150 000 in 2018 to 255 000 in 2022, alongside improved health workforce data availability.

Despite this progress, persistent workforce underinvestment and labour market failures continue to impact the collective ability of African countries to improve health and social and economic outcomes, and meet UHC and SDG targets. In response, WHO collaborated with Member States and various partners to develop the Africa Health Workforce Investment Charter, which sets out core principles aimed at aligning and stimulating sustainable long-term investments in the health workforce across the Region towards reducing inequalities in access to health workers, especially in rural and underserved areas and in primary health care settings.

The Charter, which was launched at the inaugural Africa Health Workforce Investment Forum in Namibia, 6–8 May 2024, brought together over 180 participants from across Africa and globally, including 13 ministers and deputy ministers, one permanent secretary, 44 government directors, partners and stakeholders from the health, education, finance, labour and private sectors. The attendees adopted the Africa Health Workforce Investment Charter and committed to its dissemination and implementation through the Windhoek Statement on investing in Africa's Health Workforce.

Improving access to quality medical products

WHO continues to support countries to develop, review and implement policies, strategies and plans to improve access to health products, including medicines, vaccines, medical devices, diagnostics and assistive products. Efforts to operationalize the African Medicines Agency (AMA) have been at the forefront of harmonization of regulatory activities in the African Region. To support the ongoing preparatory activities for AMA, WHO deployed long-term technical assistance to the African Union Commission (AUC) during the reporting period.

Access to health products was improved by shaping the global market and supporting countries to monitor and ensure efficient and transparent procurement and supply systems. WHO played a role in creating a pooled procurement programme for Africa's Small Island Developing States (SIDS), initially serving as its secretariat. At the SIDS Ministerial Meeting in March 2024, Mauritius was selected as the secretariat for this pooled mechanism. A number of long-term agreements have since been signed with identified suppliers, significantly lowering the prices at which several medicines have been procured. In February 2024, WHO supported the organization of the first regional workshop held to establish a pooled procurement mechanism for health products in the six countries[34] of the Central African Economic and Monetary Community (CEMAC). It also supported the ECOWAS region in developing and validating documents to strengthen the implementation of the pooled procurement mechanism.

WHO continues to provide technical assistance to countries to enhance the capacities of national regulatory authorities. During the reporting period, the National Regulatory Authority of Zimbabwe was assessed to have attained Maturity Level 3. There are now five countries[35] in the Region whose national regulatory authorities have attained Maturity Level 3, which denotes a stable, well-functioning and integrated regulatory system.

Eradicating, eliminating, preventing and controlling diseases

During the reporting period WHO continued to provide technical support to countries to achieve national, regional and global disease control targets.

The sub-Saharan African region continues to bear the highest burden of malaria, accounting for about 95% of all malaria cases and deaths worldwide. In January 2024, Cabo Verde became the third country in the Region to be certified for malaria elimination, after Mauritius in 1973 and Algeria in 2019. Factors that contributed to this success included strong country leadership, investments in surveillance systems, and demonstrable multisectoral action by stakeholders. WHO supported these achievements through pre-certification verification missions, capacity building in vector surveillance and control, the establishment of a multisectoral malaria elimination steering committee, and the development of a plan to prevent the resumption of transmission.

None of the recommended malaria control interventions is sufficiently efficacious to serve as a standalone intervention, but the malaria vaccine is one of the high-impact ones. During the reporting period, WHO issued upgraded recommendations for the use of both the RTS,S and R21/Matrix M malaria vaccines, recommending programmatic use of these for the prevention of P. Falciparum malaria in children living in malaria-endemic areas, prioritizing areas of moderate and high transmission. WHO is supporting malaria high-burden countries in the Region to introduce and roll out malaria vaccines in their national immunization programmes. During the reporting period, 10 countries[36] started administering malaria vaccines, with close to 3 million children receiving their first dose. Côte d'Ivoire was the first country to introduce the R21 vaccine in July 2024, followed by South Sudan. Among those vaccinated during the pilot phase, a 30% reduction in severe malaria was noted, along with a 10% drop in child deaths. Estimates are that one death is prevented for every 200 children vaccinated.

34 Chad, Cameroon, Gabon, Congo, Central African Republic, Equatorial Guinea.

35 Ghana, Nigeria, South Africa, United Republic of Tanzania, Zimbabwe

36 Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Liberia, Ghana, Kenya, Malawi, Sierra Leone, South Sudan

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In March 2024, Ministers of Health from the 10 countries with the highest malaria burden,[37] accounting for 70% of global malaria cases, met to renew their commitment to accelerating the response to end malaria deaths, with the signing of the Yaoundé Declaration. Nigeria was the first of these high-burden countries to convene a national ministerial meeting on rethinking malaria elimination in the context of wider health sector reforms and increasing the national health budget.

WHO assisted 20 countries[38] in conducting malaria programme reviews and revising their national strategic plans for resource mobilization, by supporting data analyses, risk stratification, subnational tailoring of interventions, leading external review missions and guiding the development of national policies based on WHO guidelines.

The WHO African Region continues to register progress in the efforts to control **neglected tropical diseases (NTDS).**

In April 2024, Chad became the eighth country in the Region to be validated for the elimination of human African trypanosomiasis (sleeping sickness) as a public health problem. The country is using the lessons learnt to address its high burden of Guinea worm.

WHO, in collaboration with stakeholders, developed and disseminated new guidance on the elimination of visceral leishmaniasis as a public health problem in East Africa.

Since 2010, there has been a significant decline in new **HIV** infections, with a remarkable 56% reduction. For the first time in the history of the HIV pandemic, more new infections are now occurring outside of sub-Saharan Africa. This shift marks a pivotal moment in the global battle against the virus. Among children aged 0-14 years, the number of new infections has decreased even more dramatically, dropping by 60% from 244 000 in 2010 to 98 000 in 2023. Similarly, the number of people dying from HIV-related causes has also seen a substantial decline, with a 56% reduction between 2010 and 2023. The impact on children has been particularly noteworthy. The number of children dying from HIV-related causes plummeted from 680 000 in 2010 to 65 000 in 2023, representing a significant 78% decrease. This reduction is even more pronounced than the decline observed among adults, which stands at 51%. A key factor in these successes has been the increased access to life-saving antiretroviral therapy. The number of people receiving treatment surged from 5.04 million in 2010 to 21.3 million in 2023. This expanded access has contributed to an increase in average life expectancy among people living with HIV in the Region, rising from 56.3 years in 2010 to 61.1 years in 2023. By 2023, seven countries had achieved the ambitious 95-95-95 targets, while five others had reached the 90-90-90 milestones, further underscoring the progress made in controlling the HIV epidemic.

37 Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda, United Republic of Tanzania

38 Angola, Botswana, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Madagascar, Mali, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, United Republic of Tanzania, Uganda

Between 2015 and 2024, the WHO African Region made significant progress in combating tuberculosis (TB). The TB incidence rate decreased from 255 per 100 000 people in 2015 to 205 per 100 000 in 2022, marking a 23% reduction. During the same period, the TB mortality rate declined by 38%, from 67 per 100 000 to 42 per 100 000. The success rate of TB treatment also improved, rising from 83% in 2015 to 88% in 2022, while the proportion of patients with drug-resistant TB receiving appropriate treatment increased from 54% to 72%. Africa's efforts in diagnosing and treating TB led to a remarkable 70% detection rate by 2022. Strengthened national TB programmes have been crucial in achieving this milestone, providing greater access to quality diagnosis, treatment, and care. In 2021, a total of 709 365 people across 15 countries successfully completed TB treatment, a significant increase from the 469 711 treated in 2019. The treatment success rate also rose to 85.2% in 2022 from 83.5% in 2019. However, despite these advances, TB remains a major health challenge in the Region. In 2022, an estimated 2.5 million people contracted TB, and approximately 424 000 died from the disease. The burden of TB is further compounded by the Region's high HIV prevalence, with 20% of new TB cases occurring among people living with HIV/AIDS. These achievements highlight the critical need for sustained efforts and collaboration to continue reducing the TB burden and improving health outcomes in the WHO African Region.

Twenty-one countries in the African Region have developed national strategic plans (NSP) for **hepatitis**[39] to enable realistic and achievable decisions to be taken with the technical support of WHO AFRO. Seventeen countries[40] developed hepatitis testing and treatment guidelines in the past 10 years under the guidance, review, and overall technical support of the WHO Regional Office. WHO hosted hepatitis workshops involving the three levels of the Organization to advance discussion among diverse stakeholders across the continent and new WHO guidelines were disseminated. Over 66 persons from 19 countries in the African Region attended the workshop. Moreover, a regional hepatitis scorecard comparing data from 2019 and 2021 was developed and launched during World Hepatitis Day in 2022, and countries are using this tool for advocacy and strategic planning.

The COVID-19 pandemic led to backsliding in several routine immunization indicators compared with pre-pandemic achievements. The decline in routine immunization coverage rates in the African Region observed between 2019 and 2022 was reversed in 2023. Coverage with a third dose of DPT-containing vaccine declined from 77% in 2019 to 73% in 2022. WHO, working with UNICEF, Gavi, the Vaccine Alliance and other partners, supported countries to develop and implement immunization recovery plans. By the end of 2023, there was a very modest increase in coverage with a third dose of DPT-containing vaccine to 74% at the regional level. The number of zero-dose children (children who have never received a single dose of vaccine) decreased from 7.3 million in 2022, to 6.7 million in 2023.

Several countries in the Region have reported outbreaks of vaccine-preventable diseases, including circulating vaccine-derived poliovirus, diphtheria, measles, meningococcal meningitis and yellow fever. Efforts to improve routine immunization rates even further are critical to reduce the risk of further outbreaks. Efforts to increase human papillomavirus (HPV) vaccine coverage in the Region are yielding results. By the end of 2023, HPV vaccine for girls had been introduced in routine immunization programmes in 28[41] of the 47 countries in the Region, while HPV vaccine for boys was available in three countries.[42] Coverage with the first dose of HPV (HPV1) vaccine among girls in the African Region increased to 40% by the end of 2023.

39 Algeria, Benin, Burundi, Burkina Faso, Cameroon, DRC, Ethiopia, Ghana, Guinea, Kenya, Mali, Mauritania, Mauritius, Niger, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Tanzania and Uganda

40 Algeria, Benin, Burkina Faso, Burundi, Cameroon, Ethiopia, Ghana, Guinea, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, South Sudan, United Republic of Tanzania and Zambia.

41 Botswana, Burkina Faso, Cabo Verde, Cameroon, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gambia, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mauritius, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United republic of Tanzania, Togo, Zambia, and Zimbabwe.

42 Cabo Verde, Cameroon and Mauritius

The rising burden of **noncommunicable diseases** (NCDs) in Africa, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, has not been matched by an increase in investment from governments and partners to combat these diseases. WHO AFRO and partners have collectively worked to support Member States to improve access to care for people suffering from NCDs. Essential NCD services have increasingly been integrated into primary health care using a person-centred approach through the implementation of WHO packages such as WHO PEN, HEARTS, and PEN-Plus. This integration has expanded from fewer than five countries in 2015 to 34 countries of the 47 Member States in 2024.[43,44]

During the reporting period, the first International Conference on PEN-Plus in Africa (ICPPA) was successfully organized by WHO AFRO in collaboration with partners. The conference aimed to create awareness and secure broader buy-in by partners and Member States in implementing the PEN-Plus strategy.

In the area of **mental health, neurological and substance abuse,** Ghana and Zimbabwe, through the WHO Special Initiative for Mental Health,[45] continue to make strides in mental health system reform with Zimbabwe expanding mental health services to 1.8 million people, with 3000 people accessing mental health services for the first time in the last year, while in Ghana services have been expanded to 1.2 million people with 5000 new users. In The past year, seven Member States in the Region,[46] under the WHO SAFER initiative[47] and through the regional intercountry learning process, conducted national country profiles on alcohol-related harm, and developed plans to reduce the deaths, diseases and injuries from harmful alcohol use. These countries are now developing or reviewing their alcohol laws, policies or action plans. Cabo Verde, with support from WHO, conducted a situation analysis on suicide, and developed and launched a National Multisectoral Suicide Prevention Plan.

Global and regional partnerships have been pivotal for the progress made in disease control in the Region. Nonetheless, the post-COVID-19 period presents constrained health financing scenarios. As a result, WHO engaged and is driving optimization of Africa's voice in global health initiatives. In June 2024, key global health stakeholders from across Africa, including representatives from 20 ministries of health, the African Union, WHO, and various global health initiatives, gathered in Addis Ababa for a technical consultation on advancing African leadership under the Lusaka Agenda. Launched in December 2023, the **Lusaka Agenda** focuses on five key shifts to improve primary health care, promote sustainable, domestically-funded health services, and enhance equity in health outcomes. The meeting emphasized the importance of collaboration, transparency, and accountability in implementing the Lusaka Agenda, recognizing it as a critical tool for achieving universal health coverage and the Sustainable Development Goals. A road map was developed, and with the consensus of African Ministers of Health in August 2024, will inform country-led actions and further engagement with stakeholders towards realization of the five shifts in the African Region.

43 AFR/RC71/INF.DOC/4. Progress report on the regional framework for integrating essential noncommunicable disease services in primary health care

44 NCD management programme annual report 2022-2023

45 WHO Special Initiative for Mental Health

46 Ethiopia, Ghana, Kenya, Namibia, Nigeria, Rwanda and Uganda

47 SAFER – alcohol control initiative (who.int)

Mainstreaming gender, equity and human rights

WHO continues to support countries in advancing gender equality, health equity and the right to health in order to overcome barriers to health and well-being for all.

Some of the key achievements reported during the reporting period include:

Enhanced gender equity and human rights (GER) integration in immunization and malaria programmes

- Frameworks, tools and approaches harmonized for integrating GER considerations into immunization in the African Region.
- Ten countries[48] utilizing the AFRO rapid GER analysis health tool developed to conduct assessments to inform vaccine equity initiatives and plans.
- Regional Manual for national malaria strategic plans development incorporated GER considerations and integration approaches.
- Checklist for integrating GER into Global Fund applications toward leaving no one behind developed and used by countries to facilitate country Global Fund application processes.
- Malaria strategic plans for Ethiopia, Kenya and Uganda reviewed to improve GER responsiveness.
- E-2025 malaria elimination countries with the capacity to utilize WHO GER integration tools and approaches to foster equity and universal coverage with malaria interventions.

Strengthened capacity for GER integration advocacy, policy dialogues and strategic planning

- Additional five countries[49] now have the capacity for effective integration of GER in health, including policy and strategic engagements following capacity-building support from GER/AFRO, bringing the total number of countries with the capacity to 43[50] in 2024.
- Botswana and South Sudan adapted WHO recommendations to update their national guidelines for the prevention and management of gender-based violence through the health sector, including the RESPECT framework for frontline health workers.
- Ghana and South Africa now have national guidelines for operationalizing gender mainstreaming in health and health sector gender policy, respectively.
- Nigeria now has six zonal core teams on gender-based violence care and support following WHO-supported training.
- Rwanda's 4 x 4 human resources for health reforms were reviewed to enhance their gender responsiveness.

Improved partnership and resource mobilization for GER integration

- US$ 2 million mobilized from Bill & Melinda Gates Foundation by the GER unit to enhance gender mainstreaming within partner organizations and to accelerate sectoral and gender equality outcomes.
- Improved engagements with donors and partners on effective integration of GER into health programmes, and collaborative sessions with partners during the triennial International Women Deliver Conference in Rwanda.
- Technical support provided to Global Fund for the integration of GER into community-led monitoring.
- GER component incorporated in the Susan Thompson Buffett Foundation proposal on universal access to sexual and reproductive health and rights to enhance integrated people-centred focus.

48 Cameroon, Côte d'Ivoire Democratic Republic of the Congo, Gambia, Ghana, Malawi, Mozambique, Nigeria, Senegal, United Republic of Tanzania

49 Guinea Bissau, Kenya, Mozambique, Namibia, Rwanda

50 Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome &Principe, Senegal, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia, Zimbabwe

4. Protecting people from health emergencies

WHO continued to support Member States in the Region to strengthen their preparedness for preventing, detecting and responding to health emergencies, taking into account the lessons delivered by the COVID-19 pandemic and multiple other threats to health in the Region.

Preparing for all hazards

During the reporting period, WHO, working closely with the Africa Centres for Disease Control (Africa CDC), supported African Member States, as they participated in global negotiations for the health emergency prevention, preparedness, response and resilience (HEPR) international legal instruments. These processes included the work of the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic preparedness and response. By the Seventy-seventh World Health Assembly (WHA), the States parties had not yet reached a consensus on the Pandemic Treaty. After the presentation of the draft to the WHA, the INB was granted a year-long extension to complete the negotiations

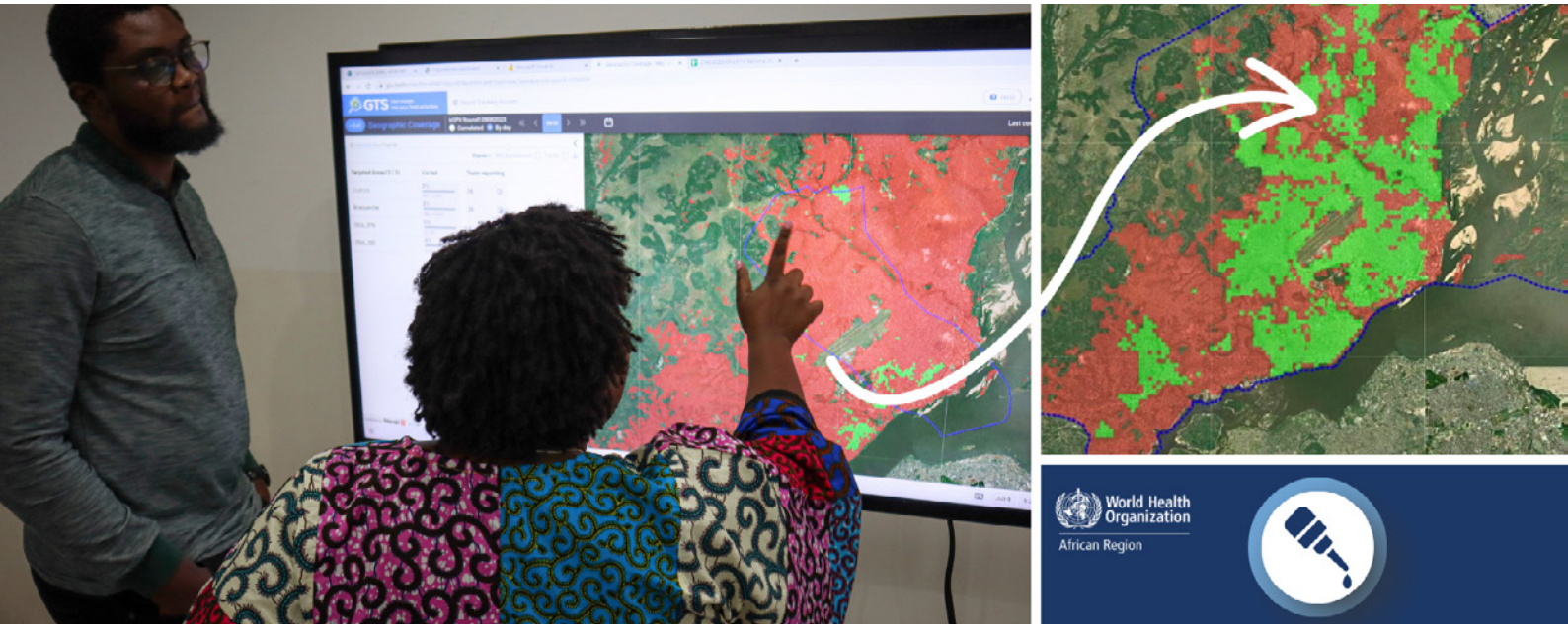
African Member States also participated in the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). After almost 18 months of deliberations, a package of approved amendments to IHR 2005 was presented and approved at WHA77 in May 2024.[51] These included amendments to 28 of the 66 IHR 2005 articles, and two new articles.

Implementation of the Joint Emergency Preparedness and Response (JEAP) action plan by Africa CDC, WHO AFRO and WHO EMRO continued to strengthen the IHR core capacities of Member States in the Region. A JEAP retreat held in February 2024 highlighted several achievements since its launch in May 2023.

These included:

- Emergency workforce development, with over 1348 emergency responders trained by February 2024.
- Training of trainers in response readiness equipped more than 100 emergency management experts with crucial skills in Public Health Emergency Operations Centres (PHEOC) operations.
- Implementation of electronic Public Health Emergency Management (ePHEM) system in Uganda and Togo.

51 WHA 77.17 (1 June 2024). Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005)



All 47 Member States in the Region submitted the IHR States Parties Self-Assessment Annual Report (SPAR) for the seventh consecutive year. There was a modest increase in the mean e-SPAR average, from 49 in 2021 to 50 in 2022 (see Figure).

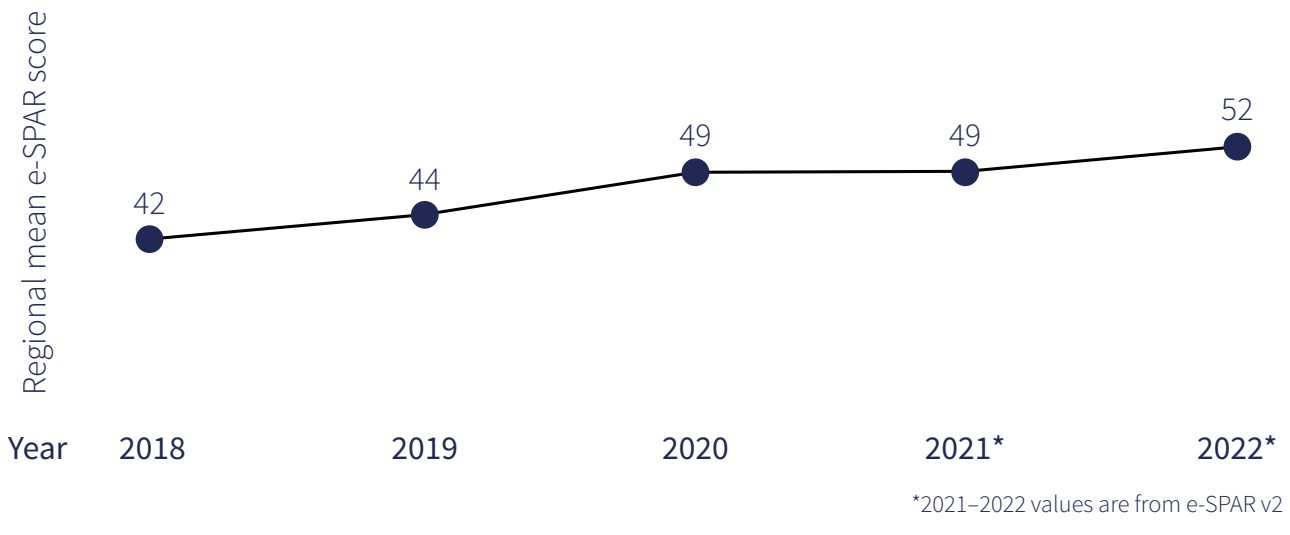
In November 2023, WHO and the Inter-Parliamentary Union (IPU) jointly convened the first African Parliamentary High-level Conference on Strengthening Health Security Preparedness, in Accra.

Advancing health emergency preparedness in cities and urban settings was undertaken in the African Region, with support from WHO. Uganda implemented a risk profiling workshop using the STAR tool, the first exercise of its kind in the Region. This helped identify risks and vulnerabilities in Kampala, the capital, along with highlighting the importance of collaboration between the national and subnational levels for urban health emergency preparedness. In Botswana, a country with an abundance of national parks which are an important source of income, the centrality of the One Health approach to urban preparedness is being pursued.

WHO continues to support Member States to implement Universal Health and Preparedness Reviews (UHPR). The UHPR is a Member-State-led intergovernmental mechanism through which countries express interest in implementing a voluntary, regular and transparent review of their comprehensive national health and preparedness capacities. The review elevates, to the highest levels of government, issues requiring prioritization for emergency preparedness, thereby enhancing national commitments to, and capacities for, health emergency preparedness, UHC and healthier populations. It covers three key areas: governance, systems, and predictable and sustainable financing.

During the reporting period, a UHPR was undertaken in Congo, making it the third country after Sierra Leone and Central African Republic to do so. Implemented in June 2024, with the highest-level government support, this provided a unique opportunity to engage the government on the importance of prioritizing emergency preparedness and highlight the need to mobilize resources to implement key priority actions as determined by the national UHPR report.

Fig. 2. Trends in regional mean e-SPAR score in the WHO African Region, 2018–2022



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In line with the WHA77 resolution in 2024, WHO in the African Region will continue with the voluntary implementation of UHPR, in consultation with Member States. Lessons learnt, implications, benefits, challenges and options for the next steps will be shared at the Executive Board and World Health Assembly in 2025.

To support the mobilization of funding to strengthen Member States' funding for HEPR, WHO worked closely with partners, including Africa CDC to help countries prepare and submit proposals to the Pandemic Fund. In response to the fund's second round of funding announcement, WHO supported the preparation of 64 proposals, with a total funding request of US$ 1.1 billion. Given that the total funding envelope for this round is only US$ 500 million, efforts will be made to also explore alternative funding sources.

Assessing risk and sharing information

Implementation of the Transforming African Surveillance Systems (TASS) flagship programme by the WHO Regional Office for Africa continues to strengthen capacity and improve the performance of Member States. As of June 2024, ninety-three per cent of the Member States in the Region are sharing timely and high-quality IDSR data each week. The training of 1048 health professionals across the Region to serve as trainers has contributed to this progress.

The proportion of countries with the capacity to analyse and link data from surveillance systems at the national and intermediate levels increased from 68% in 2022 to 98% in 2023. Close to 60% of African Member States produced regular IDSR bulletins in 2023.

Activities to strengthen Epidemic Intelligence for Open Sources (EIOS) to enhance early detection were undertaken during the reporting period. By June 2024, health workers numbering 1100 from 34 Member States had been trained. In 2023, a total of 432 974 articles were reviewed as part of this initiative. About 34% of all public health events detection is now attributable to EIOS.

A survey undertaken to assess IDSR implementation in 2024 established that 59% of outbreaks for which data was available were detected within seven days of onset, 66% of outbreaks were notified/reported within two days of detection, and 58% were covered within seven days of notification. While this demonstrates that the capacities within Member States in the Region are improving, there is a need to improve even further to reach national and regional targets.

During the reporting period, a data innovation and intelligence centre of excellence was established. This centre, which will serve as a source of capacity-building and support to Member States in the Region, brings together experts, data equipment and infrastructure, a centralized IDSR data platform and strengthened capacities for public health intelligence.

Timely and effective response to health emergencies

During the reporting period, WHO received reports of 146 public health events, comprising 126 outbreaks and 20 humanitarian crises. Among these, 25 required significant operational support from WHO.

The Region witnessed an upsurge in cholera outbreaks, particularly in Southern Africa, with countries such as Malawi, Zambia and Zimbabwe experiencing unprecedented outbreaks. The commitments by SADC Heads of State in February 2024 provided an excellent opportunity to accelerate multisectoral national efforts to control cholera.

The Region is also witnessing an increasing number and intensity of climate-related crises (droughts, floods and cyclones), as well as zoonotic transmission-related outbreaks. The number of zoonotic disease outbreaks increased by 87% between 2003–2012 and 2013–2022.

Fig. 3. Major public health events in the WHO African Region, June 2024

Outbreaks	Climate-related diseases	Humanitarian crises due to conflict
♦ **Cholera –** 14 countries ♦ **Dengue –** 16 countries ♦ **Anthrax –** 5 countries ♦ **Mpox –** 4 countries ♦ **Diphtheria –** 3 countries ♦ **Meningitis –** 3 counties ♦ **Hepatitis E –** 3 countries ♦ **Lassa fever –** Nigeria	♦ **El Niño induced floods and drought in Southern Africa –** 9 countries ♦ **Drought in the Greater Horn of Africa –** 7 countries ♦ **Cyclone Gamane –** Madagascar ♦ **Dengue fever –** 16 countries	♦ **Sahel crisis –** 8 countries ♦ **Sudan crisis –** Most affected countries in the African Region: Chad, Ethiopia, South Sudan, Central African Republic ♦ **Democratic Republic of the Congo** ♦ **South Sudan** ♦ **Mozambique** ♦ **Ethiopia** ♦ **Nigeria**

To ensure adequate support in the event of public health emergencies, a total of 18 were graded, with 43 experts deployed to assist emergency response operations, seven regional incident management support teams activated, over 1500 national responders trained, and over 50 million people reached with emergency health services.

WHO continued to implement its Strengthening and Utilizing Response Groups for Emergencies (SURGE) flagship initiative, which is investing in the African emergency health workforce by supporting governments to build multi-disciplinary teams of responders, and providing quality training. With SURGE now integrated with Africa CDC's African Volunteer Health Corps (AVOHC) initiative, the two agencies were jointly serving a network of 1700 African first responders by the end of June 2024.

The Operations Support and Logistics (OSL) team of WHO's Emergency Preparedness and Response Cluster provided diverse assistance to meet the operational and logistical needs of countries experiencing outbreaks and humanitarian crises. During the reporting period, a new WHO warehouse in Dakar was equipped, the second after Nairobi, while Member States were supported to develop or expand their own medical warehouses.

Some key activities and achievements of the OSL team during the reporting period:

- Provided comprehensive logistical support to ongoing multicountry and single-country outbreaks.
- Delivered essential supplies to where they were most needed. For example, during the first quarter of 2024, the WHO regional warehouses in Nairobi and Dakar shipped medical supplies worth US$ 1 469 203, including emergency kits, rapid diagnostic kits for cholera and COVID-19, mosquito repellents and nets for Dengue fever outbreak response, personal protective equipment, and more.
- Supported several countries to quantify their needs for health supplies. These included Guinea's needs for meningitis outbreak response, Nigeria for Lassa fever outbreak response, and multiple countries for their response to diphtheria.
- Supported the design of new innovative viral haemorrhagic fever treatment centres, as well as the design of cholera treatment centres (CTCs). The CTCs were dispatched and used in Zambia and Zimbabwe in the first quarter of 2024.
- Maintained outbound delivery times to countries experiencing public health emergencies at less than three days, with critical supplies reaching their destinations within 72 hours.

5. Promoting health and well-being

WHO continues to support Member States in addressing determinants of health for safe and equitable societies, reducing risk factors through multisectoral action, and creating healthy environments for populations in the African Region. This work includes the intersectoral engagement required to advance the paradigm shift towards promotive and preventive action to keep populations healthy.

Engaging communities

WHO's work on community engagement during the reporting period included the following:

- leadership and action to promote the health and well-being of populations by addressing the root causes of ill health, through the integration of Health in All Policies (HiAP) across sectors;
- empowering people to take control of their health through health promotion programmes and community involvement in decision-making;
- reducing health inequities by addressing the social, economic, environmental, commercial and cultural determinants of health;
- providing guidance, and technical support and capacity-building to ensure that public health programmes are underpinned by behavioural science;
- creating an enabling environment that supports and encourages health-promoting choices through community engagement and participatory governance for health and health literacy (including by digital means);
- providing leadership and taking action to improve equitable access to quality health services, and reducing stigma and discrimination against vulnerable populations based on the social, economic, commercial, political and cultural determinants of health, through the HiAP approach;
- supporting the production of evidence to guide policy decisions in addressing the social determinants of health, including the sociodemographic, political, economic, cultural and commercial determinants of health;
- providing tools and technical assistance to countries to address the determinants of health and assess risk factors, including assessments of health and social impact and health equity, social capital or social coherence analysis, governance and coordination mechanisms; and
- building the capacity to adopt policies and strategies, legislative and regulatory frameworks for the adoption of HiAP through enhanced intersectoral and multisectoral action, to address the social determinants of health and ensure that no one is left behind.

During the reporting period, an implementation plan for the Regional Strategy for community engagement 2023–2030 was developed at a WHO Regional Office for Africa inter-cluster workshop in April 2024 in Brazzaville, Congo. The implementation plan will be used to guide countries in implementing the Regional Strategy for community engagement 2023–2030 during the 2024–2025 biennium. This will support the integration of community engagement into all health and non-health programmes and interventions in countries across the Region.

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Climate change and health

Africa contributes only 2% to 4% of global greenhouse gas emissions but bears a disproportionate share of the impacts, including loss of life, damage to property and population displacement. Climate-related health emergencies are on the rise in Africa, accounting for more than half of all public health events recorded in the Region in the past two decades.

In the build-up to the 28th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28) in Dubai, the WHO Regional Office for Africa co-chaired three regional meetings of health ministers, which produced a common African position on climate and health. Moreover, 29 African Member States signed the United Arab Emirates Declaration on climate and health.

To mark the first Health Day at COP28, WHO in the African Region co-convened and facilitated three ministerial forums attended by ministers and high-level delegates from 15 countries of the WHO African and Eastern Mediterranean Regions. The ministers reaffirmed their commitment to implementing the Libreville Declaration on Health and Environment, and to strengthening their leadership on the climate and health agenda, in collaboration with their ministries of environment.

As a result of COP28, WHO became eligible to implement grants from the Adaptation Fund, and the Regional Office for Africa acted quickly, securing an advance grant to support the development and submission of a US$ 14 million grant proposal to support strengthening climate change adaptation in Guinea, Kenya and Sao Tome and Principe. Similar support is being sought for Benin, Burkina Faso, Uganda and Zimbabwe. These efforts are joint ventures of the Secretariat and the Member States concerned.

Tobacco control

In March 2022, the Tobacco-Free Farms initiative, a joint initiative of WHO, the World Food Programme and the Food and Agriculture Organization of the United Nations (FAO), was launched in Kenya. The initiative was extended to Zambia in June 2023.

The initiative has helped more than 7000 tobacco farmers in both countries to switch from tobacco to alternative crops, including iron-rich beans and groundnuts, thereby improving food security. WHO's commendable efforts were recognized with the prestigious UN Global Pulse Award in May 2024.

In late 2023, Malawi took a significant step forward in its tobacco control efforts, ratifying WHO's Framework Convention on Tobacco Control (WHO FCTC), a major international treaty designed to address the serious public health risks associated with tobacco use and exposure to tobacco smoke.

WHO collaborated with ECOWAS to organize a subregional workshop on tobacco taxation and the prevention of illicit trade in tobacco products. The two-day workshop, held in Accra, Ghana on 13-14 July 2023, brought together 45 people, including directors of taxation from ministries of finance and customs commissioners of the revenue authorities of the 15 ECOWAS Member States. The objective was to determine progress in the implementation of the ECOWAS tobacco tax directive of 2017 and to advocate for the adoption of a track-and-trace directive for tobacco products in the subregion. Participants were informed of the status of implementation of the directive on the harmonization of excise duties on tobacco products and the challenges faced by Member States. ECOWAS Member States committed themselves to implementing the ECOWAS Tobacco Excise Tax Directive (mixed system of an ad valorem tax of 50% and a specific tax of US$ 0.02 per cigarette). All Member States agreed that the fight against illicit trade in tobacco products is critical to tobacco control and acknowledged the directive on track-and-trace system.

WHO also participated in the tenth session of the Conference of the Parties to the WHO FCTC, held in Panama from 20–25 November 2023, and the third session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (Panama, 27–30 November 2023). The WHO Regional Office for Africa provided technical assistance and guidance for the effective participation of Member States, to ensure that the interests of the continent were reflected in decision-making.

Road safety

WHO launched the road safety status report for the African Region on 16 June 2024, in Nairobi, Kenya. The event, attended by over 400 in-person and virtual participants, included key partners from the National Transport and Safety Authority, the Kenyan MoH, the National Police Service, various nongovernmental organizations (NGOs) and community members.

The report is based on the Global status report on road safety, launched in December 2023, which included data from all regions.

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The event was followed by a webinar hosted by WHO on 19 July 2024 to share lessons and views from global, regional and country stakeholders. The launch of the road safety status report for the Africa Region was a significant step in addressing the road safety crisis in the Region and underscored the importance of collaboration among governments, NGOs and community members to implement evidence-based interventions. The testimonies and data presented at the two events highlighted the urgent need for action to reduce road traffic injuries and fatalities, improve road infrastructure and support road accident victims.

Nutrition and food safety

In March 2024, WHO joined the African Union Commission and the United Nations Children's Fund (UNICEF) to raise awareness of increasing obesity among children and adolescents in Africa. The result was the production of a joint video message on obesity from all three organizations and dissemination of key advocacy social media messages.

In June 2023, WHO published updated recommendations for the management and prevention of wasting and nutritional oedema in children aged below five years. The WHO Regional Office for Africa and the UNICEF Eastern and Southern Africa Regional Office organized a workshop in November 2023 to accelerate the adoption of the recommendations. This was part of an ongoing collaboration with other partners of the Global action plan on child wasting (the World Food Programme, the Office of the United Nations High Commissioner for Refugees and FAO) to disseminate the revised guidance and build the related capacity of countries with a view to operationalizing the revised WHO 2023 guidance in communities and health care systems. At the end of the workshop, each country developed a road map to support operationalization, detailing the processes to be followed and the support needed.

A regional capacity-building workshop on the implementation of the Baby-friendly Hospital Initiative (BFHI) was held in Nairobi from 12 to 15 February 2024. The workshop aimed to help prevent malnutrition in infants and young children and to reduce child mortality by protecting, promoting and supporting breastfeeding up to two years of age. WHO, UNICEF and the United States Agency for International Development committed to continue providing technical assistance to governments and local organizations and to support a country-led, comprehensive approach to promoting, integrating and scaling up of the BFHI's Ten Steps to Successful Breastfeeding. They also committed to building the capacity of health care providers who care for mothers and neonates.

6. Integrated action for better health

WHO AFRO continues to leverage technology and digital solutions to strengthen health programmes, improve the availability of quality data and promote an evidence-based culture. This will be achieved by strengthening health research and embracing innovation and digital technologies.

Combating antimicrobial resistance

WHO continues to work closely with partners, including donors, to strengthen and sustain the capacity of Member States to address the threat of AMR. These efforts, guided by the One Health approach at the global, regional and national levels, focus on five key technical areas: strengthening AMR governance, multisectoral partnerships and coordination; raising awareness and understanding of AMR; improving surveillance systems and laboratory capacity to detect and characterize emerging AMR; promoting optimal antimicrobial use; and implementing evidence-based policies and practices.

The key activities and achievements in these technical areas during the reporting period included the following:

Strengthening AMR governance, multisectoral partnership and coordination

- Four countries[52] successfully developed or updated their One Health National Action Plans (NAPs) on AMR which aim to preserve the effectiveness of antimicrobial interventions and mitigate the emergence and spread of AMR. One NAP (Lesotho) has been formally endorsed by national authorities, ensuring sustainable implementation of strategies and interventions. By June 2024, all 47 countries of the Region had developed NAPs on AMR, of which 36 had received national endorsements.
- Training on the WHO costing and budgeting tool[53] for AMR NAPs was provided to costing coordinators from 10 more countries, [54] bringing the total number of capacitated countries in the Region to 16.[55] This initiative enhances their ability to prioritize, advocate for and mobilize resources for the implementation of NAPs and to highlight significant outcomes and impacts, particularly in the integration of AMR priorities during the development of Pandemic Fund proposals.

52 Central African Republic, Equatorial Guinea, Mauritius and Nigeria.

53 https://www.who.int/teams/surveillance-prevention-control-AMR/who-amr-costing-and budgeting tool

54 Burundi, Central Africa Republic, Comoros, Equatorial Guinea, Nigeria, Rwanda, Sao Tome and Principe, Uganda, Zambia and Zimbabwe.

55 Burundi, Central Africa Republic, Comoros, Equatorial Guinea, Gambia, Kenya, Mauritius, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

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- The Quadripartite Alliance (FAO, WHO, World Organisation for Animal Health and the United Nations Environment Programme) and the Bridgeway Group conducted a leadership course for national multisectoral committee members from nine countries[56] focusing on understanding stakeholder needs, improving collaboration through the alignment of key interests, achieving committee consensus and effectively prioritizing joint activities. This training significantly boosted the leadership and teamwork skills of committee members, fostering greater collaboration and alignment in advancing the AMR priority agenda, as outlined in their commitment to monitor key performance indicators.
- In line with the strategic framework for collaboration on AMR[57] to promote a One Health approach at global, regional and national levels, the Quadripartite Alliance coordinated support for the seventh round of the annual Tracking AMR Country Self-Assessment Survey. The number of participating Member States increased from 42 to 46, providing updated country profiles[58] that highlight progress and identify key gaps in NAP implementation. These country profiles are critical for advocacy efforts at national, regional and global levels and are essential for high-level meetings such as that of the United Nations General Assembly on AMR.
- AMR implementation capacity was strengthened in six Multi-Partner Trust Fund countries[59] through the development of a monitoring and evaluation framework and shared experiences, learning best practices during the African Regional Lessons Learning Workshop. The comprehensive workshop report was documented and shared with stakeholders and partners to drive advocacy and ensure accountability.
- The monitoring of country progress on AMR NAPs and regional AMR strategy implementation was enhanced through monthly planning, implementation and monitoring updates. As of June 2024, four monthly updates had been published and shared with all relevant stakeholders.
- Success stories highlighting achievements in various thematic areas related to AMR were published in six countries,[60] with support from WHO.

Raising awareness and understanding of AMR

- Capacity-building was provided for an average of 62 participants per webinar series from over 19 countries[61] on how to package and effectively communicate AMR messages through six regional AMR education and awareness webinar series, with the aim of accelerating the implementation of education and awareness activities.

56 Cameroon, Comoros, Congo, Democratic Republic of the Congo, Ghana, Madagascar, Mauritius, Nigeria and Seychelles.

57 https://www.who.int/publications/i/item/9789240045408

58 https://amrcountryprogress.org/#/country-profile-view

59 Ethiopia, Kenya, Ghana, Madagascar, Senegal and Zimbabwe.

60 Ethiopia, Gambia, Ghana, Madagascar, South Sudan and United Republic of Tanzania.

61 Burkina Faso, Benin, Cameroon, Côte d'Ivoire, Congo, Democratic Republic of the Congo, Ghana, Guinea, Kenya, Liberia, Malawi, Mali, Nigeria, United Republic of Tanzania, Togo, Senegal, South Africa, Zambia and Zimbabwe.

- Seven countries[62] were supported to develop and implement awareness campaigns and behaviour change interventions using the Dr Ameyo Stella Adadevoh Health Trust pilot case study model as part of the Resist AMR campaign.[63]
- There was improved awareness and understanding of AMR among One Health stakeholders, policy-makers, professionals, communities and young people through the Quadripartite Alliance commemoration of the 2023 continental World Antimicrobial Awareness Week in Zimbabwe, with wider participation and reach.
- In collaboration with the WHO Country Office in Burkina Faso, ECOWAS and the University of Bobo-Dioulasso, professionals from 12 French-speaking countries attended the regional course on AMR and optimal antimicrobial use to enhance their knowledge and skills and to prepare them as advocates for coordinated action to address the AMR threat.

Improving AMR surveillance and laboratory capacity

- To inform national strategies and progress towards achieving SDG 3, monitor the effectiveness of AMR interventions and detect new AMR trends, seven more countries[64] joined the Global Antimicrobial Resistance and Use Surveillance System (GLASS), bringing to 41[65] the number of registered countries of the African Region. GLASS provides a standardized approach to the collection, analysis and sharing of AMR/AMC data by countries.
- A regional webinar was organized for all countries in the African Region on the updated GLASS platform (GLASS 2.0), resulting in improved reporting and use of AMR data.
- Two countries (Malawi and Rwanda) were supported to initiate national representative AMR prevalence surveys for bloodstream infections, to generate high-quality representative AMR data. Three countries[66] were supported to develop/finalize AMR surveillance strategies/plans to strengthen national surveillance systems.
- In collaboration with the Nutrition Unit/UHP Cluster, two new countries (Côte d'Ivoire and Togo) were supported to establish an integrated trans-sectoral AMR surveillance system to support decision-making in three key areas: human health, animal health and the environment. This brought the number of countries to eight[67] in the African Region implementing the tricycle model.
- Understanding of AMR surveillance under the One Health approach was improved through a regional webinar organized to review progress made by implementing countries, share experiences and lessons learnt, and promote adoption of the model by other Member States.
- Increased capacity to use GLASS and WHONET software in 12 countries[68] through GLASS and WHONET database training in Windhoek, Namibia. The WHONET software was developed for the management and analysis of microbiology laboratory data, with a focus on analysing antimicrobial susceptibility test results.

62 Congo, Democratic Republic of the Congo, Ethiopia, Ghana, Nigeria, Zambia and Zimbabwe.

63 https://www.afro.who.int/ResistAMR

64 Botswana, CAR, Congo, Niger, Rwanda, Sao Tome and Principe and Senegal.

65 Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Republic of Congo, Rwanda, Sao Tome et Principe, Senegal, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and, Zimbabwe.

66 Burundi, Liberia and Rwanda.

67 Burkina Faso, Côte d'Ivoire, Ghana, Madagascar, Nigeria, Senegal, Togo and Zimbabwe.

68 Angola, Benin, Burundi, Cabo Verde, Chad, Eswatini, Gabon, Gambia, Liberia, Namibia, Senegal and Sierra Leone.

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- Professionals from six countries[69] were trained in laboratory diagnosis of diphtheria, antibiotic susceptibility testing and the Elek test for the diagnosis and confirmation of diphtheria epidemics, in close collaboration with the Emergency Preparedness and Response (EPR) and Universal Health Coverage | Communicable and Noncommunicable Diseases Clusters as part of the AMR workstream agenda.
- Microbiology diagnostics capacity was strengthened in five countries[70] through training on antimicrobial susceptibility testing at the National Institute for Communicable Diseases of South Africa, to support laboratories participating in the external quality assurance programme of the African Region.
- Ten laboratory professionals from the Democratic Republic of the Congo were trained on antimicrobial susceptibility testing at the Institut Pasteur of Algiers in Algeria, to enhance laboratory-based surveillance on AMR as part of GLASS implementation.

Antimicrobial resistance stewardship and antimicrobial consumption

- Seven regional webinars provided capacity-building to 19 countries[71] on best practices for accelerating the implementation of antimicrobial stewardship at national and health care facility levels.
- An antimicrobial stewardship summit helped professionals from 12 countries[72] to devise strategies for implementing interventions to optimize antimicrobial use at the national and health facility levels.
- Two countries (Malawi and Uganda) received support to develop evidence briefs for policies to address irrational use of antimicrobials.
- A groundbreaking WHO regional guidance document on the environmental impact of antibiotic production was published[73] and its pilot implementation in Uganda and Zambia has been instrumental in ensuring drug quality and addressing waste management issues, to face the growing threat of AMR from environmental sources.

Health research

During the reporting period, WHO continued to support institutionalization of capacity-building among health care workers and reinforcing collaboration between ministries of health, WHO, academic institutions and implementing partners. Action was taken to support early-career researchers with impact grants for work aligned with regional priorities and the partnership with the European and Developing Countries Clinical Trial Partnership (EDCTP) strengthened research capacity, regulatory activities and the clinical trials ecosystem in the Region. Efforts were also made to enhance country leadership and governance in the development and adaptation of WHO normative products.

69 Cameroon, Gabon, Mali, Mauritania, Niger and Nigeria.

70 Ethiopia, Eritrea, Mozambique, Sierra Leone and Zimbabwe..

71 Benin, Burkina Faso, Côte d'Ivoire, Congo, Democratic Republic of the Congo, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Nigeria, United Republic of Tanzania, Togo, Senegal, South Africa, Uganda, Zambia and Zimbabwe.

72 Burkina Faso, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Liberia, Nigeria, Senegal, Sierra Leone, United Republic of Tanzania, Zambia and Zimbabwe.

73 https://www.afro.who.int/sites/default/files/2024-05/9789290313953-eng.pdf

Key activities and achievements during the reporting period included the following:

Strengthening quality, norms and standards in the African Region

- A workshop organized by WHO headquarters and the Regional Office for Africa from 27 to 29 February 2024 in Addis Ababa, Ethiopia, focused on strengthening the adaptation and use of WHO guidelines. The workshop, which was attended by 27 participants from ministries of health, universities and representatives from six WHO country offices,[74] resulted in enhanced collaboration and technical support among countries, strengthened country leadership and governance in the development and adaptation of WHO normative products, and the dissemination and implementation of normative products under the quality, norms and standards programme of the WHO Regional Office for Africa.
- The regional adaptation of the global guidance framework for the responsible use of life sciences[75] in the WHO African Region was operationalized, with a pilot implementation in Uganda.[76] This process included the development of a framework for adoption and the formulation of an expert steering committee to guide the adaptation framework that is being developed for the African Region.

Enhancing research capacity and collaboration in Africa: results of partnerships and networks

- A joint initiative of the WHO Regional Office for Africa, the Special Programme for Research and Training in Tropical Diseases and European & Developing Countries Clinical Trials Partnership supported 12 implementation research projects spearheaded by early-career researchers in African countries. These projects aimed to strengthen implementation research capacity through collaboration between researchers and national disease programmes, covering diseases such as malaria, tuberculosis, diarrhoea, lower respiratory tract infections, yellow fever and NTDs. Funding was subject to ethical approval from the WHO research ethics committee in the African Region and from the target country, supported by letters from the MoH and the institution involved.
- The thirty-fifth meeting of the African Advisory Committee on Health Research was held in March 2024 under the theme “advancing research and innovation for health for all.” It provided key recommendations on the clinical trials agenda, priorities for the Region, and strengthening local production and manufacturing of medicines, which WHO is actively working to implement.

74 Burkina Faso, Cabo Verde, Ethiopia, Kenya, United Republic of Tanzania and Uganda.

75 https://www.who.int/publications/i/item/9789240056107

76 https://www.who.int/news/item/08-11-2023-piloting-the-who-global-guidance-framework-for-the-responsible-use-of-the-life-science-in-uganda

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Building a robust global clinical trials ecosystem

- A regional workshop on strengthening clinical trials to provide high-quality evidence on health interventions and improve research quality and coordination was held in Zambia in October 2023. It focused on the clinical trial landscape and challenges in Africa, identifying priorities and strategies for improvement and informing stakeholders about the resolution on clinical trials and the development of guidance.
- The Global Clinical Trials Forum, a follow-up to the consultation in Zambia, concluded[77] with the formulation of a comprehensive set of proposed actions and priorities, providing an agreed vision for stakeholders to address challenges collaboratively and to build a robust and effective global clinical trials ecosystem.

Augmenting knowledge management

- The WHO African Region library continues to disseminate public health information regularly and to improve access to medical and scientific information through its platforms: the African Index Medicus, with 25 new journals indexed, AFROLIB, and the WHO Repository for Information Sharing, with 107 records out of a total of 13 956 documents contained in the AFRO collection. Training sessions on the use of Research4Life/Hinari were organized to empower users. The WHO African Region multimedia library, a joint effort with the Communications Unit and the Records and Archives Unit at headquarters, contains some 6598 photos and serves as the official repository for all photographs from the WHO Regional office for Africa and WHO country offices.

Digital health and innovation

During the reporting period, WHO continued to support Member States in strengthening and increasing access to PHC by developing proactive normative guidance, capacitating digital health leadership across the Region, scaling up localized technological innovations and capacitating digital health interventions for impact.

Key activities and achievements during the reporting period included the following:

Capacitating health leadership for the digital age

- In the African Region, WHO trained seven countries[78] in the digital health planning national systems training programme and 10 countries[79] in the digital health applied leadership training programme.
- WHO also trained government officials in 10 English-speaking, French-speaking and Portuguese-speaking countries on digital health and artificial intelligence (AI). The Secretariat also trained representatives from nine countries[80] on AI, telehealth and SMART guidelines for improving interoperability in digital health.
- Training on telemedicine was also provided to 18 countries[81] using the WHO telemedicine implementation guidelines, including support to three countries to develop telemedicine strategies.
- Two countries[82] were supported in conducting digital health maturity assessments.

77 https://www.who.int/news/item/29-11-2023-first-who-global-clinical-trials-forum-puts-forward-a-global-vision-for-sustainable-clinical-research-infrastructure

78 Angola, Cabo Verde, Guinea-Bissau, Malawi, Mozambique, Rwanda and Senegal.

79 Cabo Verde, Cameroon, Democratic Republic of the Congo, Côte d'Ivoire, Guinea, Guinea-Bissau, Burkina Faso, , Malawi, Mozambique and Zimbabwe.

80 Cameroon, Ethiopia, Kenya, Congo, Rwanda, South Africa, United Republic of Tanzania, Uganda and Zambia.

81 Benin, Comoros, Congo, Gabon, Ghana, Guinea-Bissau, Kenya, Malawi, Mozambique, Niger, Nigeria, Rwanda, Senegal, South Sudan, Tanzania, Togo, Uganda and Zambia.

82 Seychelles and Zambia.

Advancing digital health for impact through new technologies

- In the African Region, WHO supported seven countries[83] to develop digital health strategies and three countries[84] to develop telemedicine strategies.
- WHO continued to support the implementation of the WHO Digital Health Atlas to strengthen the mapping of the various digital health initiatives, and to create an inventory and visibility of eHealth implementations at the national level. Nineteen countries[85] were trained to use the digital health atlas and three countries[86] are currently implementing the atlas clinics; engagement with other countries is ongoing.

Strengthening health innovation ecosystems through the implementation of the regional strategy for scaling up health innovation in Africa

- Integrated campaign digitalization: WHO is co-implementing with the Clinton Health Access Initiative a project on integrated campaign digitalization, funded by the Bill & Melinda Gates Foundation to outline best practices and tools for digitalizing various aspects of health campaigns in Benin, Democratic Republic of the Congo, Kenya and Nigeria. The aim is to ensure the successful implementation of digitalization strategies, ultimately improving the efficiency and impact of immunization campaigns.
- The Secretariat continued to support the development of innovation platforms and collaboration mechanisms. Benin, Democratic Republic of the Congo, Kenya and Nigeria are being supported to establish governance mechanisms and a sustainable tool reference infrastructure for digitalizing campaigns.

Data analytics and knowledge management

WHO continues to support Member States to improve evidence-based decision-making by providing health information and analytical products.

Key activities and achievements during the reporting period included:

- Initiation of work to develop a regional health data hub. This is expected to address the prevalent issues of data fragmentation, barriers to information access and under-use of data.
- Support for the harmonized health facility assessment report for four countries, with the aim of establishing facility-based readiness status for the delivery of essential services.
- Production of analytical products, including:
  - the GPW 13 country profile for all 47 Member States of the Region;
  - support to five countries[87] to develop state of health reports;
  - analytical reports on SDGs, maternal health and morbidity were finalized;
  - technical briefs were developed on health systems functionality, health impact service interventions, health financing and managing change towards UHC in Africa.

83 Comoros, Côte d'Ivoire, Guinea Bissau, Malawi, Mozambique, South Africa and Zimbabwe.

84 Cabo Verde, Mozambique and Zimbabwe.

85 Botswana, Eritrea, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Seychelles, Sierra Leone, Namibia, Nigeria, South Africa, South Sudan, United Republic of Tanzania, Rwanda, Uganda, Malawi, Zambia and Zimbabwe.

86 Kenya, Malawi and Zambia.

87 Burundi, Central African Republic, Côte d'Ivoire, Mozambique and Niger.

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- A total of 655 districts from nine countries[88] have conducted health systems functionality assessments (July 2023–June 2024). Subnational managers conduct functionality assessments, analysing the characteristics needed for oversight, management and health services at the subnational level.
- Data analytics and knowledge generation capacity-building was conducted in five countries[89] to strengthen data analysis and knowledge generation capacity.
- The African health history initiative was implemented. It included the development of a scoping review protocol and country-specific rich histories documented for Cabo Verde, Mozambique and Uganda. This provides an overview of the type of evidence documented on the evolution of health care practices and systems in Africa across six time periods, from the pre-colonial era to the current SDGs era.
- Three new platforms were introduced on the integrated African Health Observatory (iAHO) to expand the evidence and information reach of the hub: the subnational unit functionality,[90] the WHO African Region scalability assessment framework[91] and the essential health package toolkit.[92]
- The WHO Regional Office for Africa is the regional secretariat for the African Health Observatory Platform on Health Systems and Policies (AHOP),[93] a regional partnership hosted by the iAHO that promotes the link between information and policy decisions. AHOP has developed tools and guidance for evidence-based health planning and policy-making. AHOP has generated several products,[94] including five policy briefs, four policy dialogues and several blogs to promote policy-related publications and events.

88 Botswana, Cameroon, Chad, Eswatini, Ghana, Guinea-Bissau, Mauritania, Senegal and Uganda.

89 Benin, Burkina Faso, Ghana, Mauritius and United Republic of Tanzania.

90 The Subnational unit functionality tool available at https://aho.afro.who.int/functionality-assessment/af.

91 WHO African Region Scalability Framework available at https://aho.afro.who.int/afrosaf/af.

92 Essential Health Package toolkit available at Essential Health Package toolkit.

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

94 Evidence has been generated for a number of themes, including "Essential health care service disruption due to COVID-19: lessons for sustainability in Nigeria", "Minimizing disruptions to immunization services in the context of COVID-19 in Senegal", "Optimizing the Ethiopian Health Extension Programme", "The role of community health workers in COVID-19 home-based care: Lessons learned from Rwanda" – https://ahop.aho.afro.who.int/publications/policy-briefs/.

7. Providing better support to countries

WHO continued to support Member States in the Region as they sought to address national, regional and global health priorities, by ensuring effective leadership through convening, agenda-setting, partnerships and communications.

Leadership and advocacy for health

The WHO Regional Office for Africa provided leadership through strategic convening and agenda-setting, high-level health advocacy, engagement in strategic partnerships and enhanced communication. These initiatives have resulted in increased political commitment to health, improved capacity to translate commitments into specific action at both national and community levels, and enhanced ability to mobilize resources for priority health programmes.

The Secretariat provided regular briefings for Member States to enhance their participation in high-level global meetings, including United Nations high-level meetings and sessions of the WHO governing bodies. During the reporting period, African Member States participated in the following meetings:

- UN high-level meeting on UHC.
- UN high-level meeting on Pandemic Preparedness and Response.
- UN high-level meeting on Tuberculosis.

The proactive engagement of Member States in advance of the global meetings has amplified the collective voice of African countries on the global stage. This was particularly evident in the post-COVID-19 negotiations, such as deliberations around a new pandemic accord, amendments to IHR (2005), and discussions on sustainable financing for WHO.

WHO continues to strengthen partnerships and collaboration with the African Union to accelerate progress towards the targets of Agenda 2063 and the 2030 Agenda for Sustainable Development. Agenda 2063 envisions “a prosperous Africa based on inclusive growth and sustainable development”. Achieving this vision requires ensuring that African citizens are healthy and well-nourished, with adequate investment to expand access to quality health care services for all. Health is central to the 2030 Agenda, as demonstrated by SDG 3, which aims to ensure healthy lives and well-being for all at all ages.

Increasing impact at country level

Strengthening country capacity

The WHO Regional Office for Africa completed the alignment of staffing in all 47 country offices to country needs, based on stakeholder expectations expressed during the functional reviews. By the end of 2023, a total of 556 new staff, including 94 international professionals and 42 United Nations Volunteers (UNVs), were recruited to perform newly identified functions in countries. These efforts are already producing results in terms of improved performance by country offices, including building partnerships, coordinating resources and providing evidence to support Member States. In addition, WHO’s organization-wide efforts to strengthen country offices has resulted in an additional US$ 61.9 million being allocated to country offices to fill 156 core positions for greater impact. Recruitment for these core positions is progressing. By the end June 2024, sixty-two staff (39.7%) were already in place and the remainder were in various stages of recruitment.

Maintaining quality representation

WHO has introduced measures to prevent Country Representatives from remaining too long in the same duty station, or leaving posts vacant, which can have a negative impact on performance. In this regard, eight representatives have been rotated during the year, with more rotations and appointments in the pipeline, and nominations already sent to countries. WHO is also addressing the challenge of shortage of candidates and diversity in this roster. During the reporting period, WHO added six new candidates to the roster, including four Francophones and two females, in addition to others expected by the end of the year.

Strengthening technical support to countries using multicountry assignment teams

WHO continues to provide timely technical support to countries with the current MCAT staff strength of 39, while mobilizing additional resources to fill the remaining 41 vacancies. This support includes normative guidance, evidence generation, capacity-building, cross-border collaboration and resource mobilization. For example, with support from the MCATs, Madagascar conducted an integrated quality assessment of maternal, neonatal, paediatric and nutritional care in hospitals to identify gaps and propose improvements.

This was followed by updating national guidelines on reproductive, maternal, newborn, child and adolescent health and management tools, including antenatal care guidelines, childbirth registers and mother and child health booklets to address the identified challenges. In South Africa, as a result of evidence-based advocacy led by MCATS, schistosomiasis was listed as a priority communicable disease. This facilitated the development of a roadmap and implementation plan, and the mobilization of resources to initiate mass drug administration in February 2024 for its elimination. MCAT staff also contributed to mobilizing US$ 6 million from the Global Fund to support HIV and malaria programmes in Equatorial Guinea, using evidence and technical guidance, after 12 years of suspension of support to the country. In Côte d'Ivoire, MCAT staff supported the establishment of a health programme sustainability plan to ensure the continuity of priority health programmes in the country, using a health financing strategy.

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Cooperation with countries

The signing of Country Cooperation Strategies (CCS) is essential to prioritize WHO support to countries, based on mutually agreed interventions adapted to national contexts, in a manner that complements support from other partners. The Regional Office continued to support all the WHO country offices in the Region to implement, evaluate and update their CCS in line with the recently updated CCS guidelines. Recognizing the special needs of SIDS, WHO organized the eighth Ministerial Conference of SIDS, which resulted in the establishment of a permanent secretariat for pooled procurement. The meeting also resulted in 12 commitments to address common priority issues, including climate change, accelerating the SDGs and addressing noncommunicable diseases. Programme reviews were conducted as part of programme and administrative reviews in Chad, Eswatini, Mauritius, Namibia and United Republic of Tanzania to identify key challenges to WHO technical cooperation and opportunities to improve programme management and enabling functions for the country offices to deliver impact.

Compliance, risk management and accountability

Work during the reporting period focused on promoting and consolidating sound risk management, internal controls and accountability at country office level, through ongoing support in preparing for audits and responding to audit recommendations. As a result of this continued collaboration between the Regional Office and country offices, the African Region continued to receive satisfactory audit ratings. The positive trend was also confirmed by the visit of the Independent Expert Oversight Advisory Committee in 2023.

In 2023, the Office of Internal Oversight conducted five internal audits in the African Region. The Ghana Country Office report was rated as fully satisfactory, demonstrating strong internal controls. The country offices in Malawi and Ethiopia, and the EPR Cluster in the Regional Office for Africa were rated “partially satisfactory with some improvements needed,” indicating areas for improvement in their internal control frameworks. The Democratic Republic of the Congo Country Office received an “unsatisfactory” rating, highlighting high and moderate residual risk. The Regional Office and country office management have jointly prioritized and committed to the timely implementation of the audit recommendations. The overall audit results reflect the Regional Office’s leadership, and continued commitment to a robust internal control environment.

Furthermore, three external audits of the Regional Office and the Congo and Nigeria Country Offices were conducted in 2023, resulting in 43 recommendations. All three entities accepted the recommendations and committed to their timely and effective implementation.

Timely implementation of audit recommendations remains a priority. As of 5 April 2024, 13 out of 20 (65%) internal audit reports issued since 2017 had been closed (five in 2023). In total, 84% (552 out of 660 recommendations issued since 2017) have been closed, with 16% (100 out of 660 recommendations) outstanding. Of the outstanding recommendations, 61 out of 100 relate to new audits finalized at the end of 2023 and in the first quarter of 2024.

Direct financial cooperation reporting

The number of outstanding direct financial cooperation reports has decreased in terms of value and volume compared to previous years. As of 31 March 2023, there were 113 overdue direct financial cooperation reports totalling US$ 5.9 million in 20 out of 47 budget centres. This has increased slightly, to 36 reports as of 25 April 2024, totalling US$ 3.3 million in 12 budget centres.

Digital payments

The number of countries implementing digital payments through mobile money/bank transfers for health workers in field campaigns continues to grow. The Regional Office has provided technical support for the implementation of digital payments over the past three years, with the numbers of implementing countries increasing from 18 in March 2023 to 23 in March 2024. The implementation of digital payment solutions has led to more timely payment of health workers, improved satisfaction and accountability, and reduced risks associated with cash handling.

Procurement and supply services

The pooled procurement initiative, particularly, the SIDS model, enabled Member States to harmonize requirements for targeted formulations, and to negotiate prices for medical supplies and equipment. This initiative increased the efficiency of their procurement processes and facilitated economies of scale: volume-based negotiation, price competition, demand consolidation and guaranteed quality of products, by monitoring and ensuring quality assurance of purchased products throughout the Region. In particular, the first tender resulted in a 56% reduction in the price of medical products across the SIDS, exceeding the original target of 40%.

Human resources and talent management

During the reporting period, WHO continued to intensify and sustain several key initiatives to attract more qualified health workers to enhance excellence in the African Region, with a focus on diversity and inclusion in terms of gender parity, geographical representation and persons with disabilities. The proportion of female staff members continued to rise from 33.1% in July 2023 to 33.5% in July 2024.

There has been an increased focus on supporting and guiding senior management towards implementation of global voluntary mobility. The African Region had the highest rate of successful mobility, with a total of 25 (59.5%) out of the 42 successful matches globally.

The UNV initiative also continues to attract young talent, as an investment for succession planning and to ensure a pool of well-trained and experienced future public health leaders in the Region. The number of UNVs increased from 153 in July 2023 to 169 in July 2024. The programme, particularly the Africa Young Women Health Champions initiative, is being hailed as a success story in nurturing future leaders for WHO and beyond. As of July 2024, a total of 23 UNVs have transitioned to staff status. With a wide range of skills and competencies, UNVs have demonstrated their effectiveness in supporting the work of WHO in the African Region, both in technical and administrative roles at the Regional Office and in country offices. They have demonstrated a commitment to community engagement and empowerment, while contributing to the SDGs in the Region.

The Human Resources and Talent Management team continued to implement capacity-building and staff development initiatives, including induction sessions for newly recruited staff, two mentorship cohorts, two pathways to leadership cohorts organized jointly with the Regional Office for the Eastern Mediterranean and the Regional Office for Europe, career counselling sessions, team performance sessions and sessions on women's empowerment.

Throughout the reporting period, there was an accelerated commitment to a respectful and empowering work environment, as manifested by the open-door policy of the Regional Director and senior management, promoting staff well-being as a priority. The Region embraced the concept of work-life balance, promoted physical exercise and recreational activities, and invested in stress counselling and mental health by recruiting a full-time ombudsman, stress counsellors and social/psychological services for staff.

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Prevention and response to sexual exploitation, abuse and harassment

In line with the WHO global strategy on preventing and responding to sexual misconduct, WHO in the African Region continues its efforts to build a culture of zero-tolerance and speaking up among its workforce, to embed the prevention and response to sexual exploitation, abuse and harassment (PRSEAH) into all public health emergency responses and to promote collaborations with ministries of health in Member States.

The following key activities were conducted during the reporting period:

- Seven full-time PRSEAH coordinators were recruited and briefed, an extensive network of 233 part-time PRSEAH focal points was developed across all 47 countries, and 20 part-time focal points in the Regional Office ensure that PRSEAH is mainstreamed across all WHO programmes and activities in the Region.
- PRSEAH is embedded in all emergency response activities, including as a mandatory subject of pre-deployment briefings. PRSEAH has increasingly been integrated into over 80% of grade 2 and grade 3 emergencies and mainstreamed in over 90% of EPR training. In total, 100% of deployed emergency personnel were vetted through the UN ClearCheck system.
- Clear checks are systematically conducted on all new recruits and deployments to ensure that new personnel have clear PRSEAH records. A total of 100% of WHO emergency and non-emergency personnel recruited in 2023 and 2024 have been vetted through the UN ClearCheck system.
- Continued advocacy and effective collaboration with Member States has resulted in the appointment of PRSEAH focal points in 62 % of ministries of health in the African Region.
- The WHO sexual exploitation, abuse and harassment corporate risk assessment was rolled out in all 47 Member States in 2023. Mitigation actions arising from the WHO sexual exploitation, abuse and harassment corporate risk assessments are ongoing.
- PRSEAH visibility materials have been widely procured and distributed within WHO offices, among partners and in communities, including banners, posters, educational leaflets, flyers and T-shirts. These include information on the main principles of PRSEAH and reporting channels. No-excuse cards continue to be distributed to WHO staff and partner entities in all country offices, with a record of 5309 distributed to 60 health cluster partner personnel in South Sudan.
- WHO continues to support in-country PRSEAH Interagency (IA) coordination, with full-time coordinators in the Democratic Republic of the Congo and Nigeria, an interim IA coordinator in Mali and co-chair of the South Sudan national IA PRSEAH task force.
- The first regional PRSEAH workshop was held in May 2024 in Addis Ababa, Ethiopia. The workshop aimed to accelerate ongoing efforts geared to realize WHO's PRSEAH vision and mission in the African Region.

Translation, interpretation and printing services

Efforts to strengthen multilingualism in the African Region continued during the reporting period, with a sustained focus on improving cost-effectiveness in translation, interpretation and printing services. Measures introduced to recruit more local interpreters, pair senior and junior interpreters, and recover the cost of coordinating interpretation services, continued to yield significant cost savings – over US$ 632 590 between 1 July 2023 and 30 June 2024.

The introduction of state-of-the-art computer-assisted-translation and terminology management tools, including neural translation and AI, resulted in higher productivity (+32%) and improved the quality and cost-effectiveness of translation services.

Business management system

In view of the imminent transition from Global Management System (GSM) to the Business Management System (BMS), activities during the reporting period focused primarily on preparing the Region for the new system. The BMS coordination team organized a range of communications, including Intranet posts, briefings and presentations, to share information, reduce anxiety, engage staff and ensure that regional needs were taken into account. Information technology is critical to the implementation of BMS, with network upgrades and connectivity investments identified for 54 sites.

The system for programme management is configured on the Salesforce platform and supports the planning process. It was officially launched on 18 March 2024, with training activities conducted for the African Region. The finance application on Workday aims to digitize end-to-end financial processes, enhance transparency and improve compliance. The African Region is playing a leading role in the design and testing of the new payments functionality. Human capital management is configured on Workday and integrated with other key applications. Human capital management is designed to simplify human resource processes. Various tests and briefings have been conducted, involving 128 staff in the African Region.

Supply and logistics systems are being enhanced with the creation of an integrated end-to-end supply chain process. Key activities include the implementation of procure-to-pay functionality, warehouse management solution and a transport management system. Both systems were live by the end of the reporting period. The travel system, configured under SAP Concur, aims to streamline travel and expense management, consolidating nearly 100 travel agencies into a single agency to improve coordination and reduce costs.

8. Conclusion and looking ahead

The WHO Secretariat in the African Region has continued to support Member States in implementing priority actions to regain momentum towards achieving the health-related SDG targets. The urgency of these actions cannot be over-emphasized, given that the 2030 target date is only six years away.

It is important that the lessons from the COVID-19 pandemic, as well as from other emergencies and shocks that the Region frequently experiences, continue to be taken into consideration as WHO and partners support Member States to build resilient health systems with strong PHC foundations.

The adoption of GPW 14 by the Seventy-seventh session of the World Health Assembly in May 2024 provides a valuable opportunity for harmonized action by Member States and all global health actors. Priorities identified in GPW 14 that are closely linked to progress described in this report include the following:

- responding to the climate change challenge;
- addressing health determinants and the root causes of all ill health in key policies and across sectors;
- advancing the primary health care approach and essential health system capacities for UHC;
- increasing health service coverage and financial protection to address inequity and gender inequalities;
- preventing, mitigating and preparing for risks to health posed by all hazards; and
- rapidly detecting and sustaining effective responses to all health emergencies.

In order to support Member States to achieve these priorities, WHO is expected to:

- continue to provide leadership through convening, agenda-setting, partnerships and communications;
- ensure timely delivery, expanded access and uptake of high-quality WHO normative, technical and data products so as to facilitate impact at country level;
- continue to tailor country support and cooperation so as to accelerate progress on health; and
- be sustainably financed and efficiently managed, with strong oversight and accountability as well as strengthened country capacities.

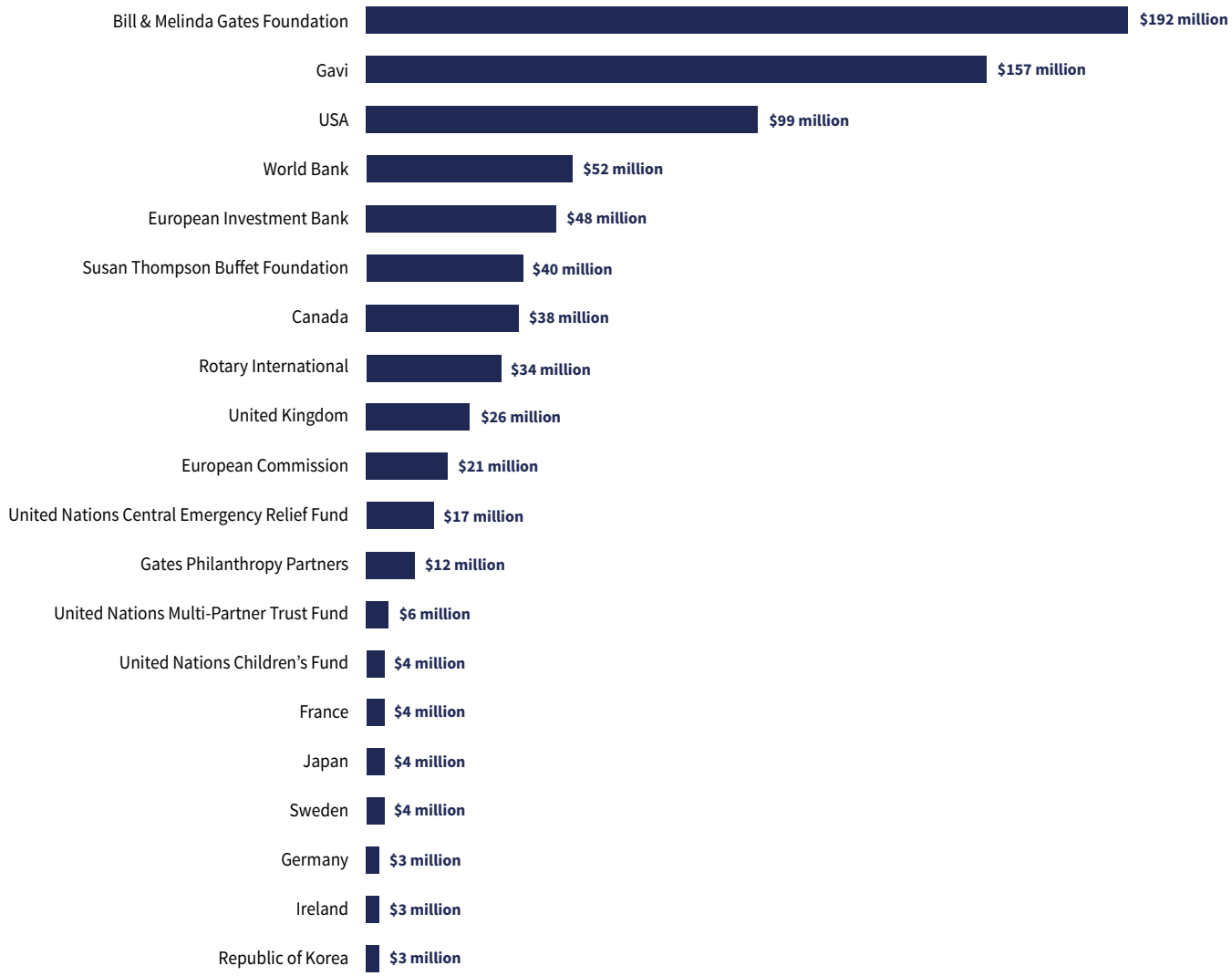
Progress towards the Lusaka Agenda also provides an important opportunity to align all support by major health actors with country leadership. The Lusaka Agenda, which was launched on 12 December 2023, built consensus on optimizing the contribution of global health initiatives to country-led efforts to build strong and resilient health systems; that are better able to respond to emerging threats such as climate change and conflict, while maintaining coverage through existing health services.

The Lusaka Agenda identified the following priority shifts:

- strengthening PHC;
- progress towards sustainable, domestically financed health services;
- equity;
- strategic and operational coherence; and
- research and local manufacturing capacity.

The WHO Regional Office for Africa is expected to play an important role in the implementation of the Lusaka Agenda in the WHO African Region, particularly in the areas of coordination, development of technical guidance, development of accountability mechanisms and supporting country-led processes.

Annex. Top 20 donors to the Regional Office for Africa

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The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

Member States

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cabo Verde
Cameroon
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Eswatini
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Rwanda
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Senegal
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