



World Health
Organization

African Region

HEALTH SYSTEMS AND SERVICES
CLUSTER



TURNING COMMITMENTS INTO ACTION FOR STRONGER HEALTH SYSTEMS

NEWSLETTER | July – September 2025



By **Dr Adelheid Werimo Onyango**,

Director of Health Systems and
Services Cluster

WHO Regional Office for Africa

FOREWORD

As we approach the final quarter of 2025, the Health Systems and Services (HSS) Cluster continues to demonstrate what collective commitment and technical excellence can achieve. The stories in this issue of our quarterly newsletter showcase how WHO, together with Member States and partners, is translating strategies into tangible results that strengthen systems, improve equity, and save lives.

Across the Region, countries are operationalizing the Africa Health Workforce Investment Charter, embedding antimicrobial resistance interventions within primary health care, advancing maternal and child health through stronger data systems, and accelerating access to quality medicines and traditional medicine research. From Madagascar's efforts to expand reproductive health equity, to Kenya's adoption of workload-based staffing norms, to the Regional Health Data Hub now nearing rollout, each story reflects progress toward resilient, people-centred systems that leave no one behind.

The Cluster's technical teams have also led groundbreaking initiatives to sustain health financing, enhance workforce planning, and strengthen governance in a rapidly changing aid landscape. The Regional Technical Meeting on Innovative Financing for Health in Johannesburg underscored the importance of using resources strategically, while the African consultation on ethical health worker recruitment reaffirmed our collective determination to protect and empower Africa's health workforce.

At the Seventy-fifth Session of the WHO Regional Committee for Africa (RC75) in Lusaka, Zambia, health ministers and partners reaffirmed Africa's commitment to women's, children's, and adolescents' health. The meeting emphasized transforming health systems, strengthening leadership for women's health, and accelerating progress toward the SDGs

These highlights remind us that progress is not accidental, it is the result of vision, collaboration, and the relentless dedication of us all.

I extend my sincere appreciation to Member States, partners, and donors for their steadfast collaboration, technical leadership, and shared commitment to advancing health for all. Your continued partnership is helping to turn vision into action, strengthening systems, driving innovation, and improving lives across the African Region.

Together, we are building the foundations for healthier beginnings and hopeful futures for all Africans.

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Healthy Beginnings, Hopeful Futures: New maternal and child mortality estimates and implications for Africa

The release of the 2025 maternal and child mortality estimates has reignited attention on persistent inequities in the WHO African Region. Despite a 50% decline in under-five mortality since 2000, the Region still recorded 2.88 million under-five deaths and nearly 178,000 maternal deaths in 2023, accounting for 70% of global maternal deaths. Fragile and conflict-affected countries face rates three to five times higher than stable ones, highlighting the urgent need for targeted interventions.

On 29 July 2025, WHO, UNICEF, and UNFPA co-hosted a high-level regional webinar to unpack the new data and explore programmatic implications. The event brought together over 250 participants from 30+ countries, including ministries of health, technical experts, and global partners. WHO presented the maternal mortality estimation methodology, UNICEF led discussions on child mortality and stillbirths, and UNFPA reviewed maternal mortality trends. Country officials from Mozambique, Zambia, Chad, and Senegal shared practical experiences linking mortality data to policy action and service delivery.

Country examples showcased Mozambique's COMSA surveillance system, Zambia's weekly stillbirth audits embedded in its national health plan, Senegal's investment in health workforce development, and Chad's use of mortality data to drive multi-sectoral collaboration.

“Continuous mortality surveillance has helped us identify high-mortality provinces and prioritize action for better outcomes.” Dr. Celso Monjane, Mozambique

“Investing in health personnel and data-driven planning has been key to reducing child mortality in Senegal.” Dr. Amadou Doucoure, Senegal



African health ministers reaffirm commitment to women's, children's and adolescents' health at RC75

Despite significant gains, a 40% reduction in maternal mortality and a halving of under-five mortality since 2000, Africa still accounts for 70% of global maternal deaths and 55% of under-five deaths. Progress remains too slow to meet the 2030 Sustainable Development Goals (SDGs). At the Seventy-fifth session of the WHO Regional Committee for Africa (RC75), held in Lusaka, Zambia from 25–27 August 2025, Ministers of Health and partners came together to accelerate action for reproductive, maternal, newborn, child, and adolescent health (RMNCAH).

Two key events highlighted the urgency of renewed commitment. On 25 August, a high-level side event on “Advancing Leadership for Women's Health and SRHR” convened ministers and decision-makers from Member States. Participants reviewed progress, shared best practices, and explored strategies for sustainable SRHR investment.

On 26 August, the RC75 plenary session on “Accelerating Progress in the Health and Well-being of Women, Children and Adolescents” engaged high-level delegates in discussions on strengthening integrated, people-centred health systems and scaling innovative interventions.

Member States reaffirmed their commitment to equitable, quality Reproductive maternal, newborn, child and adolescent health (RMNCAH) services, called for innovative, high-impact interventions, and advocated for increased domestic financing and partner alignment. WHO provided technical leadership and facilitated evidence-based dialogue, ensuring that recommendations are translated into concrete action to save lives and advance progress toward SDG targets 3.1 and 3.2 by 2030.



“Africa accounts for 70% of global maternal deaths and 55% of under-five deaths. We cannot accept this as normal. The time has come for us to radically transform our health systems” said **Dr Mohamed Janabi, WHO Regional Director for Africa.**

From Commitment to Action: Accelerating Domestic Investment and Multisectoral Leadership for Health in Africa

At the Seventy-fifth Session of the WHO Regional Committee for Africa (RC75), held in Lusaka, Zambia, health and finance leaders, regional institutions, and development partners gathered for a high-level side event on health financing under the theme “From Commitment to Action: Accelerating Domestic Investment and Multisectoral Leadership for Health in Africa.” The session underscored Africa’s urgent need to strengthen primary health care (PHC) financing amid shrinking fiscal space, declining external aid, and rising debt levels.

Across the region, countries allocate only about 7% of national budgets to health, less than half of the 15% Abuja target, while households continue to bear nearly 34% of health expenditures through out-of-pocket payments. With 23 countries already in or at high risk of debt distress, the continent’s goal of achieving Universal Health Coverage requires innovative, sustainable financing solutions.

The meeting culminated in the Lusaka Call to Action, a renewed commitment by Member States to increase domestic health investments, reduce reliance on external aid, and harness the potential of regional value chains through the African Continental Free Trade Area (AfCFTA). WHO played a key role in convening partners, providing technical evidence, and championing innovative approaches to financing health for all in Africa.

The side event, co-organized by WHO and the African Union, provided a platform for ministers, partners, and private sector actors to explore new pathways for expanding fiscal space, improving financial management, and strengthening multisectoral collaboration.

Participants discussed the operationalisation of regional mechanisms such as the Health Impact Investment Platform (HIIP) and AUDA-NEPAD’s Programme for Investment and Financing in Africa’s Health (PIFAH) to unlock resources for PHC and health system resilience.



“Health is not a cost, it is an investment in our people, our economies, and our future. Let us align efforts and rally behind Africa-led, Africa-financed, and Africa-owned health systems” said Dr Mohamed Janab, WHO Regional Director for Africa, in his opening remarks at the high-level health financing dialogue held during RC75 in Lusaka.



Strengthening
domestic
financing and
fiscal policies
to secure
predictable,
sustainable health
investments.



Innovative financing takes centre stage in strengthening health systems across Africa

From 23–25 September 2025, over 65 participants from 14 African countries, multilateral development banks, development partners, and global health initiatives gathered in Johannesburg, South Africa, for the Regional Technical Meeting on Innovative Financing for Health in Africa, co-organized by the World Health Organization (WHO) Regional Office for Africa and the Global Fund.

The meeting provided a collaborative platform to explore practical strategies for mobilizing sustainable domestic resources, aligning partner investments, and scaling innovative approaches to advance progress toward Universal Health Coverage (UHC).



“This technical meeting is an opportunity for countries and partners to share practical experiences, co-create solutions, and strengthen alignment around national health financing priorities. The focus is on concrete, evidence-based approaches that countries can adapt and scale” said Ms Nertila Tavanxhi, Senior Manager, Health Financing Country Support, Global Fund.

Africa continues to face significant health financing challenges, with out-of-pocket spending accounting for about 36% of total health expenditure and nearly half of sub-Saharan countries depending on external resources for over a third of their health budgets. To address these gaps, participants examined innovative financing mechanisms such as blended finance, social impact bonds, pooled procurement, and climate-health financing.



“This moment calls us to rethink our approaches and mobilize sustainable, country-led, innovative financing to strengthen resilience, equity, and progress toward Universal Health Coverage. Innovative financing means new instruments, new partnerships, smarter risk-sharing, and stronger alignment with national priorities.”said Ms. Shenaaz El-Halabi, WHO Representative to South Africa.

The three-day forum highlighted country-led innovations, including Ghana’s Medical Trust Fund, South Africa’s TB Social Impact Bond, and Tanzania and Nigeria’s pooled procurement models and concluded with the development of country ideation maps and a commitment to establish a regional community of practice to sustain collaboration and drive implementation of innovative financing solutions across Africa.

Africa responds to aid reductions with stronger health financing strategies

As global aid to Africa declines, the WHO Regional Office for Africa is helping countries take decisive steps to safeguard essential health services and sustain progress toward Universal Health Coverage (UHC). Between March and April 2025, the Health Financing and Governance and Health Workforce teams conducted a rapid regional assessment across 45 countries to evaluate the potential impact of external aid reductions on national health systems.

Historically, African countries have depended on aid for approximately 24% of their health spending, with some nations relying on it for up to 65% of their total health budgets. However, recent cuts by major donors, including an 83% reduction in aid-related contracts by one major donor have led to widespread service disruptions. The assessment found that 71% of countries experienced interruptions in critical programmes such as HIV/AIDS, malaria, and maternal and child health.

To support governments in mitigating these risks, WHO developed a Health Financing Vulnerability Scoring Tool that allows countries to identify exposure levels and guide targeted fiscal and policy responses. The findings also provided evidence to inform domestic resource mobilization, improve budget efficiency, and sustain essential services.

Through its leadership, WHO has provided technical guidance, advocacy, and capacity-building to help countries strengthen financial resilience, protect essential services, and continue advancing UHC even amid economic uncertainty.

Assessment of the potential impact of external aid reductions on health systems and health financing vulnerabilities in Africa

Health financing working paper series





Operationalizing the Africa Health Workforce Investment Charter: From vision to country action

To address Africa's urgent health workforce challenges, the WHO Regional Office for Africa (WHO AFRO) convened a week of technical and policy sessions in Johannesburg, South Africa, from 7 to 12 July 2025, focused on transforming health workforce planning and investment across the continent.

With a projected shortfall of 6.1 million health workers by 2030, the sessions brought together over 30 Member States and partners to advance data-driven workforce policies, operationalize the Africa Health Workforce Investment Charter, and shape the next Regional Health Workforce Agenda (2026–2035).

The week opened with a technical dialogue on “Tracking Africa's Health Workforce: From Data to Action,” where countries updated their National Health Workforce Accounts (NHWA) to strengthen labour market intelligence and evidence-informed planning. This data will inform the 2026 State of the Health Workforce in Africa report and guide future investments.

A Country Adaptation and Planning Workshop supported 11 “frontier” countries to develop tailored operational plans to implement the principles of the Africa Health Workforce Investment Charter, aligning health workforce needs to address their disease burdens with national strategies workforce development to stimulate sustained investments and foster job creation.

By the close of the week, participants had built stronger skills in workforce data analysis, and planning, laying the groundwork for sustained investment and regional accountability toward a resilient, well-equipped health workforce for Africa's future.



“These sessions mark a turning point in how we think about and act on health workforce development in Africa. We are shifting from fragmented approaches to country-led, partner-aligned investment strategies that respond directly to national needs.”said Dr James Avoka Asamani, Health Workforce Team Leader, WHO Regional Office for Africa

“This is a critical step in translating the Charter's vision into country-led, context-specific action.” He added

Nigeria embarks on largest-ever health labour market analysis

Nigeria, Africa's most populous nation, has launched the continent's largest-ever Health Labour Market Analysis (HLMA) to strengthen workforce planning, guide investment, and address critical shortages of health professionals. With a population of over 233 million, the country had an estimated 799,833 health workers in 2022 yet faces a projected shortfall of nearly one million health professionals by 2030.

To close this gap, the Federal Government of Nigeria, in collaboration with the World Health Organization (WHO) at all three levels, Country, Regional, and Headquarters, organized a two-week HLMA training for over 70 participants from the health, education, labour, finance, and NGO sectors, as well as state ministries. The training focused on applying the HLMA methodology, strengthening data systems, and identifying policy actions to improve workforce production, deployment, and retention.



“The process of conducting HLMA is long and laborious, but it will help us generate evidence-informed findings and recommendations to guide health workforce policies and investment” said Dr Kamil Shoretire, Director of Health Planning, Research and Statistics, Federal Ministry of Health.



“Through the HLMA, WHO and the Ministry are building a strong evidence base to address workforce shortages, inequitable distribution, and migration” added Dr Chimbaru Alexander, Deputy WHO Representative in Nigeria.



Kenya advances evidence-based health workforce planning through WISN methodology

To ensure equitable access to health services and optimize workforce deployment, Kenya's Ministry of Health, with technical support from the World Health Organization (WHO), launched a two-week technical session in Nairobi in September 2025 to develop evidence-informed staffing norms for public health facilities.

This initiative built on the implementation of the Workload Indicators of Staffing Need (WISN) methodology, a WHO tool that uses actual workload data to determine the number and skill-mix of health workers required in health facilities to cope with existing workload levels. The approach moves Kenya away from static staffing ratios toward a system grounded in contextual data and service utilization patterns.

Kenya, like many countries in the Region, continues to face workforce shortages, skill-mix imbalances, and uneven distribution of health personnel. By applying WISN, the Ministry aims to generate credible, context-specific evidence to inform staffing policies that are technically sound, responsive to national needs, and financially sustainable.



“The WISN process provides Kenya with a credible, evidence-based foundation for aligning health worker deployment with service delivery needs.”said Dr Charles Kandie, Director of Health Standards, Quality Assurance, Regulations and Professional Standards at the Ministry of Health.



“By moving away from static staffing ratios and adopting workload-based norms, Kenya is setting a new benchmark for its health workforce planning” added Dr Sunny C Okoroafor, Technical Officer for Health Workforce Management and Retention at WHO Regional Office for Africa

This collaborative, multi-stakeholder process brought together national and county health managers, professional bodies, and frontline workers. The resulting staffing norms will help ensure that every Kenyan has access to the right health worker, with the right skills, in the right place, at the right time, advancing progress toward Universal Health Coverage and more efficient, equitable health systems.

African Region shapes global dialogue on ethical health worker recruitment

To strengthen global cooperation and ensure fair, ethical, and sustainable management of health worker migration, the WHO Regional Office for Africa convened a regional consultation with its 47 Member States in July 2025 to review the interim recommendations of the Expert Advisory Group (EAG) on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Adopted in 2010, the Code aims to minimize the negative impacts of health worker migration while ensuring equitable benefits for both source and destination countries. Fifteen years later, the global landscape has changed significantly, with post-COVID-19 workforce mobility, climate-related health threats, and widening inequities making the Code more relevant than ever.

The consultation, held virtually and attended by 30 countries, provided Member States an opportunity to reflect on Africa's specific realities and priorities for the upcoming revision of the Code. Participants reviewed the EAG's findings and provided concrete recommendations to strengthen the Code's application in addressing both current and emerging workforce challenges.



“These consultations represent a critical opportunity for African countries to ensure the Code truly reflects our regional realities and priorities. Through your recommendations, you are laying a solid foundation for a stronger and more equitable health workforce across Africa” said Dr Adelheid Onyango, Director of the Health Systems and Services Cluster, WHO Regional Office for Africa.

The consultation outcomes will inform the African Region's input to the EAG's final report, to be presented to the 156th WHO Executive Board. This process underscores WHO/AFRO's continued commitment to fostering fair recruitment practices, reducing inequities, and ensuring that Africa's health workforce is protected, valued, and empowered.



Strengthening one health surveillance of antimicrobial use in cameroon: building capacity for sustainable data systems

Antimicrobial resistance (AMR) is a growing public health threat in Cameroon, where gaps in antimicrobial use (AMU) monitoring have limited timely action. To address this, the Ministry of Health, with support from WHO and partners, is advancing a sustainable AMU surveillance programme under a One Health approach, linking human, animal, plant, and environmental health sectors.

From 15–19 September 2025, 45 national stakeholders gathered in Douala, Cameroon for a training workshop facilitated by experts from WHO, Africa CDC, ECDC, ASLM, FAO and WOA. The five-day event combined plenary sessions, group work, and daily facilitator meetings. Objectives included validating data sources, adopting harmonized tools, strengthening capacity for data cleaning and analysis, and developing a national roadmap for long-term AMU surveillance.

Key outcomes included adoption of harmonized AMU indicators, sector-specific commitments to implement AMU surveillance, and progress in preparing human health data for submission to WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS). The animal health sector expanded AMU data sources for ANIMUSE reporting, while plant and environmental sectors launched surveillance for the first time.

WHO shaped the agenda, equipped countries with technical tools, and fostered cross-sectoral coordination. Cameroon is now poised to submit AMU data to GLASS for the first time, a milestone toward stronger stewardship and evidence-based policies.



“Integrated surveillance of antimicrobial use under the One Health approach is crucial to combat AMR. It allows us to track consumption and resistance trends, inform strategies, and promote prudent antibiotic use” said Dr Hadja Hamsatou Cherif, Head of Infectious Diseases, Yaoundé General Hospital.

African member states shape the updated global action plan on AMR

WHO Regional Office for Africa (WHO AFRO) recently convened a Member State consultation to review the draft updated Global Action Plan on Antimicrobial Resistance (GAP-AMR), ensuring that African perspectives inform the global framework. The original GAP-AMR, adopted in 2015, guided the development of multisectoral National Action Plans (NAPs) across all 47 Member States, with 35 formally approved. However, rising resistance rates, economic pressures, and the need for stronger One Health integration have underscored the urgency of updating the plan.

On 16 September 2025, WHO AFRO, in collaboration with WHO Headquarters, hosted a two-hour virtual consultation with more than 40 national AMR focal points representing ministries of health, laboratory systems, surveillance, infection prevention and control, and antimicrobial stewardship. The session, with simultaneous interpretation in English, French, and Portuguese, presented key updates to the GAP-AMR, highlighted lessons learned over the past decade, and provided space for countries to share experiences and regional priorities.



“This consultation is an important opportunity for African Member States to shape a global framework that reflects our regional realities, strengthens One Health governance, and accelerates collective action against AMR” said Dr Ali Ahmed Yahaya, Team Lead for AMR, WHO Regional Office for Africa.

Member States’ feedback emphasized the need for sustainable financing, robust governance structures, integration of environmental considerations, and equitable access to antimicrobials. Consensus was reached on aligning the updated plan with regional priorities, including stronger surveillance, antimicrobial stewardship, and infection prevention measures.

WHO AFRO consolidated this input to inform the next draft of the GAP-AMR, which will be discussed during the Global Member State Consultation in October 2025 before submission to the WHO Executive Board and World Health Assembly in 2026.





Strengthening PHC-oriented health systems to address antimicrobial resistance

Antimicrobial resistance (AMR) remains a top global health threat, causing 1.27 million deaths in 2019 and contributing to nearly five million more. While 47 African Member States have developed National Action Plans (NAPs), implementation continues to face funding and coordination challenges. To accelerate progress, WHO is supporting countries to embed AMR interventions within Primary Health Care (PHC)-oriented health systems as part of broader health system strengthening and pandemic preparedness efforts.

In July 2025, WHO AFRO and WHO Headquarters convened a subregional webinar under the theme “Strengthening PHC-Oriented Health Systems to Address Antimicrobial Resistance.” The virtual event gathered more than 70 stakeholders from 13 Member States, including national AMR, PHC, and health emergency focal points. Participants were introduced to WHO’s new PHC-AMR initiative and tools such as the People-Centred Approach and PHC-AMR Scoping Tool. Two technical sessions highlighted global evidence on how PHC reforms can reduce inappropriate antibiotic use, strengthen infection prevention and control (IPC), and enhance preparedness for health emergencies. Case studies from Finland, Lebanon, and Kenya

showcased practical approaches for integrating AMR into PHC strategies without creating parallel systems.

WHO’s support included technical facilitation, provision of tools, and cross-country exchange. Participating countries are expected to apply the PHC-AMR Scoping Tool to identify gaps, integrate AMR into national PHC strategies and budgets, and strengthen primary care provider capacity, a crucial step toward sustainable AMR containment and universal health coverage

“Mainstreaming AMR into Primary Health Care is a game-changer for Africa. It ensures that people-centred, resilient health systems are at the frontline of prevention, diagnosis, and treatment of resistant infections,”said Dr Ali Ahmed Yahaya, Team Lead for AMR, WHO Regional Office for Africa.

Antibiotic access roundtables advance SECURE initiative in the African Region

Antimicrobial resistance (AMR) continues to pose a significant threat to health security and sustainable development, with over 1.14 million global deaths attributed to drug-resistant infections in 2021. In the WHO African Region, gaps in access to essential and novel antibiotics remain a key driver of AMR, undermining health system resilience and complicating responses to health emergencies.

To tackle this challenge, WHO and the Global Antibiotic Research & Development Partnership (GARDP) are implementing the SECURE initiative, a global effort designed to ensure equitable and sustainable access to priority antibiotics for the treatment and control of infectious diseases, particularly in low- and middle-income countries (LMICs). By expanding access to effective antibiotics and promoting their responsible use, SECURE aims to prevent the spread of AMR and support progress toward the Sustainable Development Goals.

Building on a 2024 planning meeting and country survey, the WHO Regional Office for Africa convened two virtual antibiotic access roundtables on 24 and 29 September 2025, gathering more than 40 representatives from 22 Member States and regional partners. The first roundtable enabled countries to share perspectives on access challenges, including high costs of Watch and Reserve antibiotics, lack of registration and inclusion on Essential Medicines Lists, and limited diagnostic capacity. The second roundtable engaged partners to explore pooled procurement, regulatory harmonization, and regional manufacturing as solutions to improve access.

WHO coordinated country participation, provided technical oversight, and co-developed materials. The outcomes will inform SECURE's global market-shaping efforts and guide country-level adoption of demand forecasting tools and operational guidance for integrating new antibiotics into health systems.



“The SECURE initiative is key to mitigating the spread of AMR by addressing a critical, often overlooked aspect of the problem: the lack of access to effective antibiotics in many parts of the world” said Dr Walter Fuller, Technical Officer, Antimicrobial Resistance Unit, WHO Regional Office for Africa.

Advancing traditional medicine research and coordination in Africa



“We moved from repeated debates to a concrete, ranked list we can fund and use. Updating the advisory committee’s mandate gives us a practical engine for coordination, ethics, and capacity-building,”

Traditional medicine remains the first point of care for millions across Africa. To move from aspiration to action, WHO Regional Office for Africa, convened two back-to-back meetings in Addis Ababa, Ethiopia from 3 to 6 September 2025, to establish clear research priorities, ethical frameworks, and regional coordination mechanisms for traditional medicine.

The meetings, a Stakeholder Consultation and a Regional Expert Advisory Committee session, brought together representatives from Member States, the African Union, academic institutions, and civil-society groups. Discussions focused on strengthening evidence generation, regulatory standards, patient safety, and community engagement. The meetings also reviewed and updated the Expert Advisory Committee’s mandate, expanding it beyond pandemic-related work to guide research, policy integration, capacity-building, and protection of traditional knowledge.

Key outcomes included a shortlist of high-impact research priorities, a draft ethics and values framework, a proposal for regional research hubs, and an updated roadmap for safety and manufacturing standards.

By aligning traditional medicine research with health-system goals, WHO and partners are helping countries generate trusted evidence, improve safety and quality, and strengthen integration of traditional medicine into national health services, turning regional collaboration into measurable health impact.

Strengthening quality assurance for medical products in Africa

To ensure that medical products procured and distributed across the continent are safe, effective, and of assured quality, the WHO Regional Office for Africa organized a Quality Assurance (QA) Training for medicines focal persons from 24 countries, and the Regional Office MDI team from 9–11 September 2025 in Brazzaville, Congo.

With funds from EC/INTPA and delivered in collaboration with QUAMED, the training built participants' capacity to apply Good Storage and Distribution Practices (GSDP) and the Model Quality Assurance System for Procurement Agencies (MQAS). Participants, including staff from the Central Medical Stores of Congo (CAMEPS), engaged in practical demonstrations and group work at the warehouse to strengthen hands-on understanding of QA systems.

Pre- and post-training assessments showed significant improvement in participants' QA knowledge and skills. Feedback highlighted the practical nature of the sessions and the value of preparatory online modules.

The workshop laid a strong foundation for decentralizing QA processes to country offices, expediting emergency procurement, and strengthening national oversight mechanisms. Building on this momentum, WHO and partners plan to extend training to include product dossier evaluation, forecasting, and good manufacturing practices, advancing patient safety and supply-chain integrity across Africa.



“This training comes at a time when the global economic crisis has impacted funding for health products, increasing the risk of substandard and falsified medicines” said Dr Adelheid Onyango, Director of the Health Systems and Services Cluster.





Ethiopia achieves full implementation of WHO blood system self-assessment tool

Ethiopia has become the first country in the WHO African Region to fully implement the WHO Blood System Self-Assessment (BSS) Tool, marking a major step toward safer, more sustainable national blood services.

During a WHO technical support mission in Addis Ababa (15–16 July 2025), the Ministry of Health, the Ethiopian Blood and Tissue Bank Service, and partners validated Ethiopia's national blood system assessment and endorsed a comprehensive roadmap for blood safety. The mission also reviewed the Blood Service Costing Assessment to guide financing strategies and ensure sustainability.

WHO provided technical guidance, convened stakeholders, and ensured alignment with global standards throughout the process. The roadmap's implementation will expand voluntary blood donations, strengthen regulatory oversight, and enhance system financing.

Ethiopia's achievement underscores how national commitment and WHO technical support can translate into measurable results. The next phase will focus on scaling blood safety interventions nationwide, reducing maternal deaths, improving emergency response, and advancing progress toward Universal Health Coverage and safer, life-saving care for all.



“This roadmap reflects Ethiopia’s commitment to ensuring safe and equitable blood services for all. With WHO’s support and partner engagement, we can build a resilient system that saves lives” said H.E. Dereje Duguma, State Minister of Health.

Harnessing data for health impact:: WHO Regional Office for African region advances regional data hub

To strengthen health information systems and foster data-driven decision-making across Africa, the WHO Regional Office for Africa (WHO/AFRO) convened a week-long Bootcamp from 11 to 15 August 2025 in Kintélé, Congo, to finalize key components of the Regional Health Data Hub (RDHUB), a cloud-based platform designed to harmonize health data systems across the continent.

The RDHUB will integrate diverse datasets, from malaria and HIV to maternal, child and adolescent health, and noncommunicable diseases, into one interoperable platform. It will use advanced analytics and AI-enabled tools to convert fragmented health data into actionable intelligence, enabling faster, evidence-based responses to public health challenges.

During the Bootcamp, experts from the Health Systems and Services (HSS), Emergency Preparedness and Response (EPR), Polio Eradication Programme (PEP), and Information Technology Management (ITM) clusters collaboratively validated the Metadata Framework and Business Requirements Document (BRD) that will guide the Hub's governance, interoperability, and technical operations.

The week resulted in key milestones, including defining core metadata elements by cluster, finalizing the governance framework, designing interoperability scenarios, and provisioning Azure resources for the system's development and analytics environments.



“The Data Hub is not just about collecting numbers, it’s about unlocking insights, empowering countries, and transforming data into life-saving action” said Dr. Benson Droti, Team Lead for Health Information and Knowledge Management at WHO Regional Office for Africa.

A phased rollout is expected to begin in late 2025, with full Azure DevOps integration by 2026. Once operational, the RDHUB will serve as a cornerstone of Africa’s digital health transformation, driving stronger coordination, smarter planning, and more equitable health outcomes across the Region.

Strengthening partnerships for Sexual and Reproductive Health and Rights in Uganda

Uganda continues to face persistent sexual and reproductive health and rights (SRHR) challenges, including high adolescent pregnancy rates in Kamuli District and across the Busoga region. Fragmented community initiatives and sustainability concerns have underscored the need for stronger coordination and long-term investment. In September 2025, the 2gether 4 SRHR Programme's Regional Inter-Agency Working Group (RIWG) and Regional Inter-Agency Steering Committee (RISC) conducted a joint oversight mission and steering committee meeting to address these issues and guide the programme's transition toward Phase III.

From 8 to 10 September, the mission visited Kamuli District and the Busoga Kingdom, showcasing integrated health services, peer-led initiatives, and innovative models such as Male Action Groups and youth peer educators. These community-driven efforts are helping to improve access to SRHR information and services and engage men as champions for gender equality.



“Uganda’s progress demonstrates the power of partnerships and community-led innovation. The Male Action Groups and Kyabazinga’s initiatives are inspiring models that deserve to be scaled up” said Dr Janet Kayita, Team Lead for Family and Reproductive Health at the WHO Regional Office for Africa and a member of the mission team.

WHO provided technical leadership, facilitated interagency coordination, and leveraged catalytic funds to enhance service delivery. The mission laid a strong foundation for Phase III of the programme, prioritizing sustainability, country leadership, and reducing adolescent pregnancy as a flagship focus for the Busoga region.

The 2gether 4 SRHR Programme is a joint regional initiative by UNFPA, UNICEF, WHO and UNAIDS, with support from the Government of Sweden, aimed at improving sexual and reproductive health and rights (SRHR) across East and Southern Africa by strengthening policies, services, and community engagement.

Madagascar takes bold step toward reproductive health equity

Madagascar is stepping up efforts to close persistent gaps in sexual and reproductive health and rights (SRHR), with a particular focus on reducing maternal mortality and expanding access to contraception, safe abortion care, and post-abortion services. Many women and girls still face social, financial, and logistical barriers that lead to unintended pregnancies and preventable complications. To address these challenges, Madagascar has adopted the WHO Strategic Approach to strengthen SRHR policies and programmes nationwide.

Since October 2024, the country has moved through key stages of the Strategic Approach. A national consultation brought together stakeholders to prioritize contraception, unwanted pregnancies, and post-abortion care as urgent areas for action. This was followed by a comprehensive evidence review that mapped data gaps and highlighted priority interventions.

In July 2025, WHO Regional Office for Africa and UNFPA supported the Ministry of Health to organize a training workshop for a multidisciplinary evaluation team. About 20 participants were trained in qualitative and quantitative data collection methods. The tools were then field-tested in Moramanga, refined, and prepared for nationwide deployment.



“We are not just collecting data, we are building the foundation for a stronger, more equitable health system that responds to the needs of our people” said Dr Toky Rajoelina, Director of Family Health, Ministry of Health.

Strong national ownership and leadership from the Ministry of Health have ensured the process is country-driven and community-centred. The evaluation will now move to full-scale implementation, generating insights to expand access to SRHR services, reduce maternal deaths, and inform policies that advance universal health coverage for women and girls across Madagascar.



“The programme has contributed to improved availability and accessibility of SRH services across the country. We must sustain and build on these gains” said Dr Robert Lucien Jean-Claude Kargougou, Ministry of Health, Burkina Faso.

Strengthening SRHR services in Burkina Faso: Field mission highlights progress and innovation

Burkina Faso’s health system continues to face immense pressure due to the protracted security and humanitarian crisis, which has displaced over two million people, most of them women and children. Reduced access to essential sexual and reproductive health (SRH) services has led to preventable maternal deaths, unsafe abortions, and increased gender-based violence.

Since 2019, WHO, in collaboration with the Large Anonymous Donor (LAD), has been supporting the Ministry of Health to strengthen sexual and reproductive health and rights (SRHR) services and primary health care systems as part of the country’s Universal Health Coverage (UHC) agenda.

From 11 to 15 August 2025, WHO Regional Office for Africa, WHO Burkina Faso, the Ministry of Health, and partners, conducted a joint field mission to assess progress. The delegation visited peripheral health centres, district and regional hospitals, and the University Teaching Hospital of Bogodogo, engaging with central directorates, professional associations, NGOs, community health workers, and beneficiaries.

The mission confirmed that more than 90% of planned activities have been successfully implemented. Facilities visited reported improved availability of trained staff, medicines, and equipment, and showcased innovations such as digitized billing systems, community health clubs, daily hospital pharmacy dispensing, and self-injection for contraception.

WHO provided technical support, facilitated partner collaboration, and ensured evidence-based monitoring. Scaling these innovations is expected to increase contraceptive uptake, strengthen community ownership, and reduce preventable maternal deaths, even in crisis-affected areas.



Driving regional action for adolescent health and well-being in west and central africa

Adolescence is a critical period that shapes health, education, and economic outcomes for a lifetime. Yet, progress in adolescent health in West and Central Africa (WCA) remains slow, with the region reporting one of the world's highest adolescent birth rates at 200 births per 1,000 girls aged 15 to 19, more than double the rate in East and Southern Africa.

To accelerate change, WHO, in collaboration with UNESCO, UNFPA, UNAIDS, Plan International, and other partners, convened a regional technical workshop in Lomé, Togo, from 28–31 July 2025. The event aimed to validate the Regional Accountability Framework for adolescent health and operationalize the updated WHO Accelerated Action for the Health of Adolescents (AA-HA!) 2.0 guidance across 25 WCA countries.

The workshop brought together 126 participants, including senior officials from Ministries of Health and Education, youth representatives, Regional Economic Communities (ECOWAS, ECCAS), technical agencies, and UN partners. Over four days, participants reached consensus on accountability indicators, shared country experiences, and developed roadmaps to scale up AA-HA! 2.0 interventions. policies.

The meeting highlighted country successes, including Burkina Faso's multisectoral teacher training initiatives, Nigeria's phased rollout of adolescent health programmes across 28 states, and Ghana's integration of youth-led monitoring into school health services.

By validating the Accountability Framework and harmonizing regional action plans, WCA countries are now better positioned to strengthen adolescent health systems, foster youth participation, and achieve the "triple dividend" of improved health now, in adulthood, and for future generations.

"Young people are not just the future, they are the present. They must be fully involved in shaping the policies and services that affect their lives," emphasized youth representatives during a dedicated roundtable session" said Aristide Djikolmbaye, a participant from Chad

Strengthening evidence and partnerships for sustainable health financing

At the International Health Economics Congress held in Bali, Indonesia, from 19–23 July 2025, WHO showcased the African Region’s progress in building stronger, evidence-based health financing systems. The session, titled “Evolution of Health Expenditure Tracking: Institutionalisation and Methodological Advances,” was led by Dr Ogochukwu Chukwujekwu, Team Lead for Health Financing and Governance, and Dr Sophie Faye, Technical Officer for Health Financing at WHO Regional Office for Africa.

This session marked a milestone in reflecting on 25 years of WHO’s Health Expenditure Tracking Program and the adoption of the System of Health Accounts (SHA) 2011, which has become a global standard. The African region has been at the forefront of applying this framework, producing critical evidence for advocacy and resource mobilization.

Through the session, WHO underscored the need to institutionalize robust health expenditure systems.

“Institutionalization is not only a technical exercise but also a political one, requiring leadership, sustainable funding, and a culture of accountability.” Said Dr Ogochukwu Chukwujekwu, Team Lead Health Strategies & Fin. Governance at WHO Regional Office for Africa



WHO also shared practical applications for tracking priority areas such as Sexual and Reproductive Health and Rights (SRHR) drawing on the System of Health Accounts (SHA) framework.

The session examined the relationship between System of Health Accounts (SHA) and National AIDS Spending Assessments (NASA) methodologies and presented a newly developed “crosswalk” that maps NASA categories into SHA classifications, enabling countries to harmonize data, reduce duplication, and improve the comprehensiveness of expenditure tracking.

Building health financing capacity in Portuguese-speaking countries



“Delivering the training in Portuguese ensured inclusivity and ownership among participants, empowering them to directly apply the tools in their national contexts” stated Dr Chantal KAMBIRE Officer Technical Officer Emergency Preparedness & Response, WHO Guinea Bissau

To address long-standing gaps in health financing capacity across Lusophone Africa, WHO/AFRO, in collaboration with the Ministry of Health of Guinea-Bissau, organized a regional training seminar on National Health Accounts (NHA) and the Health Financing Progress Matrix (HFPM) from 24–28 June 2025 in Bissau, Guinea-Bissau. The five-day workshop brought together over 30 participants from Angola, Cape Verde, Guinea-Bissau, Mozambique, and São Tomé and Príncipe, with the goal of building technical capacity for evidence-based financing reforms.

Before this initiative, several of these countries had struggled to maintain structured, language-accessible training on NHA or HFPM. For instance, Guinea-Bissau had stalled NHA data collection due to limited staff technical capacities, while Angola had never implemented the System of Health Accounts (SHA) 2011.

The training, conducted fully in Portuguese and facilitated by WHO experts from regional office and Headquarters introduced WHO’s Health Accounts Production Tool (HAPT) and Health Accounts Analysis Tool (HAAT) and HFPM tool through interactive group exercises, case studies, and peer learning. The results were immediate and tangible:

Guinea-Bissau resumed NHA data collection and initiated HFPM implementation, marking a major step toward institutionalising financial tracking systems. Angola began preparations for its first-ever NHA using the SHA 2011 framework, supported by a WHO-deployed consultant.

By strengthening local technical capacity and promoting the use of harmonized financing tools, WHO is helping Lusophone countries generate better data, inform national policy, and strengthen their path toward Universal Health Coverage and sustainable, equitable health systems.

World Health Organization Regional Office for Africa

Health Systems and Services Cluster

OUR VISION

All people across different population sub-groups in the African region have the health care they need, where and when they need it without suffering financial hardship.

