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**PROGRESS REPORT ON THE IMPLEMENTATION OF RESOLUTION AFR/RC62/R5 ON
THE AFRICAN HEALTH OBSERVATORY**

Information Document

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BACKGROUND

1. Health observatories are online web-based platforms for consolidating and disseminating health data and information. They are openly accessible and provide a platform, through social media and policy dialogue events, for health actors to engage on evidence.
2. The World Health Organization (WHO) started work on health observatories in the African Region in 2010 when it established the African Health Observatory (AHO).¹ This followed the 2009 recommendation of the Regional Committee (AFR/RC59/5).² In 2012, the Regional Committee (AFR/RC62/R5)³ requested WHO to support Member States in establishing National Health Observatories (NHOs).⁴
3. The first progress report (AFR/RC68/17) on health observatories in the African Region was provided to the Regional Committee in 2018. The Committee noted the existence of the AHO and its role in monitoring the Region's progress towards universal health coverage (UHC) and the Sustainable Development Goals (SDGs). It also noted that WHO was providing technical support and training to eight pilot Member States⁵ to establish NHOs and that, due to funding constraints, some Member States had not fully embraced the idea. Further, the Committee noted the obsolete technology used by the observatories and the need to redevelop them.
4. This report summarizes the progress made in establishing health observatories in the African Region since the last report presented to the Regional Committee.

PROGRESS MADE

5. Full establishment⁶ of NHOs was achieved in all the pilot Member States except for the Democratic Republic of the Congo (DRC) where it was not achieved due to competing priorities resulting from the Ebola outbreak. However, WHO trained a team of health experts on data analysis, and stakeholder engagement was undertaken to set the NHO agenda in the DRC. Two additional NHOs were established in Burundi and Eritrea.
6. WHO continued to use the AHO to monitor the Region's progress towards UHC. For example, AHO data was used to produce the 2018 and 2019 editions of the Atlas of African Health Statistics to track the Region's progress towards UHC and the SDGs.

¹ WHO 2018. The African Health Observatory. Available online as: <http://www.aho.afro.who.int/> accessed on 1 November 2019

² WHO 2009. The Regional Committee for Africa (AFR/RC59/5). Framework for the implementation of the Algiers Declaration on research for health in the African Region. Report of the Secretariat available online as: http://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC59-5fin.pdf Accessed on 1 November 2019

³ WHO 2012. The Regional Committee for Africa (AFR/RC62/5). available online as: <https://www.afro.who.int/sites/default/files/sessions/resolutions/afr-rc62-r5-Opportunity-for-strengthening-health-information-systems-through-national-health-observatories.pdf> Accessed on 1 November 2019

⁴ NHOs are health observatories located at country level. They are owned and run by the country government with support from WHO

⁵ Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Kenya, Rwanda, United Republic of Tanzania, and Uganda

⁶ Full NHO establishment means that the NHO prototype developed by WHO is adapted and made available online; a country team is trained on data analytics and on maintaining the NHO, and key stakeholders are engaged on the advantages of, and the need to allocate resources to the NHO

7. As part of its observatory-strengthening work, WHO continued to provide technical support and training to Member States on data generation and analysis. For instance, WHO trained 190 health professionals from 15 countries⁷ on analysis of health facility data, and 60 participants from 11 countries⁸ on harmonized health facility assessment (HFA).⁹ WHO also provided technical support and training to several countries, including Kenya and Comoros on HFA, Eritrea on data quality review, Zimbabwe on a review of its health sector strategic plan, and Liberia, Uganda and Namibia on the reporting of births and deaths.

8. WHO also entered into a five-year partnership with the Bill and Melinda Gates Foundation.¹⁰ This partnership will generate evidence for health systems improvement and make the evidence available for policy action through the AHO and other mechanisms such as policy dialogue events.

9. To address the obsolete technology of the AHO and make it responsive to the Region's health information needs, the Observatory was redeveloped into an integrated platform called the "integrated African Health Observatory" (iAHO). The iAHO hosts the AHO and NHOs of all the Member States. It is centrally hosted and coordinated by WHO, but Member States own and manage their NHOs within it. As all the observatories are within the same platform; the iAHO will greatly increase access to health data and information and facilitate cross-country learning. Unlike previously, the current technology allows for the iAHO to be accessed on mobile phones.

10. Operationalizing the iAHO by Member States will cost far less than the previous NHO model because WHO hosts and maintains it. For instance, Member States will require US\$ 30 000–50 000 annually to update their NHO within the iAHO. In the previous model, they required about US\$ 500 000 to establish an NHO and an additional US\$ 100 000 annually to run it.

11. The iAHO has been rolled out to all the Member States, and WHO is training Member States online on its use. However, due to varying levels of appreciation of its advantages, uptake of the iAHO remains low. To date, only eight Member States¹¹ have uploaded data into their NHOs.

NEXT STEPS

12. Member States should:

- (a) Include the iAHO in their health sector plans;
- (b) Allocate funds and staff to the iAHO;
- (c) Monitor, document and share best practices on the iAHO;

⁷ Botswana, Burkina Faso, Cabo Verde, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Guinea, Guinea-Bissau, Mauritania, Namibia, Niger, Nigeria, and Uganda.

⁸ Angola, Burkina Faso, Cabo Verde, Comoros, Congo, Democratic Republic of the Congo, Eritrea, Ghana, Seychelles, Zimbabwe and Uganda.

⁹ The harmonized health facility assessment is based on a tool that is modular and harmonizes several but related tools, including the WHO and USAID service availability and readiness assessment tool (SARA), the WHO and African Development Bank tool for assessing service availability and readiness in hospitals (SARA-Hospital), the USAID Service Provision Assessment tool (SPA) and the World Bank Service Delivery Indicators tool (SDI)

¹⁰ 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, KEMRI Wellcome Trust in Kenya, 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.

¹¹ Burundi, Eswatini, Kenya, Malawi, Seychelles, Rwanda, Uganda and Zimbabwe

- (d) Link or migrate their NHOs to the iAHO;
- (e) Promote the iAHO at country level among the key national stakeholders.

13. **WHO and partners should:**

- (a) Sensitize Member States on the advantages of the iAHO and advocate for resources for its implementation and roll-out;
- (b) Support Member States in building consensus on the need to align, harmonize and ensure consistency in user interface between national, regional and global health observatories;
- (c) Continue providing oversight and technical support for implementation and roll-out of the iAHO.

14. The Regional Committee noted the report and endorsed the proposed next steps.