

STRENGTHENED PARTNERSHIPS CONTRIBUTING TO THE PUSH TOWARDS UHC

WHO African Region's work continues to revolve around operationalizing primary health care (PHC) as an approach to building resilient health systems with the capacity to deliver universal health coverage (UHC) and health security.

Progress is being made to strengthening the health systems of countries as part of efforts to recover from the impact of the COVID-19 pandemic as well as progress towards the achievement of UHC. The Secretariat joined forces with a range of partners and between July 2022 and June 2023, and the Regional Office mobilized and spent US\$ 1.219 billion to support implementation of health programmes to strengthen health systems across its 47 Member States.

Some key achievements include:

- In partnership with the Inter-Parliamentary Union and the International Labour Organization, 12 countries were supported to develop sector strategies to guide the dialogue between ministries of health and parliamentarians towards the development of legal frameworks for UHC, to improve health sector governance.
- Collaboration with the International Telecommunication Union, UNICEF and the East and Southern Africa Regional Office (ESARO) boosted the digital health capacity of 15¹ countries.
- UNAIDS, UNICEF, UNFPA and WHO, delivering as One UN at a regional level through the "2gether 4 SRHR programme", a partnership funded by the Swedish International Development Cooperation Agency, increased access to Sexual and Reproductive Health and Rights services in East and Southern Africa, and contributed to reducing the maternal mortality ratio from 509 to 360 maternal deaths per 100 000 live births in the last decade.
- Working within the framework of the UN Multi-Partner Trust Fund, WHO, the UN Food and Agriculture Organization, the World Organisation for Animal Health and the UN Environment Programme have supported countries to develop national antimicrobial resistance (AMR) plans, strengthen AMR surveillance systems, and promote AMR-related research, leading to improvement in AMR governance across sectors.
- Collaboration with the World Bank, the Global Fund, USAID and other partners facilitated policy dialogue on health workforce investment among 26 countries² and development partners, resulting in an agreement on concrete actions to address persistent gaps.
- Dynamic partnerships with the African Union, including with Heads of State and government, and the Africa Centres for Disease Control and Prevention, enabled the Secretariat to highlight the need to improve health systems through regional collaborations.
- Partnerships were forged with the private sector and civil society organizations and NGOs to reach the most vulnerable and remote populations, especially in emergency situations. Collaboration with Non-State Actors resulted in the signing of 112 agreements worth over US\$ 60 million for efficient strategy implementation.

¹ Benin, Central African Republic, Chad, Congo, Cote d'Ivoire, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

² Benin, Central African Republic, Chad, Congo, Cote d'Ivoire, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

- Through the recruitment of external relations officers by WHO country offices and at the regional level, partnerships and resource mobilization have been strengthened, resulting in the mobilization of US\$ 500 million at country level.
- Strong engagement with countries secured a commitment from all 47 Member States to increase the Accessed Contribution by 20%, starting from Programme Budget 2024–2025.

The Secretariat will continue to provide guidance on the operationalization of primary health care that will inform the design of responsive service delivery models as an approach to building health systems and community resilience towards the attainment of UHC.