



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE CLUSTER



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**ADVANCING UNIVERSAL HEALTH
COVERAGE**

NEWSLETTER
APRIL-JUNE, 2023

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WEST AND CENTRAL AFRICA'S COMMITMENT FOR EDUCATED, HEALTHY AND THRIVING ADOLESCENTS AND YOUNG PEOPLE



Ministers of education and ministers of health from the 25 countries of West and Central Africa gathered on 6 April 2023 in Brazzaville, Republic of Congo, to endorse a high-level political commitment for educated, healthy and thriving adolescents and young people (the West and Central Africa Commitment).

This endorsement ceremony was co-organized by the Government of the Republic of Congo and the Technical Working Group of the West and Central Africa Commitment, bringing together the regional economic communities, several United Nations agencies, such as UNESCO, UNFPA and WHO, civil society organizations and youth networks in the region.

The West and Central Africa Commitment will enable the region to capitalize on its demographic dividend by focusing on timely access to comprehensive quality education, information programmes, and health services adapted to the needs of adolescents and young people in West and Central Africa. Indeed, West and Central Africa's demographic, health and social data underscore the urgency of providing adolescents and young people with the means to avoid early and unintended pregnancies, child marriages and school dropout, as well as to prevent HIV and address gender-based violence.

“ Africa’s most valuable resource for transformation is the youth. Today, more than 60% of Africa’s population is under 25. And by 2030, young Africans are expected to constitute 42% of global youth and an estimated 35% of Africa’s population. Businesses worldwide are targeting this future market; our job is to ensure it is healthy, productive, and driving economic development on the continent.” **said Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa.**





The West and Central Africa Commitment process has enabled 18 countries in the region to conduct national consultations. Through these consultations, inputs were gathered from all education and health stakeholders, as well as civil society, religious and traditional leaders, and young people, to ensure that the Commitment is grounded in the realities and needs of each country.

West and Central Africa countries are committed to investing in the education and health of their youth and to working together. By addressing these priorities, the region will be able to make significant progress towards achieving the Sustainable Development Goals (SDGs) on health, education, and gender equality.

The Commitment will also provide an enabling context for the implementation of the African Union Roadmap on Harnessing the Demographic Dividend (2016), the Continental Education Strategy for Africa, and the Education Plus Initiative in West and Central Africa.



ADVANCING THE INCLUSION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) TOWARDS UNIVERSAL HEALTH COVERAGE (UHC)

ADDITIONAL \$42 MILLION INVESTMENT FROM SWEDEN FOR THE “TOGETHER FOR SEXUAL AND REPRODUCTIVE HEALTH RIGHTS” PROGRAMME



On 22 June 2023, Sweden announced a further investment of \$42 million for sexual and reproductive health and rights (SRHR), in an effort to transform the lives of millions of people in East and Southern Africa through the 2gether 4 SRHR programme.

The 2gether 4 SRHR programme is a collaborative effort involving UNAIDS, UNFPA, UNICEF and WHO. The initiative aims to strengthen sexual and reproductive health services and reproductive rights in East and Southern Africa by integrating gender-based violence and HIV services into sexual and reproductive health packages, with a focus on marginalized and vulnerable populations.



Sweden is committed to working with our partners to ensure no one is left behind. The realization of sexual and reproductive health and rights is a priority for us and for the greater Team Europe group. This project is proof that through collaboration, we have the ability to change our future for the better” **said. Håkan Juholt, Sweden’s Ambassador to South Africa at the launch of phase II of the 2gether 4 SRHR programme, in Pretoria, South Africa.**



Phase II of the programme will be implemented in 10 countries across East and Southern Africa over the next four years. This will address pressing challenges in sexual and reproductive health and rights in the Region, including limited access to comprehensive services, high rates of teenage pregnancy, the prevalence of gender-based violence, and the increasing vulnerability of marginalized populations due to restrictive policies in some countries.

The initiative will prioritize the provision of sexual and reproductive health services in humanitarian crises and emergency situations, to ensure that no one is left behind.



The powerful partnership has placed sexual and reproductive health and rights firmly on the agenda of countries, and the Region. However, despite the gains made, concerted efforts are required to meet the targets of the SDGs.



Speaking at the launch of phase II of the 2gether4SRHR programme, on behalf of the Regional Director for Africa, Dr. Matshidiso Rebecca Moeti, Dr. Kasonde Mwinga, the Director of Universal Health Coverage/ Life Course Cluster, WHO Regional Office for Africa, reaffirmed the commitment of WHO to continue the work with partners to ensure sexual and reproductive health and rights for all.

“This new investment from Sida, will help accelerate WHO’s work on improving access to sexual and reproductive health services, in particular, for adolescents and young adults. This will contribute to reducing maternal mortality including from unsafe abortion and supporting changes in policies and laws” she said.

INTEGRATION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES INTO NATIONAL UNIVERSAL HEALTH COVERAGE PLANS AND PROCESSES IN THE EAST AND SOUTHERN AFRICAN (ESA) REGION



Achieving universal health coverage (UHC), where all people have access to quality health services without suffering associated financial hardship, is at the core of the Universal Health Coverage/ Life Course cluster's mandate.

Alongside the growing momentum and renewed calls for stepping up progress towards UHC, there have been growing calls from countries and partners to provide technical leadership in positioning sexual and reproductive health and right (SRHR) in UHC.

Under the regional 2gether 4 SRHR programme, the World Health Organization (WHO) in collaboration with the United Nations Population Fund (UNFPA) conducted a capacity building workshop to strengthen the integration of sexual and reproductive health services in national universal health coverage plans and processes in the East and Southern African (ESA) region.

The workshop brought together 76 participants from seven countries including representatives from ministries of health (MoH), academia, research institutions, and civil society organizations (CSOs).

It served as an opportunity to orient SRHR programme managers and key stakeholders in selected countries in East and Southern Africa on the SRHR in the UHC handbook and to build the capacity of a core group of consultants to support its use in the region and strengthen the integration of SRHR services in national UHC plans and processes in the East and Southern African region.





In the East and Southern Africa region, several countries have developed essential health care packages as part of designed population-responsive health services as they make progress towards UHC, but many do not make these benefit packages explicit, and none of them include all recognized SRHR services in the bundle of services offered.

Abortion care, comprehensive sexuality education, the response to gender-based violence (GBV) and harmful practices, reproductive cancers, sub-fertility and infertility, and menstrual health are often excluded from packages, which do not always cater to the needs of the most vulnerable populations or displaced people, unmarried adolescents, and survivors of GBV.

To ensure that services are accessible for those who need them, financing and financial protection mechanisms for SRHR must be considered.

WHO has developed and shared a range of tools that can assist countries to assess their existing health benefits packages, assessing the costs of services and resources, and systematically defining the contents of health benefits packages and their levels of service delivery.

The workshop introduced the new service package delivery and implementation (SPDI) tool and participants explored the use of these tools to develop SRHR packages for their countries.

Country experiences, challenges, and opportunities for integrating SRHR into UHC processes were shared, and countries developed action plans that they committed to taking forward after the workshop.

IMPROVING THE QUALITY OF CARE FOR CHILDREN AND YOUNG ADOLESCENTS IN HEALTH FACILITIES: THE KENYA EXPERIENCE



During the past two decades, many countries have made considerable progress towards achieving Millennium Development Goals 4 and 5, (by 2015) and subsequent Sustainable Development Goal (SDG) 3 targets for mothers, newborns and children by 2030, mainly by access to quality care for maternal and child health.

Despite this progress, an estimated 295,000 die annually around the time of childbirth (66% in the African Region) - about 50% as a result of poor-quality care; 2.4 million newborn infants die annually (1 million in the African Region) - 50% on the first day and up to 75% within the first week of their life. - 60% of those deaths are attributed to poor quality of care. Furthermore, 2.0 million babies are stillborn each year: 40% during labour - a loss that could be avoided with improved monitoring and timely access to emergency obstetric care when required.

As most women now deliver their babies in health facilities and children have increasing access to health services, attention needs to be focused on improving the quality of services for women and children.

In 2018, WHO developed Quality of Care Standards for Paediatrics and Young Adolescents in health facilities. These standards encompass both the provision and experience of care as key dimensions of quality and define eight domains of quality that should be assessed, improved, and monitored across health system levels.

The standards have been disseminated to all 47 countries of the African Region and countries including Kenya are in the process of adapting them for use.

In view of the need to measure and monitor these standards, WHO led the development of core paediatric quality of care indicators to accompany these standards and address paediatric quality of care programmatic needs at the country level.

This set of 25 core indicators is designed for routine or periodic measurement and monitoring of the quality of paediatric and young adolescent care in health facilities to drive quality improvement efforts but can also serve to foster accountability across levels of the health system.



Kenya is one of 5 countries in the African Region (others being Malawi, Nigeria, Sierra Leone and Uganda) in which WHO is working with respective ministries of health and partners, to support the uptake of these indicators, with funds from USAID.

Kenya has made consistent progress in reducing the deaths of newborn and children. Between 2003 and 2022 newborn deaths reduced from 33 to 21 while under 5 deaths reduced from 115 to 41 per 1000 live births. However, despite the progress and like in other countries, children continue to die due to largely preventable conditions that could be prevented through quality care.

Based on Kenya's efforts in advancing the quality of care for mothers, children, and adolescents, WHO conducted from 08-22 June 2023, a field visit to Kenya to document data being collected at all levels and the tools used, and provide technical assistance to the Ministry of Health, WHO country office and partners on the adaptation of the indicators.

The Ministry of Health and its partners were oriented on WHO's recommended 25 core paediatric and young adolescents' quality of care indicators.

Following the brief field visit to two county hospitals, two sub-county hospitals and one health centre, in which the country's readiness to collect and report on this core set was assessed, the country was deemed to be able to include 9 indicators within 6 months (short term), 3 within 1 year (medium term) and the remaining 13 within 1-3 years (long term), should they consider.

WHO will continue to support further adaptation of indicators into the national tools as well as develop mechanisms to collect the remaining. Working with these selected countries will help generate an implementation blueprint that will be used in future to support other countries in the region, with paediatric quality of care measurement needs.

EMBRACING EVIDENCE-BASED DECISION-MAKING TOWARDS IMPROVED HEALTH OUTCOMES



To improve the availability and use of high-quality health data for decision-making and health system strengthening in the African Region, WHO AFRO, in collaboration with the Health Data Collaborative Secretariat organized, on the 29th of June, a virtual workshop for all the 47 countries of the WHO African Region.

The workshop aimed at equipping health information systems focal points in the region and countries' ministry of health officers in charge of health information systems, with the necessary knowledge, tools, and inspiration to improve health information systems in their respective contexts by embracing the Health Data Collaborative approach.

The Health Data Collaborative approach was established in 2016. It presents an opportunity for the countries in the region to address the challenges facing their health information systems by bringing together multiple stakeholders, including governments, international organizations, donors, civil society, philanthropists, and the private sector, to support one unified health information system with the stewardship of the government.

Dr. Benson Droti, the Team Lead for Health Information System at the WHO Regional Office, emphasized the importance of the Health Data Collaborative in addressing the fragmentation of the national health information systems.

“Health Data Collaborative is critical for harmonizing partners and their resources and aligning them with the country’s priorities for strengthening the national health information system.” **he said.**

During the workshop, countries implementing the Health Data Collaborative approach had a chance to share experiences and lessons learnt to inform peer countries.

With more countries adopting the Health Data Collaborative approach, more progress is expected towards evidence-based decision-making.



GIVE BLOOD, GIVE PLASMA, SHARE LIFE, SHARE OFTEN!

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Blood is the most precious gift that anyone can give to another person, that is, the gift of life. A decision to donate blood saves lives and must be appreciated.

On 14th June, World Health Organization in the African Region joined the rest of the world to celebrate World Blood Donor Day and honour the sacrifices of the millions (6.1 million, 2018) of people across Africa who selflessly donate their blood to save the lives of others.

Despite the sacrifices of many who donate their blood, countries in the African Region continue to face severe shortages of blood and blood products, resulting in many avoidable deaths of women, children, and people with injuries annually.

Currently, African countries are able to collect only 6 units of blood for every 1000 people, which is significantly below the 33 units of blood per 1000 people collected in developed countries.

The financial barrier to accessing safe blood remains a great concern in the African Region. On average, patients pay USD 42 out of their pockets to access safe blood, which adds great strain on their livelihoods and drives many deeper into poverty.

In her statement, WHO Regional Director for Africa Dr. Matshidiso Rebecca Moeti called on countries to address the persistent challenges in the availability of safe blood and blood products, raise adequate and sustainable funding and increase blood donation rates, and continue to build systems and capacities to separate donated blood into its components that can be stored for long term use.



“I encourage all of us to join efforts to ensure access to safe blood for all in need.” she said, adding “Let us remember the health of blood donors as the quality of care accorded to them is a critical factor in building the commitment and a willingness of people to donate blood regularly”

14 JUNE 2023
- JOURNÉE MONDIALE DU DONNEUR DE SANG -

VOUS VIVEZ PARCE QUE VOUS DONNEZ

SANG, PLASMA : PARTAGEONS LA VIE, DONNONS SOUVENT



Cher donneur,

Les mots ne suffisent pas à exprimer ma gratitude pour votre don de sang. En décembre dernier, j'ai eu un terrible accident de la route qui a provoqué un grave traumatisme au foie et une embolie pulmonaire. Grâce à votre générosité et à un système de santé très fiable au Ghana, j'ai reçu tous les composants sanguins nécessaires à ma survie et à ma santé.

Merci, votre sang m'a sauvé la vie. Vous êtes mon héros.

Nana Serwaa BRAKATUO (Ghana)

Nana Serwaa Brakatuo

14 JUNE 2023
- JOURNÉE MONDIALE DU DONNEUR DE SANG -

14 JUNE 2023
- WORLD BLOOD DONOR DAY -

WE LIVE BECAUSE YOU GIVE

GIVE BLOOD, GIVE PLASMA, SHARE LIFE, SHARE OFTEN



Dear Donor,

I would like, from the bottom of my heart, to thank you for saving my life. Without you, I would no longer be in this world.

Thank you for saving my life with your blood. You are my hero."

On April 4, 2016, following a miscarriage due to malaria, I lost a lot of blood and needed a transfusion. The doctor was able to save my life thanks to the generous souls who have donated blood to me.

Eldivine NIYONGABIRE, Bujumbura (Burundi)

Eldivine Niyongabire

14 JUNE 2023
- WORLD BLOOD DONOR DAY -



▶ NAMBTS STREET PROCESSION TO COMMEMORATE WORLD BLOOD DONOR DAY 2023

ACCELERATING THE DELIVERY OF UNIVERSAL HEALTH COVERAGE THROUGH PRIMARY HEALTH CARE FINANCING IMPROVEMENTS



To facilitate constructive dialogue across key stakeholders to identify practical actions and policy changes to accelerate the delivery of universal health coverage through primary health care financing improvements, WHO, UNICEF ESARO, the Global Financing Facility (GFF), and the Bill and Melinda Gates Foundation (BMGF) in collaboration with Harmonization for Health in Africa (HHA) partners organized a 3-day forum titled “East and Southern Africa Region Health Financing Forum – Towards strengthening primary health care and resilience” in Kigali, Rwanda.

The forum brought together more than 150 participants: 130 senior officials mainly from ministries of finance and ministries of health and United Nations officials from 20 countries in Eastern and Southern Africa as well as other development partners supporting primary health care within the African region.



“Improving and bringing innovative financing arrangements can drive improvements in how PHC is delivered and equip the health system to respond effectively to evolving population health needs. Thus, attention should be paid simultaneously to both financing and service delivery arrangements” **said Dr Sabin Nsanzimana, the Minister of Health in Rwanda** in his remarks.



The meeting focused on the following 3 topics which were discussed in several plenary and working group sessions:

- 1 Strengthening systems to regularly measure and monitor PHC performance and spending for Improved delivery
- 2 Levers for increased domestic resource mobilization towards more adequate PHC resources
- 3 Maximizing the impact of PHC spending -How to ensure finances are allocated and used efficiently to promote effective PHC delivery.

The forum provided a platform for the participants to review and discuss progress, challenges, and opportunities to improve resource mobilization and financing to support more efficient and effective delivery of Primary Health Care services.

The country delegations discussed through working groups what areas of focus and primary health care activities are in countries' pipelines as well as specific areas, where countries require technical support to further implementation.

They recognized the importance of investing in primary health care as a key strategy for achieving universal health coverage.

The key outcome of these discussions was the country's action plans to focus on improving primary healthcare financing that reflects country-specific context and priorities.

The participants also agreed on the recommendations to improve primary health care financing and spending as well as the next steps towards translating political commitment to practical health financing solutions.

These recommendations relate to **(i) Regular measurement of PHC services and spending (ii) Increasing resources to invest in PHC services; (iii) Enhancing efficiency, effectiveness, and equity of PHC spending; and (iv) Enabling an environment for investing more and better in PHC services.**

GUINEA SUPPORTED TO ASSESS THE COUNTRY'S HEALTH SYSTEM



In 2015, the world moved on from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs), which aimed for a more integrated and sustainable approach to development and involve all countries and sectors, focusing on developing people and improving the living conditions of the most vulnerable in societies.

The SDG approach to the health sector translates the MDG focus on specific diseases and programmes into a broader set of health objectives underpinned by a goal of Universal Health Coverage (UHC).

All countries in the WHO African Region have signed up to the SDGs, and all countries have taken steps to select and implement actions in support of Universal Health Coverage and Sustainable Development Goals.

These countries are making progress towards Universal Health Coverage at different speeds, for Guinea the Service Coverage Index was 39 (2019) whereas the region was at 46 (2019).

To provide support to Guinea to perform an assessment of the country's health system to identify its strengths and weaknesses, the Universal Health Coverage - Life Course Cluster of the WHO Regional Office for Africa, in collaboration with other health actors

(partners, NGOs, civil society, and private sector), conducted a field visit to Guinea. Under the leadership of the Ministry of Health, the team assessed the country's health system by undertaking a desk review, organizing preparatory calls with other partners, collecting data, and consulting with stakeholders through multilateral and bilateral interviews.

Through this multisectoral country support approach, bottlenecks were identified (across the different pillars of the health system) and presented to the Ministry of Health together with some recommendations and a roadmap with realistic actions to improve the functionality of the health system.

World Health Organization, Regional Office for Africa

Universal Health Coverage/ Life Course 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.

