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**REGIONAL MULTISECTORAL STRATEGY TO PROMOTE HEALTH AND
WELL-BEING, 2023–2030 IN THE WHO AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1.   Africa faces numerous challenges affecting the health and well-being of its populations. A high incidence of communicable diseases, a rise in noncommunicable diseases, and frequent emergencies add pressure to weak health systems. Social determinants and the underlying causes of ill health further influence this trend.

2.   Health and well-being creation requires the contribution of stakeholders beyond the health sector, based on a multisectoral approach. However, existing multisectoral actions in the Region are disease-specific strategies with poorly defined mandates, siloed implementation modalities, and weak monitoring and accountability systems.

3.   The implementation of global commitments such as the Sustainable Development Goals, the Thirteenth General Programme of Work, 2019–2025, the Declaration of Astana, and the global framework for well-being requires a people-centred, whole-of-government, and whole-of-society approach that builds on the principles of Health in All Policies. Mainstreaming well-being impact assessments across sectors will inform policy development and guide implementation through multisectoral action. This strategy is envisioned to unite health and non-health sectors at national and subnational levels, allowing for intersectoral and multisectoral action and community participation.

4.   Implementing the eight-year strategy through multisectoral action will change the narrative of health and well-being as cost drivers to that of enablers of social and economic stability. This will be undertaken by leveraging existing structures, finances, and capacities within sectors to implement the defined objectives and targets. Mid-term and end-term reviews will be conducted jointly to monitor the strategy's implementation.

5.   The Regional Committee reviewed and adopted the strategy.

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INTRODUCTION

1.   Well-being is a positive state experienced by individuals and societies,[1] enabling current and future generations to flourish and achieve their full physical and mental health potential throughout their lives.[2] The Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 recognize that health and well-being are critical components of sustainable development. SDG 3 focuses explicitly on ensuring healthy lives and promoting well-being for all. Universal health coverage (UHC) is a key component of SDG 3, aimed at providing all people with access to quality health services without financial hardship.

2.   The WHO African Region faces many health and related social, economic, political, and environmental problems whose intricate solutions require actions spanning sectors. The Region also faces a range of public health emergencies, natural disasters such as floods, droughts, and cyclones linked to climate change, including zoonotic disease outbreaks and conflicts. More efforts are needed to strengthen multisectoral actions to address the challenges that undermine health and well-being, accelerate progress toward the SDGs, and achieve UHC in the African Region.

3.   The importance of multisectoral actions to address health and well-being emerged since the Health for All movement in the 1980s, which called for a comprehensive approach to achieving universal health coverage that addressed the social, economic, and environmental determinants of health and highlighted the importance of intersectoral collaboration and equity in health policy.[3] This was also emphasized in the Ottawa Charter for Health Promotion, developed in 1986[4] and other declarations[5,6,7] and reiterated in World Health Assembly resolution WHA67.12[8] calling on all Member States to implement intersectoral action for health and well-being. The Declaration of Astana on primary health care (PHC) adopted in 2018[7] also calls for a comprehensive approach to health that addresses the social, economic, and environmental determinants of health and emphasizes the need for multisectoral collaboration to promote health and well-being. Addressing these considerations calls for a people-centred, whole-of-government, whole-of-society approach, which is adopted in the WHO Thirteenth General Programme of Work, 2019–2023 (GPW 13).[9]

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[1]   World Health Organization. Health promotion glossary of terms 2021. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240038349, accessed 27 February 2023)

[2]   WHO. Achieving well-being: A global framework for integrating well-being into public health using a health promotion approach. Geneva: World Health Organization; 2022 draft (https://cdn.who.int/media/docs/default-source/health-promotion/draft-who-well-being-framework.pdf?sfvrsn=259a7c40, 5 accessed 8 March 2023)

[3]   World Health Organization. Intersectoral action for health and well-being: the role of intersectoral cooperation in national strategies for health-for-all. Geneva: World Health Organization; 1986 (https://apps.who.int/iris/bitstream/handle/10665/41545/9241560967_eng.pdf?sequence=1&isAllowed=y, accessed 8 March 2023)

[4]   WHO. The Ottawa Charter for health promotion. Geneva: World Health Organization; 1986 (WHO/HPR/HEP/95.1; (https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion, accessed 8 March 2023))

[5]   WHO. Ouagadougou declaration on primary health care and health systems in Africa: Achieving better health in the new millennium. Brazzaville: WHO Regional Office for Africa; 2008 (https://www.afro.who.int/sites/default/files/2017-06/decouagadougou_declaration_eng.pdf, accessed 9 March 2023)

[6]   WHO. Libreville declaration on health and environment in Africa, Libreville, Republic of Gabon, 29 August 2008. Brazzaville: WHO Regional Office for Africa; 2008 (https://www.afro.who.int/sites/default/files/2017-06/decLibrevilleDeclaration.pdf, accessed on 9 March 2023)

[7]   WHO. Declaration of Astana: From Alma-Ata towards universal health coverage and sustainable development goals, Astana, Kazakhstan, 25 to 26 October 2018. Geneva: WHO; 2018: (https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf, accessed 9 March 2023)

[8]   Resolution WHA67.12. Contributing to social and economic development: sustainable action across sectors to improve health and health equity. Geneva: World Health Organization; 2015 (https://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf, accessed 9 March)

[9]   WHO Thirteenth General Programme of Work, 2018–2025 (GPW 13) sets interconnected strategic priorities (the 'three billion targets') - universal health coverage (UHC) to one billion people, prepare one billion people to handle health emergencies better and improve health and well-being for one billion people by 2025.

SITUATION ANALYSIS AND JUSTIFICATION

Situation analysis

4.   The African Region has a high burden of communicable diseases such as malaria, HIV/AIDS, tuberculosis, and neglected tropical diseases. At the same time, the prevalence of noncommunicable diseases (NCDs) such as diabetes, hypertension, and cancer is increasing in the Region, imposing a significant burden on health systems. Thus, in 2019, communicable diseases accounted for more than half (56 %) of all deaths in the African Region,[10] while the proportion of deaths due to NCDs rose from 24.2% to 37.1%, and injuries from 7.6% to 9.9%, respectively, between 2000 and 2019.[11] This epidemiological transition is largely driven by changes in lifestyle and socioeconomic factors such as urbanization, changing diets, and sedentary lifestyles.

5.   The Region also faces a range of emergency events, including natural disasters such as floods, droughts, cyclones, and public health emergencies including zoonotic disease outbreaks and conflicts. Factors contributing to this situation include poverty, lack of health care infrastructure, conflict and displacement, climate change, and limited access to promotional and preventive services, including vaccines. Africa is witnessing increased climate-linked emergencies, with 25% more events recorded between 2011 and 2021 than in previous decades. During this same period, 30 new pathogens were detected, 75% of which are zoonotic.[12] Climate change is also responsible for increased temperatures, air pollution, drought, cyclones, flooding, and associated diseases.[13] Collectively, these factors lead to population displacement, conflict, environmental degradation, biodiversity decline, food insecurity,[14,15] malnutrition, and destruction of human settlements, transport infrastructure, and service facilities.

6.   Weak regulations, poorly constructed and maintained roads, and lack of walkways impact road safety. Africa imports four in 10 exported used cars, and over 60% of its registered used vehicles do not meet minimum safety standards.[16] Consequently, these factors contribute to Africa's high death rates from road traffic injuries,[17] air pollution, chronic respiratory diseases, stroke, lung cancer, and other NCDs.[18]

7.   The lack of disaggregated and cross-sector data inhibits evidence-based policy design, implementation, and monitoring of health and well-being. Despite the interlinkages among the multiple determinants of health in existing multisectoral strategies and plans, including those for antimicrobial resistance (AMR),[19] one health,[20] NCDs, and health security,[21] their implementation

[10]   World Health Organization. World health statistics 2021: Monitoring health for the SDGs Geneva, WHO; 2021. License: CC BY-NC-SA 3.0 IGO.

[11]   World health statistics 2022: Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.

[12]   Jones KE, Patel N, Levy M, et al. Global trends in emerging infectious diseases. Nature, 2008; 451:990-94

[13]   Reyburn R, Kim DR, Emch M, et al. Climate variability and the outbreaks of cholera in Zanzibar, East Africa: a time series analysis. Am J Trop Med Hyg. 2011;84(6):862-869

[14]   Parry M, Lea P; Food security and drought. Ann Appl Biol. 2009, 115: 299-300. 10.1111/j.1744-7348.2009.00370

[15]   Brown m, Funk c: Food security under climate change. Science. 2008, 319:580-581. 10.1126/science.1154102

[16]   United Nations Environment Programme. Used Vehicles and the Environment. A Global Overview of Used Light Duty Vehicles: Flow, Scale and Regulation. Nairobi: United Nations Environment Programme, 2020.

[17]   World Health Organization. Global Status Report on Road Safety. Geneva: World Health Organization; 2018

[18]   United Nations Environment Programme. Used Vehicles and the Environment. A Global Overview of Used Light Duty Vehicles: Flow, Scale, and Regulation. Nairobi: United Nations Environment Programme; 2020.

[19]   WHO, FAO, OIE, and UNEP. Strategic framework for collaboration on antimicrobial resistance. WHO, FAO, OIE; 2022.

[20]   FAO, UNEP, WHO, OIE. One health joint plan of action 2022-2026. FAO, UNEP, WHO, OIE; 2022 (https://www.who.int/publications/i/item/9789240059139, accessed 2 March 2023)

[21]   WHO. Regional strategy for health security and emergencies 2022-2030. Brazzaville: WHO, Regional Office for Africa; 2022 (https://apps.who.int/iris/handle/10665/361858, accessed 2 March 2023)

remains disease-specific and based on vertical programmes. For example, 24 countries have multisectoral NCD plans,[22] but only 34% are operationalized through high-level interministerial steering committees that exclude communities and other key stakeholders.[23] The committees' mandates and functionalities are poorly defined, and most multisectoral initiatives are undermined by siloed funding, budgeting, planning, monitoring, and accountability[24] functions. Additionally, their implementation lacks strategic capacities or the authority and budgets to translate national directives into context-relevant services at the subnational level.

Justification

8.   People's health is influenced mainly by determinants outside the health sector, but the health sector bears the burden of curing diseases with limited resources. Cognizant of the foregoing, the Seventy-second Regional Committee requested the Secretariat to develop a strategy to support Member States in strengthening multisectoral and intersectoral action to promote health and well-being. The proposed strategy adopts a people-centred approach, building on Health in All Policies principles,[25] and whole-of-government and whole-of-society approaches.

9.   This strategy is therefore needed to address the determinants of health (where people are born, grow, live, work, and age) attributable to all public policies across sectors by analysing them for potential impacts on health and well-being. Health is both an asset and a product of development,[26] and as such, the implementation of this strategy will bring out the impact of non-health sectors on health and the impact of health on other sectors, thereby strengthening synergies and policies for health and well-being. The implementation of the strategy will also contribute to achieving the strategic directives of the global framework for well-being, the SDG 3 targets, and the GPW 13 pillars.

THE REGIONAL STRATEGY

Aim, objectives, and targets

Aim

10.   To address determinants of health through one-health, whole-of-government, and whole-of-society approaches, informed by evidence of how sectoral policies and actions impact people's health and well-being.

11.   **Objectives**

(a)   To empower individuals and communities to take control of their health and well-being by promoting community engagement, participation, and ownership in the promotion of healthy communities, as well as promoting individual responsibility for health through education and awareness-raising.

(b)   To foster partnerships between sectors and stakeholders to promote health and well-being, including advocating for Health in All Policies, and collaboration between local and national

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[22]   WHO. Non-communicable diseases progress monitor 2022. Geneva: World Health Organization; 2022

[23]   Alwan, A. The NCD Challenge: Progress in responding to the global NCD challenge and the way forward. Geneva: WHO; 2017 pp.8-9: (http://dcp-3.org/sites/default/files/events-files/WHO%20NCD%20Mtg_Discussion%20Paper.pdf, accessed 1 December 2022).

[24]   WHO. Childhood stunting: Challenges and opportunities. Report of a colloquium. Geneva: WHO; 2014.

[25]   WHO. Adelaide statement on health in all policies: moving towards a shared governance for health and well-being, Adelaide, South Australia, 13-15 April 2010. Geneva: World Health Organization; 2010

[26]   When people are healthy societies benefit: healthier workers are more productive, fewer sick days, they take care of their families; healthier students learn better and are more likely to graduate from school; healthier older adults live longer and require substantially less health and social care; decreased health cost.

government, civil society, the private sector, and communities to develop and implement policies and programmes that promote health and well-being.

(c) To develop monitoring and accountability mechanisms for sectors to deliver on prioritized intersectoral indicators and actions.

Targets

12. By 2030

(a) All Member States have institutionalized and integrated impact assessment of sector policies as a standard approach in policy development and implementation;

(b) All Member States have adopted a one-health, whole-of-government, whole-of-society, and people-centred approach in programme design, implementation, monitoring, and evaluation;

(c) All Member States have monitoring and evaluation (M&E) frameworks to assess the outcomes of intersectoral policy actions on health and well-being, with national and subnational structures to support data collection, analysis, documentation, knowledge translation, and sharing of best practices and what does not work;

(d) All Member States have established accountability systems with formal reporting and peer review of progress and results at community, subnational and national levels;

(e) Member States have developed mandatory structures for regular dialogue and advocacy to sustain the one-health, whole-of-government, and whole-of-society engagement in multisectoral collaboration; and

(f) All Member States have developed strategies for sustainable funding of multisectoral collaboration and intersectoral mechanisms.

Guiding principles

13. **Political will and good governance:** Political will, particularly high-level political support, is critical for the successful implementation of multisectoral and intersectoral initiatives. High-level ministerial support that transcends the health sector is essential for legitimizing multisectoral and intersectoral action at all levels of government. The involvement of parliaments and political parties across the spectrum helps address specific health challenges.

14. **People-centred, whole-of-government, and whole-of-society approach:** Multisectoral actions for health and well-being should be driven by a holistic approach. Rather than focusing on single health issues, it involves consideration of the full range of risk factors associated with each policy area, including other sectors' contributions to health.

15. **Equity and community engagement:** A multisectoral approach includes engagement with all stakeholders and affected populations. It seeks to ensure that their needs and views are considered when developing policies that reduce inequities.

16. **Evidence-based:** It is the robust use of the best available evidence, data, and intelligence from different disciplines to understand links between different policy areas. Well-being impact assessments[27] will guide policy development and implementation. A robust monitoring system with defined indicators and data collection and reporting mechanisms will support policy implementation, monitoring, and reporting on progress.

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[27] Well-being impact assessments will be done to evaluate health, environment and ecosystems, social, economic and cultural aspects of health and well-being.

Priority interventions

17.   **Make the case and build consensus for multisectoral action**: Member States should provide leadership and make the case for mandatory intersectoral collaboration to promote the health and well-being of populations. This will set the stage for dialogue and consensus-building for joint action. The foregoing evidence and documentation highlighting the benefits of multisectoral action for health and well-being should be leveraged to strengthen advocacy and strategic communication with top government leadership, including the finance sector. This will help mainstream multisectoral action and investment of resources to sustain efforts.

18.   **Leverage existing structures to define mandates and hold sectors accountable:** Existing multisectoral structures with the mandate to bring together all stakeholders should be leveraged to guide the process of addressing all attributable factors contributing to health and well-being. Assessing the effectiveness of existing disease-specific multisectoral mechanisms should be undertaken to inform the strengthening and expanding of the capacities and scope of the multisectoral mechanisms to address health determinants. Key sectors should jointly carry out policy design, define responsibilities and targets, and implement and monitor each sector's contribution to health and well-being. Each country should consider establishing a structure at the highest political level, such as the president/deputy president,[28] and each sector should designate a focal point that will interlink existing multisectoral mechanisms. Accountability frameworks that build on cross-sector agreements, modes of re-investment, mitigation, compensation for resources used, and damages caused should be developed while relying on cross-sector consultations and impact assessments. Regular accountability forums should be held to allow for peer review of progress and results.

19.   **Build capacity for evidence-based policy action across sectors and support intersectoral collaboration:** Member States should build national and subnational capacities for data generation on health determinants and utilize the information for policy development and implementation. This will support intersectoral collaboration, essential for promoting effective and sustainable policy action to address complex public health challenges. Capacities of existing and required cadres to support policy implementation and track the progress of intersectoral collaboration in tackling determinants of health should be identified. Member States should also develop M&E frameworks to guide the monitoring and reporting of progress on national targets. Collaboration of academia and research institutions should be sought to support evidence generation of the interlinked effects of sector policies and actions on health and well-being. Policy-makers in health should be capacitated to engage in and promote collaboration with other sectors.

20.   **Document good practices and experiences:** Member States should establish mechanisms to document processes, generate knowledge and share best practices and what does not work. A multi-layered approach can be adopted, where the national level focuses on policy harmonization, the subnational level on implementation, and the community level on the population impact of programmes.

21.   **Mainstream well-being across sectors:** Member States should bring together policy analysts to conduct well-being impact assessments of sectoral policies, including their budgetary implications, costs, and benefits. This will demonstrate sectoral interlinkages and inform the development of common results frameworks to monitor the performance of intersectoral action.

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[28]   The United Republic of Tanzania. National multisectoral local content guidelines. Dar Salaam; 2019 (https://www.uwezeshaji.go.tz/uploads/publications/sw1574164059-NEEC%20-%20Local%20Content%20Guidelines%20A4%20-%2044%20PAGES.pdf)

22. **Strengthen capacities for well-being impact assessment, resource mobilization, and financial management:** Member States should mainstream well-being impact assessment as part of policy development and implementation. Capacity building across sectors should enable each to carry out impact assessments. For this purpose, a pool of national experts should be trained with the support of academic and research institutions. Systems that allow for joint budgeting for result-based multisectoral action should be set up and supported by accountability and reporting systems to ensure the effective use of resources.

23. **Strengthen grassroots participation in defining and implementing multisectoral action:** Member States should develop tools and establish platforms to enable civil society organizations and communities to participate in defining priority interventions for health and well-being, including monitoring progress on indicators and establishing targets. Appropriate tools should be developed to support this process.

24. **Strengthen the subnational workforce to understand the concept of a people-centred, whole-of-society and whole-of-government approach to achieving health and well-being:** Member States should build the capacities of cadres at subnational and community levels to measure the health and well-being of populations. Member States, with the support of the WHO Secretariat, should develop assessment tools and train the identified cadres. Active involvement of the community, civil society, and media in the planning, implementation, and evaluation processes is encouraged to increase the legitimacy of the multisectoral action. Perspectives often not heard should be brought forward through a bottom-up approach and used to hold the government accountable.

Roles and responsibilities

25. **Member States should:**

(a) mobilize high-level political support for the institutionalization of mandatory impact assessments of sector policies on health and well-being;

(b) advocate for prioritizing the promotion of well-being in policies across sectors;

(c) commit or mobilize the financial and human resources required to plan, implement, and monitor multisectoral initiatives;

(d) establish mechanisms for data collection with defined indicators and targets to support M&E;

(e) build the health sector's capacity to engage other sectors and key stakeholders more effectively for multisectoral and intersectoral action to promote well-being;

(f) establish mechanisms to break down communication barriers between health and other sectors to promote understanding of shared goals;

(g) engage local research institutions in data generation and knowledge translation to inform the development and implementation of policies, strategies, and plans;

(h) strengthen cooperation with national and international partners to facilitate collaboration across sectors.

26. **WHO and partners should:**

(a) increase support for effective design and implementation of multisectoral policies;

(b) establish platforms for sustained strategic communication to facilitate sharing of information, including what did not work, best practices, and innovations among Member States;

(c) build capacity for translating evidence into policy action;

(d) support Member States in the development and monitoring of well-being indicators;

(e) establish partnerships, networks, and alliances to support countries' efforts in multisectoral action through resource mobilization and technical support;

(f) support regional initiatives on research to inform multisectoral action in countries.

Resource implications

27. This strategy will leverage existing financial and human capacities and governance structures with limited adjustment. Policy analysts in each sector will be the key drivers of the implementation of the strategy.

28. Financing mechanisms in the Region are pluralistic, coming from governments, donors, nongovernmental organizations, and the private sector. The strategy will create an opportunity to pool funding and reduce duplication of roles and budgets. Joint sectoral resource mobilization and funding should be leveraged to maximize available resources and stimulate multisectoral and intersectoral projects and partnerships. Governments should increase funding for multisectoral action by mobilizing domestic resources, adopting innovative financing mechanisms (for example, taxation, tapping into diaspora funds and joint funding initiatives), and earmarking budget lines.

Monitoring and evaluation

29. This being the first regional multisectoral strategy that is not disease-specific, an assessment will be conducted in 2024 to establish the baseline to inform the monitoring of regional targets. The multisectoral M&E will allow for wide stakeholder involvement, accountability, prudent use of resources, build expertise and capacity and strengthen the case for multisectoral collaboration.

30. Country strategies will have sector-specific targets for which each sector will be accountable and monitor, guided by the well-being impact assessment. Country monitoring and evaluation will be conducted through participatory forums involving communities, civil society organizations, and other stakeholders that jointly define priority interventions and targets.

31. WHO will collaborate with Member States and partners to monitor and evaluate the regional strategy's implementation. A joint mid-term review will be conducted in 2026 and an end-term review in 2031 and reported to the Regional Committee.

CONCLUSION

32. The strategy's development and implementation will significantly contribute to mainstreaming health and well-being across all public policies. Well-being impact assessments and experiences from existing multisectoral collaborations will inform policy development and action in tackling the social determinants of health. A people-centred, whole-of-society, and whole-of-government approach, as well as sustainable, innovative funding and proper accountability frameworks are critical ingredients for multisectoral action toward the health and well-being of the populations in the African Region.

33. Implementation of the regional strategy will bring to light new evidence, practical methods, and opportunities that demonstrate health and well-being as essential ingredients that positively impact other sectors' economic performance and drive the implementation of the SDGs. The strategy will also shift the view of health and well-being as cost drivers to their appreciation as enablers of social and economic stability.

34. The Regional Committee examined and adopted the regional strategy.