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ADVANCING UNIVERSAL HEALTH COVERAGE

NEWSLETTER
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FOREWORD



Dr. Kasonde Mwinga

Director of Universal Health
Coverage – Life Course (ULC) Cluster

WHO Regional Office for Africa

In 2021, World Health Organization (WHO) identified access to medicine as a critical challenge in Africa, home to 1.2 billion people representing 15.24% of the global population. Unfortunately, many life-saving medicines remained inaccessible and unaffordable for a significant portion of the population, leading to preventable suffering and poor health outcomes.

Traditional medicine is often seen as more accessible, more affordable, and more acceptable to local populations and can therefore be a tool to help achieve universal health coverage. The provision of safe and effective traditional and alternative remedies could become an important way of increasing access to health care services.

Today, traditional, and complementary medicine is well established in many parts of the world, where it plays an important role in the culture, health, and well-being of many communities. In some countries, it represents a significant part of the health sector's economy, and for millions of people around the world it is the only available source of health care.

On 17 - 18 August 2023, WHO and the Government of India hosted the first high level Global Traditional Medicine Summit to look anew at the application of rigorous scientific methods to unlock the vast potential of traditional complementary and integrative medicine (TCIM).

This quarterly Newsletter shares highlights of the summit and the participation of the African Region.

Looking back on our work in the past quarter (July – September), we are making great strides in fulfilling our mission to improve the health and well-being of populations along the life course using people-centered health systems to achieve universal health coverage.

In this issue, we will take through the Universal Health Coverage/ life Course (ULC) Cluster's efforts to facilitate, support, and advocate for the provision of equitable access to quality essential health services in different countries, and the change these efforts are making.

We sincerely thank our partners for their collaboration and commitment to WHO's work in the African Region, and it is our pleasure to share a few features of our collective work over the past quarter.

FEATURED STORIES

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WHO CONVENES THE FIRST HIGH-LEVEL GLOBAL SUMMIT ON TRADITIONAL MEDICINE



The World Health Organization (WHO) convened the Traditional Medicine Global Summit on 17 and 18 August 2023 in Gandhinagar, Gujarat, India. Co-hosted by the Government of India, the Summit explored the role of traditional, complementary, and integrative medicine in addressing pressing health challenges and driving progress in global health and sustainable development.

High-level participants at the summit included the WHO Director-General and Regional Directors, G20

health ministers, and high-level invitees from countries across WHO's six regions. Scientists, practitioners of traditional medicine, health workers, and members of civil society organizations took part.

The aim of the Summit was to look anew at the application of rigorous scientific methods to unlock the vast potential of traditional complementary and integrative medicine (TCIM) amidst important challenges and opportunities to realize universal health coverage and promote health and well-being for people and the planet.



Traditional medicine can play an important and catalytic role in achieving the goal of universal health coverage and meeting global health-related targets that were off-track even before the disruption caused by the COVID-19 pandemic,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. ***“Bringing traditional medicine into the mainstream of health care -- appropriately, effectively, and above all, safely based on the latest scientific evidence -- can help bridge access gaps for millions of people around the world. It would be an important step toward people-centered and holistic approaches to health and well-being.”*** He added.



The World Health Organization Regional Office for Africa (WHO AFRO) 's presence at the summit was well appreciated and interventions of African traditional health practitioners and institutional representatives were strongly applauded. The summit featured an Exhibition Hall of traditional medicine systems from WHO's six regions. WHO AFRO took part in the exhibition to showcase a selection of traditional medicine policies, products, and practices from the region.

THE WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA (WHO AFRO) AT THE TRADITIONAL MEDICINE SUMMIT EXHIBITION



USING EVIDENCE TO ADDRESS EXCESSIVE MIGRATION OF HEALTH WORKERS: THE ZIMBABWE EXPERIENCE



Before the COVID-19 pandemic, Zimbabwe faced several challenges related to the health workforce, mainly specialist health workers who were at higher risk of emigration to seek greener pastures.

To address this issue, WHO supported the Government of Zimbabwe in mobilizing funds to allow the conduct of a comprehensive health labour market analysis (HLMA) and policy dialogues, to identify the gap and feasible solutions to the Health Workforce challenges and quantify the needed investment.

The health labour market analysis revealed alarming levels of outmigration of skilled health professionals, including midwives and specialized nurses' number (across the public and private sectors) that declined by 21%, from 5,573 in 2018 to 4,385 in 2021.

In 2021, 2910 health workers, primarily nurses (1772) and doctors (108), left their posts and emigrated, leaving the country with only 47.5% of its required Health Workforce.

The analysis further revealed that 41% of health workers intended to migrate, of which 53% had started working on their migration plans.

Based on the evidence, and with WHO's support, the government revised the Health Workforce Policy, and the training of Primary Care Nurses expanded from 30 to 200 per year to address gaps left by emigrating nurses and midwives. In addition, the government increased the slots for the training of specialist health workers.

The Government also revised its health worker retention scheme, adding US\$67.7 million in annual investments known as "health-specific allowances".

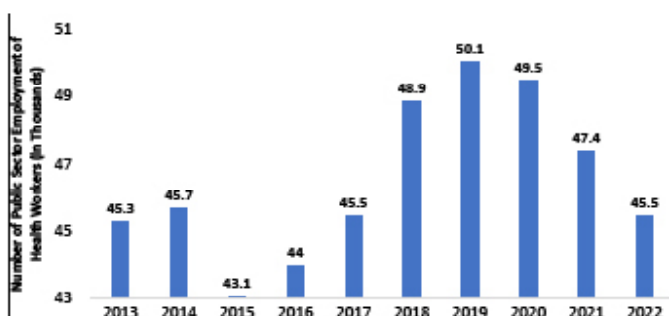


Figure 1: Trends in reductions in the number of health workers on Government Payroll

The actions taken are beginning to make a difference. The Government is exploring opportunities to establish mutually beneficial bilateral agreements with the recruiting countries to strengthen the health system and sustainably manage the migration crisis". Says Dr. ASAMANI James Avoka, Team Leader – Health Workforce Unit of the Universal Health Coverage – Life Cluster (ULC), WHO Regional Office for Africa.

WHO IS PIONEERING THE DEVELOPMENT OF THE AFRICAN HEALTH WORKFORCE INVESTMENT CHARTER TO STIMULATE AND SUSTAIN INVESTMENTS TO TACKLE AFRICA'S HEALTH WORKFORCE CRISIS



The African Region is grappling with significant health workforce challenges. While country and regional plans abound, their effective implementation has been thwarted by inadequate and often disjointed financial investments.

To address this, the Universal Health Coverage – Life Cluster (ULC), spearheaded by the Health Workforce Unit (HWF) and Health Financing and Investment Unit (HFI), collaborated with WHO Headquarters to hold a high-level regional policy dialogue, in November 2022 in Accra, Ghana.

This dialogue culminated in the development of the African Health Workforce Investment Charter; a pivotal tool aimed to fulfill the Regional Committee's Resolution AFR/RC67/11 to halve inequities in access to health workers among Member States.

The event saw participation from 26 Member States, along with international bodies like the ILO, USAID, World Bank, AFREHealth, ACHEST, ECSA Health Commission, and SADC.

In August 2023, the draft Africa Health Workforce Investment Charter was opened for public comments. The draft health workforce investment charter was designed to facilitate the alignment of stakeholder efforts, stimulation, and sustenance of health workforce investments in accordance with regional and continental commitments to mobilize and sustain political and financial commitment, fostering inclusiveness and cross-sector collaboration as part of investment in the development, performance, and retention of the health workforce.

Since November 2022, the development of the Charter has undergone several stages of consultation with Member States and partners and has received support from global leaders, ministers, and financing, bilateral and multilateral institutions.



“Our health sector is at a crossroads. The underinvestment in training and employing health workers, coupled with inadequate mechanisms to incentivize them, results in an unfortunate migration. It is time for us to invest more and smarter in our health workforce, for the future of Africa depends on it.” Says, Dr. Kasonde Mwinga, Director of Universal Health Coverage – Life Cluster (ULC), WHO Regional Office for Africa.

[CLICK TO ACCESS THE CHARTER](#)

REVISION OF COUNTRY NATIONAL HEALTH STRATEGIC PLAN: THE CASE OF CONGO



National Health Policies (NHPs) and subsequent Strategic Plans (NHSPs) play an essential role in defining a country's vision, policy, and strategic directions for ensuring the health of its population.

Over the past two decades, the World Health Organization Regional Office for Africa has supported 46 of the 47 member states to formulate or revise National Health Policies (NHP) and National Health Strategic Plans (NHSP) using participatory and inclusive approaches that promote synergies and complementarities of the efforts of various national stakeholders at all levels in the health systems.

Revising NHSPs enables countries to have strengthened capacities of health sector coordination structures and better engagement and alignment of partners in the implementation and monitoring of sector plans.

The Republic of Congo's Ministry of Health sought WHO's support in conducting an end term evaluation of the 2018-2022 NHSP, to inform the development of a new strategic plan.

The WHO Regional Office supported the evaluation of the 2018-2022 plan with a comprehensive scope that covered prevention, cure, promotion, and rehabilitation across the life course, as well as emergency preparedness and response. The review findings informed priority settings and programming of the new NHSP.

A comprehensive monitoring and evaluation framework for implementation was developed with assigned roles and responsibilities for stakeholders.

As part of this process, on 11th –14th July 2023, the country teams' capacities were strengthened in strategic planning and budgeting, with 26 national actors trained to use the One Health tool.



This participatory and inclusive process led by the Ministry of Health while coordinating key partners at national and sub-national levels helped to set a common vision, mission, priorities, and strategies; and created an enabling environment that facilitates the mutual ownership and improves implementation of the strategic plan. Says Dr Lucien Alexis MANGA – WHO Congo Representative

In addition, to facilitate the mobilization of resources and the harmonization of the interventions of the various stakeholders in the implementation of the NHSP 2023-2026, the WHO Regional Office supported the Ministry of Health at its request in conducting a policy dialogue with stakeholders (government, partners, private sector, civil society) in the development of a national compact to support the implementation of the NHSP 2023-2026.



TOWARDS BETTER WORKFORCE DATA FOR BETTER WORKFORCE DECISIONS

After five years of implementation, the World Health Organization (WHO) updated the National Health Workforce Accounts (NHWA) to its second version, refining its core principles and indicators based on extensive reviews and feedback from countries.

The new version aims to better align with country-specific needs, minimizing the necessity for primary data collection in Health Labour Market Analysis (HLMA) and workforce planning.

During the 2022 reporting cycle, only 20 of the 42 African countries that adopted NHWA have completed and submitted national data to WHO. This necessitated measures to harmonize NHWA 2.0 understanding, address data discrepancies, and improve coordination among countries.

The Health Workforce Unit (HWF) of the Universal Health Coverage – Life Cluster (ULC), in collaboration with HQ’s HWF department, conducted two regional workshops aimed at accelerating NHWA 2.0 implementation and institutionalization in Africa and improving data quality via the WHO AFRO regional survey tool’s 3rd wave.

A total of 113 participants from 46 countries (71 participants from 25 English- and Portuguese-speaking countries and 42 participants coming from 22 French-, Spanish- and Portuguese-speaking countries) were trained on the core principles and indicators of NHWA, how to use the NHWA to inform health workforce planning and labour market assessments the upcoming WHO guideline on bilateral agreements as part of WHO’s support for managing excessive health worker migration.



“It would be easier to explain to policymakers and obtain buy-in, to implement, and use for more deep-dive assessment on particular challenges thanks to disaggregation proposed on several indicators in the NHWA version 2”. Says Dr. James Avoka Asamani, Team Leader – Health Workforce Unit of the Universal Health Coverage – Life Cluster (ULC), WHO Regional Office for Africa.

For the first time since the inception of NHWA, all member states in the Africa region (100% of the countries) have designated NHWA focal points that have received the standardized training alongside all WHO country offices to champion the implementation and institutionalization at country levels. Also, for the first time, 45 out of the 47 countries (95.7%) in Africa have submitted the latest health workforce data (up to 2022) to WHO AFRO and in the NHWA platform.

STRENGTHENING MORTALITY MEASUREMENT TO TRACK PROGRESS TOWARDS HEALTH AND HEALTH-RELATED SDGs IN AFRICAN COUNTRIES



Countries in the WHO African Region continue to struggle with cause-of-death reporting, with 92% of countries having either no or limited capacity for CRVS. However, real-time and accurate statistics on mortality and cause of death to inform public health policy, planning and budgeting, and legal documentation of occurrence and cause of death are needed.

The World Health Organization Regional Office for Africa, in collaboration with the United Nations Economic Commission for Africa (UNECA) and Vital Strategies, held a three-day workshop to build the capacity of African countries to facilitate the

transition to the eleventh edition of the International Classification of Diseases (ICD-11).

The workshop brought together representatives from 35 African countries (from the Ministry of Health or equivalent institutions in countries). It aimed at facilitating experience sharing across countries at different stages of ICD implementation as well as providing guidance to countries to develop an ICD-11 transition roadmap.

“This training provides an opportunity to learn how to transition from ICD-10 to ICD-11, update systems, share experiences, and develop a roadmap to address challenges like accurately capturing causes of death in the system,” stated Dr. William Muhwava, Representative of UNECA



“We must do all we can in the next 7 years to develop our systems to generate the data to track progress and ensure all strategies are in place to ensure achievement of the health-related Sustainable Development Goals as well as country specific health goals,” said Prof. Jean-Marie Dangou, WHO Zimbabwe Country Representative.

The transition to ICD-11 will have a significant impact on mortality reporting systems in African countries. The ability of countries to monitor the causes of death, prepare for and respond to emergencies, and to appropriately plan for and implement interventions to enhance population health will improve.



ACCELERATING ACCESS TO SAFE MEDICAL PRODUCTS THROUGH THE COLLABORATIVE REGISTRATION PROCEDURE (CRP) FOR REGISTRATION OF MEDICAL PRODUCTS

The collaborative registration procedure (CRP) supports the issuance of market authorization within a 90-day timeframe during routine regulatory activities, by leveraging the outputs of other national regulatory authorities or organizations (trusted organizations such as WHO and other mature NRAs) whenever possible while placing a greater focus at the national level on value-added regulatory activities. It is a way to overcome some challenges related to human and financial resources and to promote harmonization of regulatory procedures in the region.

To orientate national experts of product regulation on the CRP processes and to build their capacity on product screening, product verification, abridged assessment, and Good Manufacturing Practices dossier assessment, the Medicine Health Infrastructure and Maintenance of Equipment unit and Facilitated Product Introduction unit of WHO Regional Office for Africa conducted an advocacy and capacity building workshop on Collaborative Registration Procedure from 25 to 27 of September 2023 in Cotonou, Benin.

The workshop brought together 48 national experts on the registration of medicines, vaccines, and medical devices, from 21 francophone countries of the region as well as partners for the harmonization



of medicines policies from Regional Economic Communities (CEMAC, UEMOA). It served as a platform to sensitize and motivate them to sign the agreement for participating in CRP and draft the work plan for CRP implementation for their respective countries.

In the aftermath of the workshop Countries will develop a national plan of action on key areas based on WHO best practices for implementation of the CRP for performance improvement.

It is expected that National Regulatory Agencies choose a regulatory framework that is least burdensome, ensuring timely access to safe and effective health products, without compromising public safety.

SERVICES INTEGRATION AS A SOLUTION TO ACCELERATE PROGRESS TOWARDS “ACHIEVING THE SDGs BY 2030” IN WEST AFRICA



Every day, preventable causes lead to the death of women and newborns in some West African countries. Despite some progress, reproductive, maternal, and newborn health indices are still far from achieving the Sustainable Development Goal (SDG) targets.

A regional Postpartum Family Planning Community of Practice (CoP) was established in 2020 with the goal of accelerating the integration of post-partum family planning into Maternal, Newborn and Child Health (MNCH) services in French-speaking West African countries and beyond.

The CoP is supported by a Steering Committee chaired by WHO since its inception. The role of the CoP steering committee is to provide coordination,

share experiences, and evidence, and mobilize resources.

From 8th to 9th August 2023, the COP held its 4th regional advocacy meeting in Dakar/Senegal, under the theme **“Sharing efforts for the large-scale transition to the integration of Immediate Postpartum Family Planning (PFPP), Maternal, Newborn and Child Health (MNCH) and Nutrition services to accelerate progress towards “achieving the SDGs by 2030 in West Africa”.**

In this meeting, all reproductive, maternal, newborn, child, and adolescent health + nutrition (RMNCAH+N) stakeholders contributed to pooling energies and promoting synergies and complementarity with the Ouagadougou Partnership and ECOWAS countries.



It is necessary to keep the efforts and all actors have a role to play in the prioritization and implementation of this strategy throughout the African region.” said Dr Triphonie NKURUZIZA, Medical Officer - Maternal Health ,WHO Regional Office for Africa.

Ms. Jenelle Norin of the USAID Regional Office for West Africa echoed these comments, reaffirming USAID’s commitment to partner and support the CoP for a healthier population.

The participants committed to scaling up the integration of services, to continue the efforts of scaling up in a synergy of action of the different stakeholders, mobilize more resources, and rational use of existing resources.

INSTITUTIONALIZING AND HARMONIZING HEALTH EXPENDITURE TRACKING: WHO AFRO AT THE INTERNATIONAL HEALTH ECONOMICS ASSOCIATION CONGRESS



The IHEA congress, held every second year, is the only global forum for health economists to engage around the latest methodological developments, present recent research findings, and explore the implications of this research for health policy and practice.

The 15th International Health Economics Association (IHEA) World Congress on Health Economics was held at the Cape Town International Convention Centre from July 8-12, 2023.

The World Health Organization Regional Office for Africa (WHO AFRO) co-organized two pre-congress sessions during the congress, focusing on WHO's efforts with countries to institutionalize expenditure reporting and work with partners to harmonize expenditure reporting processes within the African region and beyond.

One of the AFRO's sessions explored countries' progress on institutionalizing health accounts based on the main areas of (a) demand (b) governance and financing (c) institutional technical capacity and (d) dissemination and use of data.

This highlighted that most countries in Africa and Asia still depend on external support for funding expenditure tracking processes, although there is increasing in-house capacity for data analysis and interpretation.

The second session explored various approaches to resource tracking currently being used and how they could be complementary rather than duplicative for countries.

A mapping of the key approaches was presented including the National Health Accounts (NHA), the National AIDS Spending Assessments (NASA), the Resource Mapping and expenditure tracking system (RMET), the WHO/UNICEF immunization joint reporting form (JRF) and the public expenditure reviews (PER).

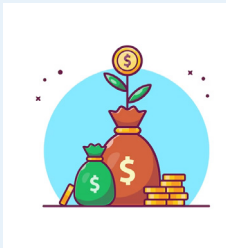
This demonstrated the potential uses of each of these, and while there were overlaps, they were not all the same.

From these sessions, key areas of work to sustain included the effort between WHO and the Global Financing Facility (GFF) to harmonize data collection processes for different expenditure tracking approaches which would reduce the time and effort by countries; as well as continued support to institutionalize the processes to make them sustainable.

COMING NEXT...



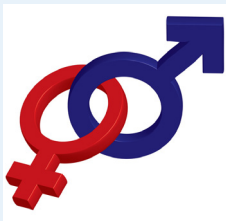
► Taking stock, and committing to the implementation of nurturing care for Early Childhood Development (ECD) in Eastern and Southern Africa.



► Strengthening Primary Health Care and Resilience – West and Central Africa Region Primary Health Care Financing Forum.



► “Health For All: Time for Action” – Commemorating the International Universal Health Coverage Day 2023.



► Improving access to sexual and reproductive health and rights services in the Eastern and Southern Africa, towards achieving universal health coverage.



► Raising awareness and fostering knowledge to encourage the practice of health technology assessment and its uses in evidence-based decision-making in the African Region.

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.

