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PROGRESS REPORT ON THE AFRICAN HEALTH OBSERVATORY

Information Document

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BACKGROUND

1. Health actors can use information to promote evidence-informed policy-making by supporting cross-country learning. WHO established the African Health Observatory (AHO) in 2010,¹ following the recommendation of the Regional Committee in 2009 (AFR/RC59/5).² In 2012, the Regional Committee (AFR/RC62/R5)³ requested the WHO Secretariat to support Member States in establishing national health observatories (NHOs).
2. The last progress report (AFR/RC72/INF.DOC/8) on the African Health Observatory was provided to the Regional Committee in 2022. The Committee noted the progress of the integrated African Health Observatory (iAHO) and its role in shaping knowledge generation for data use and evidence-based decision-making in the Region. The target is to reach a fully functional national health observatory in each Member State by 2030.
3. iAHO is a strategic health intelligence platform that hosts the regional African Health Observatory (AHO) and the national health observatories (NHOs) of the 47 Member States of the WHO African Region. iAHO also hosts other platforms, such as the Platform on Health Systems and Policies (AHOP),⁴ which supports knowledge generation and brokering on health system issues.
4. This is the sixth report. It summarizes the progress made in supporting national health observatories (including their maturity level⁵) and in strengthening knowledge management in the Region.

PROGRESS MADE

5. Since iAHO was redesigned in 2020, several activities have been achieved that support Member States and emphasize knowledge management. These include supporting Member States to use evidence through various mechanisms (health sector review, state of health reports, briefs, etc.) to improve health policies.
6. Following the recommendation of the Sixty-second session of the Regional Committee urging Member States to establish NHOs, 41 countries have established NHOs at different stages of maturity. Of these, 11 countries⁶ have reached the institutionalization stage with designated formal structures running the NHOs; 12 countries⁷ have reached the appropriation stage, meaning they are undergoing NHO activities under a hosting structure (in most cases, the monitoring and evaluation unit); 19 of them⁸ are at the establishment stage, meaning they have started setting up their NHOs by engaging

¹ WHO 2018. The African Health Observatory (<http://www.aho.afro.who.int/>, accessed 1st March 2024).

² WHO 2009. 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 (http://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC59-5fin.pdf, accessed 1 March 2024)

³ WHO 2012. The Regional Committee for Africa (AFR/RC62/R5). (<https://www.afro.who.int/sites/default/files/sessions/resolutions/afrc62-r5-Opportunity-for-strengthening-health-information-systems-through-national-health-observatories.pdf>, accessed 1 March 2024)

⁴ The African Health Observatory – Platform on Health Systems and Policies (AHOP) is a regional partnership to promote evidence-informed policy-making. The Platform is hosted by the WHO Regional Office for Africa (WHO AFRO), which serves as the regional secretariat (<https://ahop.aho.afro.who.int/> accessed 1 March 2024).

⁵ **Establishment**, including the validation and verification of data and analytics/knowledge resources; **Appropriation by the country** – the NHO is fully country-owned and country-managed; **Institutionalization** – the NHO is intended to form an integral part of the country's system.

⁶ Countries at the “Institutionalization” stage of their NHOs: Burkina Faso, Cabo Verde, Cameroon, Eritrea, Gabon, Guinea, Kenya, Mozambique, Nigeria, Rwanda, Zambia.

⁷ Countries at the “Appropriation” stage of their NHOs: Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Madagascar, Mali, Mauritius, Niger, Senegal, South Africa, United Republic of Tanzania, Zimbabwe.

⁸ Countries at the “Establishment” stage of their NHOs: Algeria, Angola, Benin, Central African Republic, Chad, Congo, Eswatini, Ethiopia, Gambia, Lesotho, Liberia, Malawi, Mauritania, Namibia, Seychelles, Sierra Leone, South Sudan, Togo, Uganda.

different national stakeholders; and five⁹ have yet to engage in the NHO development process within the iAHO.

7. Through iAHO, the WHO Regional Office for Africa (WHO AFRO) has strengthened the knowledge generation capacity of 20 countries⁹ and built the policy dialogue capacity of eight. At the end of the capacity-building workshops on knowledge generation, 74 knowledge products¹⁰ were finalized, involving five distinct types: analytical fact sheets, knowledge fact sheets, blogs, policy briefs, and infographics. These products lead to improved decision-making by providing evidence in an accessible and direct language.

8. Strategic, analytical and knowledge products were developed at the regional and country¹¹ levels in line with the Triple Billion pillars of the Thirteenth General Programme of Work (GPW 13). These include the Atlas of African Health Statistics 2022¹¹ and the Country Profile for monitoring GPW 13 in the 47 Member States, encompassing the country profile of the 47 Member States. Also, five countries¹² were supported in developing “The State of Health” reports.

9. Three new platforms were introduced on the integrated African Health Observatory (iAHO) to expand the hub's reach for evidence and information on the Region: the Subnational unit functionality,¹³ the AFRO scalability assessment framework¹⁴, and the Essential health care package toolkit.¹⁵

10. The WHO Regional Office for Africa serves as the regional secretariat for the Platform on Health Systems and Policies (AHOP),¹⁶ a regional partnership hosted by iAHO. The Platform promotes the interlinking of information with policy decisions. AHOP has developed tools and guides (policy briefs, policy dialogues, country health profiles on health systems and services, and comparative studies) to foster evidence-informed health planning and policy decisions. AHOP has generated several products,¹⁷ including five policy briefs, four policy dialogues, and various blogs to further promote policy-related publications and events.

ISSUES AND CHALLENGES

11. In many countries, the absence of a sustainable or dedicated governance structure hinders NHOs' progress.

⁹ Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Côte d'Ivoire, Eritrea, Gambia, Guinea, Ghana, Kenya, Madagascar, Mauritius, Mozambique, Niger, Nigeria, Uganda, Zambia, Zimbabwe.

¹⁰ https://files.aho.afro.who.int/afahobckpcontainer/production/files/Knowledge_Generation_Workshops-May_2023_Report.pdf and https://files.aho.afro.who.int/afahobckpcontainer/production/files/WHO-AFRO_iAHO-Knowledge-Production-Workshops_Report.pdf, accessed 1 November 2023.

¹¹ Burkina Faso, Chad, Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya, Congo, Senegal.

¹² Burundi, Central African Republic, Côte d'Ivoire, Mozambique, Niger.

¹³ Subnational unit functionality tool (<https://aho.afro.who.int/functionality-assessment/af>, accessed 1 March 2024).

¹⁴ AFRO scalability assessment framework (<https://aho.afro.who.int/afrosaf/af>, accessed 1 March 2024).

¹⁵ Essential health care package toolkit ([Essential health care package toolkit](#), accessed 1 March 2024).

¹⁶ 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 of Addis Ababa University in Ethiopia, KEMRI Wellcome Trust in Kenya, the Health Policy Research Group of the University of Nigeria, the School of Public Health of the University of Rwanda, and Institut Pasteur in Dakar, Senegal.

¹⁷ Evidence has been generated for a number of themes, including “[Essential health care service disruption due to COVID-19: lessons for sustainability in Nigeria](#)”; “[Minimizing disruptions to immunization services in the context of COVID-19 in Senegal](#)”; “[Optimizing the Ethiopian Health Extension Programme](#)”; “[The role of community health workers in COVID-19 home-based care: lessons learned from Rwanda](#)” (<https://ahop.aho.afro.who.int/publications/policy-briefs/>).

12. Insufficient capacity for knowledge generation poses a significant challenge with regard to transforming data and analytics into actionable insights.

13. More institutional policy dialogue mechanisms are needed to share evidence for action.

NEXT STEPS

14. Member States should:

- (a) ensure the establishment of fully functional NHOs, reaching the 2030 target of having 100% fully functional NHOs in the Region¹⁸;
- (b) provide dedicated resources for NHO activities;
- (c) strengthen analytics and knowledge generation within the NHO and iAHO by transforming data and information into knowledge to improve the use of evidence for action;
- (d) promote the use of the new platforms (Subnational unit functionality, AFRO scalability assessment framework and Essential health care package toolkit) embedded in the regional observatory;
- (e) promote the use of the NHO and iAHO as knowledge bridges for policy dialogue at the country level among key national stakeholders.

15. WHO and partners should:

- (a) support Member States in establishing fully functional NHOs, with a target of 100% fully functional NHOs in the Region by 2030;
- (b) build strategic partnerships with other regional or subregional platforms to promote integration and harmonization and reduce duplication;
- (c) promote health information sharing and collaboration among Member States for evidence-based decision-making via NHOs.

16. The Regional Committee is invited to note the report.

¹⁸ Framework for strengthening the use of evidence, information and research for policy-making in the African Region (AFR/RC71/13)