



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE (ULC) CLUSTER



INVESTING IN AFRICA'S HEALTH WORKFORCE TO IMPACT THE ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE

NEWSLETTER
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FOREWORD



Dr. Kasonde Mwinga

Director of Universal Health
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WHO Regional Office for Africa

Despite ongoing progress in developing the health workforce over the past few decades, persistent workforce underinvestment and labour market failures continue to impact the collective ability of African countries to improve health, social and economic outcomes and meet universal health coverage and Sustainable Development Goals (SDG) targets.

Projections indicate a potential shortfall of 6.1 million health workers by 2030, which is necessary to effectively tackle the Region's disease burden through comprehensive health promotion, disease prevention, treatment, rehabilitation, and palliation. This shortage would likely constitute 52% of the anticipated global workforce crises by 2030. The density of 29.3 health workers across all occupations (including community health workers) per 10,000 population in 2018 is insufficient to attain even 70% of the Universal Health Coverage (UHC) Index targets by 2030, which requires at least 134 per 10,000 population.

In response, there are urgent calls for multisectoral action and investment to ensure that essential health services, underpinned by primary health care and public health protections, are available and accessible to all.

In May 2024, The World Health Organization (WHO) Regional Office for Africa, and partners launched the Africa Health Workforce Investment Charter, a tool that seeks to facilitate the alignment and stimulation of greater, smarter and sustainable investments in the health workforce, accelerating the implementation of national strategies and regional and global commitments. The Charter brings together the health workforce investment efforts of all stakeholders, including national governments, the private health sector, civil society, external financing institutions and development partners in Africa.

The Charter was launched at the inaugural Africa Health Workforce Investment Forum that took place in Namibia.

Through this quarterly newsletter, we are sharing more details about the forum and the charter as well as other key activities we undertook during the covered period.

We appreciate our Member States and partners for their valued partnership to accelerate action to improve the health and well-being of the people we serve towards achieving Universal Health

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ENSURING SUSTAINABLE INVESTMENT IN AFRICA'S HEALTH WORKFORCE FOR UNIVERSAL HEALTH COVERAGE AND HEALTH SECURITY



The World Health Organization (WHO) Regional Office for Africa, Member States and partner organizations launched the Region's first-ever Africa Health Workforce Investment Charter that aims to align and drive sustainable investment in the health workforce on the 6th May 2024.

The African region has made some progress in health workforce development over the last two decades alongside the improvements in service coverage.

There has been increased investment in training and education infrastructure, increasing the number of health professions education institutions to more than 4000 from less than 1000 in 2005. This concomitantly culminated in an increase in the aggregate number of all health workers from 1.6 million in 2013 to about 5.1 million in 2022. Since 2013, the Region has added at least 1 million doctors, nurses, midwives, pharmacists, and dentists, increasing their stock from 1.8 million to 2.8 million in 2020.

Despite this progress, persistent workforce underinvestment and labour market failures continue to impact the collective ability of African countries to improve health, social and economic outcomes and achieve the SDG targets.

In response, WHO collaborated with Member States and various partners including ILO-OECD-WHO Working for Health (W4H) Multi-Partner Trust Fund, The Global Fund and the Frontline Health Workers Coalition, to develop an Africa Health Workforce Investment Charter that sets out core principles aimed at aligning and stimulating sustainable long-term investments in the health workforce across the Region towards reducing inequalities in access to health workers, especially in rural and underserved areas, and in primary healthcare settings.

The Charter was launched at the inaugural Africa Health Workforce Investment Forum that took place in Windhoek, Namibia, from 06 – 08 May 2024 and brought together over 180 participants across Africa and globally, including 13 Ministers and Deputy Ministers, 2 Permanent Secretaries, 44 government directors, partners, and stakeholders from the health, education, finance, labour, and private sectors. The ministers and representatives from governments and key stakeholders who attended the forum, adopted the Africa Health Workforce Investment Charter, and committed to its dissemination and implementation through the Windhoek Statement on investing in Africa's health workforce.



HONOURABLE DR SAARA KUUGONGELWA-AMADHILA,
NAMIBIA'S PRIME MINISTER

Any discussion about the delivery of health care services must acknowledge that, for these services to be rendered and rendered effectively, we need feet on the ground. For the health professionals to do their work effectively, they must be well resourced and capacitated in the best ways possible.



HONOURABLE DR KALUMBI SHANGULA,
MINISTER OF HEALTH AND SOCIAL SERVICES OF NAMIBIA

The numbers of Africans who have left the continent in search of greener pastures in other parts of the world are staggering. It is a matter that needs to be addressed as a top priority for African governments and indeed all those who wish to see a shift in the historical as well as current trends.



DR MATSHIDISO MOETI,
WHO REGIONAL DIRECTOR FOR AFRICA

By investing in the health workforce, we not only address the challenges within the sector but also generate dividends in education, employment and gender equality. These investments will contribute to our sustained efforts in attracting more resources and improving the quality of our health workforce.

OPTIMIZING AND INVESTING IN THE HEALTH WORKFORCE IN UGANDA TO ACHIEVE THE SUSTAINABLE DEVELOPMENT GOALS



Adequate number and skill mix of equitably distributed health workforce, are critical to achieving national health goals, universal health coverage (UHC) and the health-related SDGs targets. Ensuring adequate number and equitable distribution of human resources for health require ready access to quality data and their use to inform evidence-based health and health workforce policy and plans in countries.

WHO supported the Ministry of Health to undertake the Health Labour Market Analysis (HLMA), to better understand the human resources for health dynamics in Uganda.

Findings from the HLMA indicate that Uganda has progressively invested to increase wages of its health workers from 9% in the 2018/19 fiscal year to 24% in the 2021/22 fiscal year. The production of health workers is dominated by the private sector which owns 77% of the 210 health training institutions. Additionally, the density of doctors, nurses and, midwives per 10,000 of the population has increased from 14.7 in 20025 to 25.9 in 2022. However, Uganda has an estimated need for 342,832 health workers compared to an overall supply of 154,016. This translates to 44.9% of the need for health workers being available.

To disseminate and launch the Uganda Health Labour Market Analysis Report and build consensus on the way forward to optimize the health labour market in Uganda, the World Health Organization (WHO) and the Uganda Ministry of Health, convened from 27th to 28th June 2024, a National Policy dialogue on investing in and optimizing the health workforce to achieve Sustainable Development Goals (SDGs) in Uganda.

The dialogue provided an opportunity for policymakers, health planners and partners to discuss and adopt appropriate solutions for addressing the health workforce challenges in Uganda.



Ranging from increased allocations to more investment in health infrastructure, and improved health worker remuneration, it is evident that the country is on the right track to achieve universal health coverage targets by 2030, said Dr. Yonas Tegegn Woldemariam, WHO Representative to Uganda.





Speaking at the opening of the policy dialogue, Dr. Jane Ruth Aceng, Uganda's Minister of Health urged stakeholders to use the findings to inform Human Resources for Health development interventions while advancing the country's health agenda.



DR. JANE RUTH ACENG,
UGANDA MINISTER OF HEALTH

There are efforts to ensure we have adequate and skilled human resources in the health sector but the efforts are not yet to the extent desirable. We continue exploring evidence-based strategies and policies to address the challenges.

Consensus was built on the need to strengthen multi-sectoral health workforce governance and financing, ensure the availability of health workforce data and evidence for decision making, and enhance health worker education, practice and regulation.



DR SUNNY C OKOROAFOR,
REGIONAL ADVISOR, HEALTH WORKFORCE MANAGEMENT AND RETENTION, WHO
REGIONAL OFFICE FOR AFRICA

In Uganda's journey towards UHC, enhancing the capacity and utilization of health workforce data and information systems is a critical strategic imperative in ensuring the availability and routine monitoring of health workforce data and information for informed dialogues to obtain sustained investments in its health workforce.

IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN AND ADOLESCENTS IN THE AFRICA REGION



High- and lower middle income countries in the Region have made progress against global, regional and national targets, with more and more children and adolescents surviving each year. Child mortality reduced by over 50% between 2000-2022 in sub-Saharan Africa. While progress has been slower during the sustainable development goals era with many Member States off-track to attain global, regional and national targets for the survival and well-being of children and adolescents by 2030, acceleration remains entirely viable.

The urgency to accelerate progress, the dynamic and unique needs of children ages 0-19 years, and contextual specificities of the Region, underpin the need for a regional instrument that specifically responds to these needs, to guide Member States' acceleration efforts.

To address this gap, WHO Regional Office for Africa embarked on a multi-step process to co-create a common agenda for child health, in close consultation with Member States, and stakeholders.

From April 30th to May 2nd 2024, WHO organized a stakeholder consultation in Kintele, Congo, that aimed to (i) review and analyze the implications of the findings of the situational analysis of the health development and well-being of children and adolescents in the WHO African Region, and (ii) outline and build consensus on strategic priorities, actions and framework for strengthening integrated, child-centred services for ages 0-19 to accelerate progress towards achieving the SDG targets.

The meeting discussed the regional situational analysis, which was validated by member states and stakeholders. The analysis provided the foundation for co-construction of a theory of change, with consensus building on those strategic priorities and actions necessary to accelerate increased coverage to quality integrated child-centered services. These are the basis for a regional framework currently under development.



A sustainable, peaceful and prosperous future for Africa is inextricably linked to its young population surviving and thriving' – Dr. Kasonde Mwinga, Director Universal Health Coverage Life Course cluster, WHO Regional Office for Africa

MAURITIUS SIGNS A LONG-TERM AGREEMENT ON PROCUREMENT OF ESSENTIAL MEDICINES



On Monday 27th May 2024, on the margins of the the 77th World Health Assembly that took place in Geneva, Mauritius signed a long-term agreement with Angel Biogenics Pvt Ltd on the supply of pharmaceutical products under the umbrella of the Small Island Developing States (SIDS) Pooled Procurement Initiative.

The Small Island Developing States (SIDS) in the African Region namely: Cabo Verde, Comoros, Guinea Bissau, Mauritius, Sao Tome and Principe, and Seychelles face severe challenges including the procurement of medicines and medical products.

Their small population sizes, limited production of medicines and weak negotiation power with suppliers has led to a lack of affordable and sustainable procurement of medicines and medical products, with some patients facing high out-of-pocket costs for medicines, many of which are lifesaving.

WHO is supporting the SIDS countries and Madagascar to institutionalize a pooled procurement mechanism to increase access to quality and effective medicines.

Through the Seychelles Declaration of September 2017, the Small Island Developing States (SIDS), ministers of health committed to implementing pooled procurement of medicines and other health products. On 29 September 2020, SIDS health ministers signed the SIDS Pooled Procurement Agreement. This formalized and further cemented their commitment to the initiative.

Since signing the pooled procurement agreement, results have shown that through pooled procurement, the factory prices for the 67 formulations in the tender are, on average, 56% lower than the historical prices paid by the SIDS.

Mauritius is the first country to finalize the LTA development process and the signing of this agreement is a big step towards reducing medicine procurement costs and improving access to quality and effective medicines.



DR MATSHIDISO MOETI,
WHO REGIONAL DIRECTOR FOR AFRICA

Signing this Agreement is a huge milestone. It is the first such agreement, and I hope other countries will follow soon. We renew our commitment to this initiative. And as the current process continues, we focus on assisting SIDS in working towards the next pooled procurement tender.

This signing comes at the back of the 8th meeting of Ministers of Health of the Small Island Developing States, organized by WHO in Seychelles from 25 to 27 March 2024, to assess progress made by the SIDS, towards achieving Sustainable Development Goals in line with Praia Action Plan and in the implementation of the pooled procurement mechanism. During that meeting, Ministers of Health selected Mauritius as the future host for the secretariat for the initiative, that is currently hosted by WHO.



DR KAILESH JAGUTPAL,
MAURITIAN MINISTER OF HEALTH

We are taking a significant step towards alleviating the financial burden on our healthcare system & ensuring that essential medicine remains within the reach of every Mauritian.

Apart from Mauritius and Comoros that have already signed, the LTA development process is almost complete for Seychelles and Sao Tome and Principe. It is in progress for Cabo Verde, Madagascar and Guinea Bissau and follow up is being made with the WHO offices in these countries.

In addition to the support provided to the SIDS, WHO also supported other Regional Economic Communities (CEMAC ECOWAS, SADC and EAC) in developing procedures for initiating pooled procurement programs.

ZIMBABWE ACHIEVES A STABLE, WELL-FUNCTIONING, AND INTERGRATED REGULATORY SYSTEM FOR MEDICINES AND VACCINES



Following formal assessment by WHO, Zimbabwe has achieved maturity level 3 in WHO’s classification of regulatory authorities for regulation of medicines.

The WHO assessment of regulatory authorities is based on the Global Benchmarking Tool, which checks regulatory functions against a set of more than 260 indicators beginning with maturity level 1 describing the existence of some elements of a regulatory system. Maturity level 3 confirms a stable, well-functioning and integrated regulatory system is in place. The highest level, maturity level 4, is achieved by a regulatory system operating at an advanced level of performance and with continuous improvement.

Zimbabwe becomes the sixth country in Africa to achieve Maturity Level 3 (ML3) in the World Health Organization’s (WHO) classification of regulatory authorities for the regulation of medicines. This places Zimbabwe alongside pharmaceutical leaders such as Egypt, Ghana, Nigeria, South Africa, and Tanzania.

The benchmarking of the national regulatory system of Zimbabwe, represented by the Medicines Control Authority of Zimbabwe (MCAZ) and other relevant regulatory institutions of Zimbabwe, was first conducted in 2021 and finalized in May 2024 in close collaboration with the WHO Regional Office for Africa. The finalization of the benchmarking is part of the WHO programme for regulatory system strengthening and was aimed at evaluating and documenting the status of the Medicines Control Authority of Zimbabwe (MCAZ) in regulation of medicines and vaccines (non-producing). Regulatory authorities that reach maturity

levels 3 and 4 are considered eligible for inclusion among WHO-listed Authorities, after additional evaluation of their performance.

Regulation of medical products is important for all health systems and for access to quality vaccines, medicines, and other health products. Apart from ensuring the quality, safety and efficacy of medical products, regulatory authorities that function well also perform critical functions such as efficient authorization of products and drug safety monitoring.



“This is an important step forward by Zimbabwe, which reflects commitment to strengthening health systems and regulatory frameworks to increase access to quality medicines and medical supplies, and to help accelerate progress towards universal health coverage,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.



TWENTY YEARS OF CELEBRATING GIVING: THANK YOU, BLOOD DONORS!



Blood transfusion plays a critical role in healthcare, benefiting patients that face life-threatening conditions.

On 14th June 2024, WHO Regional Office for Africa joined the international community to celebrate the 20th anniversary of World Blood Donor Day, a momentous occasion to acknowledge and honor blood donors whose acts help save the lives of others. This year's global campaign carried the slogan: **“20 years of celebrating giving: Thank you, blood donors!”** and served as an opportunity to express gratitude to blood, plasma, and platelet donors in the world for their lifesaving donations.



Dr Matshidiso Moeti, WHO Regional Director for Africa, met with longtime blood donors in Brazzaville on the World Donor Day 2024

Countries in the African Region have made significant progress between 2015 and 2022 including the number of countries that have fully developed a national blood policy, that increased from 37 in 2015 to 43 in 2022.

During that period, the average number of blood units collected per 1000 population increased from 4.5 to 5.2 as compared to the regional target of 10 units per 1000 population. The percentage of countries participating in an external quality assessment scheme for transfusion-transmissible infections (TTIs) increased from 55.3% to 62.2%.

Despite these improvements, countries need to address the persistent challenges in the availability of safe blood and blood products.

“Through collective efforts, our Member States must raise adequate and sustainable funding, continue to build systems and capacities to increase blood donation rates, and separate donated blood into its components that can be stored for long-term use” added Dr Moeti.

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STRENGTHENING HEALTH FINANCING SYSTEMS IN NAMIBIA



Over the past decade, the global community has made significant strides towards achieving universal health coverage (UHC), a key component of the Sustainable Development Goals (SDGs). Universal health coverage (UHC) aims to ensure that all individuals and communities have access to essential healthcare services without suffering financial hardship. However, despite progress in expanding coverage, many countries continue to face challenges in financing their health systems adequately.

Recognizing the critical role of health financing in achieving universal health coverage and addressing public health challenges, WHO, at the request of the Ministry of Health and Social Services, conducted in Swakopmund Namibia, from 13th to 16th May 2024, a training to empower public servants and stakeholders with the knowledge and skills necessary to strengthen health financing systems.

Namibia is developing a policy on universal health coverage to outline the national vision for equitable affordable access to quality health services. This vision places coordination and alignment of health systems at the centre of progress towards universal health coverage in line with WHO regional guidance on making progress towards UHC.

This work has also included the development of health financing strategies/interventions through broad multi-sectoral effort led by the Ministry of Health and Social Services at different levels. However, knowledge and appreciation of health financing continues to be a challenge amongst most stakeholders and

policy leaders within the Ministry, limiting effective participation and decision making in this process.

The training brought together around 35 public servants involved in public financial management, including budget officers, finance managers, and program managers, from various Ministries and offices. It contributed to enhance their understanding of health financing principles and concepts and equipped them with knowledge and skills in program-based budgeting for health financing.



This training equipped public servants with the necessary tools to drive meaningful progress in our health financing reforms. The depth of knowledge and practical strategies shared have set a strong foundation for us to build upon as we strive to ensure that every individual in Namibia has access to quality healthcare without enduring financial hardship.

DR RICHARD BANDA
WHO REPRESENTATIVE IN NAMIBIA



REDUCING FINANCIAL BARRIERS TO HEALTH SERVICES IN EQUATORIAL GUINEA



In November 2023, the World Health Organization (WHO) in collaboration with UNICEF organized in Côte d'Ivoire the West and Central Africa Region Primary Healthcare Financing Forum under the theme: **“Towards strengthening primary healthcare and resilience.”**

This forum provided an opportunity to key actors, across 24 countries in West and Central Africa from health and finance ministries to share knowledge and identify practical actions and policy changes to accelerate the delivery of universal health coverage through primary health care financing improvements from all sources. It was also an opportunity to co-create primary healthcare financing approaches that are resilient to address shocks resulting from climate and crisis due to fragility and conflict.

Following the regional dialogue which was attended by the Minister of Health of Equatorial Guinea, the government decided to move towards a national roll-out of financial protection rather than the district level pilot initially planned.

From the lessons learned in the Forum, Equatorial Guinea resolved to undertake health financing reforms in view to progress towards sustainability and equity towards universal health coverage.

To support this initiative, WHO conducted consultations with key stakeholders in the country and drew from literature to provide support for the development of a Roadmap of health financing reforms towards reducing financial hardship for the population. This roadmap was presented by the WHO Representative and the Minister of Health to the Prime Minister.

The Prime Minister welcomed the proposed roadmap, with a request for fast tracking of the actions. Following this, the Prime Minister has sent a memo forming a Task force/ Working Group on health financing comprising the following sectors - health, labour, justice, interior & local government, and finance. With high level political commitment, this roadmap can help accelerate the country's progress towards universal health coverage and equitable access to health services for its population.



STRENGTHENING HEALTH INFORMATION SYSTEMS IN SEYCHELLES: A COLLABORATIVE EFFORT

Seychelles Ministry of Health (MOH) has grappled with significant challenges in managing and analyzing health data, a critical component for informed decision-making and effective public health strategies. The existing data management systems remain largely manual and the capacity for analysis for morbidity and mortality data remains limited. This gap hindered the Ministry of Health’s ability to accurately track morbidity and mortality rates, ultimately impacting the quality of health services provided to the population.

Recognizing the urgent need for improvement, the World Health Organization, along with Africa Centre for Disease Control and Prevention (Africa CDC) in partnership with the Ministry of Health, launched a comprehensive capacity-building initiative from 29th April to 10th May 2024. This initiative aimed to equip the Ministry of Health staff with the necessary skills and tools to better manage and analyze health data.

Hands-on training sessions were provided for using District Health information Software version 2 (DHIS2) which allows capture of data from the facility and allow for data analysis and use at the point of generation. The training covered data entry, analysis, and visualization, enabling the staff to efficiently manage health data and generate comprehensive reports.

In addition, several tools were established including a centrally hosted DHIS2 server with updated specifications, which is now operational, providing a robust platform for health data management and analysis.

Dr. Bernard Valentin, the Principal Secretary of the Ministry of Health, highlighted the importance of having a robust health information system to support

policy planning and health service management within the context of the Civil Registration and vital statistics system in Seychelles.

Continuous capacity building on data analysis and use will be pursued by applying the data-to-action framework within the context of information life cycles. Additionally, DHIS2 will be deployed as an integrated, cost-efficient solution while building in-country capacity.



DR. BERNARD VALENTIN,
THE PRINCIPAL SECRETARY OF THE MINISTRY OF HEALTH

“ Better data quality will support evidence-based decision-making, potentially improving public health strategies and outcomes. The training provided by WHO has been transformative. We now have the skills and tools to manage and analyze health data more effectively, which will greatly enhance our public health efforts.”



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.

