



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE (ULC) CLUSTER



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LEVERAGING COLLECTIVE EFFORTS IN ADVANCING UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

NEWSLETTER
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FOREWORD



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The health systems of many countries in the WHO African Region need greater capacity to provide high-quality services, and primary health care (PHC) systems remain weak. Countries struggle to achieve optimal coverage of essential health services including sexual and reproductive health and rights (SRHR) provided by a skilled workforce based on quality data and guarantee access to effective, quality, and affordable essential medicines and vaccines for all without financial hardship.

Beyond the availability of high-quality services, deeply rooted gender, equity, and human rights issues intersect with other structural and intermediate determinants of health to create barriers to attaining Universal Health Coverage (UHC).

The Sustainable Development Goals (SDGs) have explicitly recognized sexual and reproductive health and reproductive rights as essential not only to health, but also to gender equality and wider economic and social development. Access to comprehensive sexual and reproductive health services are therefore critical for progressing towards universal health coverage, while also contributing to gender equality and people's empowerment.

WHO works with partners to support countries in the African Region to improve the sexual and reproductive health and rights (SRHR) of all people, including strengthening health workforce capacity to enhance quality and accessibility of these services.

We are pleased to share with you through this newsletter, some of our initiatives implemented in collaboration with our partners, to advance sexual and reproductive health and rights.

You will also learn about our engagements at the Seventy-fourth session of the WHO Regional Committee for Africa that took place in Brazzaville, Republic of Congo, from 26th to 30th August 2024, as well as other key activities conducted during the covered period.

FEATURED STORIES

- 1 ► DELIVERING AS ONE TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EAST AND SOUTHERN AFRICAPG4
- 2 ► SUSTAINABLE FINANCING OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE EAST AND SOUTHERN AFRICA.....PG6
- 3 ► ACCELERATING PROGRESS IN MATERNAL AND NEWBORN HEALTH IN THE AFRICAN REGIONPG7
- 4 ► 74TH SESSION OF THE WHO AFRICAN REGIONAL COMMITTEE MEETING:PG8
 - Strengthening local production of medicines and vaccines
 - Tackling the public health emergency of preventable child mortality in the WHO African Region
 - Turning words into action: operationalizing the Africa Health Workforce Investment Charter
- 5 ► FINANCIAL PROTECTION: A DRIVING FORCE PROPELLING COUNTRIES TOWARD THE GOAL OF UNIVERSAL HEALTH COVERAGE.....PG12
- 6 ► ZIMBABWE APPROVES THE 2023 -2030 HEALTH WORKFORCE STRATEGYPG13
- 7 ► STRENGTHENING HEALTH SYSTEMS THROUGH COMPREHENSIVE DATA COLLECTIONPG14
- 8 ► BOLSTERING PRIVATE SECTOR ENGAGEMENT FOR UNIVERSAL HEALTH COVERAGE IN AFRICA.....PG14
- 9 ► STRENGTHENING THE COORDINATION OF THE SUPPLY CHAIN IN THE MANAGEMENT OF ESSENTIAL HEALTH PRODUCTS IN THE AFRICAN REGIONPG16

DELIVERING AS ONE TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EAST AND SOUTHERN AFRICA



The 2gether4SRHR programme brings together the 4 UN agencies, UNAIDS, UNFPA, UNICEF and WHO to ensure that all people in Eastern and Southern Africa are empowered and supported to exercise their sexual and reproductive health rights (SRHR). This collaborative programme aims to strengthen sexual and reproductive health services and reproductive rights by integrating gender-based violence and HIV services into sexual and reproductive health packages, with a focus on marginalized and vulnerable populations.

On 21 August 2024, Regional Directors of the 4 agencies gathered at the 2gether4SRHR Strategic Leadership Forum in Pretoria - South Africa, to discuss strategies for accelerating collective regional actions, to advance Sexual & Reproductive Health & Rights in East and Southern Africa.

During the Strategic Leadership Forum, the Regional Directors were briefed on strategic accomplishments of the programme, and the support required from the senior leadership of the four agencies to further advance SRHR. They reaffirmed their commitment to support the programme and continue to advance Sexual & Reproductive Health & Rights in East and Southern Africa.

Speaking at the roundtable organised by 2gether 4 SRHR in partnership with the Regional SRHR Team of Sweden under the theme “Transforming Futures”, Dr. Matshidiso Moeti, WHO Regional Director for Africa, called for creative solutions and stressed the importance of dialogue that respects cultural contexts while advocating for universal human rights. Dr. Moeti’s highlighted the urgent need for collective action to improve maternal health, access to contraceptives, and adolescent health.



DR. MATSHIDISO MOETI
WHO REGIONAL DIRECTOR FOR AFRICA

“We must build resilient health systems that save more lives and ensure the well-being of women, children, and adolescents in the region, including during emergencies and humanitarian crises.”

Delivering the key note address, Her Excellency, Mrs. Monica Geingos the former First Lady of Namibia and United Nations Sustainable Developments Goals advocate, highlighted the importance of continuing dialogue to build trust and inclusivity to advance human rights and SRHR, while at the same time recognizing the need to step away from debates that deflect attention from the task at hand. She stressed the importance of sustainability and scalability and committed herself to continue championing social causes.

She called for united efforts to transform regional approaches to SRHR for young people, underscoring the importance of collaboration, sustainability and scalability in initiatives designed to promote health and rights.



MONICA GEINGOS
1ST LADY OF NAMIBIA

The fight for young peoples’ sexual and reproductive health rights is far from over. It requires collective perseverance, innovative solutions, and courageous dialogue across the region.

Ambassador of Sweden to South Africa, Namibia, and Lesotho, Mr Hakan Juholt, saluted the delegates for their “commitment, involvement and experience”. He reminded the audience that everyone is part of a global family, interconnected and mutually dependent, and that it is through collective efforts that a better society is built.



MR HAKAN JUHOLT
AMBASSADOR OF SWEDEN TO SOUTH AFRICA, NAMIBIA, AND LESOTHO

We are in this together,” he said, and stressed the need to uphold “human dignity, human rights and mutual respect because we are one huge family . . . all vulnerable, depending on each other.

SUSTAINABLE FINANCING OF SRHR IN THE EAST AND SOUTHERN AFRICA



The East and Southern African region faces significant challenges in ensuring universal access to Sexual Reproductive Health and Rights (SRHR) services, exacerbated by limited financial resources, and humanitarian crises.

To explore innovative financing solutions and develop a cohesive strategy for integrating SRHR into broader health and development frameworks, particularly Universal Health Coverage, WHO in collaboration with partners; UNFPA, UNICEF and UNAIDS, held a regional consultation workshop from August 5-8, 2024, in Addis Ababa, Ethiopia. The workshop brought together a diverse group of stakeholders in East and Southern Africa, including government representatives, international organizations, and civil society actors.

The consultation aimed to address the need for sustainable financing mechanisms for sexual and reproductive health and rights (SRHR) across the East and Southern Africa (ESA) region and it provided a platform for participants to discuss the challenges and opportunities in SRHR financing and to identify actionable strategies to improve health outcomes in the region.

Opening the workshop, the Minister of Health in Ethiopia, Dr. Mekdes Daba emphasized the critical importance of addressing SRHR financing as a cornerstone for achieving broader health and development goals in the region. She highlighted the pressing issues of unsustainable financing for SRHR,

including the high out-of-pocket (OOP) expenses and heavy reliance on external funding.

Key topics discussed during the workshop include the need for inclusion of SRHR services in countries benefits packages to ensure that people can access them with minimal financial hardship and the increased efforts needed to accurately track SRHR expenditures for increased domestic resources mobilization to sustainably fund those services.

The workshop concluded with a participants' agreement on the need for continued collaboration and coordination among countries, regional and international stakeholders to ensure sustainable financing for SRHR in the ESA region.

The action plans developed during the workshop will serve as a roadmap for countries to strengthen their SRHR financing strategies, with ongoing support and guidance from regional and international partners.

“Addressing SRHR financing is essential for achieving broader health and development goals in the region. This gathering presents a valuable opportunity to explore innovative strategies for generating sustainable funding” she said.



ACCELERATING PROGRESS IN MATERNAL AND NEWBORN HEALTH IN THE AFRICAN REGION



While there has been improvement in the African region with composite coverage index, a function of essential maternal and child health intervention parameters, projected to increase (in sub-Saharan Africa from 46.3% in 2000 to 72.2% in 2030 and in northern Africa from 55.0% to 81.7%), the region remains below the 90% global coverage target for essential Maternal and Newborn Health interventions.

In 2021, Every Newborn Action Plan and Ending Preventable Maternal Mortality global partnership, co-chaired by WHO, UNICEF and UNFPA, have established, with country governments, population coverage targets for each of these critical high-impact packages of care to accelerate progress in Maternal and Newborn Health by 2025.



Operationalization of these two plans is our collective response, a beacon of hope, and a roadmap for achieving our maternal and new-born goals. We stand united by a common purpose - to ensure that every mother and every new-born in Africa has the opportunity to survive and thrive.” said Dr Sylvia T. Masebo, Minister of Health, Zambia.

To strengthen technical approaches and partnerships to support and accelerate progress on Maternal and Newborn Health SDG 2030 targets, WHO in collaboration with Newborn Action Plan and Ending Preventable Maternal Mortality Country Implementation Group organized, from 15th to 19th July 2024, a regional technical workshop aimed to put into action the ambition of the [WHA resolution 77.5](#), to accelerate the progress for maternal, newborn and child health towards the attainment of Sustainable Development Goals.

Sixteen countries were in attendance including Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe and Somalia.

Opening the meeting, the Zambia Minister of Health, Dr Sylvia T. Masebo, emphasized imperative planning and cost-effective interventions as a key deliverable of the workshop.

Following the workshop, each participating country will review their priorities for accelerating maternal and newborn health (MNH). This will be followed by planning for implementation and monitoring and evaluation (M&E), drawing on the experiences and lessons shared during the workshop.

74TH SESSION OF THE WHO AFRICAN REGIONAL COMMITTEE MEETING

The Regional Committee is the WHO decision-making body in the region, convening once a year to discuss and endorse policies, activities and financial plans aimed at improving the health of the people of Africa.

The Seventy-fourth session of the WHO Regional Committee for Africa was held in-person in Brazzaville, Republic of Congo, from 26 to 30 August 2024.

At the 74th Africa Regional Committee Meeting, the Universal Health Coverage Life Course Cluster led discussions on the following key topics:

- Strengthening local production of medicines and vaccines
- Tackling the public health emergency of preventable child mortality in the WHO African Region
- Turning words into action: operationalizing the Africa Health Workforce Investment Charter



STRENGTHENING LOCAL PRODUCTION OF MEDICINES AND VACCINES



To contribute to improving supply chains, countries must promote local production of quality, safe, effective and affordable medicines, vaccines and other health products.

During the 74th session of the WHO Regional Committee for Africa, Ministers of Health adopted a Framework for Strengthening Local Production of Medicines, Vaccines, and Other Health Technologies in the WHO African Region 2025–2035. This Framework aims to guide Member States in the planning and implementation of priority interventions to establish and scale up local production to increase access to medicines, vaccines, and other health technologies.



“There is urgent need for the Region to strengthen existing local production capacity to mitigate supply chain disruptions such as those experienced during the COVID-19 pandemic. This will bring production closer to users, create resilient health systems, facilitate health security and the achievement of Universal Health Coverage, among others,” said Dr Kasonde Mwinga, Director of the Universal Health Coverage, Life Course cluster at WHO African Region.



The Member States of the WHO African Region import between 70% and 100% of finished pharmaceutical products (FPP), 99% of vaccines and between 90% and 100% of medical devices and active pharmaceutical ingredients (API), with little or no capacity for the manufacture of pharmaceutical-grade excipients, vaccines, medical devices and other health technologies.

“With a population of 1.3 billion and a gross domestic product of 3.4 trillion dollars, Africa is a globally significant market and presents opportunities that would support the local production of medical products”, she said.

The Framework identifies milestones and targets based on interlinked factors for boosting local production such as policies, product quality, strengthening regulatory systems, health workforce, access to finance, intra-African trade, and research and development.

Concurrently, several initiatives are ongoing to facilitate technology transfer of priority health products to manufacturers in Africa. Further efforts are needed to maximize the absorptive capacity of technology recipients and ensure a policy and legal environment that are conducive for investment in local production and innovation.

[ACCESS THE FRAMEWORK](#)

TACKLING THE PUBLIC HEALTH EMERGENCY OF PREVENTABLE CHILD MORTALITY IN THE WHO AFRICAN REGION



African leaders have taken a critical step in committing to child survival through the endorsement of the World Health Assembly ([WHA resolution 77.5](#)) on 'Accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goals.

More women and children in the region are now surviving the critical life stages of childbirth and first five years of life. The under 5 mortality rates per 1,000 live births decreased by 53% from 150 in 2000 to 70 in 2022. Despite the progress made, the road to reaching the SDG 3.2 target remains long.

The side event, co-organized with the Government of Sierra Leone and the Child Health Task Force, is a continuation of an African Health Ministers' movement for child survival which began with a roundtable discussion at the 75th World Health Assembly. It builds on the momentum spurred by the [WHA resolution 77.5](#) on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goals.



HON. DR. AUSTIN DEMBY

MINISTER OF HEALTH AND SANITATION FOR THE GOVERNMENT OF SIERRA LEONE

Tragically, every year, we witness the loss of hundreds of thousands of mothers and millions of children in our region. The current level of momentum, scale, and investment in maternal and child health is insufficient to address this crisis effectively

Speaking at the Child Survival side event at the 74th Africa Regional Committee Meeting, Dr. Matshidiso Moeti, the WHO Regional Director for Africa, emphasized the importance of positioning maternal newborn and child survival health development and well-being at the center of all national and regional development efforts.



DR. MATSHIDISO MOETI

WHO REGIONAL DIRECTOR FOR AFRICA

We can allocate domestic resources and mobilize and align partner resources to match our ambition for acceleration” she said. Adding: “We must domesticate and require joint accountability, tracking, and data sharing from all levels of government, if we do so we will achieve the AU Agenda 2063 – “The Africa We Want.

The event explored new avenues for collaboration, fostering unity among existing child health stakeholders and creating connections with key stakeholders in other pivotal movements. It leveraged the momentum garnered by the [WHA resolution 77.5](#) to spur tangible joint action that will demonstrate commitment in tackling what is effectively a public health emergency, with accountability to the African child.

Minister Demby read out a 5-point call to action to unlock acceleration, aligned with the [WHA resolution 77.5](#). There was no objection by Ministers of Health.

“It is essential that we channel our collective efforts into creating an environment where children can not only survive but also thrive and prosper.” Said Minister Demby

TURNING WORDS INTO ACTION: OPERATIONALIZING THE AFRICA HEALTH WORKFORCE INVESTMENT CHARTER



Four months after launching and adopting the “Africa Health Workforce Investment Charter” in May 2024 in Windhoek, Namibia, the Ministers of Health of the African Region met once again for a special event on 29 August 2024 on the margins of the 74th Regional Committee (CR74). By sharing experiences, they reaffirmed their commitment to the implementation of the charter’s principles.

The high-level side event, convened by Hon. Dr. Pierre Somse, Minister of Health for the Central African Republic (CAR), aimed to engage multisectoral leadership in strategizing investments in the health workforce to reduce healthcare inequalities and achieve the African Union’s Agenda 2063.

Dr Matshidiso Moeti, the WHO Regional Director for Africa, in her introductory remarks, recalled the five principles of the charter, and congratulated the early adopter countries.



Since the launch of the Health Workforce Investment Charter in May, 10 countries have made progress in implementing its tenets. Today they shared how they are “turning words into action”. I encourage more countries to embrace the Charter and implement its principles” She stated.



Countries’ key achievement so far include:

- **The Zimbabwean Government and its partners** developed the first health workforce investment compact to stimulate more than US\$166 million in domestic and external investment over three years. This compact has been approved by the cabinet for signing.
- **Eswatini, Ghana, Kenya, and Uganda** have completed and validated their Health Labour Market Analyses.
- **Eswatini and Uganda** have conducted national health workforce policy dialogues.
- **The Central Africa Republic, Madagascar, Cote d’Ivoire, Chad, and Niger** have started health labour market analysis to inform health workforce investment planning and development of investment compact.

The side event served also as an opportunity to identify lessons learnt and way forward in mobilizing and enhancing the commitments, partnerships, and investments that are needed to tackle the health workforce challenges and support actions required to implement the Charter across the region.

Ministers of health reaffirmed their commitment to embrace the Charter and implement its principles and ensure that urgent investments are made to build health systems that meet the needs of all based on economic resilience, social justice, and inclusive growth.

FINANCIAL PROTECTION: A DRIVING FORCE PROPELLING COUNTRIES TOWARD THE GOAL OF UNIVERSAL HEALTH COVERAGE



Over the past decade, countries in the African region experienced slow progress in mobilizing resources for health while facing continued challenges. In their revised estimates published in 2017, Stenberg et al., developed two costs scenarios, termed progress (US\$ 249 per capita) and ambitious US\$ 271 per capita), aimed at strengthening comprehensive health service delivery to achieve SDG 3 and universal health coverage in low-income and middle-income countries (Stenberg et al., 2017).

Out of the 47 countries in the WHO African region only eight, on average, met the recommended progress scenario threshold of spending a minimum of US\$ 249 per capita on health during the period from 2012 to 2020. In 2020, this achievement was observed in only five countries while the remaining countries spent less than US\$ 249 per capita, with health expenditures ranging from US\$ 16.4 to US\$ 236.6, highlighting significant disparities across the region.

WHO developed an African Region Health Expenditure Atlas that details the progress achieved on a country-specific basis since the previous 2014 edition. It presents crucial indicators that shed light on the interplay between financial strategies and health outcomes, emphasizing the journey toward financial protection as a catalyst for advancing UHC.

[ACCESS THE HEALTH EXPENDITURE ATLAS](#)

The atlas will serve as a valuable resource for stakeholders in health financing policy, both within the African Region and beyond. The atlas will guide effective decision-making on how best to refine and optimize health financing strategies in the Region, ultimately contributing to the advancement of overall health and well-being.



This resource aims to inform the most effective strategies for improving health financing in the Region, providing actionable insights for those working to advance health policies. I hope that it will offer valuable guidance to the relevant health financing policy actors both within and beyond the Region

DR. MATSHIDISO MOETI
WHO REGIONAL DIRECTOR FOR AFRICA



ZIMBABWE APPROVES THE 2023 -2030 HEALTH WORKFORCE STRATEGY



The Zimbabwe Cabinet approved, on 10th September 2024, the Health Workforce Strategy 2023-2030 and Health Workforce Investment Compact: 2024-2026.

In May 2024, the World Health Organization (WHO) Regional Office for Africa and partner organizations launched the region's first-ever health investment charter that aims to align and drive sustainable investment in the health workforce.

The charter was adopted through the Windhoek Statement on Investing in Africa's Health Workforce at the inaugural Africa Health Workforce Investment Forum held in Namibia in May 2024.

Zimbabwe has been an early adopter in operationalizing the principles of the Africa Health Workforce Investment Charter.

During a side event at the 74th Regional Committee meeting in August 2024, the Honourable Minister of

Health of Zimbabwe, Dr Douglas Mombeshora, noted that the compact is expected to stimulate over US\$166 million additional health workforce investment in Zimbabwe within three years to drive their agenda to double the health workforce.

The Health Workforce Investment Charter is an instrument to align Government stakeholders, partners, and the private sector in countries around a common national investment plan to expand the level of investments and reduce duplications and inefficiencies in the investment made by the different stakeholders in the health workforce.

This will increase partner confidence in national priorities for common investment. It encourages the use of health labour market analysis to develop, negotiate, and sign multi-sectoral national investment compacts in countries for mutual accountability and clarity in the flow of funding amongst partners.



Informed by a comprehensive health labour market analysis, it would expand the training of health workers to at least 7,000 per year and create over 32,000 public sector jobs by 2030. Said Dr Douglas Mombeshora, Minister of Health, Zimbabwe

STRENGTHENING AVAILABILITY OF INFORMATION IN ESWATINI THROUGH COMPREHENSIVE FACILITY LEVEL DATA COLLECTION



The Kingdom of Eswatini, like several countries in the African region, conducted the WHO's Service Availability and Readiness Assessment (SARA) survey in 2017. To ensure up-to-date data for improved planning and informed decision-making, the Ministry of Health of Eswatini opted to conduct the Harmonized Health Facility Assessment (HHFA) as a census of all health facilities in the country in 2024. The information generated in this survey will be utilized in establishing baseline values for key indicators in the health sector strategic plan 2024-2028. In addition, the information will be used to update the national master facility list. As part of their approach, Eswatini focused on specific areas of the assessment and opted to defer the inclusion of the Quality-of-Care module.

In this context, the WHO Regional Office for Africa provided technical support to the Ministry of Health in training data managers and collectors for the HHFA survey, demonstrating the importance of HHFA in strengthening health systems through comprehensive data collection.

The training provided to four data managers and ten supervisor an introduction to the HHFA methodology and a theoretical understanding of the CSPro application for HHFA data collection. Furthermore, 40 data collectors were equipped with the skills required to collect data accurately and consistently, using both theoretical knowledge and practical exercises.



“By the end of the training, the participants had a clear understanding of the objectives and methodology of the HHFA, including its role in assessing the availability and readiness of health services and understood their role of data managers in monitoring data collection, ensuring accuracy, and managing the technical aspects of the survey.” Said Sebentile Myeni, Head, Monitoring and Evaluation at Ministry of Health

BOLSTERING PRIVATE SECTOR ENGAGEMENT FOR UNIVERSAL HEALTH COVERAGE



The role of the private sector in health systems within the African Region is growing in scale and scope including the direct provision of health services, medicines and medical products, health insurance, training of the health workforce, information technology, infrastructure, and support services.

In sub-Saharan Africa, 35% of outpatient care is delivered by the private-for-profit sector and an additional 17% is delivered by informal private providers.

There have been several ongoing regional efforts to improve Private Sector Engagement in health, through policy, governance frameworks, and declarations. WHO through the Health Strategies and Governance team, continues to support Member States in their efforts to institutionalise and strengthen these engagements.

As part of the Inter-regional meeting on **“Advancing Universal Health Coverage and Health Security through Private Sector Engagement”** held in Cairo Egypt from 13th to 15th July 2024, the WHO Regional Office for Africa seized an opportunity to document and showcase recent and ongoing efforts on the Private Sector Engagement in 8 select countries in the Region (Cabo Verde; Côte d’Ivoire; Ethiopia; Ghana; Nigeria; Sierra Leone; South Sudan; Zambia).

These interventions were a build up from the 2022 AFRO multi-country consultative meeting on Private Sector Engagement where countries within the African Region identified areas needing continuing support from WHO. During the Inter-regional meeting, the regional office presented 10 case studies via the WHO booth and the meeting information package.

They were published and can be accessed on the Country Connector on Private Sector Engagement. ([READ MORE](#))

Continued collaboration with countries through the WHO Health Policy Advisors is expected, to sustain the momentum generated at the 2022 AFRO Private Sector Engagement consultative meeting, and the subsequent bilateral support from AFRO/HSG team.

A synthesis document that serves as a consolidated resource material for the whole Region will be developed to facilitate more shared learning across countries within and beyond the Region.

STRENGTHENING THE COORDINATION OF THE SUPPLY CHAIN IN THE MANAGEMENT OF ESSENTIAL HEALTH PRODUCTS IN THE AFRICAN REGION



A strong national supply chain is a pillar to the well-functioning of public healthcare systems, a driving force towards the achievement of the Sustainable Development Goals and the 2030 Global Health Security agenda. At a meeting co-organized by WHO the Regional Office for Africa and the European Union, Key stakeholders from across Africa and international health partners emphasized the urgent need for strategic interventions to strengthen supply chains and improve health systems across the continent.

Held in Pointe Noire, Republic of Congo, from 23 to 27 September 2024, the meeting brought together policymakers, health sector leaders, and international partners. They discussed the persistent barriers that hamper access to essential health products across the continent and emphasized the importance of collaboration between African governments, private sector actors, and global partners to overcome these hurdles.

Policymakers at both the regional and global levels were encouraged to commit to strengthening national supply chains as part of the second objective. Their involvement was deemed crucial in fostering an enabling environment for health product distribution.



“Strengthening supply chains is not just about logistics—it’s about saving lives. Without functioning supply chains, vaccines, medicines, and diagnostics cannot reach those who need them most,” remarked Dr Mohamed Ismail, Team Lead - Medicines Supply Health Infrastructure, WHO Regional Office for Africa, and Coordinator of the Essential Medicines Program at the meeting.

Participants developed a regional strategy aimed at addressing supply chain gaps. This strategy will serve as a blueprint for the continent, targeting areas such as improving local manufacturing capacities, enhancing distribution networks, and fostering stronger public-private partnerships. They also established the creation of a common roadmap for future actions and committed to continue collaboration to implement the strategies.

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.

