



## Newsletter: September 2021

### Welcome to Issue #3 of the iAHO newsletter!

We are excited to share the second issue of our bi-monthly newsletter, which will keep you up to date with all the latest news from the integrated African Health Observatory (iAHO). We cover issues touching on health information, health systems and services development, and the work of the Observatory across the WHO African Region.

Visit the iAHO platform: <https://aho.afro.who.int/>

Read the [previous newsletters](#)

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**Learn more about the iAHO**



Emerging from a request from Ministers of Health from across the WHO African Region, the iAHO is a strategic health intelligence platform that provides a real-time view of what is happening in the health sector and with progress on the health and well-being of populations.

Hosted by the WHO Regional Office for Africa (WHO AFRO), the platform is a one-stop-shop that marshals harmonized high-quality data from the regional stage, together with the National Health Observatories (NHOs) of the 47 Member States of the WHO African Region. Besides offering easier access to high-quality data and statistics, the iAHO platform aims at increasing the visibility of key analytics and knowledge products useful for knowledge brokering and evidence-informed decision-making.

The iAHO is also home to multiple inter-connected regional platforms, allowing for cross-country comparison and learning across the different dimensions of the health system.

Bringing all this information together for use in planning, implementation, monitoring and evaluation of health interventions, the iAHO contributes to the overall effort to strengthen health systems and ultimately ensure better health and well-being for communities throughout the African Region.

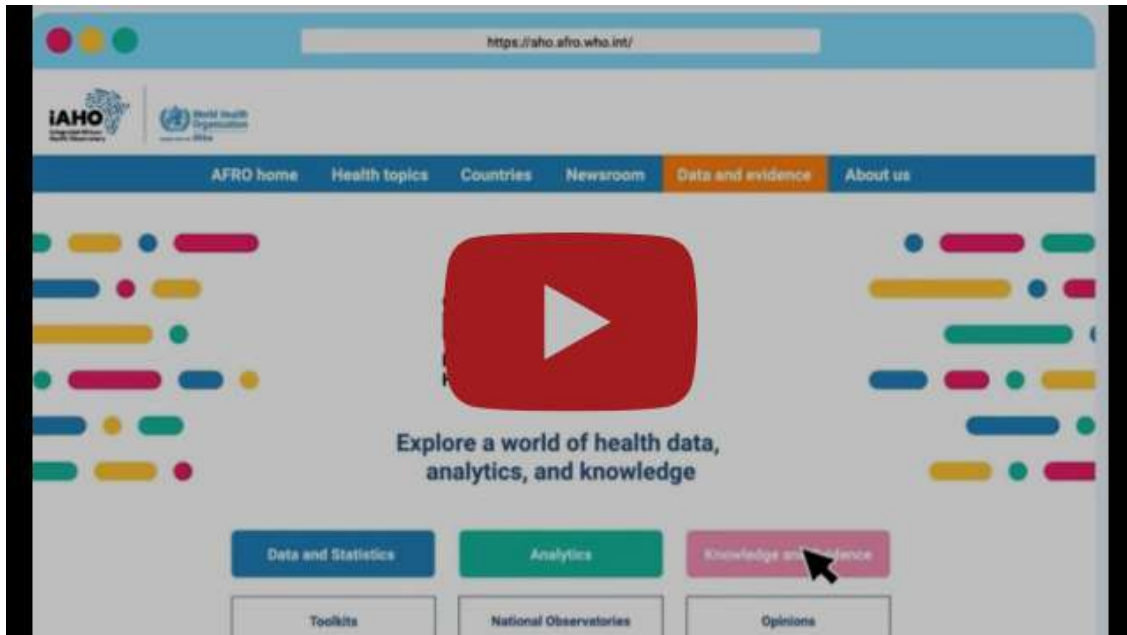
In addition to the iAHO platform itself, the AFRO Observatory team provides targeted technical support for the full ownership and

strengthening of the embedded NHOs, as well as curating and populating key content as resources are generated and made available.

Contact us at [iAHO@who.int](mailto:iAHO@who.int) for any inquiries or support as needed.

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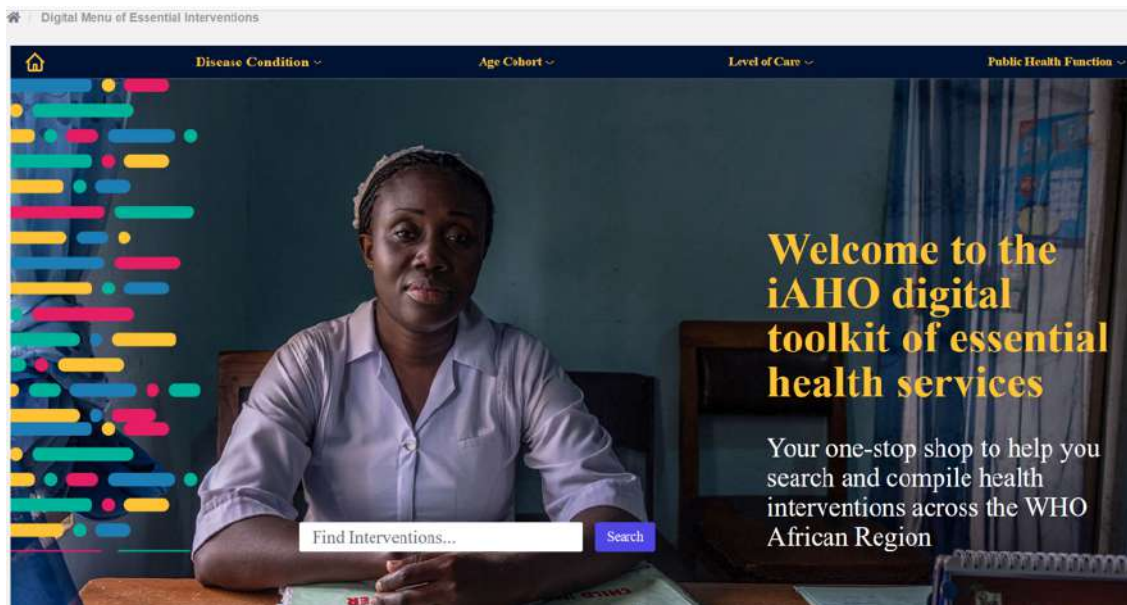
## Explore the iAHO



This step by step video will introduce you to the use of the iAHO Platform.

## iAHO embedded platform: Digital Menu of Essential Interventions (Upcoming)

Soon to be available on iAHO, the purpose of the [Digital Menu of Essential Interventions](#) is to simplify the process of developing essential health service packages in countries. This toolkit offers a set of health interventions that are needed to respond to the key health and wellbeing challenges in the region. Digitizing these Interventions into an interactive and usable tool by policy makers will support in standardization of the development process of essential health packages across the countries of the WHO African Region.



As the region operationalize the Primary Health Care approach for attainment of Universal Health Coverage and SDG 3, the need for the essential health services package (EHP) has been highlighted by most partners and countries. The EHP aims to map out a set of services that are considered crucial in each country, whose provision will advance progress towards UHC in the country.

In this sense, the digital toolkit will assist countries to navigate and identify/manage the database. It presents multiple search parameters, including public health function (health promotion, disease prevention, clinical, rehabilitation, palliation), age cohort, disease/condition and finally a consolidation of all disease/conditions that have a given intervention. The list of interventions responds to the top 40 causes of morbidity/mortality In the Region as well as the conditions of public health concern such as maternal health, or rare conditions. Find out more on the iAHO's platform:

<https://aho.afro.who.int/essential-health-intervention/af>

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## Zooming: Framework for Strengthening the Use of Evidence, Information and Research for Decision Making in the African Region

At the 71st session (August 2021) of the WHO Regional Committee for Africa (WHO/AFRO) adopted the [Framework for Strengthening the Use of Evidence, Information and Research for Decision Making in the African Region](#). It has

been observed that WHO/AFRO Member States are not widely using research-based evidence for health in health policy making. Indeed, in 2018 the Region had [scored 55%](#) in the barometer for the use of research evidence in health policy making.

The purpose of this framework is to guide Member States in promoting the use of reliable health data and information for national priorities, Sustainable Development Goals and Universal Health Coverage (UHC).

In this sense, the framework describes the fundamental principles and priority interventions that structure the use of evidence, information and research in health policy making.

There are a number of targets for Member States to meet by 2030, with intermediate milestones to be reached by 2024 and 2027. The framework sets out 5 objectives:

1. Strengthen national health information systems in order to generate quality gender disaggregated data;
2. Establish or strengthen national health research systems to undertake relevant research and analyses of policy-relevant data and information;
3. Ensure fully-functional national health observatories;
4. Increase country capacities to establish effective guideline-development committees and health technology assessment units for the development of evidence-informed health policies;
5. Mainstream the use of evidence in the formulation of policies, targets, and indicators addressing the SDGs and UHC.

Progress in the Region in implementing this framework will be reported by the Regional Director every three years. For more information on the Framework for strengthening the use of evidence information and research for policy-making in the African Region: [click here](#)

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## People Beyond the Data

[Kenya: KHRO key player in Knowledge Translation](#)



Since 2019, Kenya has set up a national health observatory called "[Kenya Health and Research Observatory](#)" (KHRO). KHRO is a portal created to improve the availability and use of information and evidence on health status and trends for policy dialogue, and to monitor and evaluate the implementation of national strategies and plans. Within the framework of the [AHOP](#) regional partnership (hosted by iAHO) for evidence generation and knowledge brokering, a working mission was carried out in Kenya to discuss with the Ministry of Health, key national stakeholders (such as [KEMRI](#)) and WHO the strengthening of knowledge management and its use in the development of health policies and interventions.

Indeed, the national knowledge management ecosystem involves several key players who are all doing excellent work that could be strengthened by better coordination and a framework for regular dialogue for greater transparency with the Ministry of Health. Through discussions with the Kenya National AHOP Center ([KEMRI welcome trust](#)) and other stakeholders, it was agreed that the Kenya National Health Observatory (KHRO) is the ideal platform for better coordination. However, it was noted that the institutional anchoring of the KHRO needs to be strengthened by putting in place a functional governance framework on three levels: strategic (steering committee, which can be an existing committee in the country), tactical (technical working group bringing

together the main data producers) and operational (permanent secretariat of the KHRO with dedicated human resources) in order for it to be able to truly play its role of knowledge production and brokering with the other key national actors

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### [Senegal: NHO as a one stop shop for Planning and research](#)



The research division in collaboration with the observatory and digital health unit of the Ministry of Health is leading the process of operationalization of the national health observatory of Senegal. Several key steps have been completed, including mapping of data producers, identification of key national documents in Analytics and Knowledge resources to populate in the observatory platform. In this process, the country benefits from the support of the WHO (country and regional offices).

Thus, the focal points of the Research Division have been trained in the use of the [Senegalese national observatory](#) available on the iAHO. As a result, they were able to begin populating a set of key data and information from the country. In addition, through the AHOP regional partnership (hosted by iAHO), several actors were trained to develop policy briefs for better knowledge

sharing with policy makers. While the country continues to take ownership of the Observatory's digital platform, it is also working to harmonize governance for better coordination. In addition, collaboration between the national observatory and the regional partnership [AHOP](#) will make it possible to develop products (country profile, comparative studies, etc.) that will inform national health planning and policies.

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### [Burundi: Towards NHO institutionalization](#)



For several years now, Burundi has been committed to setting up its the National Public Health Observatory (ONSP). As a result, several activities, with the technical support of WHO and partners, had already been carried out, namely the appropriation of [Burundi's integrated digital platform to the iAHO](#), the mapping of key stakeholders and national data sources, the updating of the country's health profile available on the ONSP platform as well as the draft legal texts organising the ONSP.

The country recently brings together several key actors, data providers and users, for a national presentation, advocacy and orientation workshop on the ONSP.

The participants had the opportunity to ask questions about the ONSP and the role it plays in the health system in Burundi by clarifying several points such as

the governance of the ONSP and its institutional anchoring. Indeed, the institutionalization of the ONSP is a key stage in making it a full part of the health system. Such institutionalisation guarantees the sustainability of the ONSP and formally places it in the country's institutional landscape for it to play its full role. It is important to note that the ONSP is a national asset integrated into the iAHO platform. Aware of the need to institutionalise the ONSP, Burundi has undertaken to draw up legislation governing the organisation and operation of the ONSP. The various exchanges during both technical meetings and workshop, made it possible to identify several stages that need to be completed in order for the ONSP to be fully operational. First, the ONSP will have to become an official and legal part of the country's administrative architecture. As mentioned above, this institutional anchoring will make it possible to ensure the sustainability of the ONSP and to provide for the governance that will be put in place. Secondly, the ONSP team already in place has drawn up a technical document detailing the human and material resource requirements that will need to be mobilized. Finally, regular collaboration between the main data producers will be established to facilitate the sharing of information and data. For its part, WHO/AFRO is committed to continuing to support Burundi in the effective institutionalization of the ONSP.

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## Latest Data

[\*Knowledge Fact sheet on Universal Health Coverage\*](#)

## What is UHC?

**“I receive quality care when I need it, without incurring financial hardship.”**



Rather than *complicated*, UHC is *complex* – a complex and adaptive concept, with multiple parts and that is responsive to what is put into making it happen.

### What is it, anyway?

UHC is one of the targets under SDG 3, specifically **target 3.8**.

More depth now, in one sentence: UHC is attained when populations are able to obtain the health and health-related **services**, of enough **quality** to be effective, that they **need** to ensure their health and well-being **without causing financial hardship**.

So yes, definitely lots of moving pieces in one sentence. Complex indeed.

**But if we break it down further, let's look at the individual ideas:**

### Services

**Across two dimensions:**

- The public health functions, i.e., health promotion, preventative health care, curative health care (treatment), rehabilitative health care, and palliative health care;
- The different population/age cohorts (what we mean by “the life course”), i.e., pregnancy, neonatal life/infancy, childhood, adolescence, adulthood, elderly life.

### Quality

**One measure of how well the health system is performing and includes attributes such as:**

- Effectiveness of interventions > framed in the ‘UHC sentence’ as services that are of “enough quality to be effective;”
- Patient safety;
- Client experiences.

### Need

This has to do with what individuals, households, and communities *demand* in terms of what services would help them achieve health and well-being, versus a focus on *supply* of services that are hypothesized to be good for the people without undertaking proper community engagement and capacity-building on health. This is important because low demand means low utilization; populations need to be aware of what is available and potentially useful for them, which helps in improving health-seeking behaviors and healthy actions overall.

### Without causing financial hardship

This has to do with avoiding catastrophic or impoverishing health expenditure. One way is to increase public/government expenditure on health > some of our analytical work is beginning to strongly show the value of this approach.

With all those working parts understood, how do we actually get to the result outlined in that long, complex sentence? Through **investments** in the health system.

# VACCINATION COVERAGE IN THE WHO AFRICAN REGION IN THE CONTEXT OF COVID 19

September 2021



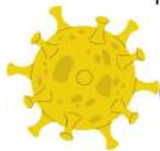
## QUICK FACTS



IMMUNISATION IS **ONE OF THE MOST IMPACTFUL AND COST-EFFECTIVE PUBLIC HEALTH INTERVENTION**. VACCINES PROTECT US AGAINST MORE THAN 20 DISEASES (EG. HEPATITIS, EBOLA, POLIOVIRUS, ETC.)

# 9M

ESTIMATE OF **CHILDREN IN THE AFRO REGION MISSING OUT ON LIFE-SAVING VACCINES EVERY YEAR**. 80% OF THESE CHILDREN LIVE IN NIGERIA, DRC, ETHIOPIA, ANGOLA, CHAD, CAMEROON, SOUTH AFRICA, GUINEA, THE UNITED REPUBLIC OF TANZANIA AND NIGER.



SERVICE DELIVERY AND ESPECIALLY OUTREACH ACTIVITIES WERE LARGELY IMPACTED BY THE **COVID-19 PANDEMIC**. A DIRECT CONSEQUENCE HAS BEEN A **SHARP INCREASE IN THE NUMBER OF ZERO-DOSE CHILDREN AS WELL AS THE RESURGENCE OF OUTBREAKS IN THE AFRICAN REGION** (MEASLES OUTBREAKS HAVE BEEN REPORTED IN SEVERAL AFRICAN COUNTRIES SINCE JANUARY 2020 CAUSED BY LOW ROUTINE IMMUNISATION COVERAGE AND DELAYED VACCINATION CAMPAIGNS).

IN THE AFRO REGION, THE PULSE SURVEY ON CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC SHOWS THAT **IMMUNISATION SERVICES (48%) ARE AMONG THE SERVICES MOST AFFECTED**.

SOURCE: WHO AFRO



OF THE 23 MILLION **CHILDREN UNDER OR UNVACCINATED** IN THE WORLD, 10.1 MILLION WERE IN THE AFRO REGION IN 2020, COMPARED TO 9.5 MILLION IN 2019. HOWEVER, SIGNIFICANT EFFORTS ARE BEING MADE TO RECOVER FROM ACUTE DECLINES DURING THE YEAR AND TO **MAINTAIN IMMUNISATION AS AN ESSENTIAL HEALTH SERVICE**.

SOURCE: WHO/UNICEF ESTIMATES OF NATIONAL IMMUNIZATION COVERAGE, 2020 REVISION



COVERAGE OF INFANTS WHO HAVE RECEIVED THE FIRST DOSE OF **RUBELLA VACCINE** IS VERY LOW IN THE REGION (**36%**).

A SIMILAR TREND IS OBSERVED FOR THE PERCENTAGE OF SURVIVING INFANTS VACCINATED AGAINST **YELLOW FEVER** (FOR COUNTRIES AT RISK AND WHERE THE VACCINE IS INCLUDED IN THE NATIONAL SCHEDULE), WHICH IS ONLY **44%**.

SOURCE: WHO/UNICEF ESTIMATES OF NATIONAL IMMUNIZATION COVERAGE, 2020 REVISION

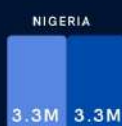


AN ESTIMATE OF **21% OF SURVIVING INFANTS DID NOT RECEIVE THE FIRST DOSE OF DTP1** CONTAINING VACCINE IN THE AFRO REGION.

THESE ZERO-DOSE CHILDREN, LIVE DISPROPORTIONALLY IN THE AFRO REGION WHERE IN 2019 THEY ACCOUNTED FOR 7.1 MILLION AND 7.7 MILLION IN 2020. THESE ARE CHILDREN FROM FAMILIES AND COMMUNITIES "LIKELY TO LACK ACCESS TO OTHER HEALTH AND WELFARE SERVICES ARE SUBJECT TO MULTIPLE DEPRIVATIONS"

SOURCE: WHO/UNICEF ESTIMATES OF NATIONAL IMMUNIZATION COVERAGE, 2020 REVISION

### UNPROTECTED CHILDREN FROM MEASLE (MCV1)



IN THE AFRICAN REGION, **68% OF SURVIVING INFANTS RECEIVED THE FIRST DOSE OF MEASLES-CONTAINING VACCINE**. HOWEVER, OF THE 10 COUNTRIES WITH HIGHEST NUMBERS OF CHILDREN **UNDER- OR UNVACCINATED AGAINST MEASLES** (FIRST DOSE - MCV1), 4 ARE IN THE AFRO REGION,



## POLIOVIRUS

1. SINCE AUGUST 2020 THE WHO AFRICAN REGION IS CERTIFIED FREE OF WILD POLIOVIRUS. HOWEVER, OUTBREAKS OF CIRCULATING VACCINE-DERIVED POLIOVIRUS (CVDPV) CONTINUE TO SPREAD AS, IN SOME COMMUNITIES NOT ENOUGH CHILDREN HAVE RECEIVED THE POLIO VACCINE.
2. IN 2020, 71% OF SURVIVING INFANTS HAD RECEIVED THE THIRD DOSE OF INACTIVATED POLIO CONTAINING VACCINE. A SIGNIFICANT NUMBER OF CHILDREN, I.E. 10,534,000, WERE STILL NOT VACCINATED.
3. AT THE 71TH WHO REGIONAL COMMITTEE FOR AFRICA, IN A DEDICATED MEETING ON POLIO, GOVERNMENTS FROM WHO/AFRO HAVE COMMITTED TO ENDING ALL REMAINING FORMS OF POLIO.

SOURCE: WHO/UNICEF ESTIMATES OF NATIONAL IMMUNIZATION COVERAGE, 2020 REVISION AND WHO AFRO

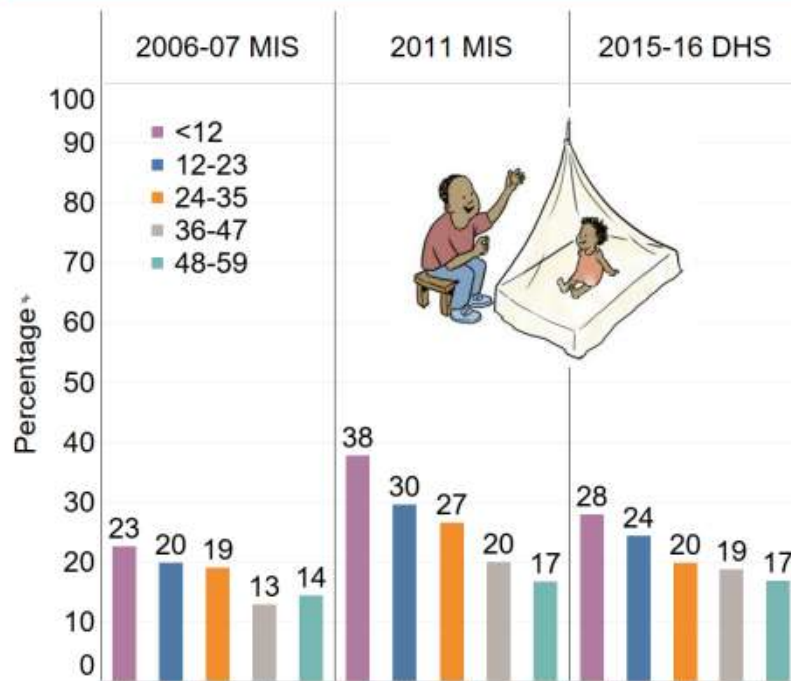
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[Fact sheet on Inequalities in insecticide-treated net \(ITN\) use in Angola](#)

Graph 1: ITN coverage by children by age in months, **National survey data, 2020**



DHS: Demographic Health Survey.  
MIS: Multiple Indicator survey data were used to assess inequities in access and use of ITN by under-five children

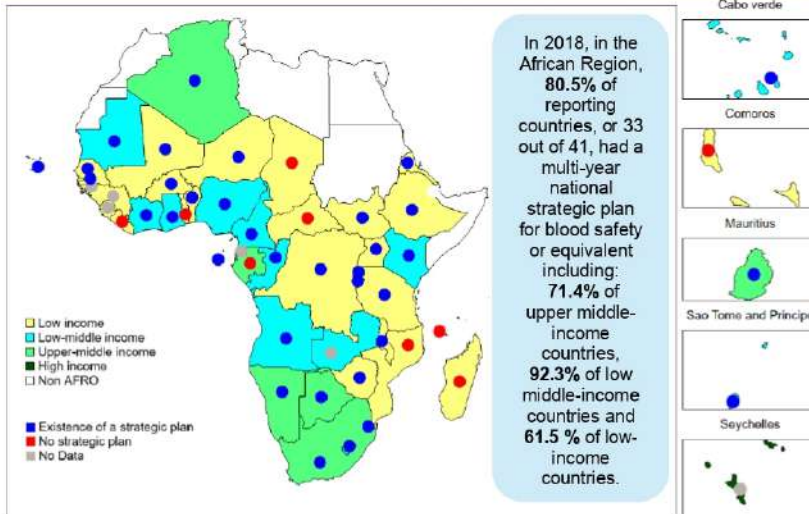
According to WHO, Africa is the world region that is most affected by malaria. And although the African continent has achieved most progress by reducing deaths from malaria from 764,000 in 2000 to 305,000 in 2015, as a result of increased distribution and use of insecticide-treated bed nets. Bed nets

According to WHO, in 2019, children under 5 years are the most vulnerable group accounting for 67% of all malaria deaths globally while the WHO African Region carries disproportionately high share of the global malaria burden estimated to be 94% of malaria cases and deaths. There were **257,950** deaths of children under 5 years of age. This translates into a daily death toll of nearly **30** children under age 5 [World malaria report 2020]. Malaria is one of the leading causes of child mortality and an urgent public health priority.

In Angola, the percentage of children under age five who slept under an insecticide treated net (ITN) the night before the survey was highest among children under 23 months old since 2006 to 2016 as shown by Graph 1. **The percentage use of ITN by children tends to decline with age**, with the percentage of children over 24 months utilizing ITNs less across all the survey years in Angola. Sleeping under an insecticide-treated net especially for the children under-five years old can reduce the burden of high mortality associated with malaria. In Angola, the ITN coverage has been declining or at a standstill since 2011 for some population groups highlighting avoidable inequities in both access and use.

**1. National blood policy and organization; WHO-AFRO NBTS, 2019**

**Multi-year national strategic plan and income level**

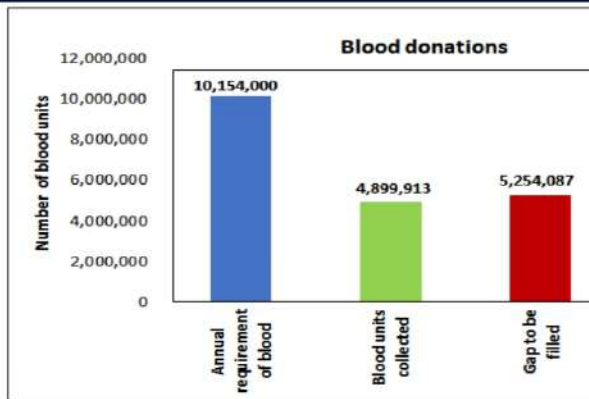


Blood transfusion saves lives and improves health, but many patients requiring transfusion do not have timely access to safe blood. Providing safe and adequate blood should be an integral part of every country's national health care policy and infrastructure.

WHO recommends that all activities related to blood collection, testing, processing, storage and distribution be coordinated at the national level through effective organization and integrated blood supply networks. The national blood system should be governed by national blood policy and legislative framework to promote uniform implementation of standards and consistency in the quality and safety of blood and blood products.

In 2018, in the African Region, **90.2%** of reporting countries, or **37 out of 41**, had a national blood policy. Overall, about **49%** of reporting countries, or **20 out of 41**, have specific legislation covering the safety and quality of blood transfusion.

**Blood availability**



A total of **2,678 blood centres in 41 countries** report collecting about **5 million donations** meaning that there is still a gap of **5 other million donations**.

About **5 million** blood donations were collected in the African Region in a total of **2,678 blood centres** including **244 (9%) stand-alone** and **2,434 (91%) hospital based**. The whole blood donation rate is an indicator for the general availability of blood in a country. The blood donation rate in the African Region was **4.93 donations per 1000 people**. **33 countries** report collecting fewer than 10 donations per 1000 people. All were low- or middle-income countries.

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Find out more on the iAHO platform: <https://aho.afro.who.int/uhc-briefcase/af>

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**Blog post from iAHO**



[Handling endemics, epidemics and humanitarian crises in the African Region in the context of COVID-19 pandemic](#)

While countries in the region are concerned with containing the Covid-19 pandemic, they are simultaneously dealing with endemics, epidemics and humanitarian crises. To learn more about how these challenges are being addressed, check out the blog article.

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