

YEAR IN REVIEW 2021–2023 Knowledge Products

Better Information. Better Action on Health.



25 January, 2024

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Universal Health Coverage





ANALYTICAL FACT SHEET

Buruli ulcer



Year of publication:
2023

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BLOG

Data-Driven Development: How Rwanda is Pioneering Health Information Systems for Improved SDG Monitoring



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BLOG

Diabetes in Africa



Year of publication:
2023

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iAHO Integrated African Health Observatory | **World Health Organization** African Region | **Analytical Fact Sheet** March 2023

NCD Team



Diabetes, a silent killer in Africa

Rationale

Demographic, sociocultural, and economic transitions are driving increases in the risk and prevalence of diabetes and other noncommunicable diseases. To achieve the SDG targets, African countries are tackling multidimensional challenges from communicable diseases and increasing trends of noncommunicable diseases. Diabetes imposes an economic burden on Africa, including catastrophic spending in controlling the disease at the individual level. Diabetes is the priority disease that must be tackled to achieve the SDG target of reducing by one third premature mortality from noncommunicable diseases by 2030.

Key messages

- Globally, an estimated 537 million adults aged 20–79 years are currently living with diabetes. This represented 10.5% of the world's population in this age group in 2021.
- An estimated 24 million people were living with diabetes in Africa* in 2021, predicted to increase by 129% to 55 million by 2045.
- Africa* had the second lowest diabetes-related expenditure (US\$ 13 billion), accounting for 1% of global diabetes-related expenditure. In Africa, diabetes spending is health care-associated for drugs, diagnosis, medical supplies and consultation.
- More than half (54%) of people living with diabetes in the African Region* are undiagnosed.
- Between 2011 and 2021, the Region recorded a five-fold rise in type 1 diabetes among children and teenagers below 19 years, with cases surging from four per 1000 children to nearly 20 per 1000.
- Only 36% of countries in the African Region have essential medicines for chronic diseases in public hospitals, according to a 2019 WHO survey.

Africa* = International Diabetes Federation (IDF) African Region

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ANALYTICAL FACT SHEET
Diabetes




**Year of publication:
2023**

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iAHO Integrated African Health Observatory | **World Health Organization** African Region | **75 HEALTH FOR ALL** | **Analytical Fact Sheet** July 2023

VID Team



Drowning... a leading cause of unintentional injury death.

Rationale

The latest WHO Global Health Estimates indicate that almost 39 000 people lost their lives due to drowning in 2019 in the Region. Over 30 000 (77%) of these deaths occurred among those aged under 15 years. Drowning prevention interventions range from community-based solutions, such as supervised day care for pre-school children and barriers controlling access to water, to effective national policies and legislation around water safety, including setting and enforcing boating, shipping and ferry regulations. Much more needs to be done to prevent drowning, and achieving commitments made under the Sustainable Development Goals will not be possible without addressing drowning prevention.

Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid, outcomes are classified as death, morbidity and no morbidity.

Key messages

- Drowning was the third leading cause of unintentional injury death in 2019, accounting for 5% of all injury-related deaths.
- Drowning is one of the top 10 causes of death for people aged 0–14 years in many countries.
- There were an estimated 39 000 annual drowning deaths in 2019.
- Just over 50% of these deaths occurred among those aged under 5 years.
- Two thirds of people who drown are men (62%).
- Global estimates may significantly underestimate the actual public health problem posed by drowning.
- Children, males and individuals with increased access to water are most at risk of drowning

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ANALYTICAL FACT SHEET
Drowning prevention



**Year of publication:
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iAHO Integrated African Health Observatory | **World Health Organization** African Region | **Analytical Fact Sheet** November 2023

VID Team



Equity for people with disability...we need to do more

Rationale

People with disabilities experience shorter lifetimes, reduced overall health and functionality, and increased vulnerability to health emergencies in comparison to those without disabilities. These disparities arise from unfair circumstances that disproportionately impact people with disabilities.

Countries should invest in disability-friendly social support systems and inclusive healthcare delivery systems. Although all WHO AFRO countries ratified the Convention on the Rights of Persons with Disabilities (CRPD) as a state obligation to address health inequity, promote, protect, and fulfill the rights of people with disabilities, they still require more commitments and actions.

Key messages

- 1.3 billion people (16% of the global population) experienced significant disability in 2021.
- 80% of the 1.3 billion people are from low- and middle-income countries.
- 21.2% of people with disabilities live in high-income countries, while 78.8% live in the remaining groups.
- Conversely, 42% of persons with disabilities perceive poor or very poor health, compared to only 6% of those without disabilities
- Persons with disabilities are not a single population group; they are a very diverse group.
- Persons with disabilities have higher rates of premature mortality and comorbid health conditions compared to persons without disabilities.

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ANALYTICAL FACT SHEET
Disability



**Year of publication:
2023**

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Analytical Fact Sheet
June 2023

Reducing inequities in health across the life course

Rationale

Inequities in reproductive, maternal, newborn, child, and adolescent health (RMNCAH) throughout the world indicate that certain population subgroups have systematically worse health outcomes and poorer access to services and interventions. Addressing inequities in RMNCAH is central to achieving universal health coverage, protecting human rights, advancing gender equality, combating discrimination, and improving the social determinants of health. Acknowledging and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should embed national and global health equity surveillance systems in routine monitoring, for active tracking of health inequity and the social determinants of health, while evaluating health equity impact on policy and action.

This fact sheet provides key RMNCAH indicators across population subgroups defined by social, economic, demographic, or geographical characteristics. It can help to inform policy and programme efforts in promoting equity for beneficiaries spanning all ages, from pregnancy and infancy, early and late childhood and adolescence, to adulthood and post-adulthood, who may be left behind, disadvantaged, or underserved by systems in the African Region.

Key messages

- The composite coverage index (CCI) of key RMNCAH interventions of the Region has a positive relationship with the level of household wealth. It increases significantly as the household's economic status improves, rising from 50% in households in the poorest quintile to 69% in the richest, a difference of 19%.
- The CCI of key RMNCAH interventions shows a 16-point variation between women with secondary education or higher and women with no education.
- Women aged 20–49 use modern methods of contraception 1.6 times more than teenagers aged 15 to 19 years.
- Disparities in the coverage of key RMNCAH interventions are accentuated and to the advantage of urban dwellers over rural dwellers.
- The adolescent birth rate in rural areas (1.42 children per woman) is almost double that observed in urban areas (76 children per woman).
- The adolescent birth rate decreases significantly as the standard of living of the household improves, dropping from 173 children per woman in the households of the poorest quintile to 50 in the richest.
- The total fertility rate is 1.6 times higher in rural areas, where it is on average equal to six children per woman, compared to urban areas, which is on average equal to four children per woman.
- The prevalence of obesity and overweight is higher in households where the woman has secondary education or higher than in households where the woman has no education.

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ANALYTICAL FACT SHEET

Health equity profiles in the life course



Year of publication: 2023

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Analytical Fact Sheet
March 2023

Female genital mutilation is a human rights violation: Let's stop it by 2030

Rationale

More than 200 million girls and women alive today have undergone female genital mutilation (FGM) in countries where the practice is concentrated. Female genital mutilation has no health benefits. It can lead to immediate health risks and long-term complications for women's physical, mental and sexual health and well-being. As part of the Sustainable Development Goals, the global community has set a target to end the practice of female genital mutilation by 2030. This fact sheet provides an overview of the status of female genital mutilation in the African Region.

Key messages

- For the period 2012–2020, about 35% of girls and women aged 15–49 years had undergone FGM in the African Region, including about 16.7% of girls aged 0–14 years.
- Over the period 2013–2021, approximately 72% of girls and women aged 15–49 years in the African Region reported their opposition to the continuation of FGM.
- In more than half of the countries in the African Region where information is available, more than 50% of the boys, girls, women and men surveyed (period 2013–2021) were opposed to the continuation of FGM.
- The top 10 affected countries (for girls and women aged 15–49 years) in the Region are Guinea (94.5%), Mali (88.6%), Sierra Leone (82%), Eritrea (82%), Burkina Faso (75.8%), Gambia (72.6%), Mauritania (66.6%), Ethiopia (65.2%), Guinea-Bissau (52.1%) and Côte d'Ivoire (36.7%).
- The most common risk factors for either undergoing FGM or forcing a girl to undergo the procedure are cultural, religious and social.
- Health-care providers should not perform any type of FGM in any setting – neither should they perform infibulation after delivery or in any other situation. They should provide care for girls and women suffering from complications associated with FGM, including special care during childbirth for women who have already undergone FGM.

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ANALYTICAL FACT SHEET

Female genital mutilation



Year of publication: 2023

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Analytical Fact Sheet
June 2023

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ANALYTICAL FACT SHEET

Health equity profiles in the life course



Year of publication: 2023

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iAHO Integrated African Health Observatory | World Health Organization African Region | **75** HEALTH FOR ALL | **Analytical Fact Sheet** April 2023

HTH Team

Hepatitis can't wait

Rationale

Viral hepatitis has become a significant global public health challenge. Chronic hepatitis B and C, two of the five types of hepatitis (A, B, C, D, E), cause 95% of hepatitis-related illnesses and premature deaths. An estimated 80% of people living with these viruses, which are commonly associated with HIV and sexually transmitted infections (STIs), remain undiagnosed and do not have access to affordable treatments. Although the disease is preventable, more than 91 million Africans are living with hepatitis B or C, the deadliest hepatitis viruses.

Key messages

- In Africa, chronic viral hepatitis affects more than 91 million Africans (82 million live with HBV and 9 million with HCV).
- In 2019, an estimated 990 000 new hepatitis B virus (HBV) infections and 210 000 new hepatitis C virus (HCV) infections occurred in the African Region.
- There were an estimated 80 000 HBV-related deaths and 45 000 HCV-related deaths in the African Region in 2019.
- Coverage of the HBV vaccine birth dose in the African Region in 2021 was 17%, compared to the global coverage of 42%.
- Twenty-nine countries in the African Region developed national hepatitis strategic plans in 2021.
- Hepatitis D is rare, but can accelerate the progression of chronic liver disease when it occurs alongside hepatitis B.
- Hepatitis E can be more dangerous, with a higher mortality rate in pregnant women.
- In the WHO African Region, only 2% of people with hepatitis B are diagnosed.

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Hepatitis



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Blog

iAHO Integrated African Health Observatory | World Health Organization African Region

BLOG

Malaria continues to pose a significant challenge in the African Region



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2023

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iAHO Integrated African Health Observatory | World Health Organization African Region | **Analytical Fact Sheet** April 2023

TVD Team

African Region: progress towards the targets of the Global technical strategy for malaria 2016–2030

Rationale

The WHO global technical strategy for malaria 2016–2030, provides a technical framework for all malaria-endemic countries. It is intended to guide and support regional and country programmes as they work towards malaria control and elimination. The strategy sets ambitious but achievable global targets, including:

- reducing malaria mortality rates by at least 90% by 2030
- reducing malaria case incidence by at least 90% by 2030
- eliminating malaria in at least 35 countries by 2030
- preventing a resurgence of malaria in all countries that are malaria-free.

How close is the WHO African Region to achieving the above targets?

Key messages

- An analysis of the trends shows that, in 2021, the WHO African Region was off track for both the malaria morbidity and mortality milestones of the GTS.
- An estimated 1.64 billion malaria cases and 11.1 million malaria deaths were averted in the period 2000–2021 in the African Region.
- In 2021, an estimated 470 000 people lost their lives to malaria in the WHO African Region, which represented 96% of total deaths globally, including 78.9% of deaths in under-five children.
- In 2021, an estimated 234 million cases of malaria were recorded in the WHO African Region, accounting for 95% of global cases.
- Nigeria, Democratic Republic of the Congo, Niger, Uganda, Mozambique, Angola, Burkina Faso, Côte d'Ivoire, Mali, United Republic of Tanzania and Cameroon account for 70% of regional cases and 73% of regional deaths in 2021.
- Algeria is the only country of the Region that is certified malaria-free.
- Cabo Verde is engaged in the process of certification for malaria elimination.

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ANALYTICAL FACT SHEET

Malaria



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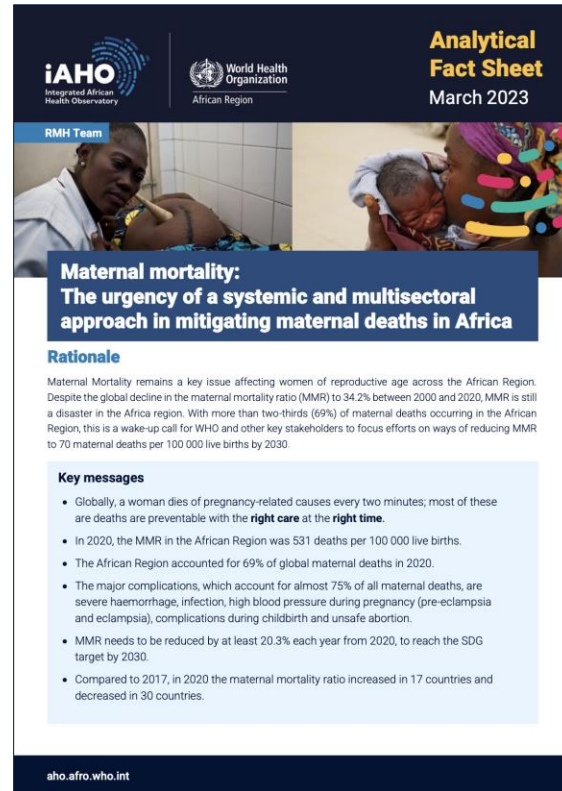
BLOG

Maternal mortality in Africa ... a head cracking matter



Year of publication:
2023

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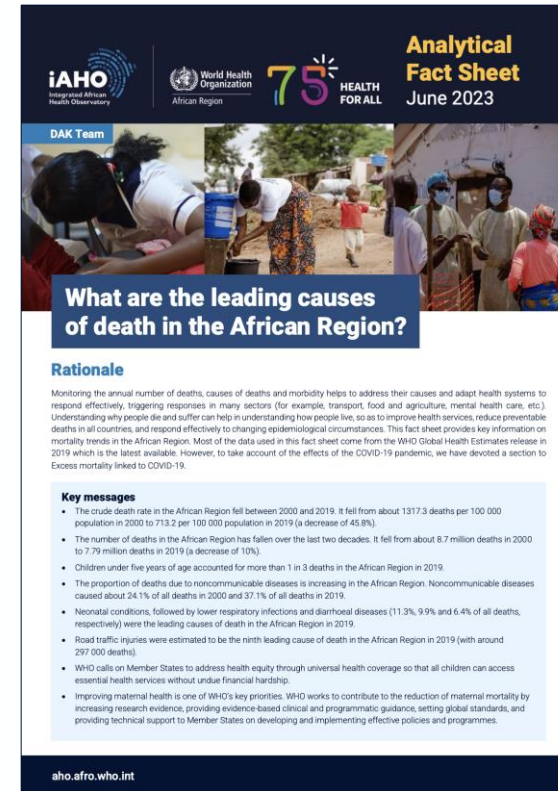
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Maternal mortality



Year of publication:
2023

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ANALYTICAL FACT SHEET

Mortality



Year of publication:
2023

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Analytical Fact Sheet
February 2023

Nursing and midwifery workforce: a key component in achieving UHC

Rationale
The attainment of global health goals, including universal health coverage and health security, hinges greatly on the availability, quality, and equitable distribution of a fit-for-purpose health workforce, especially nurses and midwives who play a key role in providing health services to the population. Improving the quality of nursing and midwifery education and practice, scaling up capacity and strengthening professional leadership at the frontlines need concerted efforts.

Key messages

- The African Region had at least **2772** training institutions for nursing and midwifery in 2020.
- 34** out of the 47 countries (72.3% of Member States) had a nationally defined **scope of practice** for nurses and midwives in 2020.
- In the Region, **there were an estimated 17.78** nurses and midwives per 10 000 population in 2020 compared to 11.81 per 10 000 in 2005.
- Comparing the estimated need with the supply trajectory, Africa in 2020 had an estimated **39%** of the **4** million nurses and midwives needed. Under the current trajectory, there could be a **shortage of 3 million nurses and midwives by 2030** if no urgent investments are made.
- Nursing and midwifery research has grown rapidly; papers published on nursing and midwifery within the last decade (from 2010 to 2020) accounted for **82%** of all the papers published in this area since 1976.
- At least **44** out of 47 countries (**94%**) in the Region have established **mechanisms** to regulate nursing and midwifery education and practice.

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Nursing and midwifery workforce



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2023

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AHOP Policy Briefs - 2023

Optimizing the Ethiopian Health Extension Programme:
Strategies to address workforce challenges

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World Health Organization African Region

POLICY BRIEF

Optimizing the Ethiopian health extension programme: strategies to address workforce challenges



Year of publication:
2023

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Analytical Fact Sheet
September 2023

Global Patient Safety Action Plan 2021-2030:
Towards eliminating avoidable harm in health care in Africa

Rationale
Patient safety is a key dimension of the quality of health care. By and large, it involves carrying out strategies for reducing all unnecessary harm to patients associated with health care. The Seventy-second World Health Assembly 2019 adopted resolution WHA72.6 on global action on patient safety. All WHO Member States were urged to prioritize patient safety in health sector policies and programs to achieve Universal Health Coverage (UHC). In furtherance of the resolution, the Global Patient Safety Action Plan (GPSAP - 2021 - 2030) was adopted at the Seventy-fourth WHA in May 2021.

The African Region has for decades recognized patient safety as a priority and an important component of quality health care delivery. As far back as 2008, the WHO Africa regional committee adopted the resolution AFR/RCS8/8 to urge countries to pay the highest attention to patient safety issues. To facilitate implementation, a guide for developing a national patient safety policy and strategic plan was designed to support improvement efforts. Other significant efforts in the past comprised the WHO African Partnerships for Patient Safety (APPS) established in 2009 and the ISQua high-level forum on patient safety held in Cape Town, South Africa, in 2019.

Key messages
In the WHO African Region in 2021:

- 20% of countries have developed a national patient safety action plan (or equivalent)
- 19% of countries have a system for reporting "never events" (or sentinel events) in place
- 19% of countries have a significant reduction in medication-related harm (adverse drug events)
- 19% of countries have targets established for a reduction in healthcare-associated infections
- 16% of countries have a patient representative appointed to the governing board in most hospitals
- 14% of countries have patient safety included in professional postgraduate education curricula
- 15% of countries endorsed and signed the WHO charter on "health worker safety: a priority for patient safety"
- 5% of countries have Healthcare facilities participating in a patient safety incident reporting and learning system
- 0% of countries have an annual report on patient safety performance published every year
- 0% of countries have a national patient safety network established

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Patient Safety



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2023

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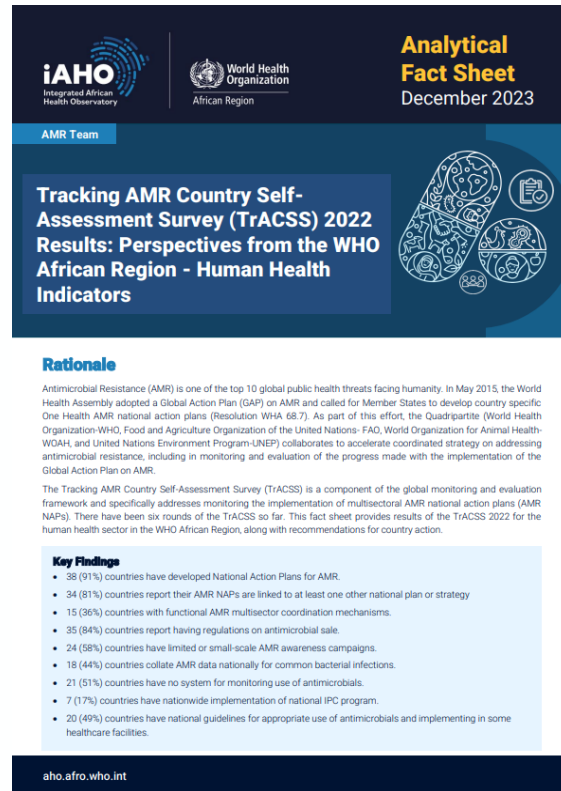
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Reimagining health sector coordination in Zimbabwe: innovation for UHC



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FACT SHEET

Tracking AMR Country Self-Assessment Survey (TrACSS)



Year of publication:
2023

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BLOG

Unmasking the Silent Epidemic: Hepatitis in Africa



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2023

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Universal Health Coverage in Africa: Highlights

Background

Universal Health Coverage (UHC) is the overarching objective within Sustainable Development Goal 3 (SDG3), signifying the commitment to providing all individuals with access to necessary health services throughout their lifespan. This access should be without financial burden, emphasizing that seeking healthcare should not lead to economic hardship and catastrophe. The scope of UHC extends across the spectrum of health services, encompassing health promotion, disease prevention, curative, rehabilitative, and palliative care. Moreover, UHC emphasizes a person-centred approach, acknowledging the importance of tailoring healthcare services to individual needs and preferences.

Key messages

- There has been **substantive progress in the UHC service coverage** index from 2000 to 2019, with a slight slowdown in 2021.
- The UHC service coverage index in the WHO African region **declined from 2019 (45%) to 2021 (44%)**. This may be due to COVID-19-related effects, amongst others.
- UHC SCI gains were mainly driven by the **gains observed in infectious diseases**.
- There has been limited progress in the other sub-indices over the last decade, contributing to the stagnation observed in recent years.
- However, the **disruptions** to the provision of **essential services were mitigated successfully**, with only 22% of essential services reported as disrupted in November 2022 compared to 66% of services in the same period of 2020.
- There has been a **marked reduction in the absolute number of people pushed into poverty** due to health expenses over the past two decades (impoverishing out of pocket falling from 45.3 in 2000 to 16.2 in 2021).
- **Joint SDG 3.8.1 and 3.8.2** evaluation shows different income level countries attaining above regional average UHC SCI and lower financial hardships.

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ANALYTICAL FACT SHEET

Universal Health Coverage Highlights



Year of publication: 2023

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Women's health in the African Region

Rationale

Gender inequity, poverty among women, weak economic capacity, sexual and gender-based violence including female genital mutilation (FGM) are major impediments to the amelioration of women's health in the African Region. To ensure that women and men have equal access to the necessary opportunities to achieve their full health potential and health equity, the health sector and the community need to recognize that women and men differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men experience different health risks, health-seeking behavior, health outcomes and responses from health systems. As of today, and in view of the available data, what assessment can we make of the situation of women's health in the African Region?

Key messages

- The female population represented 50.14% of the Region's total population in 2021.
- In the African Region, women live an average four years longer than men.
- In 2019, women's life expectancy at birth was only 62.37 years in the WHO African Region (globally, women can expect to live about 75.87 years in 2019).
- In the region, as many as 38% of murders of women are committed by an intimate partner.
- In 2021, the number of women aged 15 and above living with HIV accounted for 64.1% of total population living with HIV.
- Girls are far more likely than boys to suffer sexual abuse.
- In 2021, 94 200 women died due to road crashes in the region. One woman is killed every three days in a traffic accident.
- Despite the increase in contraceptive use over the past 30 years, many women (43.7%) in the region still do not have access to modern contraceptive methods.
- In 2020, approximately 198 000 women died due to complications in pregnancy and childbirth.
- Cardiovascular diseases account for 46% of deaths in older women in the Region, while a further 14% of deaths are caused by cancers – mainly cancers of the lung, breast, colon, and stomach.
- In 2019, 7.4 million women in the Region were living with drug use disorders.

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ANALYTICAL FACT SHEET

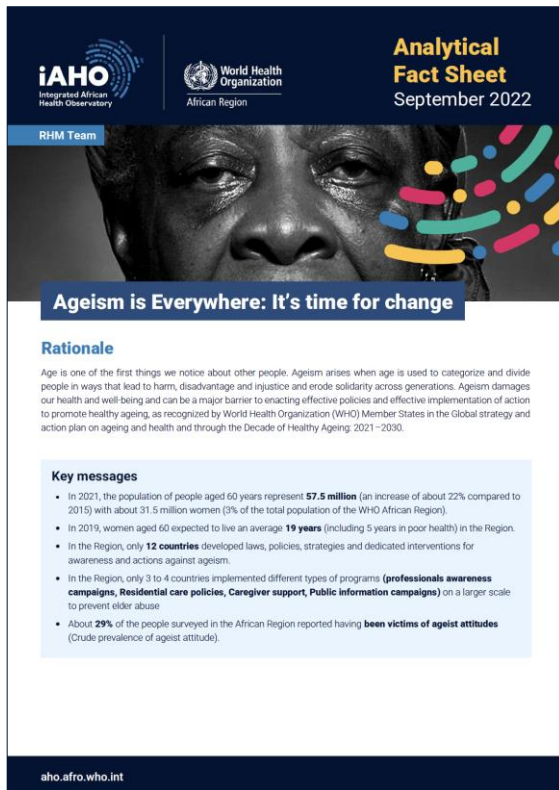
Women's health



Year of publication: 2023

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ANALYTICAL FACT SHEET

Ageism



Year of publication:
2022

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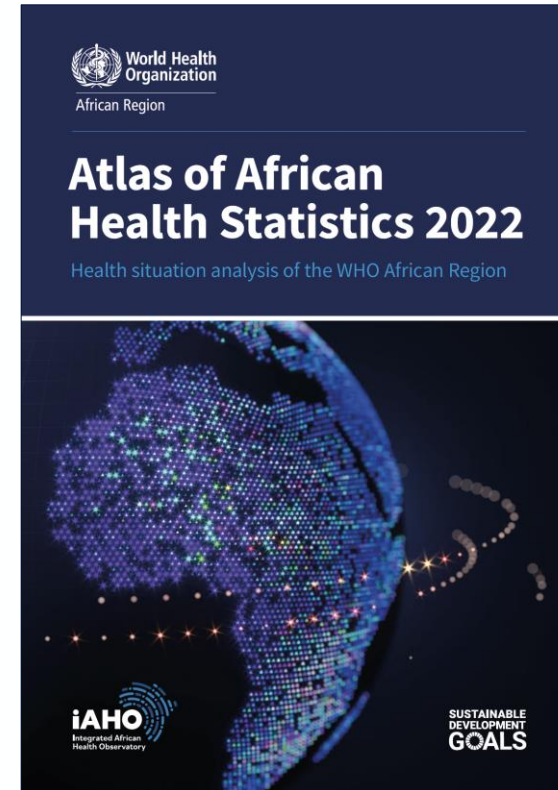
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Assessing the functionality of districts in Ghana



Year of publication:
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REPORT

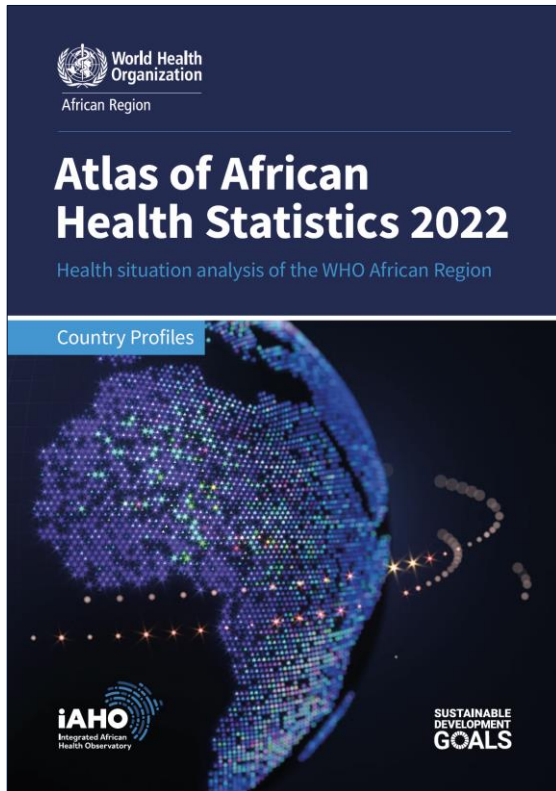
Atlas of African Health Statistics 2022



Year of publication:
2022

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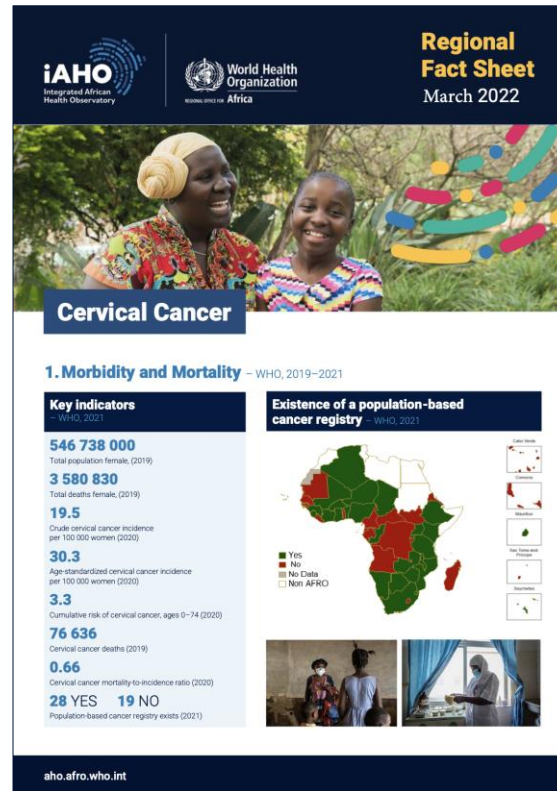
COUNTRY PROFILES

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Cervical cancer



Year of publication:
2022

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ANALYTICAL FACT SHEET

Early childhood development



Year of publication:
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KNOWLEDGE FACT SHEET
Framework of actions



Year of publication:
2022

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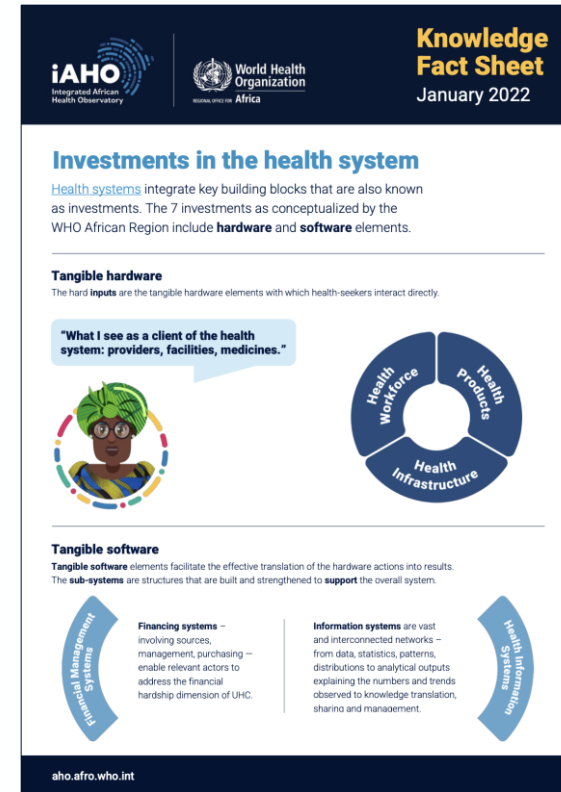


BLOG
Green light for the first malaria vaccine



Year of publication:
2022

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KNOWLEDGE FACT SHEET
Health system investments



Year of publication:
2022

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iAHO Integrated African Health Observatory | **World Health Organization** REGIONAL OFFICE FOR AFRICA | **Analytics Fact Sheet** April 2022

People are living longer, but are they living healthier?
(CORRIGENDUM)

Healthy Life Expectancy (HALE) represents the overall measure of SDG 3 goal progress. Its value represents the totality of all actions aimed at improving health and wellbeing for all at all ages.

Rationale
We explore the status of Healthy Life Expectancy, and its drivers in the African Region to determine what countries in the Region can focus on to improve their Healthy Life Expectancy.

Findings

- The Region is improving HALE, both in absolute and relative terms though the gap between LE and HALE is stagnant.
- HALE is not driven by income level of countries, but rather by other factors.
- UHC service coverage as currently measured is a predictor of the HALE value for countries in the Region.
- Catastrophic out-of-pocket health expenditure value as currently measured is not associated with HALE in the Region.
- Health system performance is only associated with HALE at higher values. Below HALE of 60 years, other confounders influence impact of system performance.
- HALE is not associated with the current health expenditure (CHE) – both total, and per capita.

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ANALYTICAL FACT SHEET
Healthy life expectancy



Year of publication:
2022

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iAHO Integrated African Health Observatory | **World Health Organization** African Region | **HTH Team** | **Analytical Fact Sheet** November 2022

AIDS is still a global public health threat...

Rationale
HIV remains a major public health issue that affects millions of people in the WHO African Region. Over the last few years progress towards HIV goals has stalled, resources have shrunk, and millions of lives are at risk as a result. WHO is calling on global leaders and citizens to boldly recognize and address the inequalities which are holding back progress in ending AIDS; and equalize access to essential HIV services particularly for children and key populations. This Fact Sheet highlights the recent AIDS situation in the WHO African Region on epidemics and investment.

Key messages

- An estimated 25.6 million [23.4–28.6 million] people were living with HIV in 2021 in the African Region.
- An estimated 20.1 million people living with HIV were on antiretroviral therapy in 2021.
- An estimated 860 000 [660 000–1.2 million] people became newly infected with HIV in 2021 in the African Region; and new infections among all ages decreased to 0.78 [0.60–1.07] out of 1000 uninfected population in 2021 from 0.86 [0.66–1.18] in 2020.
- 420 000 [340 000–530 000] deaths were attributed to HIV-related causes in 2021 in the African Region, a decrease of around 7.1% from 2020.
- Among people living with HIV, 88% knew their HIV status; 78% were on ART and 72% were virally suppressed in 2021, in the African Region.
- At the end of 2021, US\$ 21.4 billion (in constant 2019 United States dollars) was available for the AIDS response in low- and middle-income countries—around 60% was from domestic sources.

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ANALYTICAL FACT SHEET
HIV AIDS



Year of publication:
2022

Open Link

iAHO Integrated African Health Observatory | **World Health Organization** REGIONAL OFFICE FOR AFRICA | **Knowledge Fact Sheet** January 2022

Human Analogy for the Health System

"Just like with a **health system**, the elements on which my life is built lead to my own performance, meaningful results, and the manifestation of my human potential!"

	Human Capital	Health System
IMPACT	Sustainable development of the person & attainment of human potential Assurance, variety, significance, love and connection, growth, contribution	Sustainable Development Goal 3: Healthy lives and well-being for all at all ages Attained equitably, efficiently and effectively
OUTCOMES	Meaningful life results Satisfaction, emotional security, fulfillment, purpose in key areas of human life	Essential services utilization Universal health coverage, service satisfaction, health security, and the social, economic, environmental, political determinants of health
OUTPUTS	Human performance Motivation, vision, productivity, influence, resilience, energy	Health system performance Measured by: Access, quality, demand, resilience
INPUTS / PROCESSES	Human capital building blocks Physiological needs: Nutrition, clean water, clean air Safety & Nurturing needs: Shelter, sanitation, rest, work, warmth, safety and security Human Development needs: Responsive, engaging, education, health care	Health system building blocks Input investments: Health workforce, Health products and technologies, Health infrastructure Supportive investments: Health information systems, Financial management systems Process investments: Health governance, Health service delivery

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KNOWLEDGE FACT SHEET
Human analogy for the health system



Year of publication:
2022

Open Link

Analytical Fact Sheet
April 2022

Child and Adolescent Health Team (CAH)

Coverage of Key Health Interventions along the Life Course

Rationale

Analyzing key indicators along the life course allows for a better understanding of health trends over several generations. Indeed, investments that are not made or are poorly made at one stage of life will have unmistakable consequences at another level, sometimes with more serious consequences for the development of the country. The life course approach allows us to better understand how social inequalities in health are perpetuated and transmitted, and how they can be mitigated or alleviated through the generations. This Dashboard presents an assessment of the evolution of the coverage of selected key health interventions by age cohort over the life course. A comparison is made both between two periods (2015 and 2020) and with the average intervention coverage in the WHO African Region by period and by stage of life. We can better see the structural imbalance between interventions in the different age groups of the life cycle and the investment efforts that need to be made today. A life course approach requires holistic, long-term, policy and investment strategies that promote better health outcomes for individuals and greater health equity in the population.

Key messages

- In the African Region, the key interventions with the highest coverage (on average) per stage of life in descending order are: Pregnancy (64%), Infancy (55%), Postnatal (49%), Childhood (47%), Adolescence (46%), Pre-pregnancy (41%), Adulthood (29%), Birth (27%) and Ageing (23%). In general, for almost all countries, the key interventions with the lowest coverage are the Adulthood and Ageing (post Adulthood) stages.
- Eastern and Southern Africa has the highest coverage of key health intervention in the Life Course, followed by Western Africa and then Central Africa, which has the lowest coverage.
- Pre- and during Pregnancy as well as Birth with an impact on the survival and health of children, remain low in the Region. This is particularly so for interventions that need to be continuously available 24 hours / 7 days a week, which on average are below 50%.
- The regional average of the composite indicator during the Birth stage is 27%. The rate was close to the SDG target (90%) in six countries (Algeria, Botswana, Cabo Verde, Congo, Sao Tome and Principe, South Africa) in 2015 against 10 countries (including Malawi, Mauritius, Rwanda and Seychelles) in 2020.
- Data reports low Postnatal indicator coverage with a regional index coverage below 50%. In 2020, the rate was higher than the regional average estimated at 49% in 28 countries, with only Eritrea having reached the target with 91%.
- The regional average of Childhood tracer indicators is 47% in 2020, and this value is limited within an interval of 23 to 77%.
- Only two countries have rates near or above 80% as a target for all the interventions in the Adolescence stage of life.
- The regional Adulthood index is 29%; all the countries of the Region have an average coverage lower than 50% in this stage.
- For the Ageing (post Adulthood) stage, very few countries have data available. The index is very low and equal to 23%. Only 10 countries (Algeria, Botswana, Cabo Verde, Gabon, Mauritania, Mauritius, Namibia, Sao Tome and Principe, Seychelles, South Africa) have rates above the average.

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ANALYTICAL FACT SHEET
Life course key interventions coverage



Year of publication:
2022

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Analytical Fact Sheet
December 2022

NCD Team

Noncommunicable diseases in Africa: The invisible epidemic

Rationale

In the WHO African Region, cardiovascular diseases, diabetes, cancers, chronic respiratory diseases, haemoglobinopathies (sickle cell disease), mental and neurological conditions represent a significant development challenge. This invisible epidemic is an under-appreciated cause of poverty and hinders the economic development of many countries. The burden is growing – the number of people, families and communities affected is increasing. So, what is the status in WHO African Region? This fact sheet will cover the mortality and morbidity due to the four major categories of NCDs as well as Sickle cell disease and oral diseases and describe the strategies the Region is addressing to NCDs.

Key messages

- In 2019, NCD killed about **2.8 million people** in the African Region (about **37% of all deaths**).
- Each year, more than **1.6 million people die from an NCD before the age of 70** (Premature deaths) in the African Region.
- NCD premature deaths represents **63% of all NCD deaths** in the Region.
- Cardiovascular diseases, cancers, diabetes mellitus and respiratory diseases account for **70% of all NCD deaths**.
- In the African Region, over the last 10 years, **cardiovascular diseases are more deadly** than cancers, chronic respiratory diseases, and diabetes mellitus combined, with rates respectively being 294, 144, 48 and 45 deaths per 100,000 population in 2019.

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ANALYTICAL FACT SHEET
Noncommunicable diseases



Year of publication:
2022

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Analytical Fact Sheet
August 2022

NCD Team

Suicide in Africa, a neglected reality.

Rationale

The reduction of suicide mortality is considered by the World Health Organization (WHO) as a public health priority. To this end, the reduction of suicide mortality is included as an indicator in the United Nations Sustainable Development Goals (UN SDG) under target 3.4.

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Africa must break the taboo around suicide, which can affect anyone regardless of gender, age, culture and religion. Suicide is defined as the act of deliberately killing oneself. Although most of the available statistics present the deaths by suicides, these are likely underestimates, and the reality is much more serious if we consider the attempted suicides. This document aims to raise awareness of the public health importance of suicide and attempted suicide in Africa. "We cannot... and we must not" ignore suicide.

Key messages

- Today 1 in 100 deaths in the world is a suicide death.
- The suicide rate in the African Region is the highest in the world, estimated at **11.2** per 100,000 population in 2019, compared to the Global average of 9.0 per 100,000 population.
- The WHO African Region male suicide rate is the highest of all Regions at **18** per 100,000 population, compared to the global average of 12.4 per 100,000 population.
- Suicide can occur at any point in life. In 2019, suicide was the fourth leading cause of death in this age group.
- Suicide is not only a phenomenon in high-income countries. It was estimated in 2019 that **77% of suicides occurred in low- and middle-income countries**.
- Several countries in the African Region stand out as having the highest suicide age adjusted rates in the world, namely **Lesotho, Eswatini, Zimbabwe, South Africa, Mozambique, Central African Republic, Botswana, Eritrea, Cameroon, and Côte d'Ivoire**. All have rates above 15 per 100,000 population, with peaks of 87.5 and 40.5 per 100,000 population respectively for Lesotho and Eswatini.
- Globally, the availability and quality of data on suicide and suicide attempts is poor. It is likely that under-reporting and misclassification are greater problems for suicide than for most other causes of death.

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ANALYTICAL FACT SHEET
Suicide



Year of publication:
2022

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BLOG

Need for increased research and financial investment to achieve the goal of eradicating TB by 2030



Year of publication:
2022

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REPORT

Tracking Universal Health Coverage



Year of publication:
2022

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ANALYTICAL FACT SHEET

Universal Health Coverage



Year of publication:
2022

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iAHO Integrated African Health Observatory | **World Health Organization** REGION OFFICE FOR AFRICA
Knowledge Fact Sheet
 January 2022

What is a health system?

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KNOWLEDGE FACT SHEET
What is a health system?



Year of publication:
 2022

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iAHO Integrated African Health Observatory | **World Health Organization** REGION OFFICE FOR AFRICA
Knowledge Fact Sheet
 January 2022

What is UHC?

"I receive quality care when I need it, without suffering financial hardship."

Rather than complicated, Universal Health Coverage (UHC) is complex – involving many working pieces. The concept is also adaptive and responsive to the **investment**, and influences surrounding it. This includes the approaches used to make it happen, such as the Primary Health Care (PHC) approach.

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

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.

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KNOWLEDGE FACT SHEET
What is UHC?



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Blog

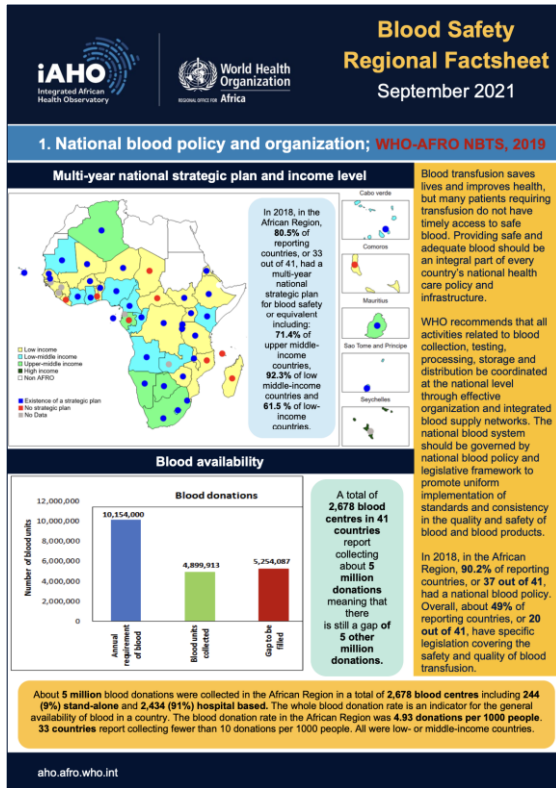
iAHO Integrated African Health Observatory | **World Health Organization** African Region

BLOG
Better health information for better health



Year of publication:
 2021

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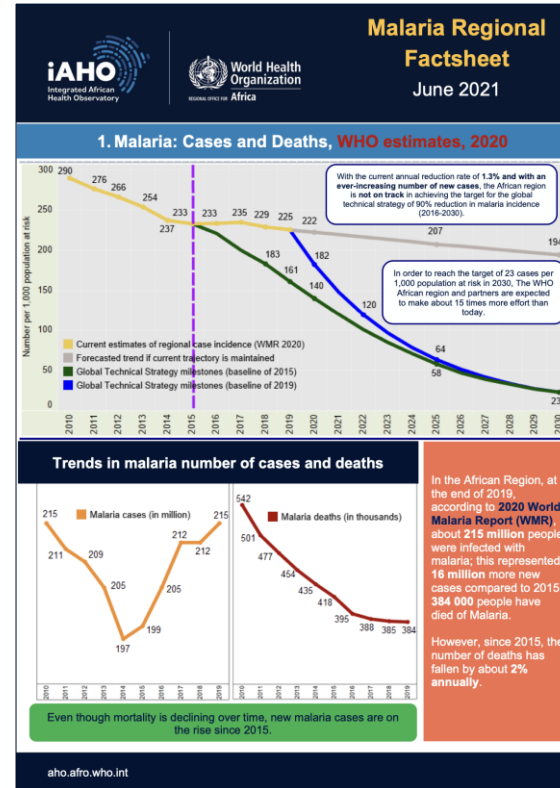
ANALYTICAL FACT SHEET

Blood safety



Year of publication:
2021

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ANALYTICAL FACT SHEET

Malaria



Year of publication:
2021

[Open Link](#)





ANALYTICAL FACT SHEET | **Year of publication: 2020**

Ending preventable deaths of newborns and children under 5 years of age

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2020**

Reducing the global maternal mortality ratio

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2020**

Malaria incidence per 1,000 population at risk

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2020**

Tuberculosis incidence per 100,000 population

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2020**

Number of new HIV infections per 1,000 uninfected population

[Open Link](#)



INFOGRAPHIC | **Year of publication: 2020**

Vaccination coverage in the WHO African Region in the context of COVID-19

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2020**

Reducing mortality from NCDs

[Open Link](#)



Health Emergencies





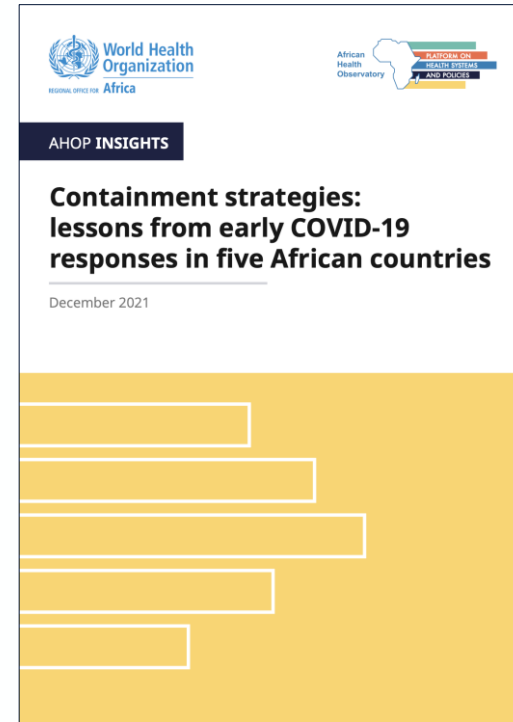
ANALYTICAL FACT SHEET

Antimicrobial resistance



BLOG

Communicating science during health emergencies



REPORT

Containment strategies: Lessons from early COVID-19 responses in five African countries



Year of publication:
2022

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2022

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REPORT
Coordinating action:
Lessons from early COVID-19
responses in five African countries



Year of publication:
2022

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BLOG
**Effective evidence-based
decision making for
COVID-19 in Africa**



Year of publication:
2022

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REPORT
**Essential health care service
disruption due to COVID-19:**
Lessons for sustainability in Nigeria



Year of publication:
2022

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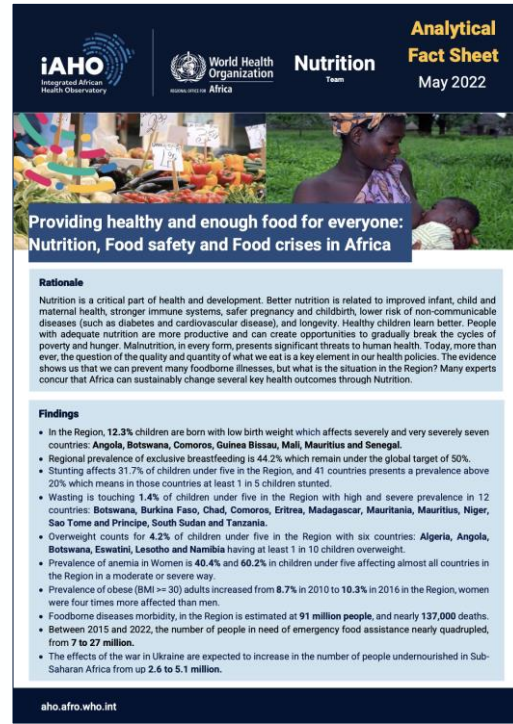
BLOG

Handling endemics, epidemics and humanitarian crises in the African region in the context of the COVID-19 pandemic



Year of publication:
2022

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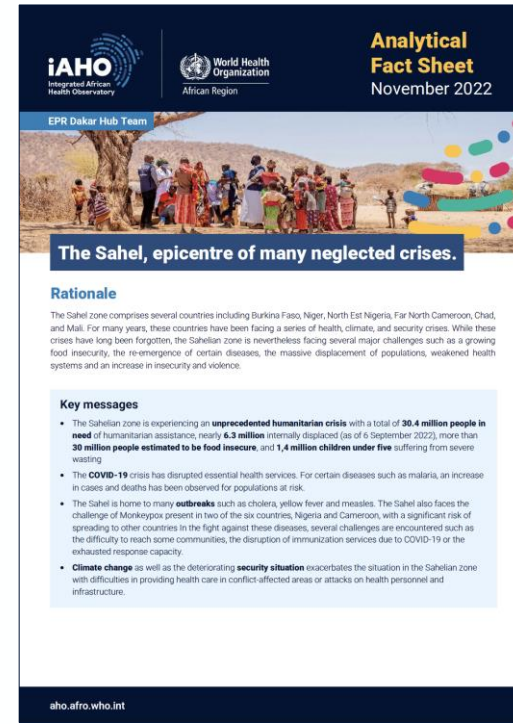
ANALYTICAL FACT SHEET

Nutrition, food safety and food crises



Year of publication:
2022

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ANALYTICAL FACT SHEET

Sahel zone



Year of publication:
2022

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BLOG

The Sahel, a forgotten zone despite ongoing convergent crises



Year of publication:
2022

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BLOG

More doses needed to curb the third wave of COVID-19 in Africa



Year of publication:
2021

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Healthier Populations





BLOG

Air Pollution in the African Region



Year of publication:
2023

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ANALYTICAL FACT SHEET

Air pollution



Year of publication:
2023

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ANALYTICAL FACT SHEET

Breastfeeding



Year of publication:
2023

[Open Link](#)



Analytical Fact Sheet
February 2023

UHP / CHE / Climate Change Team

Climate Change is an increasing threat in Africa

Rationale

The ability of Africa to fulfil its commitment to achieving the SDGs is jeopardized by climate change: the disruption of rainfall patterns, the shrinking of important lakes, rising temperatures, heat waves, extensive floods, tropical cyclones, prolonged droughts, and sea level rise. Africa contributes only 2% to 4% of global greenhouse gas emissions but bears a disproportionate share of results such as loss of life, damage to property, and population displacement. The escalating crises and approaching famine in the drought-stricken Horn of Africa demonstrate how climate change can intensify water shocks, endangering hundreds of thousands of people and destabilizing communities, countries, and entire regions.

"Climate change is one of the greatest threats to humanity. The entire foundation of good health is in jeopardy with increasingly severe climate events in Africa. Frequent floods and water- and vector-borne diseases deepen health crises. Although the continent contributes the least to global warming, it bears the full consequences."

Dr Matshidiso Moeti
WHO Regional Director for Africa

Key messages

- The WHO African Region is prone to natural disasters: 622 occurred in Africa from 2010 to 2020. In 2021, disasters caused the deaths and disappearance of, or directly impacted 11.1% (11 138/100 000) of Africa's population.
- Multiple climate hazards would inevitably increase if global warming reached 1.5°C in future (2021–2040), posing multiple risks to ecosystems and people.
- Between 2030 and 2050, the effects of climate change alone will result in an additional 250 000 deaths annually from malnutrition, malaria, diarrhoea and heat stress. By 2030, the direct health costs are projected to be between US\$ 2 and 4 billion annually.
- In the past decade, mortality has increased 15 times more in high-vulnerability countries than in less-vulnerable ones. Drought caused 34% of all disaster-related fatalities between 1970 and 2019, mostly in Africa, accounting for 7% of all disaster events worldwide.
- Health problems related to climate change include vector-, food- and waterborne diseases, mental health and stress-related disorders, malnutrition, zoonotic diseases, chronic and noncommunicable respiratory diseases.
- The group that is most at danger and disadvantaged from the frequent extreme climate crises such as heat waves, storms, and floods, includes women, children, ethnic minorities, poor communities, migrants or displaced people, the elderly, and those with underlying medical conditions.

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Analytical Fact Sheet
February 2023

TNR Team

Most NCD risk factors are associated with modifiable behaviours

Rationale

Noncommunicable diseases (NCDs) caused about 2.8 million deaths (approximately 37% of all deaths) in the African Region in 2019, and each year, more than 1.6 million people die from an NCD before the age of 70 years (premature deaths). The four main NCDs are cardiovascular diseases (CVDs), cancers, diabetes, and chronic respiratory diseases. Most NCDs result from four behavioural risk factors (tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol) that lead to four key metabolic/physiological changes (raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol). This fact sheet reviews the status of behavioural and metabolic risk factors for NCDs in the African Region.

Key messages

- Relative decrease in tobacco smoking in one decade: In 2020, about 10% of people aged 15 years and over in the African Region were users of any tobacco product (smoked and/or smokeless tobacco), a 23% relative decrease from 13.4% of people in 2010.
- The same trend was observed for alcohol consumption from 2000 to 2019: In 2019, alcohol consumption in the African Region, measured in litres of pure alcohol per person aged 15 years or over, was 4.9 litres. This amount of alcohol consumed per adult had remained almost the same since 2000 (7.9 litres among males and 1.9 litres among females).
- A decrease in the prevalence of raised blood pressure from 2010 to 2019: In 2019, about 33% of adults had raised blood pressure in the Region, a relative decrease of 7.5% from 35.7% of adults in 2010.
- An increase in the prevalence of obesity from 2005 to 2016: In 2016, about one in 10 adults (aged 18 and over) in the African Region had a body mass index (BMI) of 30 kg/m² or higher, an increase of 45% from the adult obesity prevalence of 7.3% in 2005.
- Increased prevalence of diabetes: In 2014, about 7.1% of the population aged 18 years and older in the African Region had fasting glucose levels higher than 126 mg/dl (7.0 mmol/l) or a history of diabetes diagnosis or use of insulin or oral hypoglycaemic drugs. This prevalence represented an increase from 5.9% of the population in 2005.

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Blog

No Tobacco in Africa

Year of publication: 2022

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ANALYTICAL FACT SHEET
Climate change

ANALYTICAL FACT SHEET
NCD risk factors

BLOG
No Tobacco in Africa



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2022

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iAHO Integrated African Health Observatory | **World Health Organization** African Region

Analytical Fact Sheet
November 2023

TVD team



Rabies...preventable human death

Rationale

Rabies occurs mostly in marginalised, vulnerable, and poor populations in Africa. Having 100% fatality within a short period requires urgent medical attention for a person bitten by the suspect or confirmed rabid animals. Post-exposure prophylaxis (PEP) is expensive, and most families cannot afford it, causing a catastrophic financial burden on the affected families. Most African Health systems can be prepared to save lives from rabies-related deaths and prevent them in collaboration with other local stakeholders. Strong and reliable data are lacking to endorse rabies control and elimination programs in Africa.

Key messages

- An estimated 59,000 people die yearly due to dog-mediated rabies, with a corresponding loss of 3.7 million DALYs.
- Estimated 36.4% of all deaths took place in Africa, however, and this could be an underestimation.
- Estimated 21,476 human deaths per year in Africa are attributed to dog-mediated rabies.
- Dogs cause 99% of all human cases of rabies as the primary cause of human rabies deaths.
- 70% of sustained vaccination coverage of dog populations requires stopping the disease transmission between dogs and humans. 1.34 million DALYs are lost annually.
- The PEP cost is estimated to be 5.80% of the average African's gross national income (GNI) or 51 days of wages, which most Africans cannot afford.

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ANALYTICAL FACT SHEET
Rabies



Year of publication:
2023

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iAHO Integrated African Health Observatory | **World Health Organization** African Region

Analytical Fact Sheet
March 2023

TNR Team



Quitters ARE WINNERS
#Commit.To.Quit

Status of effective tobacco control measures in the African Region

Rationale

Tobacco control is an integral part of the development agenda, contributing not only to the achievement of Sustainable Development Goal 3 (target 3.a calls for strengthening implementation of the WHO FCTC in all countries), but also of other targets, directly or indirectly impacted by tobacco growth and use. The African Region has made progress in the implementation of the WHO FCTC. What has been done to date?

Key messages

- 10.3%** prevalence of current tobacco use among persons aged 15 years and older in 2020.
- 23%** reduction in prevalence of current tobacco use among persons (aged 15 years +) compared to 2010.
- 2703 deaths** due to drug use disorders including 2222 men (**82%**) and **481 women** (18%) in 2019, with **opioids (73% of the total)** being the main type of drug used.
- 4.129 million** people were living with drug use disorders in 2019.
- 1.345 million** additional people began living with drug use disorders in 2019.
- The African Region is on track to reach the SDG target.** In fact, the estimated value in 2025 will be 8.9%. This will correspond to a reduction of approximately **34%** compared to 2010.

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ANALYTICAL FACT SHEET
Tobacco



Year of publication:
2023


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iAHO Integrated African Health Observatory | **World Health Organization** African Region

75 HEALTH FOR ALL

Analytical Fact Sheet
June 2023

CHE Team



Unsafe water, sanitation and hygiene are key drivers of epidemics in the African Region

Rationale

Achieving universal coverage by 2030 may require a quadrupling of current rates of progress in safely managed drinking-water, improved sanitation, and basic hygiene (WASH) services. Billions of people have gained access to basic drinking-water and sanitation services since 2000, but these services do not necessarily provide safe water and sanitation. Meanwhile, many homes, health care facilities and schools still lack soap and water for handwashing. This puts the health of all people – but especially that of young children – at risk of diseases such as cholera. Safe water, sanitation and hygiene at home should not be a privilege of only the wealthy or urban dwellers. These are some of the most basic requirements for human health and rights, and all countries have a responsibility to ensure that everyone can access them.

Key messages

- In 2019, 510 000 deaths could have been prevented with safe WASH in the Region
- In 2020, 363 million people (32.4% of the Region's population) had access to safely managed drinking-water services and 253 million (22.6%) to safely managed sanitation services
- In 2019, 26 million DALYs (disability-adjusted life years, the total number of years "lost" to illness, disability or early death), could have been prevented with safe WASH in 2019
- In 2019, 73.3% of all diarrhoeal deaths were attributed to unsafe WASH services and 377 000 people died from diarrhoeas due to unsafe WASH (with 45% aged under 5 years)
- 130 000 people died from acute respiratory infections due to unsafe hand hygiene practices in 2020
- Between November 2022 and January 2023, the Region reported 95 763 cases of cholera and 2317 deaths (case fatality ratio = 2.4%)
- Availability of water and sanitation services in health care facilities of the Region in 2021 was about 32% of overall needs.

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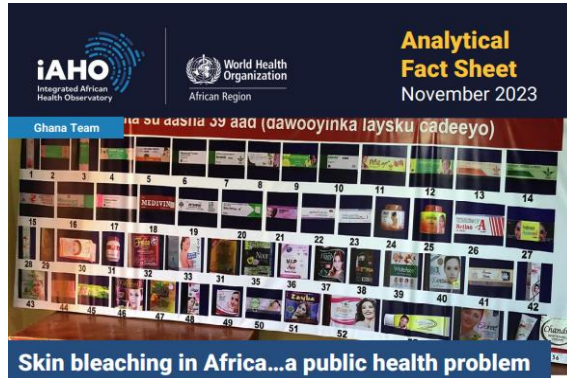
ANALYTICAL FACT SHEET
WASH



Year of publication:
2023

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Rationale

Skin bleaching in Africa is not a new beauty phenomenon. The practice has its roots in the transatlantic slave trade and continued during the European colonization of African nations. Skin bleaching and the use of hazardous and potent substances have been linked to a range of adverse effects, from skin diseases to serious systemic problems such as diabetes, hypertension and renal diseases. Skin bleaching has become a public health concern, even though the importation and marketing of skin bleaching products are banned or strictly regulated in many countries. Africans continue to bleach their skin despite the known risk of negative side effects. According to reports, skin bleaching for cosmetic purposes is most widespread in African women. This fact sheet provides the status of skin bleaching in Africa.

Key messages

- A meta-analysis found that the global lifetime prevalence of skin bleaching use was 27.1% in Africa.
- In African countries, around 25–80% of women regularly use skin-whitening products.
- In Africa, the prevalence varies significantly, ranging from 25% in Mali to 77% in Nigeria, with other countries reporting intermediate rates: 31.15% in Zimbabwe, 32% in South Africa, 39% in Ghana, 50% in Senegal and 66% in Congo-Brazzaville.
- Skin bleaching is a global public health problem that needs urgent attention.
- Strong regulatory actions are required to ban harmful skin-bleaching products importing into countries.

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ANALYTICAL FACT SHEET
Skin Bleaching



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2023**

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BLOG

**Suicide in the African Region,
an alarming situation**



**Year of publication:
2022**

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BLOG | Year of publication: 2023

Buruli Ulcer in the African Region

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Women health in the African Region

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BLOG | Year of publication: 2023

Drowning in the African Region: A Silent Plague

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TB in the African Region

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Health for All

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BLOG | Year of publication: 2023

Unveiling the Primary Contributors to Mortality in the African Region

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BLOG | Year of publication: 2023

Water Sanitation and Hygiene

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INFOGRAPHIC | **Year of publication: 2021**

Clean water and sanitation

[Open Link](#)



ANALYTICAL FACT SHEET | **Year of publication: 2021**

Violence, injuries and disabilities (VID) including rehabilitation

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ANALYTICAL FACT SHEET | **Year of publication: 2020**

Prevention and treatment of substance abuse

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ANALYTICAL FACT SHEET | **Year of publication: 2020**

Halving deaths and injuries from road traffic accidents

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