

**NCD Alliance Advocacy Briefing**  
**71st WHO AFRO Regional Committee Meeting (Virtual session)**  
**24-26th August 2021**

This briefing note provides an overview of the NCD Alliance's main advocacy priorities and key messages for the 71st WHO AFRO Regional Committee Meeting (RCM). The 2021 RCMs take place as the world continues to grapple with the COVID-19 pandemic. This year's RCMs are set to be held virtually months after the [74th World Health Assembly](#) (WHA74; held as a hybrid meeting), the [United Nations High-Level Political Forum 2021](#) (HLPF 2021), and the release of the [final report](#) of the Independent Panel for Pandemic Preparedness and Response.

This year RCMs present a key opportunity to encourage rapid implementation of global commitments, especially those set out in Political Declarations of the High-Level Meetings (HLMs) on Noncommunicable diseases (NCDs) and Universal Health Coverage (UHC) and captured in the [NCD-related Resolutions and Decisions](#) adopted by the WHA74 in May 2021. RCMs can also be pivoted to encourage leaders to drive progress at a rate which goes above and beyond the language contained within these documents, catalysing a wider international response.

The areas outlined in this briefing are intended to support advocates in conversations with Member State representatives and combine relevant agenda items and key messages used for the past global meetings, as well as those specific for agenda items for the 71<sup>st</sup> session of the WHO AFRO RCM. Official documents for the meeting can be found [here](#).

**Overall context for advocacy priorities:**

There are over 1.7 billion people worldwide living with one or more NCDs which put them at higher risk from COVID-19<sup>1</sup>. Most of the millions of people to date who have lost their lives to or became seriously ill with COVID-19 had underlying health conditions, most commonly hypertension, cardiovascular disease and diabetes. Studies have estimated that 60-90% of COVID-19 deaths have been of people living with one or more NCDs<sup>2</sup>. On top of the direct toll on health, the United Nations Development Programme estimates that the pandemic could push over 200 million more people into extreme poverty by 2030<sup>3</sup>.

The African Continent has recorded over 6.8 million cases of COVID-19, with over 171 000 deaths (case fatality ratio 2.5%) and nearly 6 million people have recovered. This accounts for 3.4% of global cases and 4.0% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.4% of global cases and 2.7% of global deaths, making it one of the least affected regions in the world<sup>4</sup>.

Nevertheless, in the WHO AFRO Region, case incidence remains high, and countries continue to experience an overwhelming situation on their health systems. People living with NCDs are battling severe disruptions to essential health services, as important elements of health systems including

workforce have been redeployed to respond to COVID-19. It is certain that the overall impact on health in every country will be far larger than that of the virus itself.

**Key messages:**

- We urge Member States to prioritise a whole-of-government response to the COVID-19 pandemic. This entails deploying coherent measures to contain the virus and mitigate its impacts, as far as possible, on all sectors, including health, social care, the economy, employment, education, and trade.
- We urge Member States to include NCDs in COVID-19 response, recovery and preparedness plans, and ensure their national plans are designed around their community's most pressing needs. In order to understand people's needs, community engagement must be enshrined in national response and recovery plans.
- We urge governments to prioritise UHC, strengthen health services and primary care at the community level. Efforts to strengthen pandemic preparedness and UHC can be mutually reinforcing, and core measures for addressing the pandemic should be rooted in UHC to ensure inclusive and continuous health services before, during, and after outbreaks.

<sup>1</sup>[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30264-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30264-3/fulltext)

<sup>2</sup>DefeatNCDs:[Implications of non-communicable diseases care policies on COVID-19 disease management 13-April-2021.pdf](https://www.defeatncd.org/implications-of-non-communicable-diseases-care-policies-on-covid-19-disease-management-13-april-2021.pdf) ([defeat-ncd.org](https://www.defeatncd.org))

<sup>3</sup> Impact of Covid-19 on the SDGs: <https://sdgintegration.undp.org/accelerating-development-progressduring-covid-19>

<sup>4</sup> WHO Bulletin <https://apps.who.int/iris/bitstream/handle/10665/343406/OEW31-260701082021.pdf?sequence=1>

**Relevant agenda items**

### **13. Framework for the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African Region (Document AFR/RC71/9)**

#### **Background**

The African Region is disproportionately affected by cervical cancer, with 19 Member States having the highest burden of cervical cancer globally. In 2020, the Region accounted for 21% of global cervical cancer mortality and by 2030, cervical cancer mortality will increase to 400 000 globally, with the African Region's share increasing to 30% based on current trend.

Africa's Cervical cancer burden is driven by socioeconomic and cultural factors, as well as poor access to health care services. There is also low or no budgetary allocation specifically for cervical cancer prevention and control. HIV and cervical cancer are closely interlinked and contribute to the high burden of morbidity and mortality in the Region. Both diseases reflect geographical, gender and socioeconomic inequalities and disparities.

The key intervention in primary prevention of cervical cancer is HPV vaccination of girls aged 9-14 years, before they become sexually active. Despite the availability of safe and effective vaccines that prevent infection, only 16 Member States have existing HPV vaccination programmes.

#### **Issues and Challenges**

1. Low access to preventive services in the African Region
2. Limited availability of population-based screening programmes
3. High operational cost of treatment of precancerous lesions
4. Inadequate skilled human resources for cancer prevention and control:
5. Inadequate infrastructure for tertiary management
6. Weak monitoring and evaluation system

WHO AFRO has **developed a regional framework to facilitate the implementation of the Global strategy to accelerate the elimination of cervical cancer** by Member States of the African Region. **The framework will** support the introduction and scale up of the HPV vaccine, access to screening and appropriate management of precancerous lesions, access to diagnosis and management of cervical cancer and palliative care as needed. It will also strengthen capacity for monitoring and evaluation of cervical cancer prevention and control for performance tracking. It contains targets to be achieved by 2030 and milestones to track progress in 2024 and 2028.

The **guiding principles** for this framework include leadership and accountability; human rights, gender and equity; evidence-based and forward-looking actions; community engagement and participation; multisectoral and multidisciplinary approaches; funding sustainability and cross-border collaboration.

#### **Actions and proposed recommendations**

Member States will:

1. Conduct national needs assessments through a multisectoral consultative process.
2. Strategies and policies for HPV vaccine introduction and scale-up should be developed and implemented, noting the peculiarities of the target populations.
3. Ensure evidence-based communication and social mobilization efforts should be put in place.

4. Define the cervical cancer management package to be included in the UHC benefit package.
5. Ensure screening services are decentralized and integrated into the primary health care (PHC) system and an affordable supply of high-performance screening tests and treatment devices.
6. Ensure effective referral networks linking different levels of facilities will improve the continuity of care.
7. Build capacity to perform gynaecological oncology surgery for improving access to surgical treatment of cervical cancer.
8. Facilitate curative treatment by investing in radiotherapy, improve access to chemotherapy and incorporate end-of-life care and pain relief, as well as psychological support.

**Key messages**

1. Cervical cancer remains one of the most preventable and treatable forms of cancer, but it continues to be a leading cause of cancer-related death among women in the AFRO Region.
2. We urge Member States to prioritise its elimination through cost-effective, evidence-based interventions, including HPV vaccination of girls, screening and treatment of precancerous lesions, and improving access to diagnosis and treatment of invasive cancers.
3. We urge Member States to partner with civil society and people with lived experience to combat the socio-cultural and other factors driving low HPV coverage in some communities.

## **14. Framework for implementing the Global strategy on digital health in the WHO African Region (Document AFR/RC71/10)**

### *Background*

#### **Current Situation**

The development and use of Information and Communications Technology (ICT) in the African Region has accelerated in the last decade. Although, access to mobile telecommunication has increased from 32.2% in 2008 to 83.2% in 2020, as well as internet users from 4% in 2008 to 30% in 2020, only 12 of the 34 Member States of the WHO African Region which have developed digital health strategies have actually implemented them by December 2020.

As of 2015, mHealth was the most widely used digital health service in the Region (24 Member States). Others are social media (21 Member States), telemedicine (20 Member States), eLearning (17 Member States), electronic records (six Member States) big data (two Member States) and others (human resource information systems, laboratory information systems, supply chain and logistics management information systems (11 Member States).

#### **Challenges:**

1. Most Member States use digital health solutions in pilot mode
2. Only a few Member States have complied with the implementation methodology recommended in the WHO national eHealth strategy toolkit, which is aimed at ensuring scale-up and sustainability of digital health use.
3. Limited digital health leadership capacity at national level, including digital health national champions and limited multisectoral arrangements for digital health.
4. inconsistent adoption of standards and interoperability frameworks.
5. Limited data protection and system security regulations.
6. Limited financial resources.
7. Low level of health worker involvement in digital health.
8. Lack of sharing of evidence limits the development of best practices.

#### **Policy landscape:**

- **2013:** The WHO RC for Africa adopted Resolution AFR/RC63/R5, urging Member States to promote digital health, strengthen leadership and coordination for digital health and make necessary investments.
- **2017:** The WHO Regional Office for Africa finalized a partnership with the International Telecommunication Union (ITU) on scaling up digital health uptake in the Region.
- **2018:** The 71<sup>st</sup> WHA adopted a resolution on digital health (WHA71.7) which requested the Director-General, inter alia, to develop in close consultation with Member States and relevant stakeholders, a global strategy on digital health.
- **2020:** Member States adopted global strategy on digital health at the Seventy-third WHA to advance and apply digital health technologies towards the vision of health for all.
- **2020:** The COVID-19 pandemic triggered an unprecedented demand for digital solutions.
- **2021:** WHO in the African Region has proposed an implementation framework, which will guide Member States in the implementation of the global strategy.

The following *priority interventions have been identified for Member States, WHO and partners:*

1. Member States shall **review and update national digital health strategies**, establish technical committees, develop digital health platforms and identify digital health champions. They shall also adapt WHO digital health curriculum to their contexts and needs, and ensure robust arrangements for monitoring and evaluation.
2. **Partnerships for the implementation of digital health programmes, particularly in light of COVID-10 and other health emergencies**, shall be sought including with telecommunication operators and the private sector to ensure the financing and sustainability.
3. The WHO African Region and the ITU will **develop guidance to help Member States in organizing roundtable discussions for financing** their digital health strategy, with reports on progress presented every 3 years.

**Actions Proposed/Recommendations for the RCM:** The Regional Committee is invited to examine and adopt the actions proposed in this framework.

**Key messages:**

1. NCDs impact the African region disproportionately, placing a huge burden on health systems in the AFRO Region and digital health tools for NCD prevention and care should be identified, streamlined and scaled up.
2. We urge Member States to leverage digital health tools to reach more people living with NCDs and decrease primary care costs while increasing access for geographically isolated communities and marginalised groups.
3. We urge Member States to leverage digital health tools to bridge the gaps in NCDs data and drive innovation and or advancements in health financing, health insurance, and access to medicines. eLearning systems for NCDs can help bridge knowledge gaps in NCDs policy, prevention, care and control.
4. We urge Member States, WHO and other relevant partners to institutionalize a human rights approach to the development of digital health tools. We commend the recognition of equity and rights-based approaches in the framework and urge that its implementation should be structured to bridge the digital divide by prioritizing the most neglected.

## **16. Framework for implementing the priority actions of the global plan of action of the Decade of Healthy Ageing 2021–2030 in the African Region (Document AFR/RC71/12)**

### **Background**

The Decade of Healthy Ageing was adopted by the Seventy-fifth United Nations General Assembly as a UN Decade. Its objectives are change how we think, feel and act towards age and ageing; ensure that communities foster the abilities of older people; deliver integrated care and primary health services responsive to older people; and provide access to long-term care for older people who need it.

Before this, in 2016, the Sixty-sixth Regional Committee for Africa endorsed the implementation framework (AFR/RC66/19) for the Global strategy and action plan on ageing and health (WHA69.3). Despite progress in implementing its priorities, health and social systems are at different stages. On average, **85% of the countries have received orientation in integrated care for older persons; 57% have put in place a mechanism or developed a national strategy on healthy ageing; 40% have national focal points dedicated to healthy ageing; 40% have established or designated multidisciplinary coordination committees; 23% have established or are putting in place long-term care policies; while 11% have started on the processes to create age-friendly environments.**

In Africa, the national health and social systems are beset by various issues and challenges, which might be exacerbated by the estimated **doubling of the proportion of older people from 10% to 20% will take a much shorter time in most African countries than in developed countries.** Member States will therefore have a shorter timeline to adjust and establish the infrastructure and policies necessary to meet the needs attendant on their rapid demographic change.

**A framework for implementing the priority actions of the Decade of Healthy Ageing in the context of the SDGs in the African Region has been developed.** The framework aims to:

- (i) provide guidance to and support Member States in developing policies and building multisectoral partnerships to combat ageism and promote age-friendly environments; and
- (ii) articulate priority actions to deliver and monitor person-centred and integrated clinical and long-term care that responds to the needs of older people, their families, and communities.

**Actions Proposed/Recommendations for the RCM:** The Regional Committee is requested to examine and adopt the priority interventions and actions proposed in the framework.

### **Key messages:**

1. There is an unprecedented increase in both the number and proportion of people aged 60 and older around the world, and it will accelerate in coming decades, particularly in developing countries. However, people are living longer, but longevity doesn't equate to good health.
2. We urge Member States to recognise that the risk of developing concomitant NCDs and physiological limitations increases with ageing.
3. Comorbid NCDs are a major factor influencing the burden of care for elderly patients. We urge Member States to anticipate a surge in demand for specialised care for NCDs and comorbidities and provide adequately.
4. We urge all stakeholders, especially governments and WHO to prioritise the tackling of the challenges posed by ageism and other forms of discrimination towards older persons, including shortage of resources; poor organisation and management; weak governance; limited capacity

for data and information; inadequate medicines, health commodities and supplies; and limited health and social service packages.

## **17. Framework for strengthening the use of evidence, information and research for policymaking in the African Region (Document AFR/RC71/13)**

### **Background**

The attainment of the Sustainable Developments Goals and UHC in the African Region is largely dependent on the availability and use of sound data, information and knowledge for health policy formulation. While a range of health research evidence is produced and processed for use globally, health policies in the Region are sub optimally informed by it.

In 2015, Member States endorsed the resolution on [“Research for health: a strategy for the African Region, 2016–2025”](#), calling for country-led research and use of evidence for health policy-making. In response to the resolution and to alleviate some of the challenges connected to its implementation, the WHO established [Evidence-Informed Policy Network \(EVIPNet\)](#) to facilitate knowledge translation and use of evidence for policy-making in countries. However, up to date, only 13 Member States have joined the network and it’s been found that the use of research evidence for action involves a complex system of interactions between researchers and decision-makers and extends beyond the Network.

The availability of a formally adopted implementation framework to guide Member States will then enable to foster capacities, interests and accountability on fine-tuned information for health policy- and decision-making. Thus [the document](#) that will be discussed during the upcoming RCM meeting is a proposal for such a framework with clearly articulated objectives, milestones and time-bound targets as well as priority interventions and actions to be uptaken by the Member States.

The Regional Committee is invited to critically examine the framework and to adopt the interventions and actions proposed.

### **The proposed framework**

This framework provides a guide for strengthening the use of evidence, information and research for health policymaking in the WHO African Region and focuses on clarifying guiding principles and priority interventions that articulate the use of evidence, information and research for health policymaking. The interventions proposed are focused and deliberately inclusive in order to ensure fairness, transparency and gender-equity as well as advocacy for research investments in domestic ii funding and civic participation in health policy-making.

Proposed Objectives include:

- (a) Strengthening national health information systems in order to generate quality gender disaggregated data;
- (b) Establish or strengthen national health research systems to undertake relevant research and analyses of policy-relevant data and information;
- (c) Ensure fully-functional national health observatories;

(d) Increase country capacities to establish effective guideline-development committees and health technology assessment units for the development of evidence-informed health policies; and  
e) Mainstream the use of evidence in the formulation of policies, targets, and indicators addressing the SDGs and UHC.

**Proposed Milestones include:**

1. Member State should have a functional national health observatory (to be achieved all member states by 2024).
2. Member States should show a health information system performance of over 80% .
3. Member States should have a national health research system barometer performance of over 66%.
4. Member States should have EVIPNet or another knowledge translation team established and funded.
5. Member States should show evidence of research and databases for policy direction

These are to be achieved by 50% of Member States by 2024 and by 80% of Member States by 2027.

**Priority interventions and actions to be adopted by Member States:**

- Strengthen national health information systems, align with national statistics bureaus and policies, harmonize health indicators and establish an integrated health information system
- Establish and promote national health research institutes and systems
- Increase country capacities for the development of evidence-informed policies
- Mainstream the use of evidence in health policy formulation and setting of targets and indicators pertaining to the SDG and UHC agenda
- Develop and strengthen national regulatory frameworks
- Establish and build the capacity of EVIPNet country teams for improved evidence uptake into policy and practice:
  - Strengthen health research infrastructure; engage in research that meets country needs
  - Develop a research and development coordination mechanism between the ministry of health and other relevant ministries:
  - Ensure adequate financing
  - Develop monitoring and evaluation tools

**Key responsibilities and proposed commitments for the WHO AFRO and partners would be:**

1. provide advice and support to Member States in the establishment of governance mechanisms and in building sustainable capacity and skills;
2. advocate and provide guidance for strengthening national health research systems and institutions;
3. promote intercountry interactions and networking, promoting sharing of best practices and lesson learnt, including through WHO collaborating centres and national health observatories;
4. track progress in the implementation of this framework in the Region

Should the framework be adopted, the Regional Director shall report to the Regional Committee on progress in the implementation of this framework after every three years.

## **PROGRESS REPORTS**

### **18.4 Progress report on the Regional framework for integrating essential NCD services in primary health care (Document AFR/RC71/INF.DOC/4)**

#### **Background:**

In 2017, the 67th Regional Committee Meeting adopted the [Regional framework for integrating essential NCDs services in primary health care](#). The [document](#) submitted to this year's RCM is the first progress report on the Framework, outlining progress to date. The Regional Committee is invited to note the report and endorse the proposed next steps.

#### **Progress reported:**

The progress against set milestones for 2020 are reported as follows:

#### **Milestone 1: 24 (out of 47) Member States have adapted and are using the WHO Package of Essential NCD (PEN) interventions**

As of 2020, twenty-one (45%) Member States<sup>5</sup> have adapted and are using the WHO PEN in selected PHC facilities in-country. Among these, Benin, Eritrea, Eswatini, Lesotho and Togo achieved national expansion covering all PHC facilities.

#### **Milestone 2: 50% of human resources for health are trained in managing NCDs at PHC level**

According to the assessment of national capacity for the prevention and control of NCDs that was conducted in 2019 with the participation of all 47 Member States, 29 (62%) of them<sup>6</sup> funded capacity building activities focusing on NCDs. However, there was no database available on the proportion of health workers who have been trained in NCDs.

#### **Milestone 3: 50% of Member States have essential medicines and basic technologies for NCDs in PHC facilities**

Basic technologies for diagnosis and monitoring of diabetes at PHC level were available in 30 (64%) Member States, while 45 (96%) Member States had equipment for hypertension diagnosis.<sup>6</sup> With regard to the availability in the public sector of essential medicines for NCDs in PHC facilities, insulin was available in 28 (60%) Member States, 37 (79%) had aspirin, 33 (70%) had metformin and 36 (77%) had thiazide diuretics.<sup>6</sup>

#### **Milestone 4: 60% of Member States have systems for collection of mortality data on a routine basis**

All Member States have a civil registration and vital statistics (CRVS) system for recording vital events and information on cause of death, including for NCDs. Only Mauritius, Seychelles and South Africa have a satisfactory level of registration coverage and completeness of cause of death.

#### **Reported challenges**

Although notable progress has been made, all four milestones for 2020 have not been fully achieved. The challenges reported were:

- poor NCD coordination mechanisms; lack of policies; lack of integration of NCDs in basic packages of health services
- inadequate legal, administrative and logistical backing for task-shifting and task-sharing
- insufficient funding
- difficulties in operationalizing existing WHO PEN protocols on NCD management and care;
- inadequate mainstreaming of trainings at PHC level
- disruptions of essential NCD services due to the COVID-19 pandemic.

### **Implications of COVID-19**

It is noted that the COVID-19 pandemic has significantly impacted the availability and delivery of NCD services. The WHO rapid assessment of service delivery for NCDs during the COVID-19 pandemic in 2020 showed that all essential NCD services including prevention, diagnosis, treatment, rehabilitation and palliative care services were disrupted in varying degrees across 87% Member States in the Region.

Rehabilitation services were disrupted in 71% of Member States and urgent dental care was completely or partially disrupted in 54% of Member States. While 59% of Member States reported continuity of NCD services as part of essential health services in COVID-19 response plans in the Region, only six Member States reported that additional funding was allocated for NCDs in the government budget for the COVID-19 response.

### **Key messages**

In light of this, WHO invited the Member States to:

- (a) Establish/strengthen multisectoral coordinating bodies;
- (b) Adapt and expand coverage of WHO PEN, and the HEARTS technical package to all PHC facilities;
- (c) Provide the necessary administrative, logistical and legal support to ensure the establishment of task-shifting and task-sharing approaches;
- (d) Provide adequate funding, personnel, training and equipment for NCD mainstreaming at PHC level;
- (e) Strengthen the capacity of existing CRVS systems for provision of accurate and timely NCD mortality data.

### **WHO and partners then should:**

- (a) Support Member States in capacity building for restoring and scaling up life-saving screening, early diagnosis and treatment of NCDs, focusing on quality primary care and quality referral systems to help patients get the right treatment at the right time;
- (b) Increase countries' access to international financing mechanisms through enhancing advocacy to position NCDs among donor priorities;
- (c) Strengthen multisectoral collaboration, partnerships and coordination to ensure implementation of indicators to reduce premature deaths from NCDs by one third by 2030.

## 18.6 Progress report on the implementation of the Framework for health systems development towards UHC in the context of the SDGs in the African Region (Document AFR/RC71/INF.DOC/6)

### Background

In 2017, the 67th Regional Committee adopted the [Framework for health systems development towards universal health coverage \(UHC\) in the context of the Sustainable Development Goals \(SDGs\)](#) in the African Region. The framework provided a list of actions that Member States should take to build their health systems towards attaining UHC. The [document](#) submitted to this year's meeting is the first progress report on the implementation of the framework in the region - the Regional Committee is invited to note the report and endorse the proposed next steps outlined below.

The framework itself contains the following objectives:

- (i) **to provide guidance** on a comprehensive menu of health and related services which Member States should consider, to facilitate attainment of population health and well-being
- (ii) **to provide a comprehensive scope of health system investments** that Member States can consider in line with the Sustainable Development Goals
- (iii) **to define measures for monitoring the performance** of health systems towards better alignment with health needs.

### Progress reported

As part of the framework, there were three milestones targets set to be achieved by 2021. Based on the global reports on achieving UHC from 2017 and 2019, the progress towards there has been reported as following:

#### **Milestone 1: 50% of all Member States show evidence of improving population coverage of agreed standards and assessments**

It is reported that 50% of all Member States show evidence of improving population coverage of agreed standards and assessments, with a couple of provisions:

- a) only 12 out of the 47 countries are above the regional median value for both the UHC service coverage index and financial risk protection
- b) there are seven countries have not made significant improvements

#### **Milestone 2: 50% of Member States have evidence of improving health system performance as measured by the framework**

The [report](#) on the status of health system performance presented to the Regional Committee last year shows overall 52.9% improvement of health systems performance across the region. Overall, 68% Member States have demonstrated improving performance needed for movement towards UHC, exceeding the set target of 50%. Which means that this goal is on track.

**Milestone 3: 80% of Member States will have started implementing the health system investment plans required for optimal performance**

- It is reported that 80% of Member States have started implementing the health system investment plans required for optimal performance.
- All Member States have initiated actions towards UHC attainment, each in a unique manner depending on its context and priorities.
- Currently, 19 (40%) of them have explicit UHC road maps or strategies.

Despite being on par with the targets set, it is noted that the implementation of this framework has been impacted by increased demands on health systems posed by the COVID-19 pandemic. Additionally, the slow improvement in public health funding, delays in revitalizing primary health care and limited progress with the redesigning of district health systems constitute further hindrances to delivering on UHC and other health-related SDG targets.

**Key messages**

To accelerate the implementation of the framework taking the implications of COVID-19 into account, through the report WHO invites member states to:

- a) accelerate efforts to revitalize primary health care
- b) implement targeted initiatives to improve access to essential services and enhance health system resilience
- c) accelerate the monitoring of progress on all components of UHC at national and subnational levels;
- d) accelerate sharing of experiences on the implementation of the framework across countries.

the WHO and partners then should:

- a) build on the high-level political commitment to UHC to accelerate implementation of the framework
- b) develop the 2022 State of Health in the African Region report, and the 2023 report on health systems performance;
- c) prioritize technical support for the implementation of UHC road maps
- d) develop guidelines, tools and procedures to support Member States in planning and monitoring their progress