

Health and well-being for all in the WHO African Region: a summary

Rationale

The health and well-being of people in Africa is improving (despite some disparities), a result of investments targeting the most pressing health needs in a context of a changing social, economic, political and environmental landscape. The people of Africa currently share a vision for the future that is filled with optimism and hope. The United Nations Sustainable Development Goals (SDGs) and Africa Union Agenda 2063 reflect the aspirations stemming from this vision. By achieving the SDG targets, the people of Africa will enjoy the health dividend they aspire to and contribute to the continents' development in an equitable and sustainable manner.

This fact sheet is produced to echo the celebration of World Health Day in the Region as WHO celebrates its 75th Anniversary. This document does not claim to cover all the key themes but offers a synoptic reading of the situation in the Region to highlight progress made and most importantly the challenges ahead in achieving the goal of health for all.

Key messages

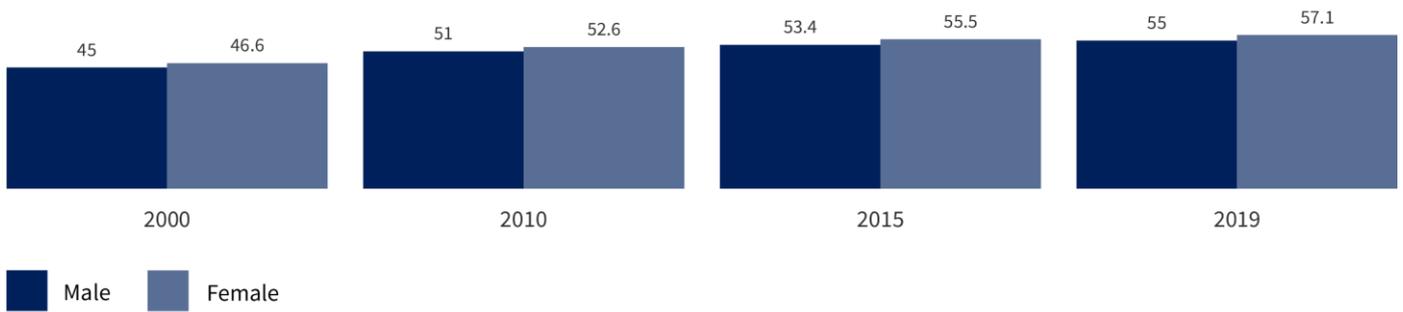
- Life expectancy at birth rose significantly in the Region to reach 64.5 years in 2019. Moreover, healthy life expectancy in the Region increased from 47.1 years in 2000 to 56.1 years in 2019.
- The service coverage index increased from 24 to 46 between 2000 and 2019, an increase of 22 index points in 20 years.
- The latest available data suggests that 8.2% of the population in the Region are incurring catastrophic health expenditures.
- In less than a generation, the African Region has made tremendous gains in increasing access to immunization and reducing child deaths. Indeed, several diseases are on the verge of eradication and elimination (e.g., polio and maternal and neonatal tetanus, respectively).
- Despite its very high maternal mortality rate, Africa has seen a substantial reduction of about 38% in its maternal mortality rate since 2000.
- The Region remains subject to several threats such as TB, HIV, malaria, neglected tropical diseases (NTDs) and non-communicable diseases (NCDs), which, despite their decline, remain well above the global average. Indeed, the Region suffers from a triple epidemiological burden with communicable diseases, a strong increase in non-communicable diseases and the emergence of violence and injuries.
- The COVID-19 pandemic led to an estimated excess mortality of 1.3 million in the Region, for all causes of death, representing a 4% and 10% increase in mortality for 2020 and 2021 respectively.

Health impact

Life expectancy and healthy life expectancy

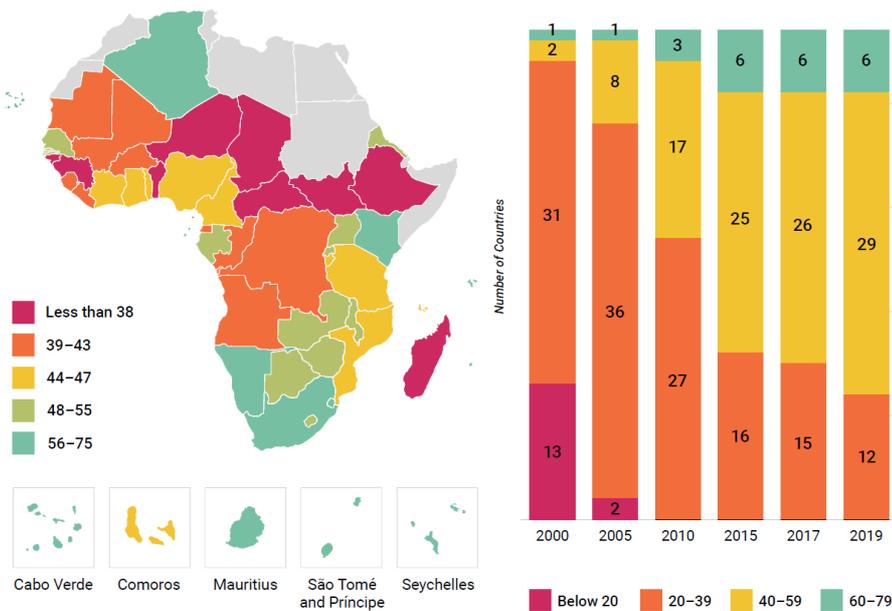
According to the World Population Prospects 2022, the population of the African Region was estimated at 1.163 billion in 2021, of which 50.14% were women. Life expectancy at birth has risen significantly since the turn of the millennium and its pace is fastest in the WHO African Region, where, in 2019, it stood at 64.5 years. There are major challenges for health and social systems in making the most of the demographic change among people aged 60 years or older, a group that is seeing growth in both the number and proportion in the population. By 2030, one in six people in the world will be 60 years of age or older. Overall, the trend in average adjusted life expectancy in good health is rising in the WHO African Region, from 46.7 years to 56.5 years from 2010 to 2021. This evolution shows a clear improvement in the health and well-being of the Region's population. Women have a longer healthy life expectancy than men - 57.1 years and 55 years, respectively in 2019.

Figure 1: Healthy life expectancy at birth in the WHO African Region, 2000–2019 (Source: WHO)



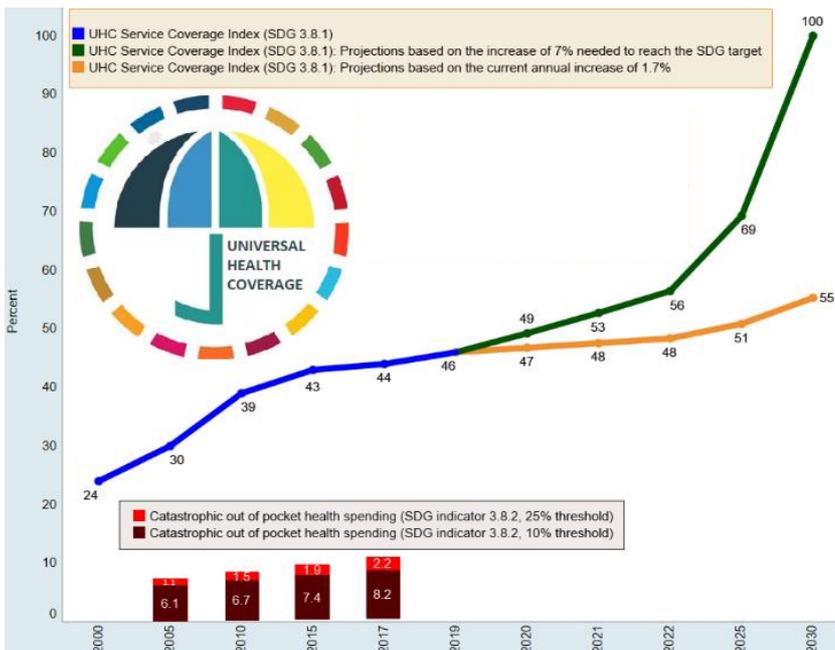
Universal health coverage (UHC)

Figure 2: UHC service coverage index by country, 2019 | Number of countries by UHC SCI group, 2000–2019 (Source: WHO)



Over the past two decades, substantial progress has been made in the Region in the UHC service coverage index (SCI). In 2019, the latest year for which data are available, the SCI ranged from 28 to 75 (out of 100) across all Member States.

Figure 3: UHC Service Coverage Index, 2000-2017 & projections to 2030 | Catastrophic OOP 2005-2017 (Source: WHO)



Progress with financial risk protection (FRP) has largely stagnated. Over the past 20 years, out-of-pocket expenditure across most countries has increased. However, while several countries are working on health risk-sharing mechanisms (mutual insurance, compulsory health insurance, etc.), the effects on catastrophic health expenditure are still not very visible. The latest available data suggests that 8.2% of the population in the Region are incurring catastrophic health expenditures.

Regional SDGs summary

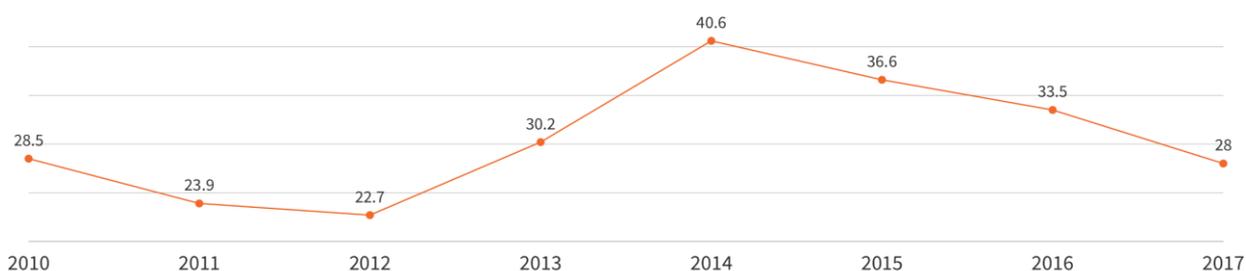
Health is well placed in the SDGs. "Allow everyone to live in good health and promote well-being at all ages" is a very broad objective that affects all sectors. The SDG statement emphasizes that to achieve the overall health goal, "we must achieve universal health coverage (UHC) and access to quality health care." Much work remains to be done to move countries forward in achieving the SDGs. Of the 56 SDG indicators (SDG 3 and all health-related SDGs), only one (1.8%) has already been achieved. Regarding the SDG health indicators, of the 26 evaluated, 16 (61.5%) are off track, nine (34.7%) are in progress and one (3.8%) is on track (see the annex).

Health across the Life course

Pre-pregnancy

Contraceptive use remains low in the African Region. The median contraceptive prevalence rate among women of reproductive age was just 28% in 2017. This rate has been falling, after exceeding 40% in 2014. South Sudan (4.1%), Chad (6%) and Nigeria (8.1%) had the lowest contraceptive use prevalence in the Region (according to latest available data). Family planning benefits maternal and child health, socioeconomic development and environmental sustainability. In the Region, only 56.3% of women living in a relationship or married used modern methods for family planning in 2020, compared to more than 75%, on average, in the rest of the world. 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.

Figure 4: Trends in contraceptive prevalence rate in the WHO African Region, 2010–2017 (Source: WHO)



Pregnancy and birth

Ensuring accessible and good quality continuity of care before and during pregnancy, at delivery and in the postnatal period, reduces maternal and neonatal mortality. Eleven countries (Burkina Faso, Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Mali, Niger, Rwanda and South Sudan) have not reached 50% coverage in their antenatal care (ANC: four visits) needs (latest available data). In 2021, it is estimated that 83.3% of pregnant women in the African Region made their first antenatal care visit (ANC 1), but only 56.3% received the full life-saving potential of at least four ANC visits (ANC 4). Despite the progress in the participation of skilled attendants during delivery in the WHO African Region, only 65% of births have skilled health personnel attending. About three quarters of the countries in the Region have a skilled birth attendant coverage above 70%. The high cost of the services and the low availability of qualified health personnel are part of the cause.

The WHO African Region's coverage levels of intervention for prevention of mother-to-child transmission of HIV are the highest among the WHO regions, with its coverage of 87% in 2020. WHO recommends three or more doses of the intermittent preventive treatment during pregnancy (IPTp) for malaria for women living in the African Region in areas with moderate to high malaria transmission. In 2020, the coverage with three doses of IPTp was about 32% in the Region. In 2020, there were about 1218 new cases of neonatal tetanus in the African Region, (more than 50% of the total number of cases worldwide). Of the cases of neonatal tetanus newly reported in 2020 in the WHO African Region, more than 60% were from Angola, the Central African Republic, Chad and Mozambique.

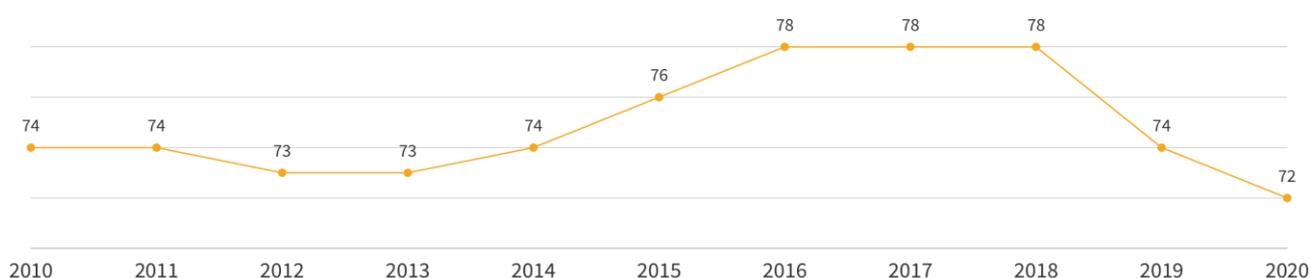
Birth anomalies are among the leading causes of child mortality, chronic morbidity and disability. Such diseases and abnormalities may be present at birth or be acquired later. The prevalence, in sub-Saharan Africa, of low birth weight among newborns measured at birth was 9.76% (95% CI: 9.63% to 9.89%). Insufficient investment in antenatal and prepartum services and in strengthening the capacity of nurses and midwives is a major challenge.

Infancy and childhood (0–10 years)

Despite the recognition of the benefits of exclusive breastfeeding, approximately one in two children (45.7%) in the WHO African Region are breastfed until their sixth month. Only Burundi and Rwanda have reached the target of 80% for exclusive breastfeeding in the first six months of life. In less than a generation, the African Region has made tremendous gains in increasing access to immunization and reducing child deaths. For example, several diseases are on the brink of eradication and elimination (including polio and maternal and neonatal tetanus, respectively), while the introduction of new vaccines is stamping out age-old diseases. However, Africa regularly faces an upsurge in outbreaks of vaccine-preventable diseases (VPDs). Indeed, national and subnational immunization coverage rates have stagnated in many countries, and the African Region still lags behind other regions of the world in access to vaccines. Approximately one in five African children do not receive all the necessary and basic vaccines. As a result, more than 30 million children under the age of five years still suffer from vaccine-preventable diseases every year in Africa.

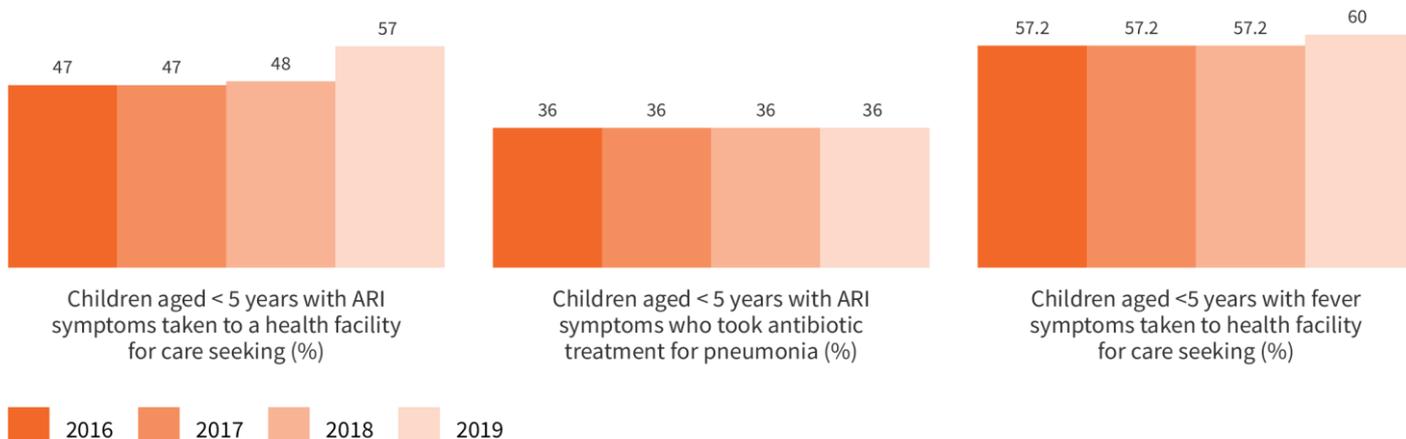
Many noncommunicable diseases have their origins in childhood. Physical inactivity, unhealthy diets, exposure to alcohol and tobacco, and unhealthy or unsafe environments are important risk factors. The main types of violence perpetrated against African children are physical violence, sexual violence and exploitation, emotional violence, neglect, and negative occult and cultural practices.

Figure 5: Trends in DTP3 immunization coverage for children aged 1 year (%), in the WHO African Region, 2010–2020
(Source: WHO / UNICEF)



Vitamin A deficiency (VAD) remains a pervasive problem in much of sub-Saharan Africa. Estimates suggest that 48% of the children in the Region suffer from this deficiency, which puts them at great risk of mortality. The average vitamin A supplementation coverage level for the Africa Region was 67.4% in 2017 (the target is 80% or higher). In general, care seeking for children with symptoms of pneumonia is still quite low in the Region. Most of the countries in the Region are in the 30% to 60% range of coverage for care seeking for children with symptoms of pneumonia (Figure 6).

Figure 6: Care seeking for symptoms of acute respiratory infections (ARI, %), in the WHO African Region, 2016–2019 (Source: WHO / UNICEF)



Adolescents (10–19 years)

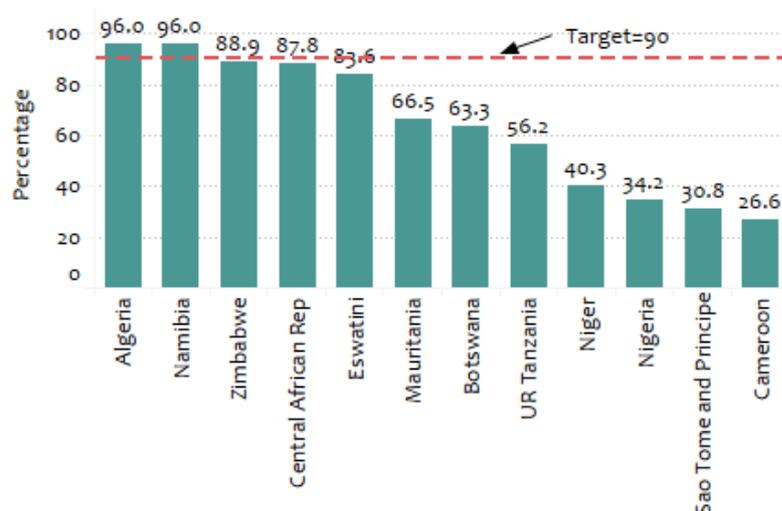
The main health issues among adolescents are HIV/AIDS, adolescent pregnancy, mental health, injuries and substance use. In 2020, about 255.8 million adolescents aged 10–19 lived in the African Region.

HIV/AIDS

Adolescents are at the centre of the pandemic, both in terms of its spread and the potential for changing the attitudes and behaviours that underlie HIV. In 2018, there were more female adolescents aged 10–19 living with HIV than male ones. The proportion of new HIV cases per 1000 uninfected population in adolescence was also significantly higher among females (2.3) than males (0.5). The overall proportion of new HIV cases in the African Region was 1.4 per 1000 uninfected population in adolescence.

Approximately 15% of female adolescents (15–19 years) were tested and received results in 2018 compared to 10% of male adolescents in the African Region. Only two countries, Algeria and Namibia, exceeded the target of 90% for ART coverage among adolescents in the African Region at 96% each in 2018.

Figure 7: ART coverage among adolescents aged 10-19 years living with HIV (%), in the WHO African Region, 2018 (Source: WHO)



Adolescent pregnancy

Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years. Babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition. Child marriage and child sexual abuse place girls at increased risk of pregnancy, often unintended.

The adolescent birth rate remained steady in the African Region at 99 births per 1000 adolescent girls from 2016 to 2018. Although this is a decrease from the rate in 2010, the adolescent birth rate in the African Region is the highest in the world. Central African Republic (229), Niger (206), and Chad (203) had the highest adolescent birth rates in the Region while Algeria (12), Mauritius (29), and Botswana (39) had the lowest.

Mental health, injuries and substance abuse

NCDs are driven primarily by behaviours that often start during childhood and adolescence including physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol. They have the potential to impact child and adolescent health and bring about negative health outcomes in adulthood.

Nearly 37 million adolescents (aged 10–19) live with a mental disorder in Africa of which 46% are young teenage girls. Suicide is the ninth most common cause of death among adolescents of which 29% are young girls aged 10–19 years. Among adolescent girls, anxiety and depression accounts for more than 60% of mental disorders. Depressive disorders and – in adolescents aged 15–19 years, schizophrenia – are the leading causes of ill health. Violence, poverty, humiliation and feeling devalued can increase the risk of developing mental health problems. Building life skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health.

Harmful drinking among adolescents is a major concern in many countries. It reduces self-control and increases risky behaviours, such as unsafe sex or dangerous driving. It is a primary cause of injuries (including those due to road traffic accidents), violence (especially by a partner) and premature deaths. It can also lead to health problems in later life and affect life expectancy. Setting a minimum age for buying and consuming alcohol and regulating how alcoholic drinks are targeted at younger people are among the strategies for reducing harmful drinking. Drug control may focus on reducing drug demand, drug supply, or both, and successful programmes usually include structural, community and individual-level interventions.

Figure 8: Trends in adolescent birth rate, in the African Region, 2010–2018 (Source: WHO)

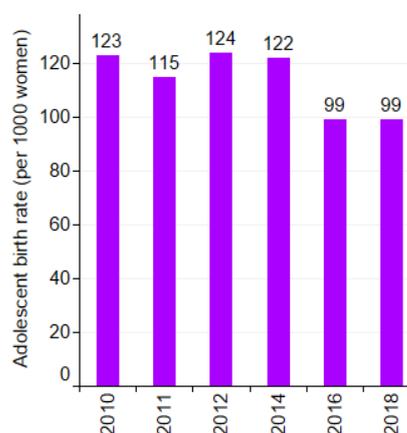
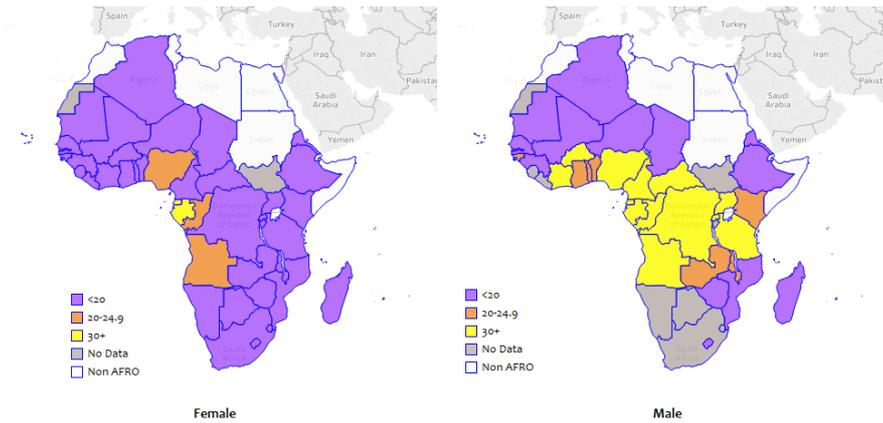


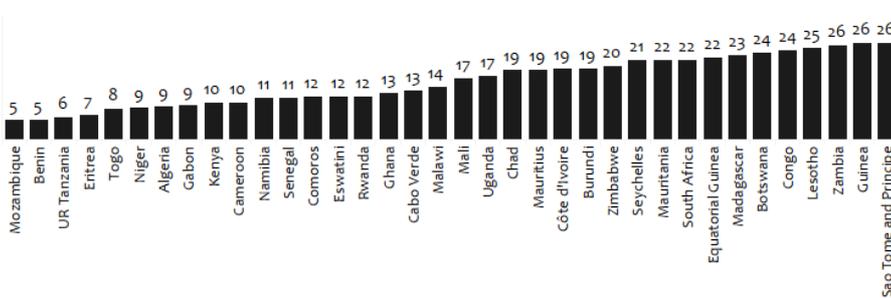
Figure 9: Prevalence of current drinking among 15–19-year-old adolescent (%) by sex, in the WHO African Region, 2016 (Source: WHO)



Most people using tobacco today began doing so when they were adolescents. Prohibiting the sale of tobacco products to minors and increasing the price of tobacco products through higher taxes, banning tobacco advertising and ensuring smoke-free environments are crucial. The prevalence of current alcohol drinking among adolescents in the African Region was 21% (28% among male adolescents and 12% among female adolescents) in 2016.

About 19% of adolescents in the African Region had heavy episodic drinking in 2016. From available data, the prevalence of students who ever used marijuana among adolescents in the African Region in 2017 was higher in Seychelles, South Africa, and Mauritius. South Africa had the highest prevalence for female students (12%), followed by Seychelles and Mauritius (9%).

Figure 10: Prevalence of current tobacco use among 13–15-year-old adolescent (%), in the WHO African Region, 2017 (Source: WHO)



Adulthood (15–60 years)

HIV/AIDS

In 2021, the number of people aged 15 and over living with HIV was estimated at 24.3 million (3.4 % of total population) compared to 15.6 million in 2005. This reflects continued transmission of HIV despite reductions in incidence (47% reduction in number (742 000 in 2021) of people newly infected from 2005 to 2021), and the benefits of significantly expanded access to antiretrovirals (68.7% in 2021 compared to 4% in 2005), which have helped to reduce the number of people dying from HIV-related causes, especially since 2005 when mortality peaked.

Tuberculosis

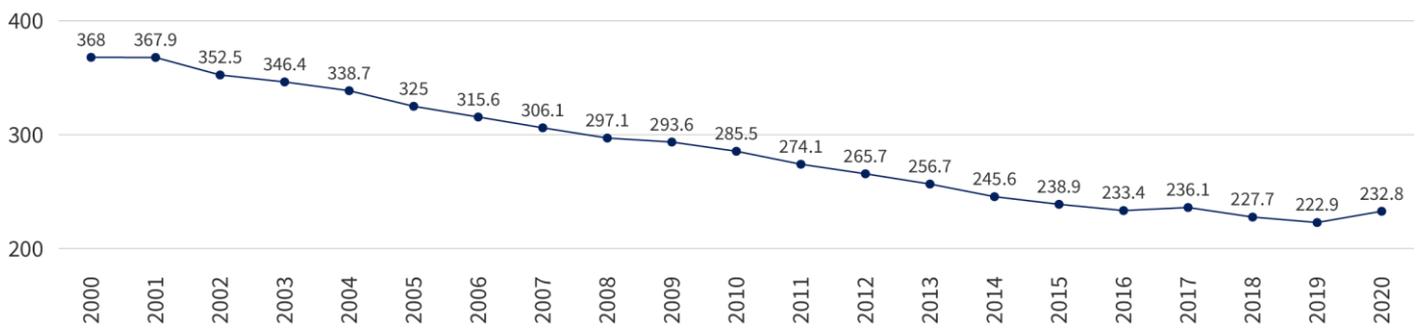
Tuberculosis is often linked to HIV infection and is among the five leading causes of death in the Region, among adults aged 20–59 years. In 2021, an estimated 2.5 million people (95% confidence interval, 2.2–2.9 million) in the African Region were infected with tuberculosis (TB) - 1.375 million men (15 years and over), 0.9 million women (15 years and over). The number of people who died from TB stood at 501 000, including 136 000 people with HIV. The TB treatment success rate was 86% of those who started TB treatment in the Region in 2020.

Malaria

In 2021, there was an estimated 234 million cases of malaria in the WHO African Region. An estimated 593 470 people lost their lives to malaria in the WHO African Region. Among the 312.7 million suspected malaria cases, 144.5 million did not have access to malaria treatment. Moreover, there was a decline in malaria incidence between 2000 and 2020 from 368 to 232 per 1000 population at risk. Similarly, the malaria mortality rate fell from 149.6 to 58.2 per 100 000 population between 2000 and 2021. Despite the progress made (which has been hampered by the COVID-19 pandemic), malaria remains a major concern in the Region and among the leading reasons for consultation.

Figure 11: Trends in malaria incidence (per 1000 population at risk) in the WHO African Region, 2000–2020

(Source: WHO)

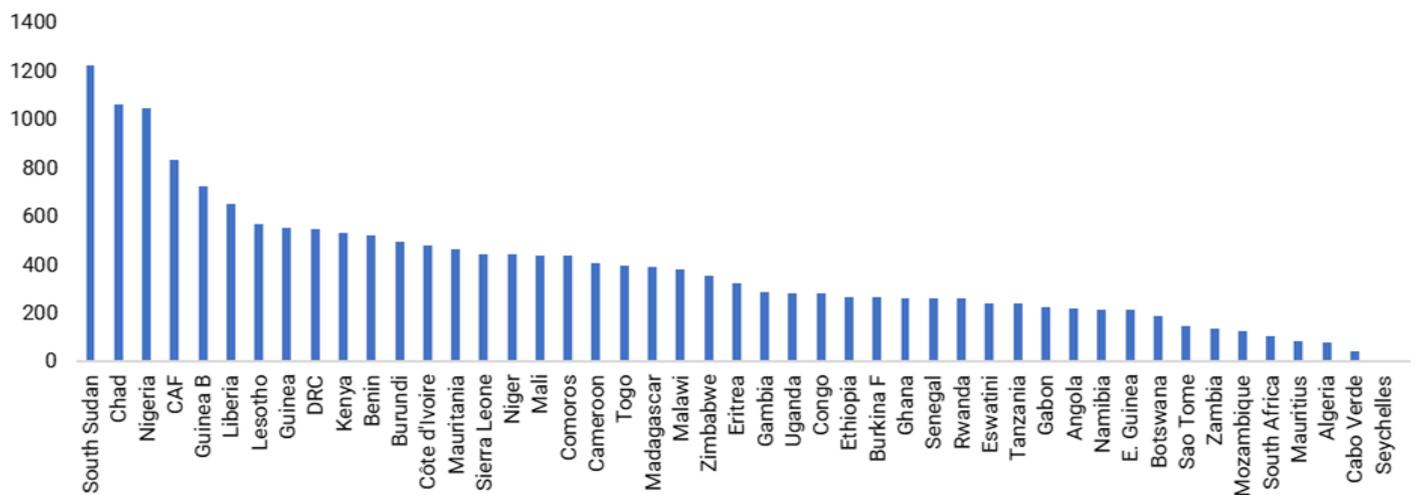


Maternal mortality

Maternal deaths are the second biggest killer of women of reproductive age. In 2020, approximately 198 000 women died due to complications in pregnancy and childbirth. In 2020, the maternal mortality ratio in the African Region was estimated at 531 deaths per 100 000 live births. Despite its very high maternal mortality rate, Africa has seen a substantial reduction in the maternal mortality rate of about 38% since 2000. Countries with extremely high maternal mortality rates are South Sudan with 1223 deaths, followed by Chad with 1063 and Nigeria with 1047 deaths per 100 000 live births.

Figure 12: Maternal mortality ratio per 100 000 live births in the African Region, 2020

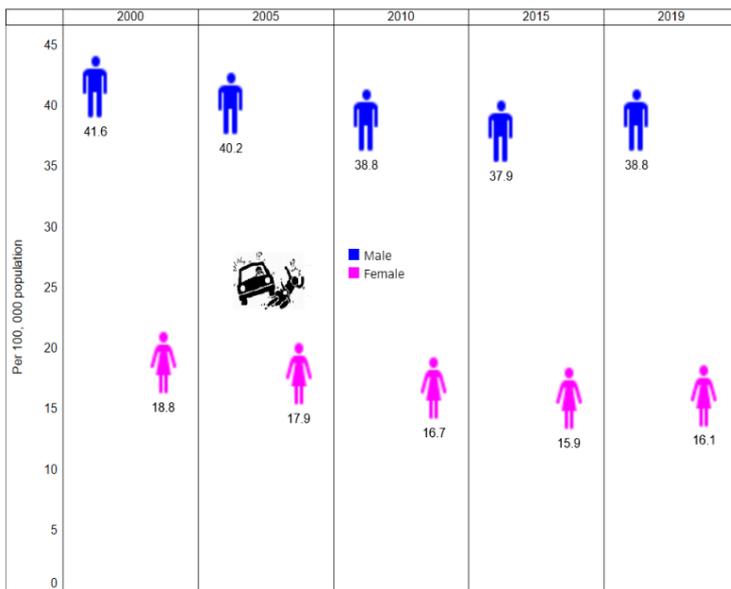
(Source: UN MMEIG, WHO, UNICEF, UNFPA, World Bank and UN DESA)



Violence and Injuries

Both self-inflicted injuries and road injuries feature in the top 10 causes of death among adults (20–59 years) in the Region. In 2021, 297 100 people died due to road crashes. More than twice as many men than women died in traffic accidents. Women suffer significantly more fire-related injuries and deaths than men, due to cooking accidents or as the result of intimate partner and family violence. In 2020, an estimated 158 000 (of which 83% were male) homicide cases occurred in the Region. Violence against women is widespread around the Region. Recent figures indicate that 33% of women worldwide have experienced either intimate partner violence or non-partner sexual violence in their lifetime. On average, 20% of women who have been in a relationship have experienced some form of physical or sexual violence by their partner.

Figure 13: Death rates due to road traffic injuries, by sex (per 100,000 population), 2000–2018 (Source: WHO)



In the Region, as many as 38% of murders of women are committed by an intimate partner. Women who have been physically or sexually abused have higher rates of mental ill-health, unintended pregnancies, abortions and miscarriages than non-abused women. Women exposed to partner violence are twice as likely to be depressed, almost twice as likely to have alcohol use disorders, and one and half times more likely to have HIV or another sexually transmitted infection. Forty-two per cent of them have experienced injuries as a result of such violence. Increasingly, in many conflicts, sexual violence is also used as a tactic of war.

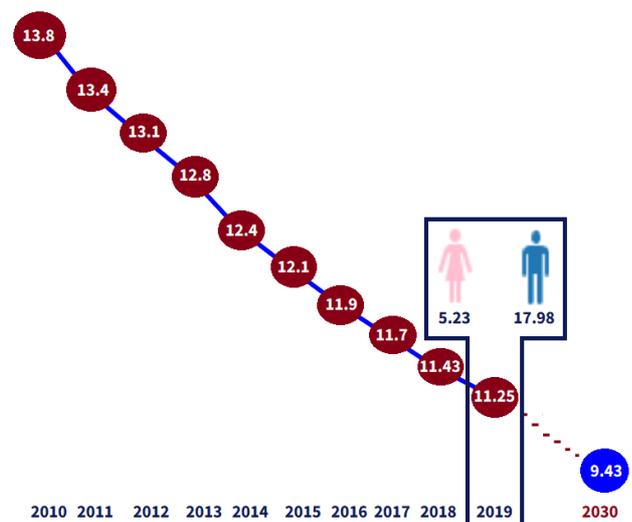
Mental health

In 2019, 301.5 million people were living with neurological disorders, including 116.3 million living with mental disorders. People were most affected by headache (297 million), depressive (37.4 million) and anxiety (35 million) disorders. People aged 15–29 were the most affected by mental and neurological conditions.

Women are more susceptible to depression and anxiety than men. Depression is the leading cause of disease burden for women in high-income and low- and middle-income countries within the Region. Depression, following childbirth, affects 20% of mothers in the Region.

Almost 75 000 people died by suicide in 2019 (23.7% females and 76.3% males). Attempted suicide, which exceeds suicide, by up to 20 times, is generally more frequent among women than men and causes an unrecognized burden of disability. At the same time, attempted suicide is an important risk factor for death from suicide and shows the need for appropriate health services for this group.

Figure 14: Age-standardized suicide rates (per 100 000 population) in the WHO African Region, 2010–2019 (Source: WHO)



Cancers

Every year, Africa records around 1.1 million new cases of cancer, resulting in up to 700 000 deaths. Breast cancer, along with cervical, prostate, liver and colorectal cancers, account for almost half the new cases on the continent annually. Survival rates are at a very low 20% or less in African countries, compared to more than 80% in developed countries. A renewed effort to curb new cancer cases is urgent. Cancer death rates in Africa are expected to rise exponentially over the next 20 years, outstripping the global average by 30%.

Diabetes

An estimated 24 million people were living with diabetes in Africa* in 2021. This figure is 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 (more than one in two people) living with diabetes in the African Region are undiagnosed.

Post adulthood (60 years and above)

Noncommunicable diseases

An estimated 53.6 million people aged 60 years and above were living with a noncommunicable disease in Africa in 2019 and 3% of them died. Cardiovascular diseases account for 51.4% of older' s deaths in the Region, while a further 13% of deaths are caused by diabetes and kidney diseases. Older age is also characterized by the emergence of several complex health states, commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers.

Disabilities

Common conditions in older age include sense organ diseases (39.7 million), hearing loss, cataracts, and refractive errors, back and neck pain and osteoarthritis, depression, and dementia (26.6 million). As people age, they are more likely to experience several conditions at the same time. Falls are the second leading cause of unintentional injury deaths (9.8 million (0.6%) of older people have died from such falls). Adults older than 60 years of age suffer the greatest number of fatal falls. Many of the health problems faced by older people are the result of exposure to risk factors, such as smoking, sedentary lifestyles and unhealthy diets in adolescence and adulthood. Digestive diseases accounted for more than 153 000 deaths.

Ageism

In the Region, only 12 countries have developed laws, policies, strategies and dedicated interventions for awareness and actions against ageism. Only three to four countries have implemented different types of programmes (professional awareness campaigns, residential care policies, caregiver support, public information campaigns) on a larger scale to prevent elder abuse. About 29% of the people surveyed in the African Region reported having been victims of ageist attitudes (crude prevalence of ageist attitudes).

Figure 15: Number of complete hearing loss among older people (60–64 years), by sex (per 100,000 population), in the WHO African Region, 2019 (Source: WHO)

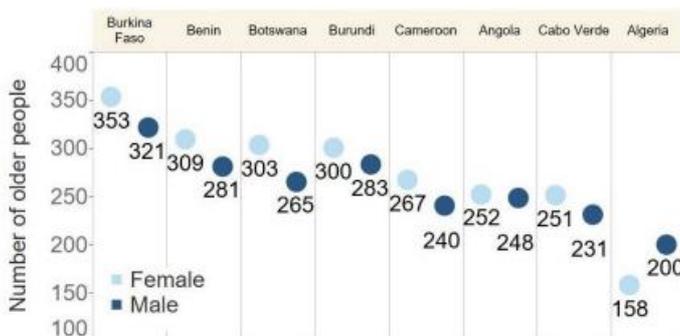


Figure 16: Top six countries with high blindness prevalence in older people (60-64 years), in the WHO African Region, 2019 (Source: WHO)



Health across its determinants

Risk factors

An unhealthy diet is one of the most important risk factors for chronic diseases, including cardiovascular disease, cancer, diabetes and other conditions associated with obesity. Specific recommendations for a healthy diet include eating more fruit, vegetables, legumes, nuts and cereals, and limiting intake of salt, sugar and fats. It is also advisable to choose plant-based unsaturated fats rather than saturated fats. Improving dietary habits is a societal problem, not just an individual one. It therefore requires a population-based, multisectoral, multidisciplinary and culturally relevant approach. The proportion of adults aged 18 years and older in the African Region not engaging in sufficient physical activity ranged from 5.52% to 41.31% in 2016. Moreover, in 2019, about 33% of adults had raised blood pressure, a relative decrease of 7.5% from 35.7% of adults in 2010. In 2016, about one in 10 adults (aged 18 or older) 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.

Figure 17: Trends in the prevalence of raised blood pressure among adults aged 30–79 years (age-standardized) in the African Region, 2010–2019 (Source: WHO)

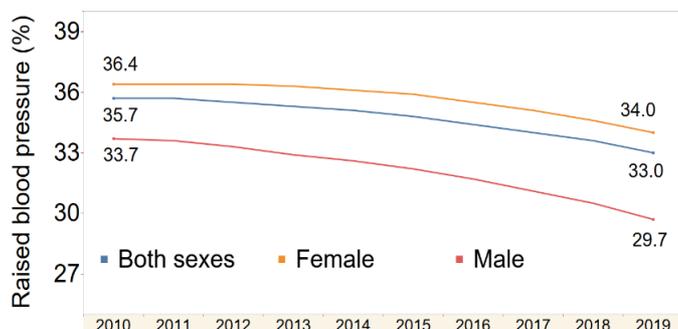
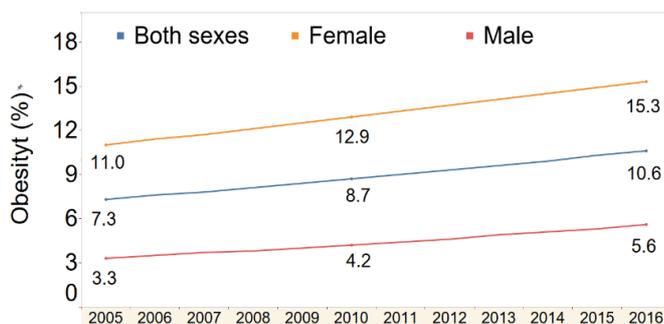


Figure 18: Trends in the prevalence of obesity among adults (BMI \geq 30) (age-standardized estimate) (%) in the African Region, 2005–2016 (Source: WHO)

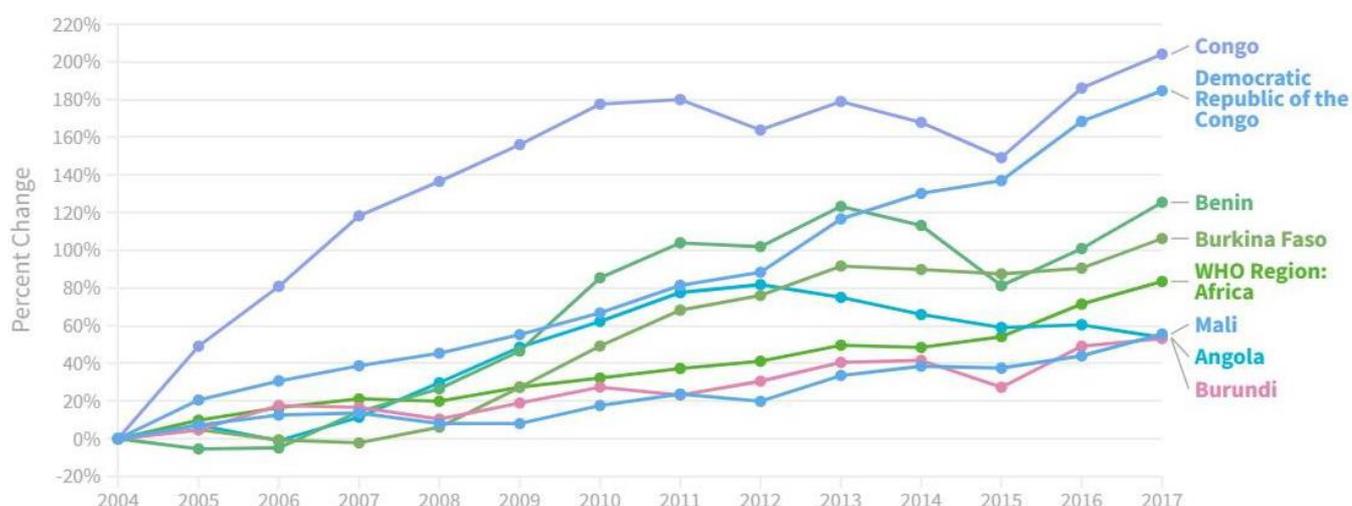


Impact of climate change

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 the consequences, such as loss of life, damage to property, and displacement of population. 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.

The WHO African Region is prone to natural disasters, with 622 occurring in Africa from 2010 to 2020. In 2021, disasters caused the deaths and disappearance or directly impacted 11.1% (11 133/100 000) of Africa's population. Multiple climate hazards will 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 billion and US\$ 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 risk 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.

Figure 19: Percentage change in number of heat-related deaths among adults over 65 years old, compared to the 2000–2004 baseline (five-year moving average) (Source: *Lancet countdown on health and climate change, 2022*)



Health workforce shortage

There were 3894 health training institutions in the Region in 2018, of which 2128 (55%) were owned by the public sector, 1351 (35%) by private for-profit sector entities and 415 (11%) by private not-for-profit entities. The public sector had the highest number of training institutions for medical practitioners, dentists and pharmacists, totaling 209 and accounting for 59% of all the medical institutions. The World Health Organization released an updated [WHO health workforce support and safeguards list 2023](#), identifying 55 countries (37 in the WHO African Region) as vulnerable for availability of health workers required to achieve the UN Sustainable Development Goal target for universal health coverage (UHC) by 2030. These countries face the most pressing health workforce challenges related to universal health coverage. These countries have: (i) a density of doctors, nurses and midwives below the global median (i.e., 49 per 10 000 population); and (ii) a universal health coverage service coverage index below 50.

The impact of COVID-19 and widespread disruptions to health services has resulted in a rapid acceleration in the international recruitment of health workers. For countries losing health personnel to international migration, this could negatively impact on health systems and hinder their progress towards achieving UHC and health security. The WHO African Regional framework for human resources for health (HRH) highlights the low production of health workers stemming from the inadequate education and training capacity, the low number of schools and HRH governance as the main obstacle to building an effective health workforce for achieving UHC in the Region.

Table 1: Health worker density & distribution (per 10 000 population, in the WHO African Region, 2020 (Source: WHO)

Indicators	Latest value
Density of medical doctors (Per 10 000 population)	2.9
Nursing and midwifery personnel (Per 10 000 population)	12.9
Density of dentists (Per 10 000 population)	0.3
Density of pharmacists (Per 10 000 population)	0.8

Health security

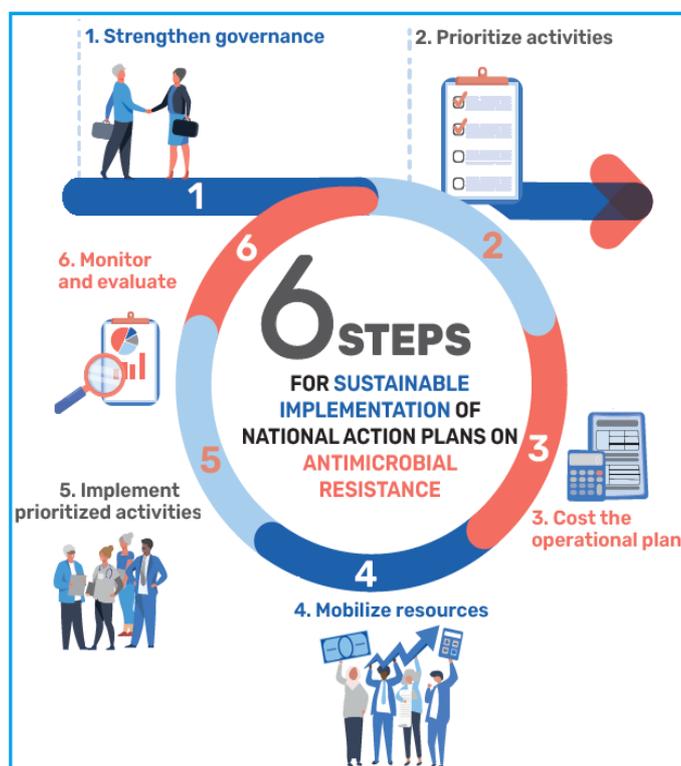
Health security today represents a major development challenge for which countries must invest in adequate preparation and in the establishment of resilient health systems. On average, the African Region monitors 150 public health events (pandemics, epidemics, humanitarian crises, climate change, etc.) each year. Over the past three years, the COVID-19 pandemic has taken centre stage, while at the same time several other public health events are taking place in the Region. Indeed, antimicrobial resistance (AMR) may turn out to be a greater threat to health security if nothing is done to mitigate its effects.

Anti-microbial resistance (AMR)

AMR is one of the top 10 global public health threats currently facing humanity. Antimicrobials – a collective term for antibiotics, antivirals, antifungals and antiparasitic – are medicines used to prevent and treat infections in humans, animals, and plants. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections **become increasingly difficult or impossible to treat**. AMR could kill 4.1 million people across Africa by 2050. Developing countries across Africa could lose up to 5% of their GDP because of AMR. 1 in 10 medicines circulating around the world is substandard or does not contain the active ingredient at all.

Forty-two (89%) countries have developed a national action plan (NAP). Forty-two (89%) countries contributed to the Tripartite AMR Country Self-Assessment Survey 2022. Eleven (23%) countries implemented context-based AMR campaigns. Six (13%) countries implemented AMR stewardship interventions. Thirty-three (70%) countries enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS). Six (13%) countries implemented the integrated AMR surveillance in the context of the One Health Approach. Seven (15%) countries implemented the surveillance of Extended Spectrum β -Lactamase (ESBL).

Figure 19: AMR NAP Resources, including 6 Steps for Sustainable National action plans implementation), in the WHO African Region (Source: WHO)



COVID-19 impact

Across the African Region, the COVID-19 pandemic disrupted the delivery of essential health services. Health systems continue to grapple with the delivery of routine services amid a surge in cases and a need for a more robust emergency response to the pandemic. Since 2020, over 8.5 million confirmed cases of COVID-19, including over 170 000 deaths have been reported to WHO for the African Region. Furthermore, the pandemic has exposed numerous vulnerabilities in the health systems of countries, including disparities in service coverage between the rich and the poor, and gaps in social protection. It has showed that health security and attainment of universal health coverage are inseparable ambitions, and efforts to achieve them must go hand in hand, while building resilient populations.

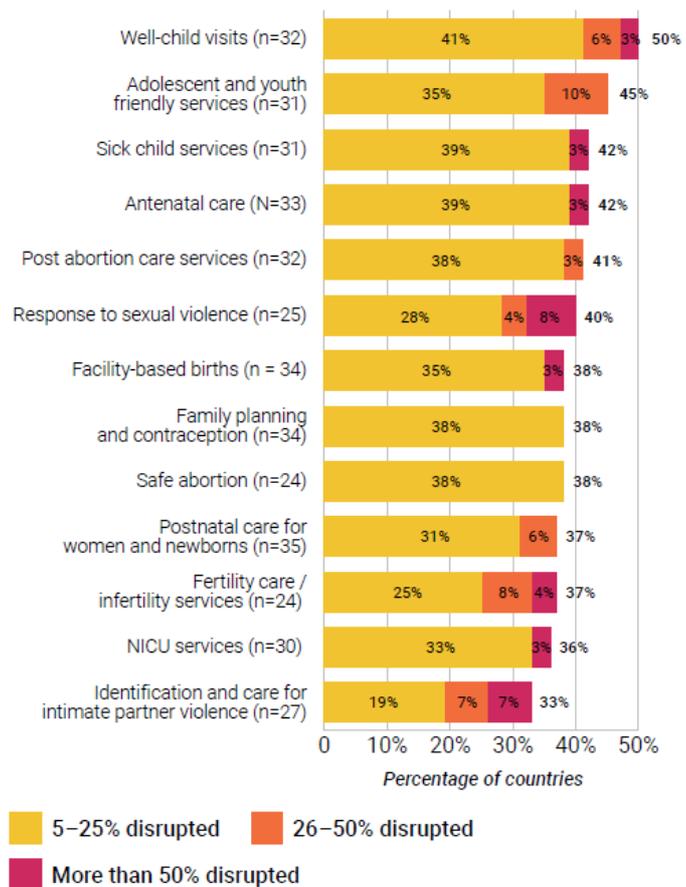
The COVID-19 pandemic has challenged public health systems and health services, revealing that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Countries are confronting a multitude of questions that must be addressed to prepare for and respond directly to the COVID-19 pandemic, while simultaneously maintaining the delivery of other health services.

Key decisions and actions to mitigate the risk of a potential health system collapse must be informed by accurate and real-time data. In response to this challenge, countries in the WHO African Region are deploying a suite of innovative facility and community assessment tools, as well as approaches to detect and monitor health system bottlenecks and health facility capacity and readiness gaps throughout the course of the pandemic.

The COVID-19 pandemic led to an estimated excess mortality of 1.3 million for the Region for all causes of death, representing a 4% and 10% increase in mortality for 2020 and 2021 respectively with significant variations across and within countries. Indeed, actual COVID-19 deaths were estimated at 439 500 in 2020 and 2021, accounting for 34% of the total estimated excess mortality. The additional deaths were driven by reduced access and use of health services.

Even minor disruptions can have a significant negative impact on health outcomes, especially in settings where UHC attainment remains threatened. Catch-up strategies to sustain various investments in the system and ensure continued availability of and access to high-quality services and addressing the main barriers to care will be critical to mitigating the immediate and long-term consequences of the ongoing pandemic.

Figure 20: Percentage of countries reporting disruptions in RMNCAH (%), in the WHO African Region (n=36), Nov-Dec 2021 (Source: WHO)



Moving forward (recommendations/actions)

Pregnancy and birth

The goal of eliminating maternal and neonatal tetanus, with a prevalence of less than one neonatal tetanus case per 1000 live births in every district each year, is based on four strategies: (i) vaccination of pregnant women and women of reproductive age with three doses of tetanus toxoid-containing vaccine; (ii) conducting supplementary immunization in selected high-risk areas; (iii) promoting clean births and cord care; and (iv) conducting surveillance, including case investigation and response.

Infancy and childhood

WHO calls on Member States to address health equity through universal health coverage so that all children can access essential health services without undue financial hardship. Moving from business as usual to innovative, multiple, and tailored approaches to increase access, coverage, and quality of child health services will require strategic direction and an optimal mix of community and facility-based care. Health sector and multisectoral efforts are also needed to overcome the inequalities and the social determinants of health.

Adolescence and health

The Helping Adolescents Thrive (HAT) Initiative is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. More specifically, the efforts made through the Initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such as harmful use of alcohol and drugs that have a negative impact on the mental and physical health of young people.

Ageing and health

The UN Decade of Healthy Ageing (2021–2030) seeks to reduce health inequities and improve the lives of older people, their families and communities, through collective action in four areas: changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person-centred integrated care and primary health services responsive to older people; and providing older people, who need it, with access to quality long-term care.

Universal health coverage

UHC is firmly based on the 1948 WHO Constitution, which declares health to be a fundamental human right and commits to ensuring the highest attainable level of health for all. As a foundation for UHC, WHO recommends reorienting health systems towards primary health care. In countries with fragile health systems, WHO focuses on technical assistance to build national institutions and service delivery to fill critical gaps in emergencies. In more robust health system settings, WHO drives public health impact towards health coverage for all through policy dialogue for the systems of the future and strategic support to improve performance.

Annex: Summary of SDGs in the African Region

	Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Goal 2	End hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round				
	Prevalence of undernourishment (% of population)	19.20%	0	20.7%	
	Prevalence of food insecurity in the population	52.6		60.3	
	End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons				
	Prevalence of stunting among under-five children	34.30%	50%	31.70%	
	Prevalence of wasting among under-five children		<5	5.80%	
	Prevalence of overweight among under-five children	3.90%		4.20%	
	Prevalence of anemia among women of reproductive age (15–49 years)	39.80%		40.40%	
Goal 3	Reduce the global maternal mortality ratio to less than 70 per 100,000 live births				
	Maternal mortality ratio	536	<70	545	
	Proportion of births attended by skilled health personnel		90%	65%	
	End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births				
	Under-5 mortality rate	83	<25	72	
	Neonatal mortality rate	29	<12	27	

	Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Goal 3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases				
	Number of new HIV infections per 1,000 uninfected population, by sex, age, and key populations	0–5	0.02		
	Tuberculosis incidence per 100,000 population	270	<20	234	
	Malaria incidence per 1,000 population	238.9	<9	232.8	
	Hepatitis B incidence per 100,000 population				
	Number of people requiring interventions against neglected tropical diseases	79%		48%	
	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being				
	Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease	22%		20.80%	
	Age-standardized suicide rate (per 100 000 population)	14.1		11.2	
	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol				
	Coverage of treatment interventions for substance-use disorders				
	Alcohol consumption among people aged 15 years or older	4.8		4.5	
Halve the number of global deaths and injuries from road traffic accidents					
Road traffic death rate (per 100 000 population)	26.70		27.20		

Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes				
Women of reproductive age (15–49 years) whose family planning needs are satisfied with modern methods	52.80%	90%	56.30%	Yellow
Adolescent birth rate for girls aged 10–14 years (per 1000 girls in that age group)	110/1000	0	102/1000	Pink
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all				
Coverage of essential health services	44%	100%	46%	Pink
Proportion of population with large household expenditures on health as a share of total household expenditure or income	12.70%	0%	8%	Yellow
Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination				
Ambient and household air pollution attributable to death rate (per 100 000 population)		<5	181	Pink
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)	38.9		45.8	Pink
Mortality attributed to unintentional poisoning (per 100 000 population)	2.70	0	2.50	Yellow
Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate				
Prevalence of current tobacco use among persons aged 15 years or older	11.70%	30%	10.60%	Teal

Goal 3

	Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Goal 3	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines				
	Target population covered by all vaccines included in the national programmes		100%	57.8	
	Total net official development assistance (ODA) to medical research and basic health sectors (\$)	0.32	5.5	4.65	
	Health facilities with a core set of relevant essential medicines that are available and affordable on a sustainable basis		50%		
	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States				
	Density of medical doctors (per 10 000 population)			2.9	
	Density of nursing and midwifery personnel (per 10 000 population)			12.9	
	Density of dentists (per 10 000 population)			0.3	
	Density of pharmacists (per 10 000 population)			0.8	
	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks				
International Health Regulations (2005) capacity and health emergency preparedness	60%		44%		
Percentage of bloodstream infections due to Escherichia coli resistant to third generation cephalosporin among patients seeking care whose blood was tested			10–82%		
Goal 4	Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education				
	Under-five children who are developmentally on track in health, learning and psychosocial well-being	43%	90%	59.70%	

Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation				
Women and girls aged 15–49 years subjected to physical or sexual violence by an intimate partner in the previous 12 months		0%	33%	
Prevalence of non-partner sexual violence		0%	11.90%	
Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation				
Prevalence of female genital mutilation or cutting among women aged 15–49 years (%)	28%	0%	36%	
Prevalence of female genital mutilation or cutting among girls aged 0–14 years		0%	17%	
Proportion of young women aged 20–24 years who were married or in a union before age 18	49%	0%	34%	
Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences				
Proportion of women aged 15–49 years who make their own decisions regarding sexual relations, contraceptive use and reproductive health care		100%	52%	
Countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information, and education		100%	72%	

Goal 5

	Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Goal 6	Achieve universal and equitable access to safe and affordable drinking water for all				
	Population using at least basic drinking-water services (%)	29%	80%	32%	
	Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations				
Goal 7	Population using at least basic sanitation services (%)		80%	23%	
	Ensure universal access to affordable, reliable, and modern energy services				
Goal 8	Population with primary reliance on clean fuels and technologies (%)		80%	20%	
	Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment				
	Fatal occupational injuries (per 100 000 workers)			65	
Goal 11	Non-fatal occupational injuries (per 100 000 workers)				
	Reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management				
	Annual mean concentrations of fine particulate matter (PM2.5) in urban areas ($\mu\text{g}/\text{m}^3$)	39mg/m3		35mg/m3	

	Indicator	Baseline (2015)	Target	Reach (2022)	Colour
Goal 13	Strengthen resilience and adaptive capacity to climate related hazards and natural disasters in all countries				
	Deaths and disappearance of people attributed to disasters (per 100 000 population)			11%	
	People directly affected by disasters (per 100 000 population)	0.05%		5%	
Goal 16	Significantly reduce all forms of violence and related death rates everywhere				
	Numbers of victims of intentional homicide (per 100 000 population)		0%	35%	
	Deaths from major conflicts (per 100 000 population)	10.69	0	10.04	
	Population subjected to physical violence		0%		
	Population subjected to sexual violence		0%	20%	
	End abuse, exploitation, trafficking, and all forms of violence against and torture of children				
	Proportion of children aged 1–14 years who experienced physical punishment or psychological aggression by caregivers in the past month		0%	>70%	
	Number of victims of human trafficking per 100,000 population		0%	77%	
	Population aged 18–29 years who experienced sexual violence by age 18 (% of population aged 18–29)		0%	5%	
Goal 17	Provide legal identity for all, including birth registration				
	Proportion of children under five years of age whose births have been registered with a civil authority, by age		100%	57%	
	Build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries				
Goal 17	Countries with birth and death registration data that are at least 90% complete		90%	45.50%	
	Countries that have conducted at least one population and housing census in the last 10 years		100%	42.50%	
	Countries with death registration data that are at least 75% complete		75%	15%	

References

1. WHO, [Women's Health Regional Fact sheet](#), 2023
2. WHO, [Atlas of African Health Statistics 2022. Health situation analysis of the WHO African Region](#), 2022
3. UNICEF, [The state of the World Children 2021](#), 2021
4. WHO, [Tracking Universal Health Coverage in the WHO African Region](#), 2022
5. WHO, 2022. "Universal health coverage key facts".
[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)), accessed 20/03/2023
6. WHO, 2022. "Adolescent pregnancy key facts".
<https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>, accessed 20/03/2023
7. WHO, 2021. "Mental health of adolescents key facts".
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>, accessed 20/03/2023
8. Shah MP, Tate JE, Mwenda JM, Steele AD, Parashar UD. Estimated reductions in hospitalizations and deaths from childhood diarrhea following implementation of rotavirus vaccination in Africa. *Expert Rev Vaccines* 2017; 16:987–95. Troeger S. et al., Rotavirus Vaccination and the Global Burden of Rotavirus Diarrhea Among Children Younger Than 5 Years. *JAMA Pediatr.* 2018 Oct; 172(10): 958–965
9. WHO health workforce support and safeguards list 2023. Geneva: World Health Organization; 2023
10. Estimating global and country-specific excess mortality during the COVID-19 pandemic 2022. World Health Organization; 2022
11. Akseer N, Mehta S, Wigle J, Chera R, Brickman ZJ, Al-Gashm S, Sorichetti B, Vandermorris A, Hipgrave DB, Schwalbe N, Bhutta ZA. [Non-communicable diseases among adolescents: current status, determinants, interventions and policies](#). *BMC public health.* 2020.
12. WHO, Outbreaks and other emergencies in the WHO African Region,
<https://aho.afro.who.int/outbreaks-and-emergencies-who-africa/af>, accessed 20/03/2023
13. WHO, [NCD Risk factors Regional fact sheet](#), 2023
14. WHO, [Maternal Mortality Regional fact sheet](#), 2023
15. WHO, [Healthy Life-Expectancy Regional Fact sheet](#), 2022
16. WHO, [Climate Change regional fact sheet](#), 2023
17. WHO, [Suicide regional fact sheet](#), 2022
18. WHO, [Ageism regional fact sheet](#), 2022
19. WHO, [NCD morbidity and mortality fact sheet](#), 2023
20. WHO, [Tobacco regional fact sheet](#), 2023
21. WHO, [Antimicrobial resistance in the WHO African Region fact sheet](#), 2022

Sources

Data are from WHO: [The Global Health Observatory](#) and [integrated African Health Observatory](#)

Photography: WHO

Check out our other Fact Sheets in this iAHO country health profiles series:
<https://aho.afro.who.int/country-profiles/af>

Contact us at: iAHO@who.int

Connect with us on LinkedIn: <https://www.linkedin.com/company/iaho/>

Fact sheet produced by:

Serge Marcial Bataliack, Monde Mambimongo Wangou, Berence Relisy Ouaya Bouesso, Lydia Nobert Mutabingwa, Wai Phyto, Jadice Mandimba, Sokona Sy, Humphrey Cyprian Karamagi, Lindiwe Elizabeth Makubalo.