



World Health
Organization

African Region

UNIVERSAL HEALTH COVERAGE/
LIFE COURSE (ULC) CLUSTER



DRIVING HEALTH COVERAGE FORWARD: MOVING TOWARDS UNIVERSAL HEALTH COVERAGE GOALS

NEWSLETTER
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FOREWORD



Dr. Kasonde Mwinga

Director of Universal Health
Coverage – Life Course Cluster

WHO Regional Office for Africa

As we close the year and reflect on our collective progress, we are pleased to present the final edition of the Universal Health Coverage – Life Course Cluster Quarterly Newsletter for 2024. This year has been marked by significant achievements and steadfast efforts towards advancing Universal Health Coverage (UHC) across the African region.

Throughout the year, we have witnessed notable milestones, including the launch of the WHO Health Labour Market Analysis Support Tool, which provides critical insights for addressing workforce shortages and improving strategic health planning. Additionally, our efforts to eliminate financial barriers to healthcare have been reinforced through comprehensive regional reports, shedding light on the urgent need for increased investment and policy reforms to protect vulnerable populations.

The growing emphasis on self-care interventions has also been a key focus this year, empowering individuals to take greater control of their health and complementing traditional healthcare systems. Furthermore, the celebration of 15 years of progress under the African Medicines Regulatory Harmonization initiative highlights our commitment to strengthening regulatory frameworks and ensuring access to quality medical products.

As we conclude 2024, it is evident that the road to achieving Universal Health Coverage requires continued collaboration, innovation, and resilience. The progress made this year underscores the importance of strategic partnerships and sustained investments to address health challenges and enhance service delivery.

We extend our deepest gratitude to all our stakeholders, partners, and healthcare professionals for their unwavering dedication and contributions throughout the year. Together, we will continue to work towards a healthier, more equitable future for all.

Enjoy this edition and let us continue to work towards a healthier, more equitable future for Africa.

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WHO LAUNCHES HEALTH LABOUR MARKET ANALYSIS SUPPORT TOOL TO STRENGTHEN AFRICA'S HEALTH WORKFORCE



The World Health Organization (WHO) Regional Office for Africa launched on the 7th October 2024, the Health Labour Market Analysis (HLMA) Support Tool in Nairobi, Kenya. This innovative tool aims to help countries evaluate their health workforce education capacity, supply, demand, and needs, enhancing strategic workforce planning across the continent.

The HLMA Support Tool builds upon the foundation laid by the WHO's 2021 Health Labour Market Analysis Guidebook, which trained 75 experts from 25 African countries. This

new tool introduces a workforce planning approach that estimates the required health workforce based on a country's disease burden, essential health service packages, and professional standards of care.

To bolster the use of this tool, WHO conducted a training for 50 international experts from 7 to 11 October 2024 focusing on epidemiology-based assessments and workforce projections, supporting countries in developing evidence-driven health workforce policies and investment plans. The experts will join a regional network providing technical support to Member States adopting this approach.



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At the launch, Dr. Abdourahmane Diallo, WHO Representative in Kenya, highlighted the tool's importance in guiding sustainable investments in health workforce development.

“The HLMA Support Tool enables comprehensive assessment of education capacity, workforce supply, and demand, guiding necessary investments. I encourage participants to actively engage and strengthen their capacity to support countries in conducting robust health labour market analyses” he stated.

Despite progress, Africa faces a projected shortfall of 6.1 million health workers by 2030. Additionally, 27% of trained health workers remain unemployed, revealing a mismatch between training and job opportunities. Addressing these challenges requires a 43% increase in health workforce funding. The HLMA Support Tool is a critical step in aligning health workforce strategies with the Africa Health Workforce Investment Charter launched in May 2024.

ELIMINATING FINANCIAL BARRIERS TO HEALTH SERVICES IN THE AFRICAN REGION: REGIONAL FINANCIAL PROTECTION REPORT LAUNCHED



Access to quality health care is a fundamental human right, yet millions across the African Region face significant financial barriers that prevent them from receiving the care they need.

High out-of-pocket payments for medical services and medications continue to drive families into poverty, forcing many to choose between health care and necessities like food, housing, and education.

The World Health Organization (WHO) Regional Office for Africa launched on the 12 December 2024, a regional report on financial protection entitled: “Towards universal health coverage in the WHO African Region: tracking financial protection”.

Launched at the Universal Health Coverage Partnership global meeting held in Lyon France, from 11 to 13 December 2024, the new report reveals that out-of-pocket payments for health services continue to burden more than 200 million people across the continent, hampering progress toward achieving Universal Health Coverage (UHC).

Out-of-pocket health expenses force millions to sacrifice basic needs like food, housing, and utilities, worsening their health and financial stability. “Such payments force many people to spend less on other basic needs, creating a major barrier for the poorest and most vulnerable,” said Dr. Matshidiso Moeti, WHO’s Regional Director for Africa.

The report analyzed data from 2000 to 2019, revealing that the number of people making catastrophic health payments—spending over 10% of their household budget on medical expenses—increased by 2.5 million people annually, rising from 52 million in 2000 to 95 million in 2019.

Key findings include:

- In 2019, out-of-pocket payments made up over 25% of health spending in 31 African countries, surpassing 50% in 11 countries and 70% in three.
- On average, Africans spent just \$35 annually on health care in 2019—the lowest worldwide;
- Yet half of all people globally impoverished by health costs now live in Africa, up from 20% in 2000.
- Medicines and outpatient care are the leading causes of financial hardship.

The WHO calls for increased government investment in health systems and the elimination of fees for vulnerable populations. Countries are urged to strengthen financial protection policies and invest in data-driven decision-making to reduce the economic burden on households and advance Universal Health Coverage goals.

AFRICA MARKS 15 YEARS OF MEDICINES REGULATORY PROGRESS



The African Medicines Regulatory Harmonization (AMRH) initiative celebrated 15 years of progress during the 4th AMRH Week, held from October 28–29, 2024, in Maputo, Mozambique. This significant event brought together African leaders, policymakers, regulatory authorities, and global health partners to reflect on achievements, address challenges, and strategize for the future of Africa's medicines regulatory systems.

Organized by the AMRH Joint Secretariat—comprising the African Union Development Agency-NEPAD (AUDA-NEPAD) and the World Health Organization (WHO)—the event focused on strengthening regulatory frameworks and operationalizing the African Medicines Agency (AMA). Participants shared experiences, best practices, and innovative approaches to combat substandard and falsified medical products.

The 4th AMRH Week was immediately followed by the 10th African Medicines Regulators Conference (AMRC) from October 31 to November 1, 2024. Officially opened by Mozambique's Minister of Health, Dr. Armindo Tiago, the AMRC provided a platform for 55 national regulatory authorities and stakeholders to discuss strategies for preventing, detecting, and responding to substandard and falsified medical products.

During the AMRC and AMRH week, Member States national regulatory authorities and stakeholders/partners reaffirmed Africa's commitment to building stronger, safer, and more unified medical products regulatory systems to ensure access to quality medical products for all.

EMPOWERING HEALTH THROUGH SELF-CARE: AFRICA'S PATH TO UNIVERSAL HEALTH COVERAGE



The growing need for accessible and affordable healthcare has positioned self-care interventions as a transformative solution, particularly in the African region. Self-care empowers individuals to manage their health through methods such as self-testing for pregnancy, monitoring blood pressure, and utilizing emergency contraception. This approach complements traditional healthcare systems, expanding healthcare access without overburdening resources and addressing equity gaps affecting underserved communities.

The global shortage of healthcare workers and persistent humanitarian crises highlight the urgency for innovative solutions. The World Health Organization (WHO) has responded by updating its consolidated guidelines on self-care interventions, providing evidence-based recommendations for safe and effective practices. These interventions, including medications, diagnostics, and digital health tools, play a vital role in advancing Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

Recognizing the critical role of self-care, WHO Regional Office for Africa spearheaded efforts to scale up these interventions in the region.

The Self-Care Summit, held in Ethiopia, convened policymakers, healthcare professionals, donors, and civil society organizations from 19 member states to develop a Regional Action Plan. This summit aimed to share best practices, align strategies, and identify pathways for sustainable self-care implementation.

Key outcomes included a consensus-based Call-to-Action to strengthen self-care initiatives, emphasizing the need for government leadership, sustainable financing, and integration into primary healthcare systems. Challenges such as funding constraints, workforce training, supply chain management, and data monitoring were acknowledged, with strategies proposed to address them.

The summit underscored the importance of community engagement and collaboration among stakeholders to drive policy changes and secure necessary resources. By fostering an enabling environment for self-care, Africa moves closer to achieving UHC and improving overall health outcomes, marking a significant step toward meeting the 2030 SDG targets.



DR. OWEN LAWS KALUWA
WHO REPRESENTATIVE TO ETHIOPIA

“Operationalizing self-care is not just an innovative solution; it is a necessity for ensuring equitable access to sexual and reproductive health services, especially in emergencies and for marginalized populations. WHO remains committed to supporting countries in scaling up these essential interventions.”



DR ADENIYI ADEROBA
TEAM LEADER FOR REPRODUCTIVE AND MATERNAL HEALTH AT WHO REGIONAL OFFICE FOR AFRICA

Highlighted the summit’s focus on improving stakeholder collaboration towards advancing self-care initiatives in the Region and promoting self-care competency standards for healthcare workers to enhance self-care adoption and options across countries.



DR. PASCALE ALLOTEY
DIRECTOR OF SRH/HRP AT WHO HEADQUARTERS

“This summit marks a pivotal moment in dismantling the barriers to healthcare access faced by women, adolescents, and marginalized communities. Self-care interventions are fundamental to health equity and essential for achieving universal health coverage.”



H.E. DR. MEKDES DABA
MINISTER OF HEALTH OF ETHIOPIA

“Ethiopia’s progress in maternal and child health shows that partnerships and innovative strategies like self-care are vital. With our new RMNCAH self-care guidelines, we are committed to expanding access to essential health services and advancing our universal health coverage goals.”

TRANSFORMING HEALTH PROFESSIONS EDUCATION IN AFRICA FOR A COMPETENT HEALTH WORKFORCE TO ACCELERATE UNIVERSAL HEALTH COVERAGE IN AFRICA



The World Health Organization (WHO) Regional Office for Africa spearheaded a pivotal dialogue on Competency-Based Health Professions Education from November 12–14, 2024, in Lusaka, Zambia. This high-level meeting aimed to address significant gaps in Africa's health workforce training, with a focus on enhancing health professions education to strengthen healthcare delivery and accelerate progress towards Universal Health Coverage (UHC).

Despite political commitment and a strategic roadmap for UHC, Africa faces persistent challenges in health security and equitable healthcare access. While the health workforce has tripled since 2013, reaching 5.1 million by 2022, a critical shortfall remains. Projections indicate a deficit of 6.1 million qualified health workers by 2030. Alarmingly, nearly 27% of trained professionals remain unemployed, exacerbating systemic healthcare challenges.

A major concern is the quality of health education. Outdated curricula, inadequate infrastructure, and misaligned competencies contribute to poor healthcare outcomes. Nearly 48% of Africa's 2.5 million annual preventable deaths are linked to substandard care, much of which stems from insufficient health worker training.

The Lusaka dialogue brought together senior health professionals, education experts, policymakers, regulators, and key stakeholders to build consensus on essential competencies for healthcare delivery. The focus was on implementing competency-based education (CBE) to equip healthcare workers with the practical skills and knowledge required to meet Africa's evolving health needs.



“The sustainable solution to the global health workforce crisis lies in educating adequate numbers of competent health workers. Africa has the potential to contribute significantly to this global demand.”

FRANCIS OMASWA

FORMER EXECUTIVE DIRECTOR OF THE GLOBAL HEALTH WORKFORCE ALLIANCE.



This landmark event marked a critical step in transforming Africa's health education landscape to ensure a competent and resilient health workforce.

STRENGTHENING HEALTH FINANCING IN PORTUGUESE-SPEAKING AFRICAN COUNTRIES



The World Health Organization (WHO) is advancing health financing capacity in Portuguese-speaking African countries to accelerate progress toward Universal Health Coverage (UHC). Despite global improvements in healthcare service coverage, many countries remain off-track in achieving UHC, particularly in providing financial protection and reducing catastrophic health expenses.

To address these gaps, WHO developed the Health Financing Progress Matrix (HFPM) to assess and guide national health financing systems and the National Health Accounts (SHA 2011) framework, which helps countries monitor health expenditures and make data-driven decisions for UHC implementation. However, Portuguese-speaking African countries have struggled to fully utilize these tools due to language barriers and limited local expertise.

In response, WHO organized a two-week capacity-building workshop in Brazzaville, Congo from November 11–21, 2024 to equip participants from Portuguese-speaking African countries with practical skills to assess and strengthen their national health financing systems.

Participants gained in-depth knowledge of the HFPM's structure and learned how to generate actionable policy recommendations to improve financial protection. They were also trained on the SHA 2011 framework, focusing on data classification, mapping techniques, and quality control. Additionally, they received hands-on experience with the Health Accounts Production Tool (HAPT) to streamline data analysis and reporting.



Dr. Ogochukwu Chukwujekwu, Team Leader for Health Financing & Investment at WHO Regional Office for Africa emphasized the need to strengthen the capacities of a group of trainers who will support the conduct of HAs and build capacity of HA teams ***“The technical capacity within regional and country offices in Africa has played a critical role in supporting country health accounts teams through training and data quality reviews, strengthening the region’s ability to produce data more regularly.”***

A mentorship system was established to provide ongoing support, ensuring that participants can effectively lead health financing reforms in their countries. This initiative marks a significant step toward sustainable health financing and equitable healthcare access in Lusophone Africa.

STRENGTHENING INTEGRATED CHILD HEALTH SERVICE DELIVERY IN AFRICA TO ACHIEVE SDG TARGETS



The WHO Regional Office for Africa hosted a regional workshop from December 10–13, 2024, in Kigali, Rwanda, to enhance the delivery of integrated child-centered health services within primary health care systems.

The event brought together over 100 participants from 16 African countries, including health program managers, development agencies, donors, and partners such as USAID, UNICEF, the World Bank Global Financing Facility, and the Child Health Task Force. The focus was on implementing WHO's regional framework for strengthening integrated child health services.

Developed through consultations with member states and partners, the framework promotes a primary health care approach to child health, aiming to advance Universal Health Coverage (UHC) and improve coordination across health programs. It guides countries in leveraging resources and opportunities to strengthen national child health initiatives.

This initiative responds to the 77th World Health Assembly's resolution calling for accelerated progress in reducing maternal, newborn, and child mortality (SDG targets 3.1 and 3.2). It also builds on commitments made during the 74th WHO Regional Office for Africa event in Brazzaville, where ministers of health urged greater investment in child health and stronger multisectoral collaboration.

The workshop highlighted innovative tools and strategies to revitalize child health programs, particularly the Integrated Management of Childhood Illness (IMCI), essential for addressing preventable child deaths.

The workshop fostered cross-country learning and collaboration, aiming to accelerate national actions to reduce child mortality and advance Sustainable Development Goals across Africa.



Most childhood deaths are preventable with effective, evidence-based interventions. Improving child health is both a moral obligation and a foundation for sustainable development,” said Dr. Athanase Rukundo, Rwanda’s Director General of Clinical and Public Health Services.

IMPROVING THE CAPACITY OF COUNTRIES TO RESPOND TO THE HEALTH NEEDS OF ADOLESCENTS AND YOUTH



Health officials and partners from across the African region convened in Johannesburg, South Africa, from 14 to 18 October 2024 for a regional workshop aimed at strengthening national responses to adolescent and youth health needs. The event, titled “Accelerated Action for the Health of Adolescents and Youth”, focused on empowering countries to improve policies, strategies, and programs that address the well-being of adolescents and young people.

Adolescents and youth, who make up a growing segment of Africa’s population projected at 291 million in 2024 are critical to the continent’s social and economic development. Recognizing this, the workshop provided a platform for governments and stakeholders to assess progress since the launch of the Accelerated Action for the Health of Adolescents (AA-HA!) initiative in 2017 and to integrate updated guidance from the second edition of the AA-HA! framework, released in 2023.

Key achievements highlighted include a decline in adolescent mortality rates from 16.9 per 1,000 in 2017 to 14.9 in 2023, reduced HIV prevalence, and expanded HPV vaccination programs now adopted by 60% of African countries. However, challenges such as mental health issues, iron deficiency anemia, and rising adolescent overweight rates remain pressing concerns.

The workshop equipped national health leaders with tools to prioritize adolescent health, enhance multisectoral collaboration, and effectively utilize the AA-HA! 2.0 guidance for policy development. Participants also discussed aligning national programs with ministerial commitments on education and adolescent well-being.



Dr. Janet Kayita, Regional Child and Adolescent Health Team Leader, WHO Regional Office for Africa, emphasized the importance of collective action, stating: **“Investing in the health of adolescents is not just a moral imperative—it is essential for building healthier, more resilient societies. Together, we must ensure that no young person is left behind.”**

Outcomes included strengthened national capacities, a roadmap for multisectoral adolescent health programming, and plans for regional support, positioning Africa to better safeguard the health and future of its youth.

ACCELERATING PROGRESS TO REDUCE PREVENTABLE MATERNAL, NEWBORN AND CHILD MORTALITY IN WEST AND CENTRAL AFRICAN COUNTRIES BY 2030



From November 19 to 22, 2024, Dakar, Senegal, hosted the Regional Consultation on Every Woman, Every Newborn, Everywhere (EWENE) and Child Survival Action (CSA). Supported by WHO, UNICEF, UNFPA, and UN Women, the consultation brought together over 150 participants from 24 countries in West and Central Africa (WCAR). Attendees included health ministry representatives, UN agencies, and partners like USAID, Save the Children, and the Gates Foundation.

WCAR faces the world's highest maternal, newborn, and child mortality rates, compounded by fragile and humanitarian crises. To meet Sustainable Development Goals (SDG 3.1 and 3.2), urgent action is needed. Unlike previous consultations in Bangkok and Lusaka, this third event emphasized child health and a life-course approach to care.

Participants discussed challenges and exchanged good practices to reduce maternal, neonatal, and under-five mortality. Countries reviewed updated guidelines and frameworks, focusing on scaling up high-impact interventions like Emergency Obstetric and Newborn Care, Essential Newborn Care, and Integrated Management of Childhood Illness. They also highlighted cross-cutting health system issues such as leadership, governance, financing, human resources, and supply chains.

Key outcomes included action plans to strengthen maternal and child health services, improve data management systems, and enhance referral systems. Countries also recognized the need for integrated approaches to family planning, antenatal care, and mental health.

The consultation underscored that effective implementation of interventions is possible even in resource-limited settings. However, scaling and sustaining these efforts require strong health systems and coordinated action. Next steps include reporting back to national stakeholders, securing government buy-in, and implementing priority actions with support from regional and global partners. The consultation marks a significant step toward ensuring that every woman, mother, newborn, and child in WCAR can survive and thrive.

STRENGTHENING POLICY DIALOGUE TO ADVANCE SRHR IN THE AFRICAN REGION



In a significant move to tackle persistent challenges in Sexual and Reproductive Health and Rights (SRHR) across Africa, the WHO Regional Office for Africa (WHO/AFRO) hosted in Lusaka, Zambia, 12 – 15 November 2024, a Regional Capacity Building Workshop aimed to enhance policy dialogue mechanisms and empower countries to develop effective strategies to address SRHR issues.

Sub-Saharan Africa continues to grapple with alarming maternal mortality rates, currently at 531 deaths per 100,000 live births, and limited access to modern contraceptives, affecting 42 million women. Unsafe abortions and rising cancer-related deaths further exacerbate the crisis. Despite health reforms over the past two decades, disparities in access to SRHR services remain due to weak health systems, funding gaps, and infrastructural challenges.

The workshop focused on equipping country teams with skills to develop evidence-based policy briefs, stakeholder maps, and strategic dialogue frameworks. Objectives included providing technical support for advocacy tools, training teams in policy dialogue techniques, and formulating actionable roadmaps to address national SRHR priorities.

Success stories from past WHO/AFRO initiatives highlight the impact of effective policy dialogues. Countries like Benin, Burkina Faso, and South Africa have updated national policies and revised abortion laws to expand access. In the Central African Republic, traditional birth attendants are now integrated into maternal care services to address the shortage of qualified midwives.

Participants are now tasked with finalizing action plans, engaging stakeholders, and mobilizing resources to implement SRHR policies. WHO/AFRO will continue to provide technical support and monitor progress through regular evaluations. This collaborative effort aims to accelerate progress toward Sustainable Development Goals, particularly reducing maternal mortality and improving women's health outcomes across the African region.

3-LEVEL MEETING WITH THE CONRAD HILTON FOUNDATION TO STRENGTHEN EARLY CHILDHOOD DEVELOPMENT



The Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030) underscores the urgent need to invest in high-impact, life-course interventions to eliminate preventable maternal, newborn, and child deaths while improving overall health and well-being. Supporting young children to achieve their full developmental potential is both a human right and a key pillar of sustainable development. A central aspect of this vision is ensuring that children's rights provide the conditions necessary for their survival and growth across the life course.

With an aim of fostering and strengthening coordination, collaboration, and partnership to advancing ECD, WHO AFRO organized a three-level meeting with the Conrad N. Hilton Foundation from December 4–6, 2024, in Brazzaville, Congo.

The meeting convened stakeholders from the three focus countries—Kenya, Tanzania, and Mozambique—along with representatives from WHO headquarters, WHO AFRO, and the Hilton Foundation. Key collaborating clusters, including UHP and UCN, were engaged to leverage resources and opportunities to advance Early Childhood Development (ECD).

The forum provided a platform to assess progress, share lessons and best practices, and address challenges in the first phase of implementation and co-create strategic priorities for the next phase of collaboration between WHO and the Hilton Foundation. Consensus was also reached on strategic priorities, objectives, and milestones for Phase 2 of the grant, scheduled to begin in July 2025.

The meeting has also facilitated the identification of opportunities to scale up ECD interventions beyond the current focus countries, integrating regional and global advocacy efforts to expand impact.

The meeting has also further strengthened partnerships between WHO and the Hilton Foundation, reinforcing a shared commitment to institutionalize and advance ECD in the African region.

ZIMBABWE LAUNCHES HEALTH WORKFORCE STRATEGY AND SIGNS INVESTMENT COMPACT TO STRENGTHEN HEALTHCARE SYSTEM



The Government of Zimbabwe officially launched on the 17th October 2024, the Health Workforce Strategy (2023–2030) and signed the Health Workforce Investment Compact (2024–2026), marking a significant step towards strengthening the country's healthcare system. This dual initiative aims to transform Zimbabwe's human resources for health, ensuring universal access to quality healthcare by 2030.

Approved by the Cabinet, the Health Workforce Strategy addresses critical gaps in workforce planning, training, retention, and governance. It outlines five strategic pillars: planning and financing; production, training, and development; deployment and governance; retention and migration management; and monitoring, evaluation, ICT, and research.

A core objective is to increase public sector health workforce spending from \$9 to at least \$32 per capita by 2030. Additionally, Zimbabwe plans to double its

annual health worker training output from 3,334 in 2022 to 7,000 by 2030 and create 32,000 new health positions. This strategy also prioritizes integrating community health workers and achieving equitable workforce distribution across regions.

To tackle high attrition rates, the government aims to reduce health worker turnover by 50%, improve remuneration, and raise satisfaction levels to 80% by 2030. Ethical migration policies will also be implemented to retain experienced professionals.

The Health Workforce Investment Compact, developed in collaboration with development partners and with WHO's technical support, outlines a \$1.63 billion funding requirement from 2024 to 2026. An additional \$475 million is needed to fully achieve its objectives. Zimbabwe has pledged to allocate 75% of this funding, inviting support from development partners and the private sector.



Dr. Matshidiso Moeti, WHO Regional Director for Africa, praised Zimbabwe's commitment, stating, **“This compact is a bold step toward improving the health of the Zimbabwean people.”**

This strategy positions Zimbabwe as a leader in implementing the Africa Health Workforce Investment Charter, driving the country closer to achieving Universal Health Coverage.

SENEGAL AND RWANDA REACH WHO MATURITY LEVEL 3 IN MEDICINES REGULATION



Senegal and Rwanda have reached a significant milestone by achieving Maturity Level 3 (ML3) in the World Health Organization's (WHO) global classification of national regulatory authorities. These two countries join an exclusive group of eight African nations to attain this status, reflecting their robust efforts to strengthen regulatory systems across the continent.

The WHO's benchmarking process, carried out through the Global Benchmarking Tool, assesses national regulatory systems based on more than 250 indicators, focusing on essential functions such as product authorization, market surveillance, and safety monitoring. A country that reaches Maturity Level 3 demonstrates a stable, well-functioning, and integrated regulatory framework, while Maturity Level 4, the highest ranking, signifies a system committed to continual advancement.

Senegal's Agence Sénégalaise de Réglementation Pharmaceutique (ARP) and Rwanda's Food and Drugs Authority (Rwanda FDA) successfully reached Maturity Level 3 following assessments conducted in October 2024. These evaluations were carried out in close collaboration with the WHO Regional Office for Africa (AFRO) and WHO country offices in both nations.

This achievement highlights not only the dedication of Senegal and Rwanda but also the broader progress towards strengthening regulatory systems across

Africa. Both countries are now positioned to further contribute to the African Medicines Agency (AMA) operationalization, a key initiative to enhance health systems and access to medicines across the continent.



“This milestone marks a step forward in Africa’s journey toward stronger, more resilient health systems that prioritize the safety and efficacy of medical products. Both countries serve as models for the continent and contribute to the collective vision of a healthier Africa.” said Dr. Matshidiso Moeti, WHO Regional Director for Africa.

The WHO global benchmarking process continues to support countries in advancing their regulatory capabilities, ensuring that health systems are equipped to deliver safe, effective medicines and vaccines. By strengthening national regulatory authorities, the WHO aims to improve health outcomes and build a foundation for sustainable development across Africa.

World Health Organization Regional Office for Africa

Universal Health Coverage/ Life Course Cluster

OUR VISION

All people across different population sub-groups in the African region have the health care they need, where and when they need it without suffering financial hardship.

