ADVANCED VERSION

#UHCPartnership

UHC Partnership Annual Report 2023:
Strengthening health systems to achieve universal health coverage

World Health Organization

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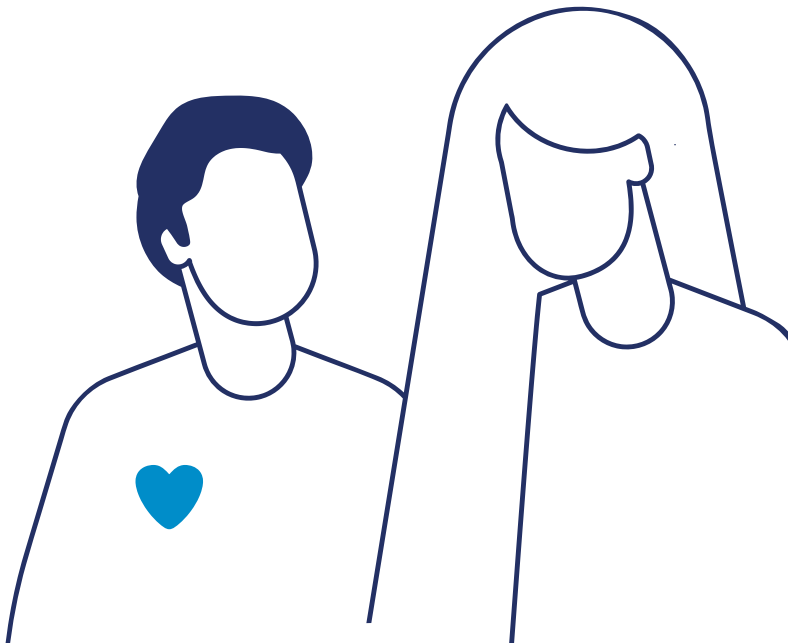

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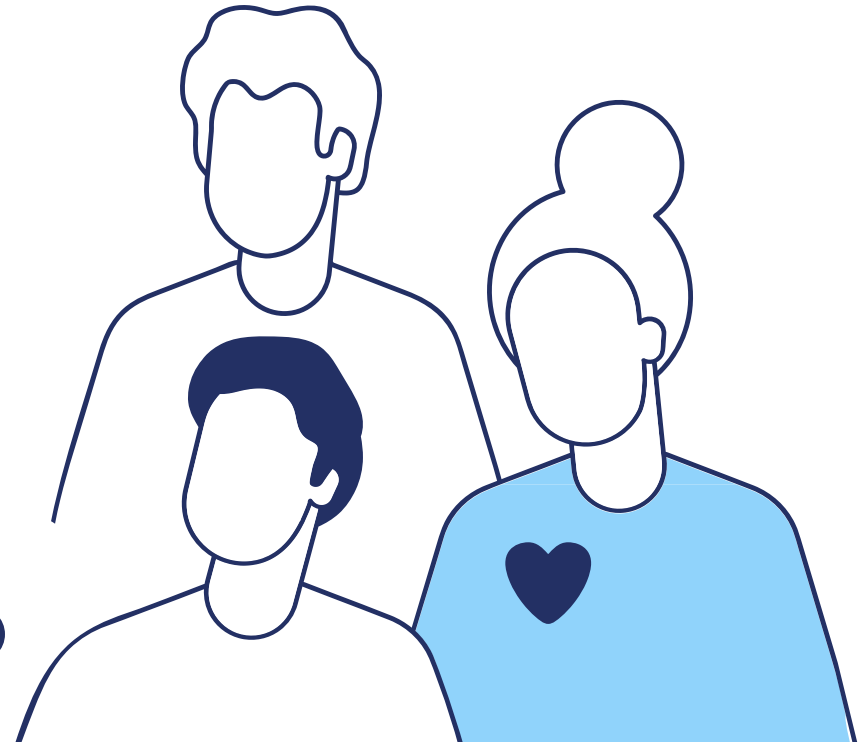

List of boxes

Photo: A patient is vaccinated at the local Haat Bazaar community market in Chhattisgarh, India. ©WHO/India

Acknowledgement of donors and partners

The Universal Health Coverage Partnership is supported by:

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- **Japan** – Ministry of Health, Labour and Welfare
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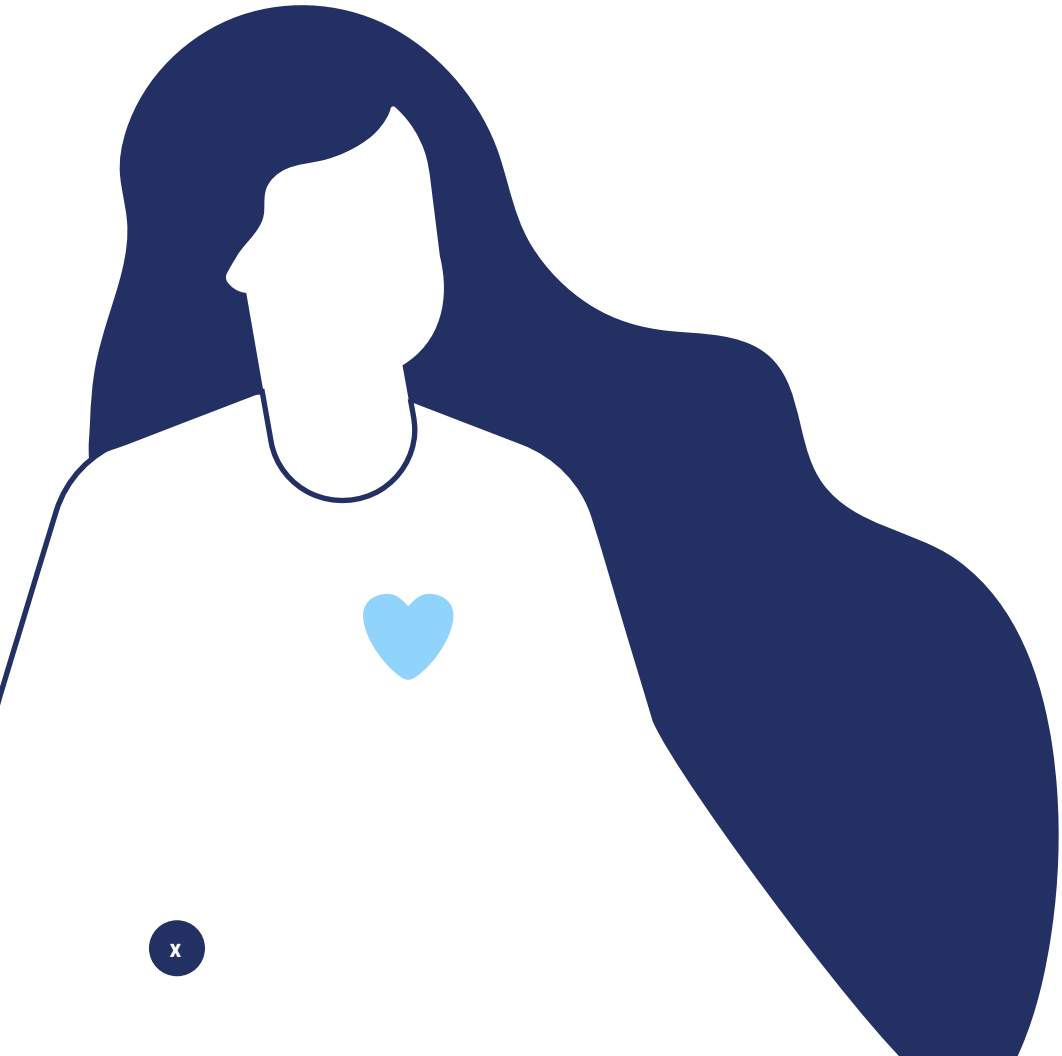
- **World Health Organization**

2023 Annual Report

This report covers the calendar year 2023

It provides a synthesis of country activities and results achieved with the support of the Universal Health Coverage Partnership in all the participating countries. Although not explicitly mentioned in each example, all these activities were funded through the UHC Partnership and occasionally with other partners.

This synthesis report is, by definition, not exhaustive. It presents a range of country examples related to the major areas of work. It reflects overall activities and results and provides details on how the UHC-P achieved sustainable buy-in of partners and stakeholders at the country level in the different countries concerned.



List of abbreviations

AAR after action review

ACT-A Access to COVID-19 Tools Accelerator

AFRO Regional Office for Africa

AMR antimicrobial resistance

AMRO Regional Office for the Americas

CHE current health expenditure

COVAX vaccines pillar of the Access to COVID-19 Tools Accelerator

COVID-19 coronavirus disease

CPEA cross-programmatic efficiency analysis

CRVS civil registration and vital statistics

CSOs Civil Society Organizations

DHIS2 District Health Information System

DRG diagnosis-related group

EHSP Essential Health Services Package

EMRO Eastern Mediterranean Regional Office

EPHF essential public health function

EU European Union

EURO European Regional Office

GAVI Gavi, the Vaccine Alliance

GBT Global Benchmarking Tool for Evaluation of National Regulatory System of Medical Products (WHO)

GDP gross domestic product

GLASS Global Antimicrobial Resistance and Use Surveillance System

GPW 13 Thirteenth General Programme of Work, 2019–2025

GPW 14 Fourteenth General Programme of Work, 2025–2028

HEARTS Strategic approach to improving cardiovascular health (WHO)

HFPM Health Financing Progress Matrix

HLMA Health Labour Market Analysis

HMIS Health Management Information Systems

HRH human resources for health

HTA Health Technology Assessment

ICD-11 International Classification of Diseases (11th revision)

IHR International Health Regulations 2005

IPC infection prevention and control

JEE Joint External Evaluation

JWT Joint Working Team on primary health care and universal health coverage (WHO)

MDCC Multi-Donor Coordination Committee

NAPHS National Action Plan for Health Security

NCD noncommunicable disease

NGO nongovernmental organization

NHA National Health Accounts

NHWA National Health Workforce Accounts

OOP out-of-pocket

PAHO Pan American Health Organization

PEN Package of essential noncommunicable disease interventions

PFM public financial management

PHC primary health care

REMAP resource mapping

SDG Sustainable Development Goal

SDG3 GAP SDG3 Global Action Plan for Healthy Lives and Well-being for All

SEARO South-East Asia Regional Office

SIDS small island developing States

SIP Perinatal Information System

SISCA Integrated Community Health Service

SPAR States Parties Self-Assessment Annual Reporting

SPH Strategic Partnership for Health Security and Emergency Preparedness

SPRP COVID-19 Strategic Preparedness and Response Plan

STAR Strategic Tool for Assessing Risks

TB tuberculosis

UHC universal health coverage

UHC-P Universal Health Coverage Partnership

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

WPRO Western Pacific Regional Office

Executive summary

The UHC Partnership (UHC-P) is WHO's largest platform for international cooperation on universal health coverage (UHC) and primary health care (PHC). It comprises a broad mix of health experts working to promote UHC and PHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

The UHC-P's focus is to contribute to the achievement of the Triple Billion targets:

- **1 billion** more people benefiting from UHC
- **1 billion** more people better protected from health emergencies
- **1 billion** more people enjoying better health and well-being.

As the foundations of WHO's Thirteenth General Programme of Work, 2019–2025 (GPW 13), the Triple Billion targets serve as both measurements and policy strategies. The measurement of these targets has been aligned with those of the health-related Sustainable Development Goals (SDGs), to reduce the burden on countries for data collection and to streamline efforts to accelerate progress towards achieving key targets. Strengthening data collection and monitoring at all levels is key to achieving both the Triple Billion targets and the SDGs, and has long-term implications for improving global health.

From 2025, the Fourteenth General Programme of Work, 2025–2028 (GPW 14), endorsed by resolution WHA77.1 in June 2024, will provide a high-level roadmap for global health and will guide WHO's work in support of Member States and partners until 2028. GPW 14 aims to reinvigorate actions needed to keep the health-related SDGs on track, while future-proofing health and care systems for the post-SDG era.

This annual report is organized around the themes of the Triple Billion Targets of WHO's General Programme of Work and the strengthening of health information systems and data collection. The examples and outcomes highlighted are all from 2023, showcasing both country-specific and regional achievements. Additionally, the report includes in-depth analyses of specific country achievements and themes pertinent to achieving Universal Health Coverage (UHC).

1 billion more people benefiting from UHC

1 billion more people better protected from health emergencies

1 billion more people enjoying better health and well-being.

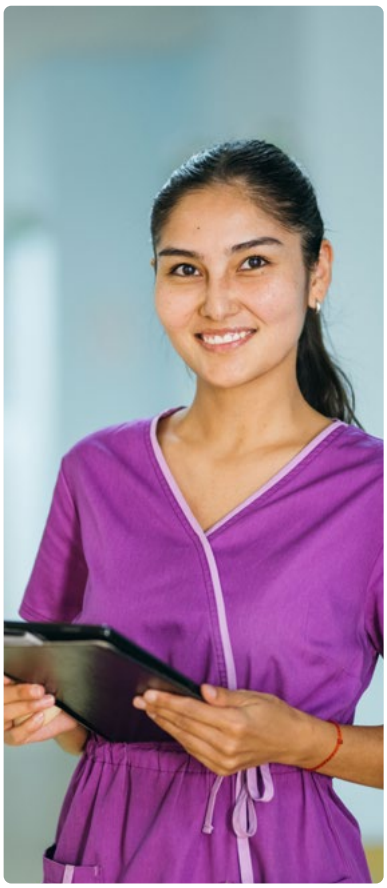
Photo: Victoria Atieno, Clinician, Railways Health Centre, Kisumu. ©WHO/Kenya

Over the past 13 years, the Universal Health Coverage Partnership (UHC-P) has expanded its support from seven target countries in 2011, encompassing the WHO regions of Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific, to providing assistance and technical expertise in advancing Universal Health Coverage (UHC) in over 125 countries and areas by 2023. More than 145 UHC-P-funded Health Policy Advisors, stationed in various countries and regional offices, address the needs articulated by ministries of health. Simultaneously, they build trust, enhance capacities, and develop technical expertise for medium and long-term UHC objectives.

On 22 October 2023, the UHC-P organized a workshop in Astana, Kazakhstan, over 250 delegates from ministries of health, development partners, and WHO country offices globally participated. This pre- conference workshop was strategically held a day prior to the international conference marking the 45th anniversary of the Alma-Ata Declaration and the 5th anniversary of the Astana Declaration. The event was organized by the WHO Regional Office for Europe in collaboration with the United Nations Children's Fund (UNICEF) and the Government of Kazakhstan.

The workshop served as a crucial platform for countries to explore the interconnections between PHC and Universal Health Coverage (UHC), delve into the political dynamics of health system reforms, and identify key success factors that have fostered innovation and investment in PHC, aiming for better implementation in the near future.

The UHC-P has firmly established itself as an essential pillar in providing in-country support for health systems strengthening. It continues to uphold its commitment to aiding Member States in achieving UHC. In the wake of the COVID-19 pandemic, the focus on reducing health inequities and ensuring affordable access to health services remains vital. Through a combination of policy dialogue and technical assistance, the UHC-P offers tailored support to meet each country's specific goals in progressing towards UHC.



The UHC-P has firmly established itself as an essential pillar in providing in-country support for health systems strengthening

Photo: Primary health care professionals at the Republican Centre for Primary Health Care in Astana, Kazakhstan.
©WHO / Darkhan Zhagiparov

Regional highlights

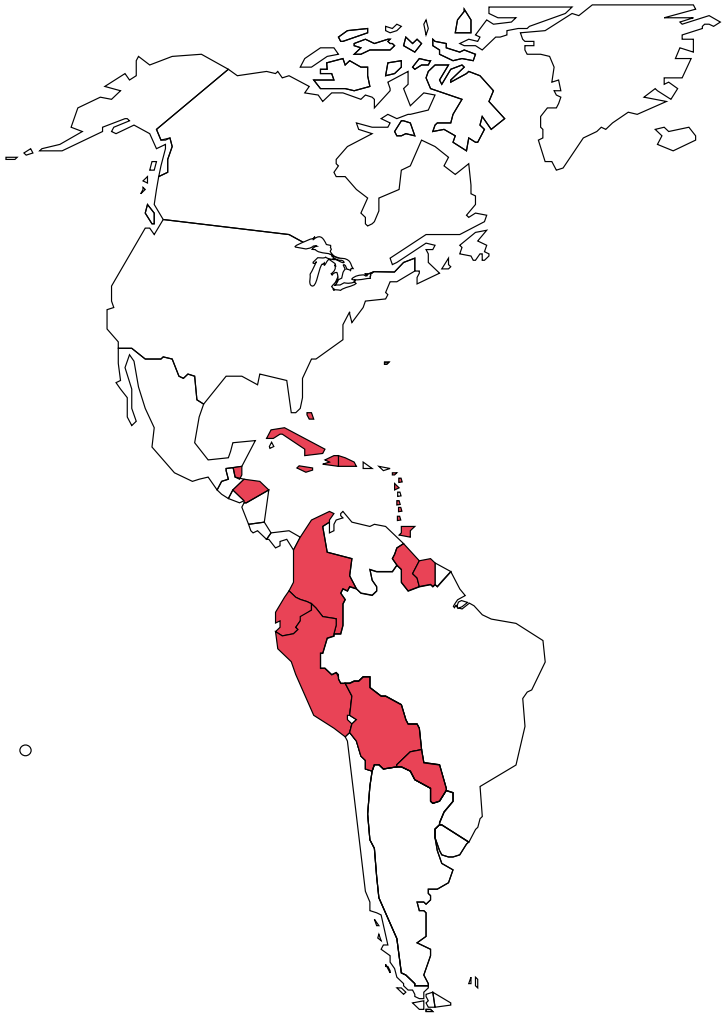
Fig. 1. Highlights from 2023 from all WHO regions

WHO Region of the Americas

- Antigua and Barbuda
- Bahamas
- Barbados
- Belize
- Bolivia
- Colombia
- Cuba
- Dominica
- Dominican Republic
- Grenada
- Guyana
- Haiti
- Honduras
- Jamaica
- Paraguay
- Peru
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Suriname
- Trinidad and Tobago

WHO African Region

- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central AfricanRepublic
- Chad
- Comoros
- Congo
- Côte d'Ivoire
- Democratic Republic of the Congo
- Equatorial Guinea
- Eritrea
- Eswatini
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Seychelles
- Sierra Leone
- South Africa
- South Sudan
- United Republic of Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe



Not Applicable

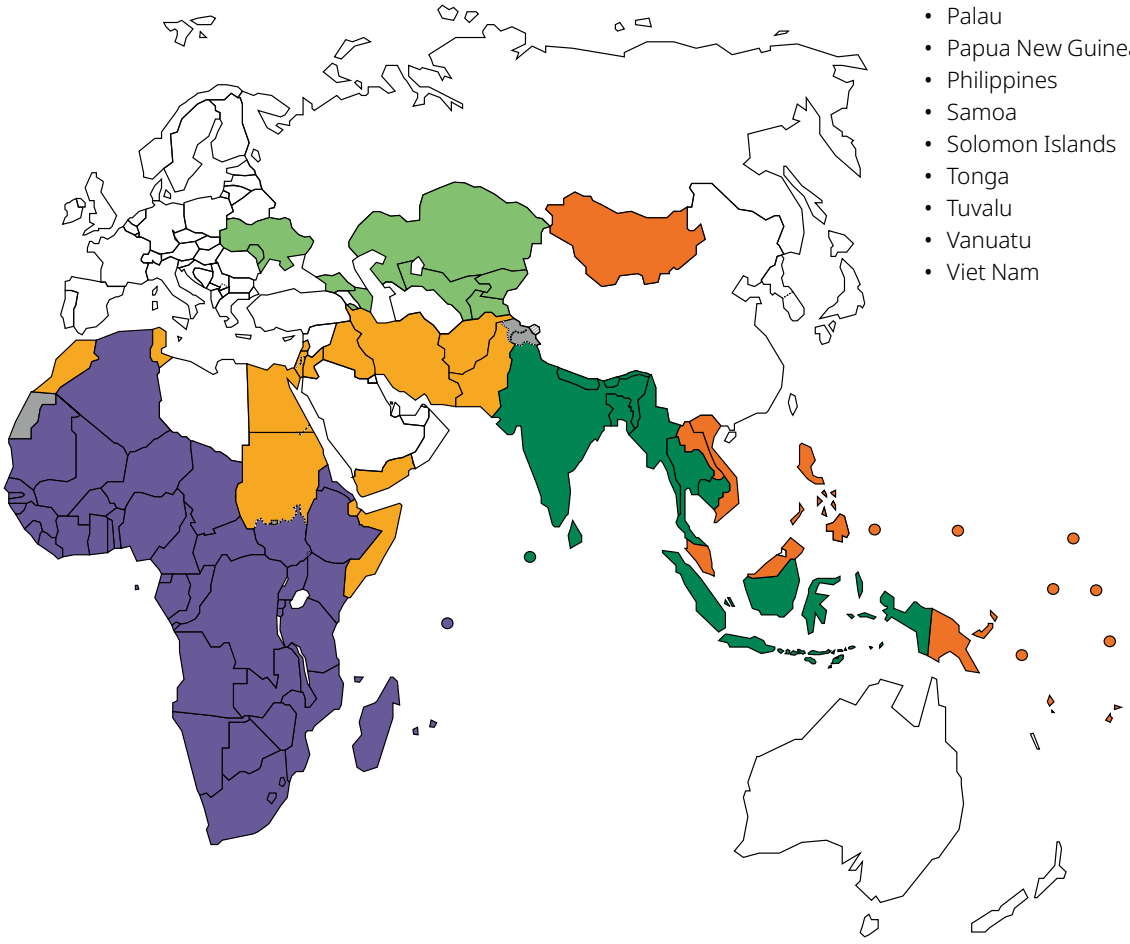
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

WHO European Region

- Azerbaijan
- Georgia
- Kyrgyzstan
- Republic of Moldova
- Tajikistan
- Ukraine
- Uzbekistan

WHO Western Pacific Region

- Cambodia
- Cook Islands
- Fiji
- Kiribati
- Lao People's Democratic Republic
- Malaysia
- Marshall Islands
- Micronesia (Federated States of)
- Mongolia
- Nauru
- Niue
- Palau
- Papua New Guinea
- Philippines
- Samoa
- Solomon Islands
- Tonga
- Tuvalu
- Vanuatu
- Viet Nam

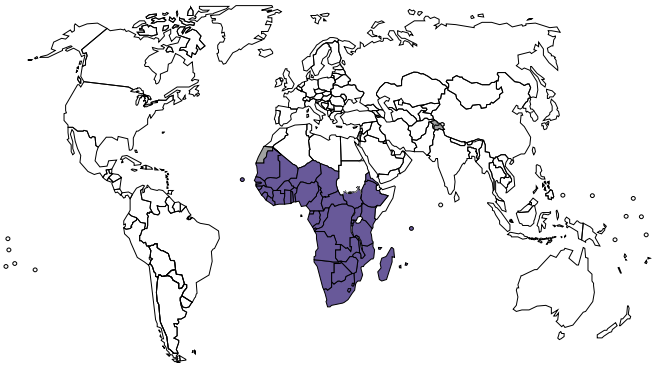


WHO Eastern Mediterranean Region

- Afghanistan
- Djibouti
- Egypt
- Iraq
- Iran (Islamic Republic of)
- Jordan
- Lebanon
- Morocco
- occupied Palestinian territory
- Pakistan
- Somalia
- Sudan
- Tunisia
- Yemen

WHO South-East Asia Region

- Bangladesh
- India
- Indonesia
- Myanmar
- Nepal
- Sri Lanka
- Timor-Leste



African Region

Regional commitments to accelerating progress towards UHC

At the 73rd Regional Committee Meeting in August 2023 in Botswana, health ministers adopted several regional frameworks and strategies to build resilient and sustainable health systems and attain universal health coverage (UHC). They committed to nationalizing these actions and securing high-level support. The adopted frameworks include the Framework for sustaining resilient health systems to achieve UHC and promote health security, the Framework for strengthening community protection and resilience, the Regional Strategy for Community Engagement in the WHO African Region, and the Regional Multisectoral Strategy to Promote Health and Well-being, covering the period 2023–2030.

Legal reforms to enhance progress towards UHC in the WHO African Region

The Regional Office, in collaboration with WHO Headquarters, the O'Neil Institute and the Inter-Parliamentary Union, is currently undertaking an assessment of public health laws that facilitate progress towards UHC in all 47 countries of the Region. The assessment is part of a broader initiative to support countries to implement legal reforms to enhance progress towards achieving UHC. A preliminary report of the findings in all countries is available, and will be undergoing consultation and validation at the country level.

Accelerating the delivery of UHC through PHC financing improvements

The Regional Office, in collaboration with UNICEF, the Global Financing Facility, the Bill & Melinda Gates Foundation and Harmonization for Health in Africa, organized a health financing forum on 21–23 March 2023 in Kigali, Rwanda, to strengthen PHC and resilience. Over 150 participants from 20 countries and development partners attended the event. The forum aimed to improve resource mobilization and financing for more efficient and effective delivery of PHC services. The key outcome was country-specific action plans to improve PHC financing based on context and priorities. Key recommendations included: (i) regular measurement of PHC services and spending; (ii) increasing resources to invest in PHC services; (iii) enhancing efficiency, effectiveness and equity of PHC spending; and (iv) enabling an environment for investing more and better in PHC services.

Region of the Americas

The high-level dialogue on Health For all: Strengthening primary health care to build resilient systems

A High-level dialogue, held on 5 April 2023 in Washington, DC, United States of America (USA), was attended by Dr Nisia Trinidade Lima, Minister of Health of Brazil; Dr Frank C.S. Anthony, Minister of Health of Guyana; Dr Francisco Alabi, Minister of Health of El Salvador; Mr Juan Núñez Guadarrama, Coordinator, México Salud-Hable Coalition; and Dr Jaime Urrego, Vice Minister of Public Health, Colombia, who discussed ways to strengthen and transform health systems in the Region, using the PHC approach, to address current challenges and prepare for future health emergencies.

The Primary Care International Conference

The conference held at the National Academy of Sciences, USA on July 19–20, 2023, brought together high-level health care experts from the Regional Office, government, civil society and academia to discuss the essential role of PHC.

High-level meeting at the United Nations General Assembly, Investing in the radical reorientation of health systems towards primary health care: the best and only choice to achieve universal health coverage

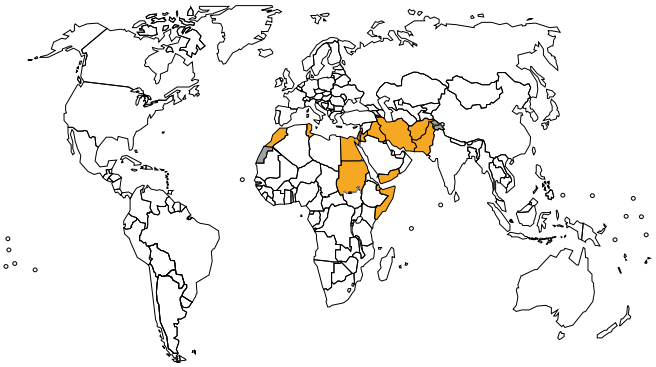
A side event was organized on 21 September 2023 by WHO and the Regional Office in collaboration with the Government of Chile, that convened experts to discuss ways and means to strengthen investment and urgently accelerate progress towards universal health coverage.

Virtual course, Introduction to the renewed essential public health functions, launched in English

This course is based on the Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 in the Region of the Americas. The self-training course, Introduction to the renewed essential public health functions, in English, was launched on 24 September 2023 and has reached a significant milestone of 17 148 participants. This includes public health representatives from more than 200 professions, spanning across 41 countries.

Regional forum: Alliance for primary health care in the Americas

This forum was held in Montevideo, Uruguay, on 4–6 December 2023. During the forum, the Regional Office and the World Bank announced the formation of the Lancet Americas Commission on Primary Health Care and Resilience in Latin America and the Caribbean, which seeks to advance knowledge that will inform decision-making for the future development of PHC and resilience in the Region.



Eastern Mediterranean Region

International colloquium on health innovations and the patient's place in the new reforms

In Morocco, the UHC-P contributed to the national debate on health reforms and participated with the Mohammed VI Polytechnic University in two workshops: one to share the development process of the 2022 policy briefs and scientific articles to support strategic decisions related to the current reforms; and the other to share experiences between the Barcelona Institute for Global Health, Spain, and the Mohammed VI Polytechnic University knowledge centre.

International conference on climate resilient Pakistan and the SDG3 GAP collaboration

This global conference was held on 9 January 2023, in Geneva, Switzerland, and was co-hosted by the Government of Pakistan and the United Nations. The conference served as a platform to secure international support and establish enduring partnerships, aimed at enhancing Pakistan's climate resilience and adaptation efforts. The conference highlighted the collaboration between partners, which proved invaluable in working cohesively on the post-disaster needs assessment and Resilient Recovery, Rehabilitation and Reconstruction Framework (4RF). Pakistan's SDG3 GAP collaboration success story is as an example of practical endeavours that can be replicated at the implementation level within the health sector, using joint workplans and comprehensive monitoring and evaluation processes.

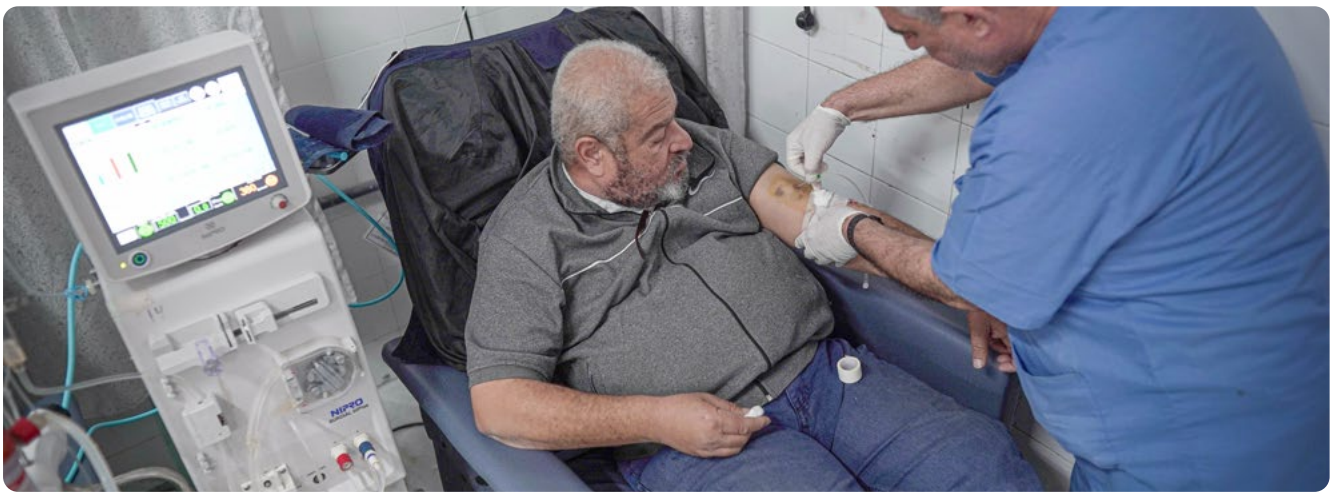


Photo: A dialysis patient in south Gaza. © WHO

European Region

High-level regional meeting on health and care workforce in Europe: time to act

On March 22–23 2023, representatives from 50 of the Region's 53 Member States joined health workers, their unions and associations, and academics and experts in adopting the Bucharest Declaration, which urged political action and commitment to protect, support and invest in health and care workers across Europe and central Asia.

Regional meeting on fit-for-purpose hospitals: prioritizing quality and sustainability to meet the demands of modern health care

The meeting, held on June 5–7, 2023, in Baku, Azerbaijan, brought together government representatives, hospital practitioners and partners from across the Region to discuss major challenges facing the Region's hospitals – with a particular emphasis on hospitals in central and eastern Europe.

WHO Barcelona forum on financial protection in Europe

The WHO Barcelona Office for Health Systems Financing hosted a two-day meeting on 14–15 June 2023 in Barcelona, Spain, to discuss the preliminary findings and policy implications of a new report on financial protection in the Region. The forum aimed to raise awareness of trends, set the agenda for change and foster policy action on affordable access to health care.

International conference celebrating the 45th anniversary of the Declaration of Alma-Ata and the fifth anniversary of the Astana Declaration

On 23 October 2023, the Regional Office, together with UNICEF and the Government of Kazakhstan, co-hosted an international conference to celebrate the 45th anniversary of the Declaration of Alma-Ata and the fifth anniversary of the Astana Declaration on PHC. The conference, Primary Health Care Policy and Practice: Implementing for Better Results, was an official side event of the 73rd session of the WHO Regional Committee for Europe, and was held in Astana, Kazakhstan.

The UHC-P organized a pre-conference workshop on 22 October 2023 for over 250 delegates from ministries of health, development partners and WHO country offices from all over the world. The workshop provided an opportunity for countries to examine the connections between PHC and UHC, the political dynamics surrounding health system reforms and the success factors that enabled innovation and investment for PHC for better implementation in the immediate future.

Tallinn Charter 15th Anniversary High-level Conference, Trust and transformation: resilient and sustainable health systems for the future

On 12–13 December 2023, the Regional Office and the Government of Estonia co-hosted a high-level health systems conference, Trust and transformation: resilient and sustainable health systems for the future, to commemorate 15 years of the Tallinn Charter: Health Systems for Health and Wealth.

South-East Asia Region

The Seventh Meeting of the Asia Pacific Network on Access to Medicines Under Universal Health Coverage

This meeting was held on 13–14 June 2023 in New Delhi, India. The primary focus of this workshop was to facilitate the exchange of good practices on pricing policies, price monitoring and enhancing access to medical products at the PHC level to advance the goals of UHC. During the workshop, participants engaged in discussions on the emerging challenges associated with accessing medicines both during and after public health emergencies. The sessions aimed to address strategies to strengthen preparedness and establish resilient supply chains in response to such emergencies. The workshop specifically emphasized the challenges faced by countries when developing robust supply chains to effectively respond to public health crises. The importance of improving access to medical products at the PHC level was emphasized as a critical step towards realizing UHC in the South-East Asia Region

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First WHO Global Summit on Traditional Medicine

This summit, held on 17–18 August 2023 in Gandhinagar, India was attended by the Director-General of WHO, the regional directors of the South-East Asian and European offices, along with other senior WHO officials, the Chief Minister of Gujarat, the Minister of Ayurveda, Unani, Siddha and Homeopathy medicines (AYUSH) and the Minister of Health, India. Other attendees included the Minister of State for AYUSH, the Gujarat Health Minister, the Minister of Health of Bhutan and the National Director of Ancestral Traditional Medicine, Bolivia, and had participation from all six WHO regions.

The summit outcome document, the Gujarat Declaration, reaffirmed global commitments towards indigenous knowledge, biodiversity and traditional, complementary and integrative medicine.

Photo: Dr Thomas Damor, Medical Officer, Community Health Centre, Chhindarh, treats a patient. ©WHO/India

Second Annual Meeting of the South-East Asia Regional Forum for Primary Health Care-oriented Health Systems

The three-day second annual meeting of the South-East Asia Regional Forum for PHC-oriented Health Systems was held on 16–18 October 2023 in Columbo, Sri Lanka. The meeting focused on sharing and reviewing progress with respect to the South-East Asia Regional PHC Forum, with identification of key priorities and activities to be carried out in 2024 and beyond. The specific objectives of the meeting were to provide an update of progress on PHC related developments at the national, regional and global levels; to review progress with respect to the South-East Asia Regional PHC Forum, with dissemination of operational learning from the Thematic Working Groups and areas of joint actions; to collectively identify priorities, modalities and activities for the South-East Asia Regional PHC Forum to engage in 2024; and to facilitate a learning visit to view PHC operations in Sri Lanka.

High-level Ministerial Roundtable and associated adoption of the Delhi Declaration on strengthening PHC as a key element towards achieving universal health coverage

On 31 October 2023, the Region's Member States committed to prioritizing investment in PHC to accelerate progress towards UHC by signing the Delhi Declaration for strengthening PHC. The Declaration builds on the commitments of heads of state and governments, and ministers of health, to strengthen PHC as the most efficient and effective way to address evolving population health challenges in the Region. This is in line with the recent United Nations General Assembly's Political Declaration on UHC and the G20's New Delhi Leaders Declaration on PHC. To accelerate progress, the Declaration calls for prioritized and optimized investment in PHC, including in multidisciplinary and people-centred PHC teams. The Declaration also calls for improving supply and logistics management to provide adequate, quality and affordable medical products at the PHC level, and for efficient use of available resources through strengthened systems of governance, monitoring and accountability and the use of innovative technologies and data to enhance access and improve health service delivery.

Western Pacific Region

Primary Health Care Regional Framework Implementation Workshop: accelerating PHC reforms in Asia and the Pacific

In this workshop, held on 26–28 September 2023 in Manila, the Philippines, Member State delegates learned the attributes and strategic actions of the Regional PHC Framework. They discussed the successes and challenges encountered in its implementation, and reflected on existing and possible entry points to strengthen and/or transform PHC-oriented health systems in their countries and areas. Given the success of this workshop, the Regional Office is planning to turn this into an annual meeting for Member States to convene, discuss and exchange knowledge on PHC related initiatives.

Second meeting of the Technical Advisory Group on Reaching the Unreached

This meeting, held on 26–27 September 2023, in Manila, the Philippines, served as a platform for technical advisors to discuss the implementation of the Regional Reaching the Unreached Framework, focusing on strategies to identify and serve unreached populations. Delegates, who included Reaching the Unreached champions from governments and other entities, shared successes and the challenges experienced in "reaching the unreached". The meeting facilitated discussions on innovative and multisectoral approaches to overcoming health care barriers.

Photo: LAO PDR - WHO consultant Dr Rebecca Inglis (second from right) teaches ICU (Intensive Care Unit) staff how to safely use a ventilator on a patient with COVID-19, during a simulation-based training at Setthathirath Hospital. ©WHO/Blink Media - Bart Verweij

Photo: COVID-19 mental health and psychosocial support homecare kit training in Saythani District, Vientiane. ©WHO/Philippe Aramburu

Member States Consultation on the Draft Framework to Shape the Health Workforce of the Western Pacific Region for the Future

A Member States Consultation on the Draft Framework to Shape the Health Workforce of the Western Pacific Region for the Future took place on 24–25 April 2023 in Manila, the Philippines. Following this consultation, a series of revisions were made to the draft framework to incorporate the received feedback. In October 2023, the framework was submitted to the 74th Regional Committee Meeting. Following unanimous support, the framework was adopted and will be published in 2024. Technical guidance was provided to the Papua New Guinea Minister of Health and the Vice Health Minister of the Lao People's Democratic Republic. Following this support, a commentary was published in Lancet Global Health, Prioritising the health and care workforce shortage: protect, invest, together.

Eighteenth WHO–OECD Annual Meeting of Asia-Pacific Health Accounts Experts

WHO organized a capacity-building and peer-learning event on health accounts production held on 29 August 2023 in Seoul, South Korea. Almost 100 participants attended the three-day event, including 57 country participants representing 23 countries and areas in the WHO regions of South-East Asia and the Western Pacific.

The meeting built upon previous capacity-building activities and technical deliberations and considered evolving technical concepts, methodologies and data collection mechanisms. It also stimulated discussions and cross-country knowledge sharing to improve countries' own methodologies.

The meeting also strengthened countries' capacities for timely and quality health expenditure tracking, focusing on PHC, out-of-pocket payments (OOP) for health, pharmaceutical and COVID-19 spending. At the event, policy relevant questions were raised and potential collaborations between countries and within WHO for further development of National Health Accounts (NHA) production and institutionalization were identified.

Fig. 2. UHC-P by the numbers

9 donors

World Health Organization

LUXEMBOURG AID & DEVELOPMENT

Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

MINISTÈRE DE L'EUROPE ET DES AFFAIRES ÉTRANGÈRES
Liberté
Égalité
Fraternité

Foreign, Commonwealth & Development Office

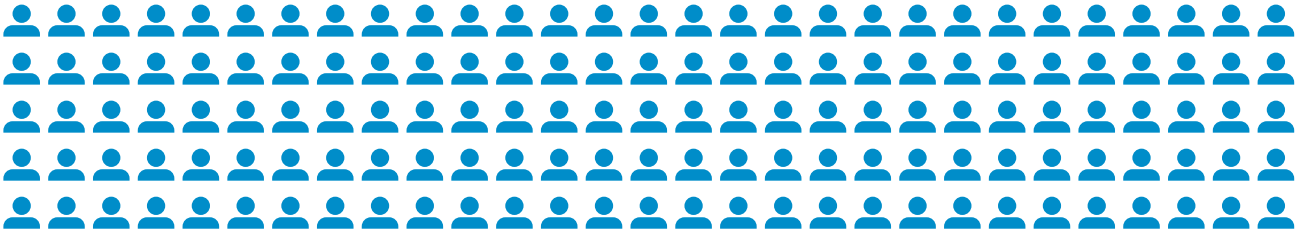
Belgium
partner in development

Canada

US$ 530 million

Leveraged from partners to assist countries in building resilient and effective health systems from 2012 to 2026, including US$ 52 million in 2023.

145 health policy advisors globally



Including 152 country-level health policy advisors in WHO country offices

117 countries in the 6 WHO regions

See the Annex for all UHC-P activities mapped by country

Fig. 3. Top 10 outputs supported by the UHC-P in 2023

Output	Top 10 outputs	Number of countries involved
1.1.1	Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	78
4.1.1	Countries enabled to strengthen health information and information systems for health, including at the subnational level, and to use this information to inform policy-making	61
1.1.4	Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	58
1.1.5	Countries enabled to strengthen their health workforce	51
1.2.1	Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage	39
1.3.1	Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	31
1.2.2	Countries enabled to produce and analyse information on financial protection, equity and health expenditures, and to use this information to track progress and inform decision-making	29
1.1.2	Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	23
1.3.3	Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	19
1.1.3	Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	16

Fig. 4. UHC-P key thematic areas (number of countries involved)

Introduction

All countries participating in the UHC Partnership (UHC-P) have improved their UHC index[1] over the past decade thanks to the efforts of national authorities and the support of global and national health partners. In more than 125 countries, UHC-P has demonstrated what can be achieved by strengthening health systems using a primary health care (PHC) approach, including in the context of the coronavirus (COVID-19) pandemic and other health emergencies.

While much remains to be done, progress has been made in improving the UHC index. This progress needs to be accelerated, building on the experience and lessons learned in countries supported by the UHC-P. A decade after its launch, the Partnership has become one of the largest and most effective platforms for international cooperation on UHC and PHC. It is now time to institutionalize this investment to ensure its sustainability and support countries in achieving health for all.

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1 As a measure of SDG 3.8.1 on health service coverage, the UHC index combines 14 tracer indicators of service coverage into a simple summary measure reported on a scale of 0 to 100. Learn more: https://www.who.int/data/stories/the-triple-billion-targets-a-visual-summary-of-methods-to-deliver-impact

Photo: Nurses attend a training sesssion at Rudaki District Primary Healthcare Centre. ©WHO/Mukhsin Abidzhanov

What is UHC?

UHC means that all people and communities – with no one left behind – receive the quality services they need, and are protected from health threats, without suffering financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. UHC has been adopted and supported by several World Health Assembly resolutions (WHA58.33, WHA64.8, WHA69.11, WHA71.1 and WHA72.13) and included as one of the three fundamental pillars of the WHO Thirteenth General Programme of Work for 2019–2025 (GPW 13) *(1, 2)*. UHC is a political choice to be made by every country.

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Treading the path towards UHC requires robust policies, political will and strong government capacity to steer the health sector. Policy dialogue is an important "steering wheel" for governments to drive evidence-informed decision-making. Putting UHC into practice means brokering consensus among all relevant stakeholders on health priorities to jointly move towards set targets. Those priorities must then be spelled out in national health plans, charting out the country's roadmap towards UHC.

In order to reach UHC, health systems must be oriented towards a PHC approach, which includes three essential components: multisectoral policy and action, empowered people and communities, and PHC and essential public health functions (EPHFs) at the core of integrated health services. In 2022, following the publication of the operational framework for PHC *(3)*, the monitoring framework and indicators *(4)* have been published to support countries to assess how decisions, actions and investments address the broader determinants of health while improving service coverage, financial risk protection and the overall health of the population.

In order to reach UHC, health systems must be oriented towards a PHC approach.

PHC is the main strategic approach of the UHC-P to progress towards UHC and health for all. Fig. 5 visually presents how experience and recent thinking have shifted the focus and meaning of the PHC movement. This change is intended to widen the scope and perspective of PHC and make it a whole-of-society approach for dealing with health needs, responses and actors' responsibilities.

Photo: WHO Ethiopia COVID-19 Incident Management Team on a supportive supervision visit to the Gambella isolation and treatment center set up in the Gambella University premises. ©WHO/Loza Tesfaye

Fig. 5. PHC in practice

Source: Modified from table 1 “How experience has shifted the focus of PHC movement”, WHR 2008 (WHO, 2008) *(5)*

What it is	What it is not
It is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and its equitable distribution in the population.	**It is not** a basic package of health interventions and essential drugs for those experiencing poverty.
It is providing better value for money than its alternatives, but still requires a considerable investment.	**It is not** cheap, requiring only a modest investment.
It is addressing the health of everyone in the community.	**It is not** a concentration on specific populations (e.g. mother and child health only).
It is a comprehensive response to people’s health needs and expectations, including promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards.	**It is not** focused on a small number of selected diseases, primarily infectious and acute (e.g. HIV care alone).
It is a health system-wide approach to address the health needs and preferences of populations, while maximizing the effectiveness, efficiency and equity of health outcomes.	**It is not** an exclusive focus on primary care services (e.g. first-level care) missing out on the opportunities of wider health system alignment, multisectoral action and community engagement.
It is institutionalised participation of civil society, communities and people in policy dialogue, accountability, health system management and in decisions about their health care, with improved health literacy.	**It is not** people and communities as passive recipients of health services without a voice on health matters.
It is integrated and people-centered health services encompassing all levels and settings of care, focusing on primary care as coordinator.	**It is not** primary care working in isolation from sub-specialty care, in-patient hospital care, etc., without mechanisms for integration and coordination.
It is teams of health workers with an appropriate skill mix facilitating access to comprehensive health services and appropriate use of technology and medicines.	**It is not** volunteer, non-professional community health workers operating in isolation with limited scope of practice, medicines and technologies.

How does the UHC Partnership support countries?

The UHC-P was created in 2011 to promote UHC, aligned with SDG target 3.8, by supporting policy dialogue and providing technical assistance to enable governments to strengthen health systems in governance, workforce, financing, access to health products, information and service delivery, while enabling effective development cooperation (Box 1). Recently, the UHC-P has developed a specific focus on noncommunicable diseases (NCDs); health security; gender, equity and human rights thanks to its flexible and catalytic approach.

The UHC-P was created in 2011 to promote UHC, aligned with SDG target 3.8.

In 2023, the UHC-P channelled investments from nine donors (Belgium, Canada, the European Union (EU), France, Germany, Ireland, Japan, Luxembourg, and the United Kingdom of Great Britain and Northern Ireland) to WHO's country and regional offices to ensure continuity between global commitments and country implementations for health systems strengthening (Fig. 6). The activities being funded through the UHC-P support WHO's workplan to achieve UHC by strengthening health systems through the PHC approach across all three levels of the organization (country, regional and headquarters) based on the GPW 13, which has been recently extended until 2025 (WHA75.6), and subsequently on GPW 14, which was approved in resolution WHA77.1 in June 2024.

To ensure consistency, the UHC-P developed a tailored and country-led approach based on country-selected priority areas and country capacities. Financing opportunities are discussed at all three levels, but the decision of what needs to be funded is firstly the shared responsibility of regional and country offices. Resources are monitored and tracked through an internal computerized system to follow their distribution by regional and country offices, and, for each donor, a workplan is developed for each set of funds setting out its utilization and distribution at all levels.

To ensure consistency, the UHC-P developed a tailored and country-led approach.

Photo: Family Nurse Mavluda Turrayeva checks on a family during a home visit in Rudaki District, Tajikistan. ©WHO/Lindsay Mackenzie.

Photo page 5: Marcus Moses and family (beneficiary). ©WHO/Nigeria

Box 1. Universal Health Coverage Partnership working principles

A flexible and country-led approach
The UHC-P supports countries with flexible funds and agile programming, adapting quickly to evolving contexts and priorities, as in the response to COVID-19, including preparedness, prevention, diagnosis, treatment and vaccination.

In-country technical assistance
More than 145 long-term Health Policy Advisors deployed in countries worldwide to support Member States and ensure approaches and assistance fit for context.

Participatory governance
The UHC-P continues to advocate for policy dialogue and social participation, including in times of crisis, to build and maintain trust and ensure policy adherence.

Prepare, respond and maintain essential health services
The UHC-P supports governments to protect communities from the impacts of health emergencies, maintain essential health services and strengthen country capacities to face future health threats.

PHC as the foundation of strong health systems
PHC is the foundation of strong health systems and it is central to respond to health emergencies. It serves as a critical first line of defence during outbreaks, in preventing diseases and in improving the health of all communities.

The UHC Partnership sets a model for transparency and accountability

To improve transparency and mutual accountability, and ensure systematic monitoring of implementation, as well as continuity and stability of efforts at country level, the UHC-P is organized around a strong and high-level internal governance structure supported by the political commitment of world leaders. The governance structure of the UHC-P is based on several pillars: the Multi-Donor Coordination Committee (MDCC), the UHC-P Steering Committee, the live monitoring mechanism, the Joint Working Team (JWT) for PHC and UHC and bimonthly meetings, the communication strategy, operational research and collaboration with global health initiatives.

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Multi-Donor Coordination Committee (MDCC)

The MDCC provides a visible and transparent mechanism to enable discussions and coordination with the donors on successes and challenges related to the implementation of major activities in the frame of the UHC-P. The EU and the WHO assistant directors-general and directors meet regularly at the meetings of senior officials (the last one was held in 2021) or high-level strategic dialogues (the last one was held in 2022). The MDCC met in March, July and October 2023. The overall objectives of the MDCC are to:

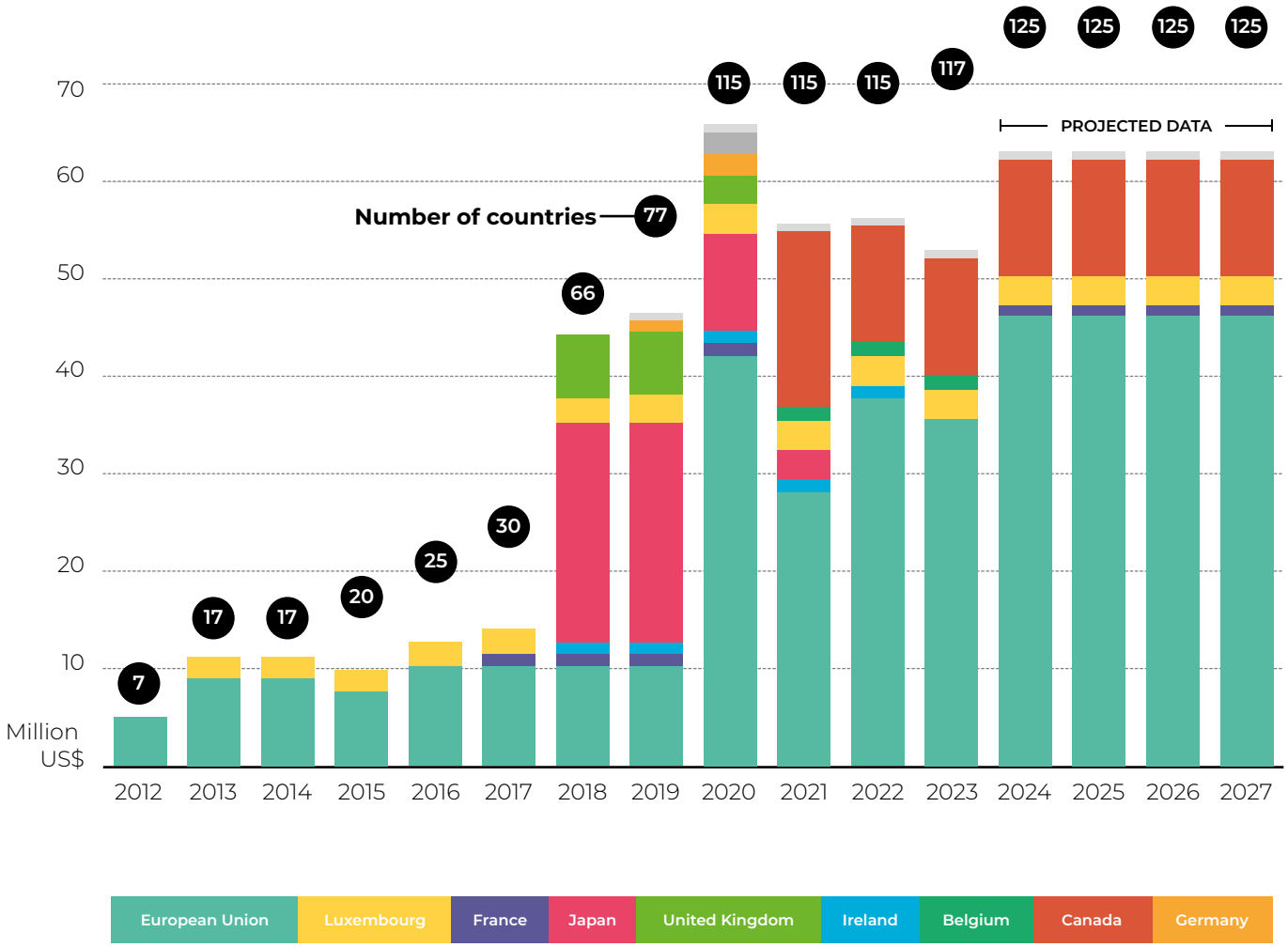
The EU and the WHO assistant directors-general and directors meet regularly.

- improve coordination between WHO and donors by providing a platform to regularly convene and streamline programmes, as well as to harmonize and align approaches to build synergies and prevent duplication of work;
- share information with a view to aligning donor investments based on aid effectiveness principles – that is, one plan, one monitoring mechanism, one report – in line with the GPW 13 and its priorities for countries;
- identify priorities and gaps in the response to inform the future direction of programme-specific funds and other investments, in complementarity with other global initiatives.

The MDCC provides an opportunity to regularly share the challenges and successes of WHO UHC country support plans implementation both with the UHC-P donors and other stakeholders. Serving a catalytic role, the UHC-P allows stakeholders to come together to adapt and find solutions to address challenges and bottlenecks to progress towards UHC at the country level.

Fig. 6. Evolution of financial support provided by an increasing number of donors

EU: European Union; LUX: Luxembourg; UK: United Kingdom. *Source*: Authors.



UHC-P Steering Committee

In June 2019, under the guidance of the then Deputy Director-General of WHO, Dr Zsuzsanna Jakab, a UHC-P internal high-level Steering Committee was put in place. This Committee comprises the Deputy Director-General, the Executive Director of the UHC Life Course Division, as well as all involved Assistant Directors-General and Executive Directors, and the Directors for Programme and Management of the six WHO regional offices. In March and July 2023, three Steering Committee meetings were organized to discuss how to integrate the UHC-P with the current transformation of WHO. The main contribution of the Steering Committee to the UHC-P was improving the alignment and coherence of working with WHO in the field. It also ensured strong support from senior management to implement managerial processes to ensure fast recruitment procedures and rapid availability of funds at the country and regional levels.

In June 2019 a UHC-P internal High-level Steering Committee was put in place.

Live monitoring mechanism

The live monitoring mechanism aims to evaluate the progress of WHO's country and regional offices on UHC-P-supported activities, share lessons learned, and provide updates on future technical work. This platform provides a unique opportunity to engage and facilitates regular dialogue between WHO and its partners regarding support to Member States in delivering their UHC goals. Two series of the live monitoring sessions were conducted in 2023: the first between April and June 2023, and the second in November 2023.

The Joint Working Team for primary health care and universal health coverage and bimonthly meetings

Bimonthly meetings of the JWT for PHC and UHC (Box 2), co-chaired by WHO headquarters and one of the WHO regions, allow for deep discussions and exchanges of good practice between the three levels of WHO. The meetings organized in 2023 focused on the PHC approach as an enabler for addressing NCDs. Eighteen biweekly JWT meetings took place, involving 38 presentations which covered a range of thematic areas on UHC and PHC. The audience for the JWT meetings increased, with approximately 60 active participants for biweekly meetings and 100 for the bimonthly meetings from all three levels of WHO. Special JWT meetings were reconvened in fragile, conflict-affected and vulnerable countries, and consequently the JWT network was extended to include WHO's Health Emergencies Programme. The JWT supported the preparation of the United Nations High-Level meeting on universal health coverage, held in New York, United States of America, in September 2023, and the UHC Partnership workshop run during the International conference celebrating the 45th anniversary of Alma-Ata and 5th anniversary of Astana declarations, held in Astana, Kazakhstan, in October 2023. It also supported all six UHC-P live monitoring sessions involving all the regions.

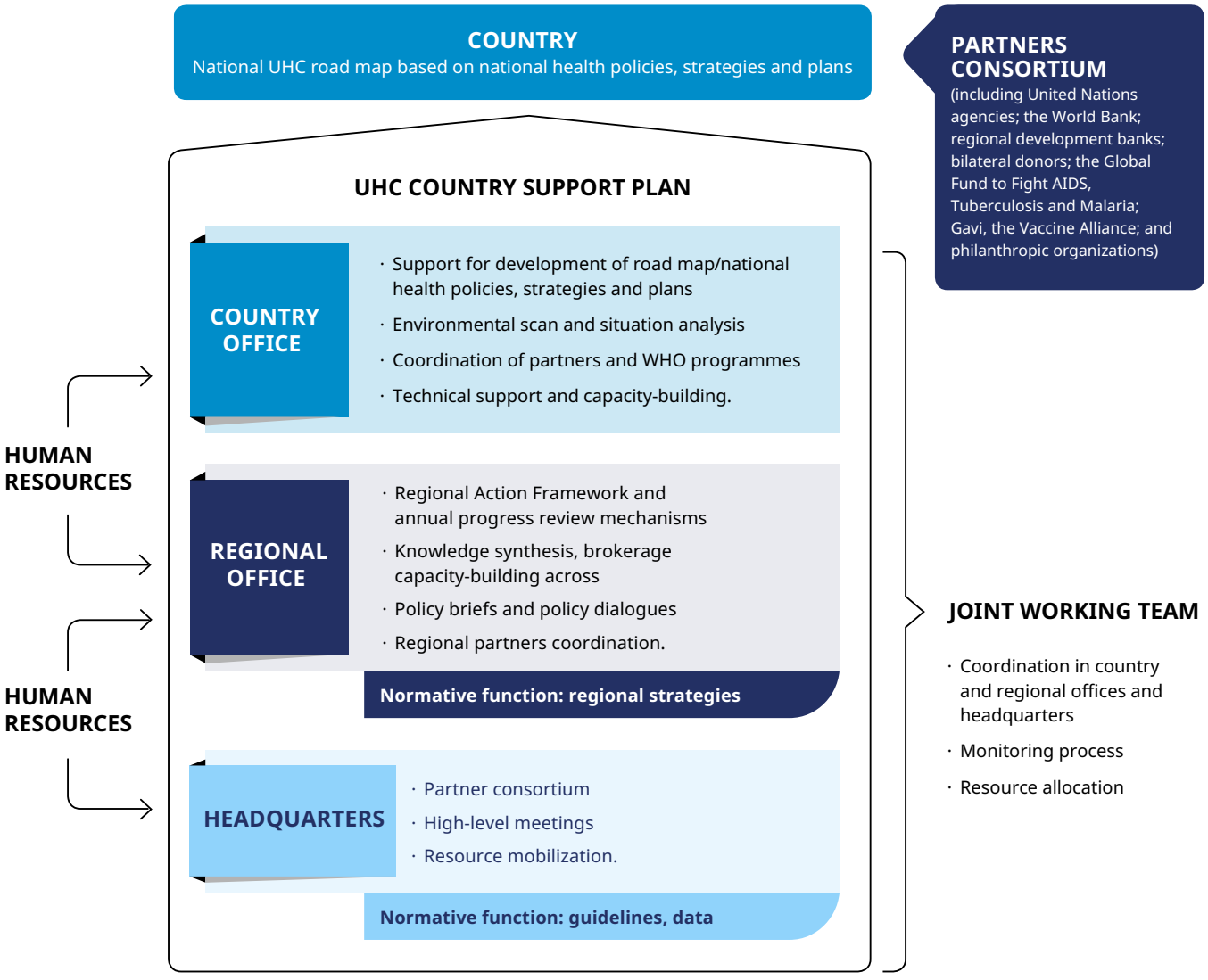
Bimonthly meetings of the JWT for PHC and UHC allow for deep discussions and exchanges of good practice between the three levels.

Box 2. The Joint Working Team builds and ensures internal coherence and integrated efforts within WHO

The UHC-P benefits from the WHO-wide JWT on PHC and UHC that brings expertise and coherence to all levels of WHO in relation to UHC. The JWT was established in the GPW 13 (Fig. 7.) and represents an operational arm overseeing the day-to-day management of WHO to support harmony, alignment and integration of efforts geared towards UHC implementation at the country level. The JWT continues to ensure the coordination, monitoring and reporting of the UHC country, subregional and regional support plans. Moreover, with the specific focus on NCDs and health security, the JWT welcomed focal points for these specific issues to ensure greater coordination. A number of NCD Hard Talks webinars were organized in 2023, with the support of the UHC-P, to discuss and promote solutions for important issues related to NCDs, such as supply chains or international strategic dialogue for NCDs.

Fig. 7. WHO country action framework

Source: WHO (1, 2).



The communication strategy

A communication strategy has been developed to cover the fourth phase of implementation (2019–2023) to contribute to the overarching goal of stronger commitment, action and solidarity by Member States to achieve UHC and build more resilient health systems. The implementation of the strategy, which began in mid-2020, focused on generating greater awareness and support, promotion of country experiences and evidence-based approaches, and demonstration of the value of international solidarity and strong political will to achieve health for all.

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Regional and country offices have been actively engaged in the development and co-promotion of stories from the field, which in many cases, also involved cooperation from ministries of health and partners, resulting in unified and amplified messaging. Stories were complemented with newsletters, magazines, feature articles, videos and communication toolkits, which were distributed and promoted across high-traffic pages of WHO's website and other digital and social media platforms at the global, regional and country levels.

UHC-P communications became more agile and responsive throughout the year, covering topics related to evolving country priorities in the midst of the COVID-19 pandemic and other developments. This has led to greater visibility and relevance of the UHC-P at key opportunities, including the World Health Assembly, WHO's Executive Board sessions, UHC Day and World Health Day, among others. A new, more robust UHC-P website has also been published to enable the UHC-P to enhance its presence online and bring more timely and accessible information and resources to its audiences and stakeholders.

Operational research

In 2023, a policy and practice review was published in Frontiers in Public Health, as part of the special collection Health systems recovery in the context of COVID-19 and protracted conflict *(6)*. The review included the UHC-P experiences from Colombia, Islamic Republic of Iran, the Lao People's Democratic Republic, South Sudan, Timor-Leste and Ukraine, and included operational and countries' perspectives on the strategic and technical leadership provided by WHO to assist Member States in strengthening PHC and essential public health function (EPHF) for resilient health systems. The review demonstrated, and provided lessons and advice on, good practice for other countries that are in the process of strengthening their health systems. This policy and practice review is a first attempt to formulate what has been observed over time through the diverse accountability mechanisms of the UHC-P, within the framework of a larger contribution analysis that should be implemented in the next phase of the UHC-P.

In 2023, a policy and practice review was published in Frontiers in Public Health.

To ensure the sustainability of the intervention, the 2021 results-oriented monitoring review recommended to implement, monitor and evaluate health policies built with the support of the UHC-P. To follow-up on this recommendation, in 2024 the UHC-P analysed its contribution in Timor-Leste to understand the development, implementation and monitoring of supported health policies. This contribution analysis aims to link supported activities to health systems and health outputs and outcomes, as presented in the PHC monitoring framework and indicators, to reach SDG.8 for UHC. In addition, the UHC-P supports various research and publications at the country *(7)* and global levels *(8)*

Collaboration with global health initiatives

The UHC-P operates under the global multistakeholder platforms of UHC2030 and the SDG3 Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) to promote collaborative efforts globally and in countries through a PHC-oriented approach to enhance cooperation effectiveness (Fig. 8). In 2016, the International Health Partnership (IHP+) was transformed to UHC2030, whose mission is to create a movement for accelerating equitable and sustainable progress towards UHC. The SDG3 GAP, launched in September 2019 at the United Nations General Assembly, is a collaboration of 13 leading humanitarian, development and health agencies supporting countries to accelerate progress towards the health-related SDGs. Since the inception of SDG3 GAP, GAP agencies have moved from making commitments to laying the groundwork for a decade of delivery and action on the health-related SDGs through stronger collaboration. Implementation of the GAP is grounded in joint support for countries, builds on existing collaborations and aims to fill gaps in national mechanisms and processes to achieve its aims. Furthermore, disease-specific work and health systems strengthening can – and should – be mutually reinforcing. However, this cannot be left to chance. If disease-specific work is to prove effective in building systems while achieving results, these dual outcomes must be deliberately planned. Through common goals and targets for health, international partners, governments and civil society improve their alignment and shared accountability.

The UHC-P operates under the global multistakeholder platforms of UHC2030 and the SDG3 Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP).

Photo: WHO field visit to a hospital in Rubizhne, Luhansk region, Ukraine. ©WHO/Oleksii Ushakov

Fig. 8. PHC and the UHC-P in its global environment

ACT-A: Access to COVID-19 Tools Accelerator; COVAX: vaccines pillar of the ACT-A; GPW 13: Thirteenth WHO General Programme of Work, 2019–2025; HSC: Health System Connector; PHC: primary health care; SDG3 GAP: SDG3 Global Action Plan for Healthy Lives and Well-being for All; SPRP: COVID-19 strategic preparedness and response plans; UHC: universal health coverage; WHO: World Health Organization. *Source*: Authors.

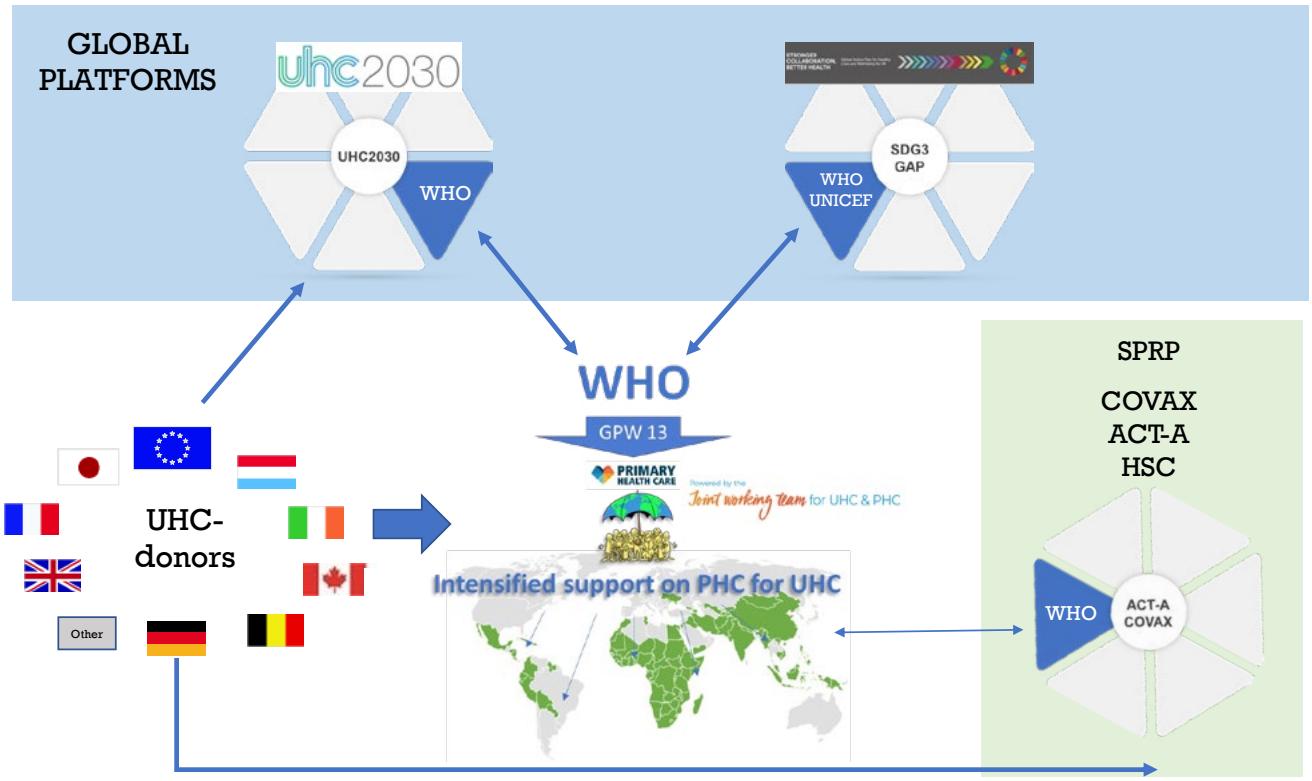

Photo: Musanabera Claudine with her child at the Musovu Health Post in Bugesera. ©WHO/Alice Rutarema

1. Universal health coverage

Notable results for the first billion in 2023

- In the WHO **African Region**, 10 countries were supported to develop or review their Essential Health Services Packages (EHSPs), 13 countries benefited from UHC-P assistance to develop their national health strategies, and nine countries updated their health financing strategies using the evidence generated from Health Financing Progress Matrix (HFPM) assessments. In addition, 27 countries were supported to conduct quality assurance reviews for local procurement of medical products.

In the WHO African Region, 27 countries were supported to conduct quality assurance reviews

- Three countries in the WHO **European Region** and five in the **African Region** led health labour market analyses, as a first stop along the way to developing evidence-based national health workforce strategies.

- In **Colombia**, the UHC-P has been supporting a comprehensive reform of the health care system, to overcome access, quality and financing gaps in the pursuit of universal health rights.

- In the **Solomon Islands**, the UHC-P contributed to the development of a 10-year national health workforce strategy to address the need for appropriately skilled and experienced staff.

In Iraq, PHC has been enhanced by producing a national plan.

- In **Iraq**, PHC has been enhanced by producing a national plan for family medicine and formulating the Women, Child and Adolescents Health strategy.

- **Pakistan**'s PHC-oriented model of care is a success story, as noted in the WHO Director-General's End of Biennium Results Report 2022–2023.

Photo: Health care workers with personal protective equipment. ©WHO/Pakistan

The UHC-P's work on UHC is fully aligned with SDG target 3.8, which focuses on achieving UHC, and includes access to quality essential health care services; financial protection; and access to safe, effective, quality and affordable essential medicines and vaccines for all. The UHC-P strengthens the operational arm of WHO and supports the development, implementation and strengthening of country health plans and policies, tailored to countries' own contexts, and responding to their needs and changing priorities. Equity of access to health services is central to UHC, and health systems must be oriented towards a PHC approach. By strengthening PHC, countries can have strong health system foundations and maintain essential health services.

Equity of access to health services is central to UHC, and health systems must be oriented towards a PHC approach.

1.1 Improved access to quality essential health services

Countries enabled to provide high-quality, people-centred health services, based on PHC strategies and comprehensive essential service packages

In the WHO **African Region**, throughout 2023, critical strategies and policy documents were produced to advance service delivery systems in countries. For example, the **Central African Republic** developed a Strategic Plan for the Health of the Elderly (2023–2027) and a Strategic Plan for Capacity-Building of Community Matrons (2023–2025) and **Chad** developed its Health Research Development Plan. In **Cote d'Ivoire**, 13 health district management training modules were revised, all 33 regional health directors benefited from training of trainers workshops and 88 district chief medical officers, from 113 health districts, were trained in health district management. **Eritrea** developed its Health Information System Strategic Plan (2023–2027), and **Eswatini** finalized its investment case for PHC, which was shared with the government and United Nations agencies to be used for resource mobilization. Advocacy is being carried out at high political levels to establish a cost recovery system in the country.

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Ethiopia developed a National Primary Health Care Strategic Framework and **Gabon** developed training modules for community health workers. **Ghana** developed training tools to be used with the Standards and Practice Guidelines for Pharmaceutical Services and **Guinea-Bissau** developed a National Action Plan for Antimicrobial Resistance. In **Lesotho**, guidelines on integrated service delivery around perinatal health services and NCDs were developed and health workers were trained. In **Liberia**, a health systems capacity assessment to deliver essential public health services using the PHC approach was validated by stakeholders and disseminated along with the health systems capacity assessment report.

In **Mali**, the WHO Country Office supported the development of a fourth health system strengthening grant that mobilized €25 000 000 from The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) for health system strengthening activities for 2024–2026.

Countries' capacities in the WHO **African Region** were strengthened to develop or review their Essential Health Services Package (EHSP). EHSPs are increasingly being recognized as key to service delivery systems. Countries are moving towards EHSPs which anchor interventions across the health system and throughout the life course of their populations. In 2023, the UHC-P supported EHSPs to be developed or reviewed in **Botswana**, the **Central African Republic**, **Eritrea**, **Ghana**, **Kenya**, **Liberia**, **Mali**, **Namibia**, **Sierra Leone** and **Zimbabwe**. In the **Central African Republic**, the EHSP for sexual and reproductive health, including abortion care and family planning, was developed, and Ghana aligned its EHSP with its benefit package.

Countries are moving towards EHSPs which anchor interventions across the health system.

Significant focus has been placed on quality of care, with emphases being placed on patient safety, infection prevention and control (IPC), health worker capacity-building and accreditations. In 2023, countries strengthened their capacity for quality-of-care management. For example, **Madagascar** developed a national policy on quality of care; **Cameroon**, **Madagascar** and **Mali** developed national strategic plans for quality of care; and **South Sudan** completed a quality-of-care landscape analysis and is awaiting the development of its quality policy and strategy. **Botswana**, **Burkina Faso**, **Ethiopia** and **Senegal** developed IPC action plans that included monitoring and evaluation (M&E) plans, and **Chad** carried out a quality-of-care assessment in target hospitals, with support from the Global Fund. Ethiopia developed an IPC–hospital acquired infection surveillance guideline, an IPC training package for PHC units (primary hospitals and health centres), a training package for IPC–hospital acquired infection surveillance and an updated national IPC training package for tertiary and secondary hospitals. In **Ghana**, the National Patient Safety Strategy was developed and an end-term assessment of the implementation of the National Health Care Quality Strategy (2017—2021) was completed.

In 2023, countries strengthened their capacity for quality-of-care management.

Photo: Lilosa Muti's 6-week-old baby, Joshua, getting vaccinated at Bikita Rural Hospital. ©WHO/ Zimbabwe

In **Sao Tomé and Principe**, the capacity and operation of Principe Island Hospital, including the quality, suitability and safety of the infrastructure was evaluated, and the results of this evaluation are now in the process of being integrated into Principe's new operational plan. **Senegal** developed a patient safety guide and a single patient file repository, and **Sierra Leone** developed the Framework for Life Stage Approach to People-Centred Quality Service Delivery, which was launched by the Vice President. **Uganda** developed a National Quality Improvement Training Manual and a compendium of quality-of-care indicators. WHO supported **Zambia** to develop a concept note and roadmap to develop the national quality and patient safety strategy and to conduct the country's national quality improvement conference in which 88 health researchers took part.

WHO supported Zambia to develop a concept note and roadmap to develop the national quality and patient safety strategy.

In the **WHO Region of the Americas**, the UHC-P supported the Ministry of Health in **Honduras** in the development of the National Plan for Strengthening Primary Health Care, 2023–2033 *(9)*. As part of this plan, the UHC-P supported efforts to strengthen the capacity of PHC in the high-need region of Santa Bárbara, Honduras. These efforts included assessing the progress of the integration of the three care networks that form the Santa Bárbara Health Region, prioritizing key actions for their optimal development, and training health care personnel on the implementation of the Reference and Response System. Support from the UHC-P in **Cuba** helped to strengthen PHC and increase integration in the health services to address the country's priority health challenges, such as arterial hypertension and diabetes mellitus, using a gender and life-course approach.

In **Ecuador**, the UHC-P supported technical assistance to strengthen integrated health service delivery networks in Yaruqui and Pascuales Monte-Sinaí; two regions prioritized because of their high health needs and significant numbers of people living on low incomes. In collaboration with the Ministry of Health, WHO carried out a comprehensive evaluation of the health service delivery network and developed a roadmap for improvement. The most significant access needs were for services, such as maternal and child health, immunizations and for conditions related to mental health, cervical cancer and cardiovascular diseases. The construction of these networks and the strengthening of quality care align with Ecuador's Decennial Health Plan 2022–2031.

The UHC-P supported technical assistance to strengthen integrated health service delivery networks.

In **Chile**, similar to the support provided in **Colombia** (Box 4), the UHC-P provided technical advice and supported the implementation of one of the main components of the Health System Reform Programme. This involved expanding the primary care level coverage of universal health benefits to the entire population in seven pilot communities, in a process called the Universalization of PHC. At the national level, the UHC-P has financed technical support to expand a remote appointment request system at the first level of care for rural health posts located in areas of difficult access serving approximately 3 million people, provided professional guidance and training for health technicians working in the community, strengthened the national capacity to carry out geospatial analyses in the country's territories, supported the redesign of the human resources information systems, and developed training courses in the model of care and the control of NCDs.

In collaboration with the Ministry of Health, WHO carried out a comprehensive evaluation of the health service delivery network.

In **Bolivia**, the UHC-P supported the transformation of its Unified Health System in the review, external validation and socialization of the National Integrated Health Service Networks Standard. Workshops were carried out with technical teams at the national, municipal and departmental levels. At the operational level, evaluations were carried out on the degree of integration of health networks in the departments of Cochabamba (Indigenous Network), Beni (Trinidad Network), Chuquisaca (Urban Sucre Network) and Oruro (Urban Oruro and Cuenca Poopó networks) in the light of the deep decentralization, fragmentation and segmentation of the Bolivian Health System, and improvement plans were developed for integration into prioritized health networks.

At the national level, the UHC-P has financed technical support to expand a remote appointment request system.

Photo: Information Analysis Committee, Indigenous Network, Cochabamba Tropic region. ©WHO/Bolivia

Box 4. Supporting the comprehensive reform of the health care system in Colombia

In **Colombia**, the UHC-P has been working to support the comprehensive reform of the health care system to overcome the problems of access to, and the quality of, health care and the financing gaps in the pursuit of universal health rights. This includes the development of a roadmap focusing on health reform, including legislative support, governance, PHC, human resources and financing.

As part of the technical cooperation agreement between the Ministry of Health and Social Protection of Colombia and the WHO Regional Office of the Americas, a technical visit of a delegation of Colombian health system professionals took place in Andalusia, Spain, between 11 and 16 September 2023 *(10)*.

Coordinated by the Andalusian School of Public Health, a WHO Collaborating Centre on PHC, supported by the UHC-P, this technical visit allowed participants to exchange experiences, strategies, knowledge and practices to identify useful elements to strengthen stakeholders' responsibilities and contribute to moving the Colombian health system towards UHC.

The health reform proposal was approved by Colombia's Chamber of Representatives on 6 December 2023. This success highlights significant strides towards enhancing Colombia's health care system for a more equitable and intercultural health system.

El Salvador's Ministry of Health updated its Basic Health Promoters Course, which will be used to develop the competencies of the 3000 promoters who serve over 730 000 families nationwide. This training programme aimed to reduce gaps in access to PHC, with an emphasis on comprehensive person-centred care, family and community care by implementing the current National Health Care Model. A training programme was started involving 373 local promoters who are responsible for over 55 000 families. A total of 80 hours of training were carried out on prioritized needs within the health and childhood programmes, including health promotion, mental health care, palliative care, rehabilitation, chronic NCDs, surveillance and community participation.

A training programme was started involving 373 local promoters who are responsible for over 55 000 families.

In the WHO **Eastern Mediterranean Region**, the UHC-P provided support to **Afghanistan** to develop a national health policy with a focus on sustaining, expanding and improving the availability of health and nutrition services. It also focuses on access to care and the delivery of, use of and quality of care at all levels, including the private health sector. The national health policy development is expected to be completed by the end of 2024. **Tunisia** was supported to hold a national workshop to propose a new typology for its functional front-line facilities, in accordance with national health policy, and participated in the WHO regional meeting on improving/transforming the hospital sector in the post-COVID era.

Box 5. An initiative to strengthen PHC in Nicaragua

Nicaragua is attempting to tackle two crucial health issues that pose significant challenges, namely, high levels of transitory migrants and health inequities. The initiatives undertaken focus on child and maternal health, and include strengthening the skills of more than 200 health care personnel at the primary and secondary levels to address newborn care, using the Kangaroo Mother Care programme; to provide timely analysis and management of postpartum haemorrhage *(11)*; to enable the correct completion of comprehensive adolescent medical records to provide guidance on nutrition and breastfeeding.

Educational materials on sexual and reproductive health, child health and breastfeeding were developed and disseminated in the Miskito, Mayagna and English Creole languages to make them more accessible for vulnerable populations. Furthermore, competencies were developed to provide comprehensive care to survivors of intrafamily and sexual violence across the lifespan through the use of the first self-learning course on these topics to be available in the Miskito and Spanish languages. This course was available at the Nicaragua Node in the Pan American Health Organization's Public Health Campus and involved a total of 66 participants.

Nicaragua was also able to strengthen community participation in health planning decisions. An Intercultural Health Knowledge Dialogue was run involving the leaders of 104 communities in Waspan. A result of the dialogue was the development of a report on Indigenous Community Knowledge, representing the Waspan communities. The methodology has also been used for the community dialogue that has been institutionalized within the Ministry of Health to support ongoing dialogues with indigenous communities to enable health system strengthening.

Photo: A health worker assists a mother at the ESE Hospital de Nazareth in Alta Guajira, Colombia. ©PAHO/WHO/Karen González Abril

Photo: Iraq - Medical Clinic in Debaga Two Refugee Camp. © WHO/Sebastian Meyer

Box 6. Enhancing PHC leadership and family medicine integration in Iraq

In the WHO **Eastern Mediterranean Region**, in **Iraq**, the initiative to support the development of a national action plan to expand the family medicine approach, alongside the creation of a strategy to enhance the capabilities of policy-makers and managers in the PHC sector, aims to address critical challenges related to access, quality and equity in PHC. This multifaceted effort involves conducting comprehensive assessments, engaging stakeholders and drafting a detailed action plan with a clear timeline for implementation. Concurrently, a strategy will be developed to equip policy-makers and managers at the national, governorate and district levels with essential managerial knowledge and skills through tailored training programmes, workshops and continuous professional development initiatives. The focus is on strengthening leadership and management capacities, ensuring that PHC managers receive regular updates on modern management practices, and fostering a culture of continuous improvement and innovation.

The expected outcomes of these efforts include improved integration and access to family medicine services, leading to better health outcomes and a more sustainable, patient-centred health care system. Enhanced managerial capabilities will enable more effective decision-making, strategic planning and resource management within the PHC sector. By addressing the significant gaps in leadership and health care management training among health facility managers, the initiative aims to improve service delivery, patient care and overall operational efficiency in PHC facilities. The continuous professional development plan will ensure that PHC managers remain current with best practices, ultimately contributing to a more robust and resilient health system in Iraq.

In the **WHO European Region** significant progress has been made through strategic partnerships, notably by the UHC-P supporting the introduction of a new PHC model and the development of an environmentally sustainable health infrastructure in Karakalpakstan, **Uzbekistan** – a remote and underserved region which is being affected by the drying up of the Aral Sea, a problem that is compounded by the effects of climate change. With catalytic support from the UHC-P, WHO partnered with UNICEF and United Nations Population Fund (UNFPA) to launch a new programme, Laying the foundations for people-centred, climate-resilient PHC and water, sanitation, and hygiene practices at health care facilities and schools in Karakalpakstan. Funded by the United Nations Multi-Partner Trust Fund for Uzbekistan, this initiative has introduced a new PHC delivery and financing model tailored to the unique needs of this region.

In the **WHO South-East Asia Region**, UHC-P supported primary level health care strengthening in **Myanmar** via a central evaluation workshop for effectiveness of community health care indicators from different programmes. A total of 37 programme managers from the Ministry of Health and 51 focal persons from all states and regions attended the workshop. Recommendations from the workshop were used as inputs for future planning and decision-making for community care programmes to strengthen specific care programmes and primary health care as a whole.

UHC-P supported primary level care strengthening via a central evaluation workshop.

In **India**, 1846 PHC workforce members (medical officers, mid-level health care providers, community health officers, staff nurses and auxiliary nurse midwives) were trained to expand the range of services (oral; eye; ear, nose and throat; mental health; older people and palliative services) across six states and union territories. To strengthen comprehensive PHC services at the health facilities, the UHC-P facilitated visits to 159 health facilities across seven states and union territories in India.

846 PHC workforce workers were trained to expand the range of services across six states and union territories.

In **Cambodia**, in the **WHO Western Pacific Region**, the UHC-P provided support to the Ministry of Health to revise and update its essential services package of care for hospitals and its clinical practice guidelines. Regularly updated clinical practice guidelines can support consistency, quality and safety in the delivery of service packages and guide updated medical product and human resourcing needs.

In **Fiji**, support was provided to help identify bottlenecks affecting PHC performance and stagnating health outcomes and strategic and operational recommendations to strengthen PHC services were provided. This work identified policy options to accelerate progress towards national, regional and global commitments, such as the Healthy Islands vision *(12)* and the SDGs.

In the **Lao People's Democratic Republic**, the UHC-P supported the implementation of the Health Sector Reform Strategy 2021–2030, including carrying out geographical information system mapping to identify all the data available and identify gaps at the PHC level. This data included information on sociodemographic data, the geographical locations of health centres and health utilization data from the District Health Information System (DHIS2) and human resources for health (HRH), as part of the key resources. This data supported health authorities' strategic planning for resource allocation for health centre enhancement/repurposing and HRH distribution to enhance the quality of health care services at the PHC level and address health inequity issues, in terms of accessibility and availability, in remote areas. The UHC-P also supported the mid-term review of the 9th Health Sector Development Plan 2021–2025 and reprioritized the key objectives to achieve the national health targets over the next two years and ultimately achieve UHC. The UHC-P was also requested to help draft the Service Delivery Strategy to strengthen service delivery capacity at the national and subnational levels in alignment with the priorities reflected in the Health Sector Reform Strategy and the 9th Health Sector Development Plan 2021–2025.

The UHC-P also supported the mid-term review of the 9th Health Sector Development Plan 2021–2025.

All **Pacific Island Countries** participate in a regular assessment of their national capacity for NCD prevention and control, facilitated through a global biennial survey, the 2023 NCD country capacity survey.

Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities

In 2023, two countries in the WHO **African Region** revised their national health policies (**Botswana** and **Namibia**) and several revised their national health strategic plans (**Benin**, **Botswana**, **the Central African Republic**, **the Comoros**, **the Congo**, **Gabon**, **Kenya**, **Malawi**, **Namibia**, **the Niger**, **Nigeria**, **South Sudan** and **Togo**) in an inclusive and participatory manner. The national health policies define new objectives for countries and the strategic plans outline strategic directions, taking into consideration global, regional and country trends with PHC at their heart. In **Angola**, a national health development plan was developed with a focus on PHC, and **Eswatini**, the **Democratic Republic of the Congo** and **Madagascar** evaluated their national health strategic plans and began developing new plans.

The national health policies define new objectives for countries and the strategic plans outline strategic direction.

In **Botswana**, a health partners forum was held with the new Permanent Secretary in the Ministry of Health and Partners, during which the Permanent Secretary's priority areas for the next three years were set. In **Burundi**, district operational plans for 2023–2024 were produced and validated. In **Cameroon**, **Guinea**, **Liberia** and **South Sudan**, the health sector coordination framework implementation was strengthened. **Cameroon** and **Senegal** ensured the engagement

and commitment of partners in the implementation of their health sector strategic plans by developing a compact; the engagement of partners in the previous compact was evaluated in Senegal.

In the **WHO Western Pacific Region**, the UHC-P technically, legally and financially facilitated the strengthening of health governance in the **Lao People's Democratic Republic**, in which health governance underwent substantial legal reform resulting in a new public need to regulate the private sector and strengthen regulation on health care services and HRH. The Lao People's Democratic Republic Health Sector Working Group agreed on a set of clear priorities, comprising sustainable health financing including health tax issues, by addressing the investment licence agreement with the tobacco industry, and strengthening HRH. The Lao People's Democratic Republic was also supported in major policy and legislative reviews including the National Disability Inclusive Development Policy 2023–2031; the Rehabilitation Strategic Plan 2022–2031; the Mental Health and the NCD policy; the Antimicrobial Resistance National Action Plan; the Health Services Act; the Public Health Emergency Act and the Nursing Council Act. Support for these activities was important for the Lao People's Democratic Republic to meet its commitment to global goals, including progress towards UHC, to ensure continuity of care for all people, to reach the unreached and leave no one behind.

The UHC-P technically, legally and financially facilitated the strengthening of health governance in the Lao People's Democratic Republic.

The **Solomon Islands** were supported to develop a 10-year National Health Strategic Plan (2022–2031) by adopting a consultative approach, which involved all key stakeholders both within and outside of the health sector, taking new actors in the health sector into consideration, to improve and strengthen health systems. The National Health Strategic Plan was extended from a five to a 10-year time horizon (2022–2031) after recognizing that achieving long-term sustainability takes time.

Photo: Kua with her family in Sa Kuan Village, Luang Prabang Province, Lao People's Democratic Republic.
© WHO/Phoonsab Thevongsa

Box 7. Multidimensional life-course approach to policy development in Iraq

In the WHO **Eastern Mediterranean Region**, formulating the Iraq Women, Child and Adolescents' Health Strategy (WCAH) (2024–2030) and Action Plan (2024–2026) involved several key achievements. A comprehensive review of the previous WCAH Strategy (2016–2020) was successfully carried out and this was complemented by a detailed situational and needs assessment and a strengths, weaknesses, opportunities and threats (SWOT) analysis was carried out based on local and international reports. A national workshop was organized to discuss and refine these findings, which led to the development of a comprehensive logical framework for the new strategy, including preliminary indicators for goals, outcomes and outputs. An intensive participatory process was employed, engaging governmental agencies, nongovernmental organizations (NGOs) and United Nations agencies to ensure broad input and collaboration. These efforts resulted in the development of the comprehensive and inclusive Iraq Strategy for Women, Children & Adolescent Health (2024–2030) that aligns with global health goals and ensures broad stakeholder buy-in. The strategy is people-centred and equity-driven, and targets marginalized and hard-to-reach populations to ensure equal access to quality health services and address health disparities.

By adopting a multidimensional, life-course approach, the strategy addresses the health-related targets of SDG 3 and other interlinked SDGs, to promote the highest standards of health and well-being at all ages. Enhanced intra-sectoral accountability within the Ministry of Health ensures active participation and responsibility of all health entities. Additionally, effective intersectoral partnerships with other social sectors, the private sector and civil society organizations (CSOs) facilitate a coordinated and holistic approach to health strategy implementation.

Box 8. Global health initiatives and health systems strengthening

Global health initiatives (GHI) have the potential to strengthen health care systems and improve disease control efforts. However, in the past, GHI investments were planned separately, which resulted in parallel planning and reporting. To address this, efforts are ongoing to support cross-cutting health system priorities and promote greater coordination to advance the PHC for UHC agenda.

Within this context, 35 countries were supported to mobilize financial resources for the health system components of investment grants for Gavi, the Vaccine Alliance (GAVI) and the Global Fund. As a result, the planning, implementation and reviews are better aligned, and the duplication of processes has been reduced, resulting in better use of the available resources and improved efficiency and accountability in countries.

A review of GHI grant implementation in five countries was carried out and health system priorities were identified, thus facilitating the implementation of national health strategic plans. In **Nigeria**, GAVI resources were used to support an assessment of zero-dose children and the design of strategies for strengthening integrated PHC service delivery at the subnational level. In addition, the National Center for Disease Control was supported to review and revise its three-year GAVI grant, which resulted in better alignment with routine health information systems.

Box 9. PHC at the forefront of Ukraine Health Reforms

The UHC-P plays a crucial role in sustaining the momentum of health reform in Ukraine, which began in 2018, by prioritizing work areas and identifying key actions and responsibilities. The reform introduced a guaranteed and comprehensive benefits package for the entire population, funded by the public budget. Additionally, it established a single-payer agency, the National Health Service of Ukraine. The reform explicitly prioritized the budget for PHC, transitioning from paying health facilities for inputs (what they had) to paying for patients and patient care (what they do). This was supported by a modern e-health information system. Such reforms have ensured resilience in the health system. Noting that half of the Ukrainian health budget now relies on international contributions, the system's efficiency must continuously increase in the context of growing demand and scarce resources. Despite the war, access to care across the country has remained high, and facilities have continued to operate.

Through the consistent support of WHO, the role of health and the need for health system recovery, among other national priorities, have been constantly highlighted in the national government agenda and during international Ukraine recovery events. PHC was maintained at the forefront of the agenda through all levels of coordination between donors, partners, and the government. WHO actively engaged in discussions regarding the health sector's recovery and provided a health sector perspective to evaluate the war's effects. This included participating in comprehensive assessments, such as the Human Impact Assessment, the Kakhovka Dam Post-Disaster Needs Assessment, and the Second Rapid Damage and Needs Assessment. These endeavors were pivotal for planning immediate and long-term recovery strategies for the health sector. In 2023, the draft National Health Strategy 2030 was updated based on the new wartime realities and health sector recovery needs.

In 2023, WHO provided tailored global evidence to support health financing policies in the country, building the capacity of the Ministry of Health, Ministry of Finance, the National Health Service of Ukraine and the local government through expert advice, in-service training and workshops, with a key priority to enhance PHC financing. A comprehensive PHC costing study was carried out in 2021–2023 for PHC provider payments. A PHC cost model and methodology for capitation rate estimation was also developed to provide input in understanding provider cost structures to incentivize efficient use of resources and ensure transparency in the decision-making process regarding the coverage of PHC-related costs. WHO also developed and presented a simulation tool for calculating the budget impact of different policy options for 2024 and onwards, contributing to the reassessment of the age coefficients in 2024.

WHO has been advancing the quality of care at the PHC level in Ukraine by introducing performance monitoring and contributing to the national working group on revising the arterial hypertension clinical protocol. WHO has also provided training for PHC doctors, nurses and feldshers on the prevention and management of hypertension, diabetes and tobacco dependence to improve clinical knowledge and skills using the WHO's Package of essential noncommunicable disease interventions (PEN) and the Strategic approach to improving cardiovascular health (HEARTS) technical package frameworks.

In addition, WHO implemented interventions to strengthen the capacity of PHC to prevent gender-based violence and improve case management at the PHC level. A Ukrainian delegation has been trained to support system strengthening for the health response to sexual violence and intimate partner violence and has developed tools contextualized for use in Ukraine. A follow-up meeting was held to discuss and prioritize actions, including revising national gender-based violence-related legislation and continuing capacity-building interventions for PHC providers, rolling out training programmes and conducting facility-level assessments in selected pilot communities.

Countries enabled to strengthen their health workforce

In the **WHO African Region**, health labour market analyses (HLMAs) were completed in **Botswana**, **Eswatini**, **Kenya**, **Uganda** and **Zambia**. Kenya's HLMA report was endorsed by the leadership of its Ministry of Health through a national health workforce dialogue, which culminated in a 17-point declaration on the health workforce in Kenya. The country also developed its Workload Indicators of Staffing Need Implementation strategy. WHO also supported the ministries of health of **Angola**, **Chad**, **Lesotho**, **Mali**, **Rwanda**, **South Africa** and **Zambia** to develop and implement National Health Workforce Accounts (NHWA).

Several countries finalized their human resources for health (HRH) strategies, including **Eritrea**, **Ethiopia**, **Mauritania** and **Zimbabwe**. Eswatini carried out an end- term review of its HRH strategy to inform the revision and development of the next plan, and Malawi developed a five-year HRH operational plan, with national and district participation aligned to the Health Sector Strategic Plan III 2022–2030.

Several countries finalized their HRH strategies.

In **Malawi**, an HLMA training session was conducted. The participants included 25 technical officers, who were members of the National Task Force, along with representatives from the Ministry of Health HRH directorate, other directorates, including policy and planning, the Ministry of Finance, implementing partners and academia. The training session was followed by a high-level dialogue meeting, led by the Secretary for Health, on the HLMA policy questions identified and on integrating HLMA principles on health worker demand and supply into the Health Sector Strategic Plan III 2022–2030 and into the planned revisions of the HRH strategic/operational plan.

Liberia launched its community health policy and strategy during the 2023 International Community Health Programme Symposium, **Madagascar** validated its National Health Sector Action Plan for Occupational Health and **Zimbabwe** developed the Health Workforce Compact (2024–2026) that involves several ministries, including finance, public service, and labour and social welfare.

WHO supported **Ethiopia** to develop its Human Resources for Health Strategic and Investment Plan (2024–2030) and provided technical support to develop the country's Health Sector Development and Investment Plan in areas relating to the health workforce. This allowed the main strategic directions of the Human Resources for Health Strategic and Investment Plan (2024–2030) to be aligned with the Health Sector Strategic and Investment Plan. WHO also supported the incorporation of motivation and incentive package strategies into the Human Resources for Health Strategic and Investment Plan (2024–2030). In addition, Ethiopia conducted an HRH forum, acknowledged its best-performing institutions, facilitated the sharing of best practices across regions, and built consensus on the priorities and strategies needed to improve HRH management.

WHO supported Ethiopia to develop its Human Resources for Health Strategic and Investment Plan (2024–2030).

In the **WHO Eastern Mediterranean Region**, in **Afghanistan**, the UHC-P supported HRH situation assessments at the national and provincial levels and provided recommendations to develop a national HRH strategy. The Human Resources for Health Situational Assessment in Afghanistan report was finalized and endorsed and will be used to develop a national health workforce strategy.

In the **Sudan**, the training provided to 30 pharmaceutical assistants in Kassala State covered a comprehensive range of topics related to pharmaceutical management and logistics at the PHC-facilities level. The training aimed to build capacity in pharmaceutical management and logistics and to empower participants to contribute effectively to the efficient and sustainable operation of PHC facilities. In **Yemen**, through capacity-building initiatives, the UHC-P equipped 35 health professionals with skills in supply chain management necessary to ensure the availability and accessibility of essential medicines and supplies.

The training aimed to build capacity in pharmaceutical management and logistics and to empower participants to contribute effectively to the efficient and sustainable operation of PHC facilities.

In the **WHO European Region**, the 2022 report, *Health and care workforce in Europe: time to act (13)*, highlighted the challenges faced by the European health and care workforce. Many of these challenges were exacerbated by the COVID-19 pandemic, and include the ageing of the medical workforce, uneven distribution of health workers, personnel shortages, inadequate mental health support, challenges of retention and recruitment in rural areas, insufficient supply of new graduates, and lack of data to inform HRH planning. The report calls for urgent action to be taken to retain health and care workers, especially in rural and underserved areas; for the mental and physical health and well-being of health workers to be protected; for the recruitment of health workers to be enhanced; for their performance to be optimized; and to ensure a supply of health and care workers to meet future needs.

Photo: Nurses stand for a portrait with their trainer, Dr Shakhlo Abdurakhimovna after a training sesssion at Rudaki District Primary Healthcare Centre.
© WHO/Lindsay Mackenzie

The High-level Regional Meeting on the Health and Care Workforce in Europe took place in March 2023, in Bucharest, **Romania**. At this meeting, participants from over 50 countries, representing national stakeholders and experts, agreed on a set of priorities that resulted in the adoption of the Bucharest Declaration in health and care workforce *(14)*. During the conference and the technical consultations, key inputs were obtained and refined from Member States and stakeholders for the draft Framework for action on the health and care workforce in the WHO European Region 2023–2030 *(15)*. The Framework was presented and anonymously adopted at the 73rd session of the WHO Regional Committee for Europe, held in October 2023 in Astana, **Kazakhstan**. The Framework identifies five interrelated action pillars that are expected from Member States and WHO, and sets out a reporting and accountability framework, as follows.

The Framework identifies five interrelated action pillars that are expected from Member States and WHO.

- **Retain and recruit:** address health and care workers' needs.
- **Build supply:** strengthen education and training, skills and competencies.
- **Optimize performance:** redefine teams and skill mix; use digital solutions.
- **Plan:** implement comprehensive health and care workforce policies; improve data; coordinate multiple stakeholders in line with changing needs;
- **Invest:** increase and sustain smarter public investment in the health and care workforce, which contributes to economic growth and societal cohesion *(15)*.

Azerbaijan co-hosted a high-level regional meeting on the future of hospitals. The theme of the meeting was "Fit-for-purpose hospitals: prioritizing quality and sustainability to meet the demands of modern health care", and the meeting launched two technical reports guiding countries to reassess hospital systems. One of these reports, Hospitals of the future: a technical brief on re-thinking the architecture of hospitals *(16),* guides stakeholders to consider building new hospitals or improving existing facilities and provides guidance on how to better integrate hospital buildings within their communities and natural and social environments.

WHO launched its first-ever training course on health workforce leadership and management.

WHO launched its first-ever training course on health workforce leadership and management. This course has been designed to help government decision-makers ensure good governance, mobilize multiple stakeholders and establish the vision and strategies to steward the HRH agenda effectively. The initial cohort on the course were senior government officials from the following five countries: **Armenia**, **Georgia**, **North Macedonia**, **Moldova** and **Romania**. This course was run again in November 2023 for a cohort of 10 other countries.

Country work has been intensified with HLMAs being carried out in **Azerbaijan**, **Georgia** and **Kyrgyzstan**. An HLMA was also carried out in **Tajikistan** and its findings were discussed in policy dialogues and published *(17)*, which has laid the groundwork to develop an evidence-based national health workforce strategy and pilot it in Sughd province.

Nursing and midwifery education curricula were assessed and revised in **Moldova** and **Kyrgyzstan**, education reform was initiated in **Tajikistan**, an assessment and review of the nursing strategy was initiated in **Ukraine**, and assessment of nursing roles in PHC was carried out in **Uzbekistan**. A technical brief on strengthening the nursing and midwifery workforce to improve health outcomes in the **WHO European Region** was published in November 2023 *(18)*. The brief discussed how to advance the roles of nurses and provided evidence and lessons for implementation.

A technical brief on strengthening the nursing and midwifery workforce to improve health outcomes in the WHO European Region was published.

Rehabilitation and palliative care are essential components of quality health services and should be integrated within health systems using a multi-professional workforce to reinforce UHC. To understand how rehabilitation integration into palliative care services may improve the quality, accessibility, effectiveness and cost–effectiveness of health services for people approaching the end of life, a policy brief on integrating rehabilitation into palliative care services, was published *(19)*. Country situation assessments on rehabilitation, assistive technology, disability inclusion, long-term care and palliative care continued in **Azerbaijan**, **Georgia**, **Kazakhstan**, **Moldova**, **Tajikistan**, **Turkmenistan**, **Ukraine** and **Uzbekistan**. As part of the emergency responses ongoing in these countries, **Armenia** and **Ukraine** both received technical assistance on rehabilitation, burn injury treatment and assistive technologies.

In the **WHO South-East Asia Region**, the UHC-P supported a series of workshops on HRH and the completion of the National Report on HRH Review and Future Action Plan (2024–2026) for **Myanmar**. The UHC-P also provided technical support for formal training in NHWA. HLMAs were conducted in the states of Assam and Gujarat, **India**. Quality of care and patient safety capacities were strengthened by training 564 staff across six states and union territories of India on national quality assurance standards, Kayakalp (an Indian national initiative), biomedical waste management, patient safety and infection management and environment planning. The UHC-P provided technical guidance to develop an online performance-based incentive system for the health workforce, and provided training on its use, resulting in the incentive payment status increasing to 87% compared with a previous status of 56%.

Quality of care and patient safety capacities were strengthened by training 564 staff across six states and union territories of India.

In the **WHO Western Pacific Region**, the UHC-P provided sustained technical support to the Ministry of Health of the **Lao People's Democratic Republic**, leading to the finalization and endorsement of the HRH Development Strategy by 2030. The Strategy has three main directions: strengthening the governance of HRH, ensuring the quality of HRH, and improving the distribution and retention of HRH. The Strategy was shared with development partners at a Technical Working Group Meeting in October 2023 to improve the relevant partners' understanding on the priorities in the Strategy and align their support plan with the priorities for the coming years.

In the **Solomon Islands**, the UHC-P contributed to the development of a 10-year national health workforce strategy to address the need for appropriately skilled and experienced staff who are available to work in health facilities and in the communities served by those facilities. WHO serves as the Secretariat to support the Taskforce that oversees this work and has also supported the training of Taskforce members on Workload Indicators of Staffing Need to ensure that the development of the Strategy is evidence-based. In addition, the UHC-P supported the review of the Nursing Council Act by developing a discussion paper on options for nursing legislative reform and a plan to advance the proposed reforms, with work to continue in 2024. **Tonga** was supported to complete the health workforce task analysis with respect to the expected health service functions determined in Tonga's Package of Essential Health Services for all categories of health workers at its 13 level 1 (maternal and child health clinic/nursing clinic) and 14 level 2 (health centre/ community health centre) health facilities. WHO supported **Vanuatu** to review the Health Committee Act and to strengthen the role of village health workers in improving PHC services, and to develop a preliminary situational analysis of the health workforce challenges.

The UHC-P contributed to the development of a 10-year national health workforce strategy.

Photo: Town boat stop in Buka, Papua New Guinea. © WHO/WPRO

Deep dive on Timor-Leste: An impressive journey towards UHC

Since gaining independence in 2002, Timor-Leste has made great strides in building democratic and social institutions to achieve UHC. For example, the country has been measles-free since 2017 and is on track to eliminate malaria, with a 99% reduction in incidence between 2006 and 2017. The UHC service coverage index increased from 28 in 2000 to 52 in 2021. OOP expenditure as a share of recurrent health expenditure have fallen from 41% to 6% between 2003 and 2021. The maternal mortality ratio has decreased from 334 deaths per 100 000 live births in 2001 to 224 in 2020. The under-five mortality rate has also fallen from 106 deaths per 1000 live births in 2001 to 51 in 2021.

The health system in Timor-Leste was almost completely destroyed in September 1999. Following the violence that erupted after the results of the independence referendum were announced, 70% of the health infrastructure was destroyed and two thirds of the population, including health workers, were displaced *(20)*. Large sums of money were provided by the Trust Fund for East Timor, managed by the World Bank, to finance reconstruction; by the Consolidated Fund for East Timor, managed by the United Nations Transitional Administration, to cover the recurrent costs of the national government; by the European Commission through the European Civil Protection and Humanitarian Aid Operations to fund humanitarian assistance; and also by Australia, Japan, Portugal, the United Kingdom and the United States. In mid-2004, it was estimated that 87% of the population had access to a health facility within a two-hour walking distance and a hospital within a two-hour driving distance (only 10 out of 12 districts had a hospital) *(21)*.

These results are the outcome of a long, concerted and controversial effort to rebuild the country between international financial and technical partners and the national authorities of Timor-Leste. As early as April 1999, the Melbourne Conference on the Reconstruction of Timor-Leste, chaired by the future President Xanana Gusmao and bringing together national health professionals through the East Timor Health Professionals Working Group, laid the foundations for a district health system approach with free universal access to health care. This fundamental right was enshrined in the 2002 Constitution. Scholars explained that the large number of resources available to rebuild the country and the prospect of significant economic growth through oil revenues supported this orientation (20).

The UHC-P started its programme in Timor-Leste in 2013, a year before the departure of many international technical assistants who were based in the Ministry of Health. Many activities have been supported, such as the assessment of the National Health Sector Plan 2011–2030, the development of the Health Workforce Strategy 2018, the development of the Health Financing Strategy 2014–2019 and the redefinition of health service and human resource requirements for the Essential Health Service Packages 2018. The UHC-P support has also strengthened national health sector coordination by developing a manual of procedures for partnership and governance, a partnership framework agreement, and rules and regulations for the private sector and public–private partnerships. In addition, since 2015, WHO has provided strong support in the development of the Saude na Familia policy, the national programme for PHC. The partnership has contributed to the development of guidelines and registers for home visits, while supporting policy dialogue to develop the Reproductive maternal, newborn, child and adolescent health strategy. It has also strengthened the Ministry of Health's capacity for intersectoral collaboration for health, with a focus on malnutrition and maternal mortality. These are just a few examples of the many activities supported by the UHC-P to strengthen the health system in Timor-Leste.

Health workforce

In 2000, under pressure from the World Bank, the first health policy-making process began, as an important step in state-building. Published in 2002, this first national health policy was the result of interactions between international actors and national authorities, "giving a preliminary view of the direction to be given to the Ministry" *(22)*, but leaving enough space for national policy-makers to assert their authority. One of the Ministry's first priorities was to rebuild the health workforce. The Government of Timor-Leste worked with Australia, China and Cuba to train future health workers, but also with several hundred Cuban doctors from the Cuban Medical Brigade, who began providing front-line health services in Timor-Leste's sub-districts in 2004, replacing the humanitarian NGO previously funded by the EU. The number of doctors increased from 20 in 1999 (after the independence referendum results) to 997 in 2020, while the number of nurses and midwives increased from 1795 in 2004 to 2035 in 2020.

The effective absorptive capacity of this new workforce raised a number of questions about the focus on doctors versus mid-level health workers, and the financial capacity to deploy and retain them in rural areas. According to the World Bank, budget allocations for medical products fell from 59% to 30% between 2008 and 2012 to pay the salaries of the new staff, resulting in regular stock-outs and less budget to cover operational costs, including basic services such as water and electricity *(23)*. In 2016, the second phase of the National Health Policy 2011–2030 aimed to consolidate the health system by revising the policy framework to reflect changes in health status; building capacity at all levels for health planning and budgeting, reporting and M&E; and developing and deploying human resources for the districts *(24)*. This process is expected to rationalize and standardize the various health system building blocks, particularly by producing the first health workforce strategy in 2018 and the first health financing strategy in 2019.

Photo: Healthcare workers apply PPE in Timor-Leste. ©WHO/Timor Leste

Health financing

Despite pressure from international financial institutions to reduce public spending and the adoption of a cost-containment policy in 2006, the national authorities managed to maintain and pursue their goal of free health care and gradually increase the domestic resources allocated to the health system. As initially planned, oil revenues covered government expenditure by using the sovereign wealth petroleum fund, which covered 80% of all government expenditure by 2021. Estimates suggest that this fund could be exhausted by 2030, raising strong questions about the sustainability of the health financing strategy. The government is counting on exploring and exploiting new wells, the feasibility of which is disputed by international experts.

Between 2003 and 2021, current health expenditure per capita and current health expenditure as a percentage of gross domestic product increased steadily from US$ 15 to US$ 135 and from 3% to 11%, respectively. On average, between 2003 and 2021, the government managed to finance 50% of the current health expenditure to reduce its dependence on aid and to reduce the share of OOP in the current health expenditure from 41% in 2003 to 10% in 2011. Since 2011, OOP have been maintained below the 10% level. In addition, with 43% of government spending on health in public hospitals and 57% at district level, government spending on health was classified by the World Bank in 2014 as favouring the better off *(25)*

Primary care

At the primary care level, the government launched the Integrated Community Health Service (SISCA) programme in 2008 to ensure a monthly visit to each village by a multidisciplinary team, including a doctor, nurse, midwife, health promotion officer and laboratory technician. The programme aimed to provide family registration, nutritional support, child health promotion, maternal and sexual health, hygiene, sanitation and malaria prevention, outpatient primary care and health promotion. Local authorities were heavily involved as intermediaries to strengthen community health practices, promote participation in SISCA, validate child immunization programmes and recruit local people to form SISCA teams. Researchers highlighted the important role of this programme in strengthening the trust and legitimacy of the Ministry of Health among the population *(21)*. However, because the SISCA programme was designed according to population density rather than spatial distribution, access to health services was still limited in remote villages, especially during the rainy season. In response to the challenges faced by the SISCA programme and to integrate a more comprehensive package of PHC, the Saude na Familia programme was launched in 2015.

Indicators	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
CHE per capita in US$	71	103	93	101	93	87	79	79	121	135
CHE as % GDP	7	9	8	8	7	7	6	6	10	11
External health expenditure as % of CHE	31	41	34	31	39	22	28	32	38	31
Domestic general Government health expenditure as % CHE	59	52	54	57	50	66	62	58	55	63
OOP as % of CHE	9	7	8	7	8	8	10	10	7	6

CHE: current health expenditure; GDP: gross domestic product; OOP: out-of-pocket.
Source: WHO Global Health Expenditure database.

Photo: Dr Augusto Adelaide Pereira, Emergency Physician at Suai Referral Hospital.

1.2 Reduced number of people suffering from financial hardship

Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards UHC

Countries' capacities in the **WHO African Region** were strengthened to develop or review health financing strategies and implement reforms with the overarching goal of reducing the number of people suffering from financial hardship. Capacity was also built to conduct a Health Financing Progress Matrix (HFPM) in 12 Anglophone countries in southern and eastern Africa and in 19 Francophone countries. One hundred and twenty-seven participants from 31 countries were trained. **Ethiopia**, **Kenya**, **Mauritania**, **Mauritius**, **Rwanda**, **Senegal**, **Sierra Leone**, **Uganda** and **Zambia** embarked on reviewing and updating their health financing strategies using the evidence generated from the HFPM assessments. **Cameroon**, **Malawi** and **South Africa** have planned to use the findings from their HFPMs to inform their health financing reforms in 2024.

127 participants from 31 countries were trained on how to conduct HFPMs.

Health financing strategies were reviewed and updated in **Burkina Faso**, **Ghana** and **Senegal**, and **Burundi**, **the Niger** and **the United Republic of Tanzania** were supported to develop and validate their new health financing strategies. Capacities of individual country teams were built for health financing in **Burundi** and t**he United Republic of Tanzania**, where institutional capacities were also strengthened by supporting the health financing Technical Working Group. **Ghana** was supported to align its health financing strategies with its UHC roadmap, and in the **Comoros** and **Namibia**, the UHC agenda was developed through multistakeholder consensus. Guidance was provided to **Nigeria** on the operationalization of its National Health Insurance law, and the capacities of health staff in the **Comoros**, **Mauritania** and **Madagascar** were built for health financing for UHC, with a focus on strategic purchasing mechanisms for PHC.

The UHC agenda was developed through multistakeholder consensus.

Sierra Leone developed its social health insurance strategy, **the United Republic of Tanzania** and **South Africa**'s parliaments passed their respective universal health insurance bills, and **Kenya** was supported to improve its health insurance bill. **Angola** was supported to define innovative financing mechanisms to increase fiscal support for health and reduce catastrophic expenditures on health. Support was also provided to **Ethiopia** to define its priorities for strengthening its health insurance system towards UHC, and to **Niger** to strengthen and sustain the operationalization of the free health care scheme to progress towards universal health insurance.

National health financing strategies were implemented by strengthening partnerships and stakeholder coordination, monitoring progress and reaching consensus on health financing reform priorities in **Kenya**, **Liberia**, **Namibia** and **Zambia**. High-level national dialogues on health financing were organized and supported within the context of implementing the Africa Leadership Meeting agenda in **Kenya**, **Mauritius**, **Mozambique**, **Rwanda** and **Zambia**. **Ghana** developed strategies for innovative health financing on health tax modelling, and a regional conference on financing UHC and health security was co-convened by Ghana's National Health Insurance scheme and WHO.

Algeria and **Namibia** were supported to generate evidence to design public financial management (PFM) reforms on programme-based budgeting, and in the **Comoros**, the Ministry of Health's teams' capacity in PFM was strengthened. **Namibia** undertook a programme-based budgeting assessment, which included identifying challenges and developing a roadmap to address them, and WHO supported **Algeria** to design its PFM reforms. **Rwanda** was supported to strengthen its strategic purchasing strategies by designing and implementing provider payment reforms, and **Algeria** was supported to institutionalize performance-based contracts with health service providers.

Algeria and Namibia were supported to generate evidence to design public financial management reforms.

In the **WHO Region of the Americas**, the UHC-P supported the completion of an HFPM assessment in **Suriname** to identify strengths and weaknesses in strengthening the health financing mechanisms in support of UHC. Suriname also completed the essential public health function (EPHF) assessment. These two key assessments were used to develop a policy brief for the Surinamese Ministry of Health to strengthen health financing and streamline the WHO Regional Office for the America's technical cooperation activities aimed at achieving UHC, ensuring that more people in Suriname have access to essential health services without suffering financial hardship.

Photo: A delivery person from the Supplies Management Agency registers the pharmaceuticals with the Mail Boat's Office. The Mail Boat (inter-island ferry) transports medical supplies to other islands in The Bahamas. ©PAHO/WHO Paulterra Johnson

Box 10. Strengthening essential public health function in the Caribbean

Support from the UHC-P has facilitated significant advancements in the Caribbean to strengthen the capacities of ministries of health to implement EPHF. Noteworthy progress has been achieved in several countries, demonstrating the positive impact of these efforts. As of 31 December 2023, nine countries in the Caribbean (**Antigua and Barbuda**, **Bahamas**, **Belize**, **the Dominican Republic**, **Jamaica**, **Saint Kitts and Nevis**, **Saint Lucia**, **Trinidad and Tobago** and **Suriname**) have identified capacity gaps and seven Caribbean countries have worked to develop roadmaps (**Antigua and Barbuda**, **Bahamas**, **Belize**, **the Dominican Republic**, **Saint Lucia**, T**rinidad and Tobago** and **Suriname**), contributing to strategic planning instruments, such as national health plans, national development plans and investment programmes. To ensure effective coordination and collaboration, ongoing coordinating meetings have been held with authorities, and national technical teams have been designated in countries such as Antigua and Barbuda, Saint Lucia and Saint Kitts and Nevis, underscoring their commitment to advancing public health by implementing EPHF.

In the **WHO Eastern Mediterranean Region**, **Iran** was supported to revise the health insurance benefit packages for breast cancer, hypertension and schizophrenia and to develop the related M&E frameworks. This follows on from initial technical support provided for health insurance benefit packages for diabetes mellitus type 2 and multiple sclerosis. **Pakistan** was supported by the UHC-P in a high-level dialogue and advocacy to develop a health financing framework, which was endorsed by the National Advisory Committee, and which will help in resource mobilization for UHC and health security. This also resulted in a commitment from the government to expedite the process for implementing a health financing strategy and extending financial risk protection through the expansion of the Sehat Sahulat programme, particularly through pilots at the PHC level *(26)*. The UHC-P also updated data on UHC, including financial risk protection and national health spending, which were used in the reports, and collaborated with the World Bank and other partners to organize capacity-building training sessions for health sector managers on health financing.

Pakistan was supported by the UHC-P in a high-level dialogue and advocacy to develop a health financing framework.

In the **WHO European Region**, a comprehensive review was completed, documenting governance practices of purchasing agencies over the past 20 to 30 years across eastern European and central Asian countries: **Armenia**, **Azerbaijan**, **Estonia**, **Georgia**, **Kyrgyzstan**, **Latvia**, **Lithuania**, **Republic of Moldova**, **Ukraine** and **Uzbekistan**. The objective was to draw lessons on (i) the key drivers of progress in strategic purchasing; (ii) the major obstacles or reasons for setbacks in strategic purchasing; and (iii) important facilitative factors. The review provides information for countries that are newly embarking on reform, and facilitates learning for countries with a longer history of purchasing agencies. The report Reimagining governance for strategic purchasing: evidence from 10 countries in eastern Europe and central Asia was published in June 2023 *(27)*.

The **WHO Regional Office for Europe** has developed guidance on the use of public–private partnerships specifically tailored for middle-income countries in the European Region. Many of these countries are exploring public–private partnerships as potential solutions to addressing challenges in health service delivery and catering to the health needs of their populations. The guidance draws from country experiences, including **Georgia**, **Kyrgyzstan**, **Ukraine**, **Uzbekistan** and **Türkiye**, and offers valuable lessons learned. The report, *Public–private partnerships for health care infrastructure and services: policy considerations for middle-income countries in Europe*, was published in January 2023 *(28)*.

In the **WHO South-East Asia Region**, the UHC-P supported a number of different state governments in **India** with technical assistance. For example, the UHC-P supported the Government of Chhattisgarh to conceive and execute a study on fiscal sustainability analysis in the light of increasing expenditure outflows and use. Based on study findings, the state has begun to revisit its policies of government reservation for services and scope to defragment state financing channels, realize efficiency gains, and improve sustainability of scheme finances. The UHC-P also provided operational research support and technical advice to the Government of Kerala, leading to the state reviewing current allocation policy across public facilities to ensure optimal distribution of public funds for improving access and affordability under the scheme. Operational research support and technical advice was also provided to the Government of Jammu and Kashmir, resulting in the State Health Agency, Jammu and Kashmir renegotiating its engagement with the current insurance provider to enhance efficiency in resource allocation and expenditure under the scheme. The state has also reviewed its benefit package to better reflect epidemiological needs and ensure financial sustainability *(29)*. In **Indonesia**, the UHC-P provided technical support to analyse health financing strategic reforms in the country through the lens of political economy, and offered key inputs for strategic decision-making. The UHC-P also supported the Background Study on National Health Insurance in Indonesia, which included a review of its implementation, challenges and potential solutions. This study provided inputs for the National Medium-Term Development Plan for the period 2025–2029. The study explored the impact of the National Health Insurance on health status, access to health services, quality of health services, financial protection, equity and public health expenditures and proposed indicators based on routine data analysis.

The UHC-P supported the Government of Chhattisgarh to conceive and execute a study on fiscal sustainability analysis.

The UHC-P provided technical support to analyse health financing strategic reforms in the country through the lens of political economy.

In the **WHO Western Pacific Region**, in **the Lao People's Democratic Republic**, the UHC-P supported monitoring of the implementation progress of the Health Financing Strategy through a health financing Technical Working Group. It also collaborated with development partners, including the World Bank, the United Nations Development Programme and the Southeast Asia Tobacco Control Alliance, to support the Ministry of Health to conduct a pro-health tax committee meeting and agreed on next steps to improve the health tax collection.

A white paper proposing phased health systems reform as part of the health systems transformation in **Malaysia** was published with technical support from the UHC-P, and in the **Marshall Islands**, the UHC-P supported the National Health Insurance Bureau to develop commentary on the National Health Insurance law revision, including major issues and identified law articles to be revised. This activity was supported by pooling funding from other donor partners.

A white paper proposing phased health systems reform as part of the health systems transformation in Malaysia was published.

In **Mongolia**, the government is implementing reforms of its provider payment mechanisms for improved and equitable health care provision across all levels of care. WHO carried out two virtual consultations with high-level officials from the Health Insurance General Office to provide technical and policy support on hospital contracting and payment reforms as part of this process. These consultations have led to revisions of the regulations on contracting, PHC, and hospital performance indicators.

The **Philippines** is also revising its Health Care Financing Strategy to reflect the values and goals in the UHC Law (Republic Act 11223), which will be implemented in 2023–2028. The UHC-P contributed to developing documentation and sharing PhilHealth's experience on the use of machine learning for claims management and fraud detection.

In **Viet Nam**, the Ministry of Health explored the guiding principles and international experiences on pricing methodologies, and processes for more efficient and equitable financing of hospital services. WHO supported national workshops on pricing health services and price regulation policies in April and August 2023 to facilitate these efforts. The country is also continuing efforts to revise their national social health insurance laws to strengthen governance and institutional arrangements as the country progresses towards UHC. WHO country and regional offices supported a workshop in Viet Nam on 19 December 2023 with the Viet Nam Social Security, Ministry of Health, Ministry of Finance and National Assembly members on the governance of social health insurance, provider payment methods and benefits package design and process. The workshop included experts from the WHO Western Pacific Regional Office and the Republic of Korea to share international experiences and key messages.

WHO supported national workshops on pricing health services and price regulation policies.

Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making

In the **WHO African Region**, country capacity was strengthened to produce, analyse and use information on health expenditures, financial risk protection and equity. **Cameroon**, **Chad**, **Cabo Verde**, **Gabon**, **Ghana**, **Malawi**, **Mozambique**, **Seychelles**, **South Africa**, **Uganda** and **Zambia** were supported to conduct National Health Accounts (NHA). **Rwanda** received support to map the System of Health Accounts 2011 core classifications with its national resources tracking nomenclature and to integrate that into the revamped Health Resources Tracking Tool.

Rwanda received support to map the System of Health Accounts 2011 core classifications.

Ethiopia was supported to produce a UHC index report that included financial protection and health service coverage indicators at the subnational level, and the **Comoros** was also supported to produce and analyse data on financial protection. **Liberia** conducted a financial protection study and the **Gambia** assessed health inequalities in view to inform policy decisions on financial risk status in the country. WHO supported **Uganda** to assess trends and distribution of financial risk protection using evidence generated from various sources. The assessment's preliminary results were presented at the International Health Economics Association Conference in July 2023.

In partnership with the Global Financing Facility and the Clinton Health Initiative, WHO worked on harmonizing resource tracking methodologies and produced an important document, Harmonizing resource tracking: a resource guide for country implementation *(30)*. Through partnership with the Global Financing Facility, NHA and resource mapping (REMAP) and expenditure tracking methodologies are being standardized in some countries.

In partnership with the Global Financing Facility and the Clinton Health Initiative, WHO worked on harmonizing resource tracking methodologies.

In the **WHO Eastern Mediterranean Region**, the 2023 Egypt National Health Accounts report was launched and all related ministers advocated for and committed to provide all needed support to make the production of the NHA more frequent. The report included, for the first time, expenditure by disease and subnational level providing an expenditure baseline to facilitate further impact assessments for the health insurance reform that is being rolled out on a geographical basis. The report provided a more granular view of health expenditure on pharmaceuticals and hospital typologies, including private hospitals. Ministers from the Ministry of Health endorsed the report recommendations, particularly the recommendations of increasing investment on disease prevention and scaling up the government's efforts to reduce OOP spending in curative services for NCDs (e.g. renal and heart diseases and mental health) and to address high pharmaceutical expenditure.

The UHC-P is supporting the Egypt Health Care Authority in a costing exercise to estimate the budgeting envelope for preventive services within governorates. This study is expected to stimulate policy dialogue among stakeholders on the implications of the separation of financing between preventive and curative services.

In **Morocco**, the UHC-P provided technical support to successfully implement a diagnosis-related group (DRG) system in three levels of hospitals in one subnational territory (one provincial hospital, one regional hospital and one teaching hospital), including training more than 30 cadres (doctors and nurses) on the coding using the DRG system, ICD11 and the nomenclatures for procedures *(31)*. The pilot experiment showed the feasibility of implementing a DRG system in Morocco and many opportunities that might facilitate the extension phase, such as generalizing the information system to all hospitals. A road map of collaboration with the statistical department was developed after a meeting between the WHO Representative and the Minister of Health. The 2022 NHA were finalized and three new cadres in the Ministry of Health benefited from the training provided on NHA tools, data collection and analysis of the whole process. This will ensure the continuity and institutionalization of the NHA at the country level.

The pilot experiment showed the feasibility of implementing a diagnosis-related group system.

In the **WHO European Region**, technical assistance was provided to Member States to track health expenditures based on the System of Health Accounts 2011 methodology, both directly (through production and institutionalization) and indirectly (via capacity-building). Nine countries, including six UHC-P countries (**Azerbaijan**, **Moldova**, **North Macedonia**, **Tajikistan**, **Ukraine** and **Uzbekistan**), received direct technical support. Of these, six countries successfully produced full health account studies with 2021 data and submitted them for global reporting. The data collected from these countries are published by WHO in the Global Health Expenditure Database, serving as a global reference for health expenditure data and indicators.

The WHO Regional Office for Europe organized the 5th Sub-regional European meeting on tracking health spending using the System of Health Accounts in 2023, which was held both online and in person. This meeting aimed to review health spending tracking in the European Region, facilitate peer learning and discuss analytical results on data collection, quality and the influence of health spending numbers on policy. The meeting gathered 77 participants from eastern Europe, central Asia and the Western Balkans, including health accounts producers, policy-makers and WHO Country Office representatives.

Box 11. Equitable medication pricing policy to enhance access to essential medications in Tajikistan

In 2023, **Tajikistan** made significant progress in enhancing the availability and affordability of essential medications by implementing a transparent and equitable medication pricing policy. This initiative followed a comprehensive survey using the MedMon approach, which identified major disparities in medication pricing and accessibility, particularly affecting remote areas.

In response, a pilot outpatient medication reimbursement programme was initiated, focusing on improving access to medications for chronic noncommunicable diseases (NCDs). Key outcomes of this initiative included the following:

- **Increased accessibility**: The programme has made essential medications more accessible, especially to underserved populations in remote regions.
- **Reduced financial burden**: Patients now face lower costs for critical medications, alleviating financial strain and enhancing adherence to treatment regimens.
- **Strengthened primary care**: Integration of the reimbursement programme has expanded the capabilities of PHC providers to manage and treat chronic conditions more effectively.

These efforts are supported by WHO and are aligned with Output 1.2 of GPW 13, to enhance financial protection by reducing health service costs and promoting sustainable health financing structures. The ongoing collaboration and support from WHO to revise the State Benefits Package have further bolstered the effectiveness of primary care services, moving Tajikistan closer to achieving UHC.

Photo: Family nurse Rafoat Sanginova conducts a checkup during a home visit in Rudaki District, Tajikistan. © WHO/Lindsay Mackenzie

In the **WHO South-East Asia Region**, the second official report of NHA for 2019–2022 was initiated and produced in **Myanmar.** In addition, the UHC-P supported the independent evaluation of the Strategic Purchasing Project, and also provided technical support to the World Bank-led Report of Analysis of Access to Essential Health Services in Myanmar 2021–2023 *(32)*. The UHC-P supported **Timor-Leste** in conducting a five-year health financing data analysis for NHA 2018–2021. The report on the analysis was released and is pending official approval and dissemination. A budget execution study was also carried out with UHC-P support, to contribute to the improvement of public financial management (PFM) in the health care sector. A major finding emerging from this study, that is being considered for policy action, is delegating function from the Ministry of Finance to the Ministry of Health and Municipality to prevent late budget release and increase the health budget execution rate. This study was disseminated to the key decision-makers, to inform them on how to maximize and optimize the available resources.

A major finding emerging from this study, that is being considered for policy action, is delegating function from the Ministry of Finance to the Ministry of Health and Municipality.

In **India**, the UHC-P supported a review of the defragmentation of publicly subsidized health insurance schemes across four states. The findings were compiled in a defragmentation review *(33)* and a defragmentation guidebook *(34)*, from which a guidance document was generated for the benefit of other states and countries looking to undertake similar work. This contributes to WHO's normative body of work on enhancing financial protection and the institutional strengthening of health financing governance entities.

The UHC-P helped strengthen **Indonesia**'s capacity in producing NHA through a series of capacity-building initiatives involving peer review and a workshop on System of Health Accounts methodology, culminating in a brief addressing policy implications for Health System Transformation based on NHA data (2019–2021). Indonesia was also supported via expert consultations and knowledge-sharing sessions with countries such as **China**, **Sri Lanka**, **Thailand** and the **United Kingdom of Great Britain and Northern Ireland**, with a focus on critical NHA development areas including decentralization, data quality assurance and methodologies for OOP expenditure schemes. Health accounts methodology for pharmaceutical expenditure in Indonesia was refined by aligning data sources and enhancing methodologies. Indonesia advanced to an NHA study cycle with a timeline of one year prior to the current fiscal year and released health expenditure data for 2022.

In the **WHO Western Pacific Region,** in the **Lao People's Democratic Republic**, the UHC-P supported the Lao Statistics Bureau and the Department of Finance/Ministry of Health to publish a financial protection analysis including editing, translation to Lao and printing. The report, a WHO publication *(35)*, was endorsed in March 2023 by the Ministry of Health and the report and brief were disseminated widely on World Health Day in April 2023 at WHO's 75th Anniversary.

The **Lao People's Democratic Republic** and **Samoa** were supported to strengthen national capacity in health accounts production and policy use via technical assistance and on-site training. For the Lao People's Democratic Republic, the focus was on quality assurance and capacity-building at both the central and subnational levels. In Samoa, technical assistance was provided to support data collection and analysis.

Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation and analysis of the impact of health in the national economy

In the **WHO African Region**, WHO supported the costing of health sector strategies in **Eswatini**, **the Comoros** and **Madagascar**. **Kenya** is revamping its National Health Insurance scheme and embarking on a social health insurance scheme. As part of the social health insurance bill implementation, WHO supported the Ministry of Health in Kenya to undertake a means-testing study that will help to identify populations that can pay the premium and will require government subsidies. **Ethiopia** developed its Health Technology Assessment (HTA) institutionalization roadmap and organized a workshop for west and southern African countries on HTA for priority-setting to achieve UHC. An investment framework for community health was developed in **Madagascar** to facilitate an understanding of what investment is necessary to improve services for quality community health care.

WHO supported the costing of health sector strategies in Eswatini, the Comoros and Madagascar.

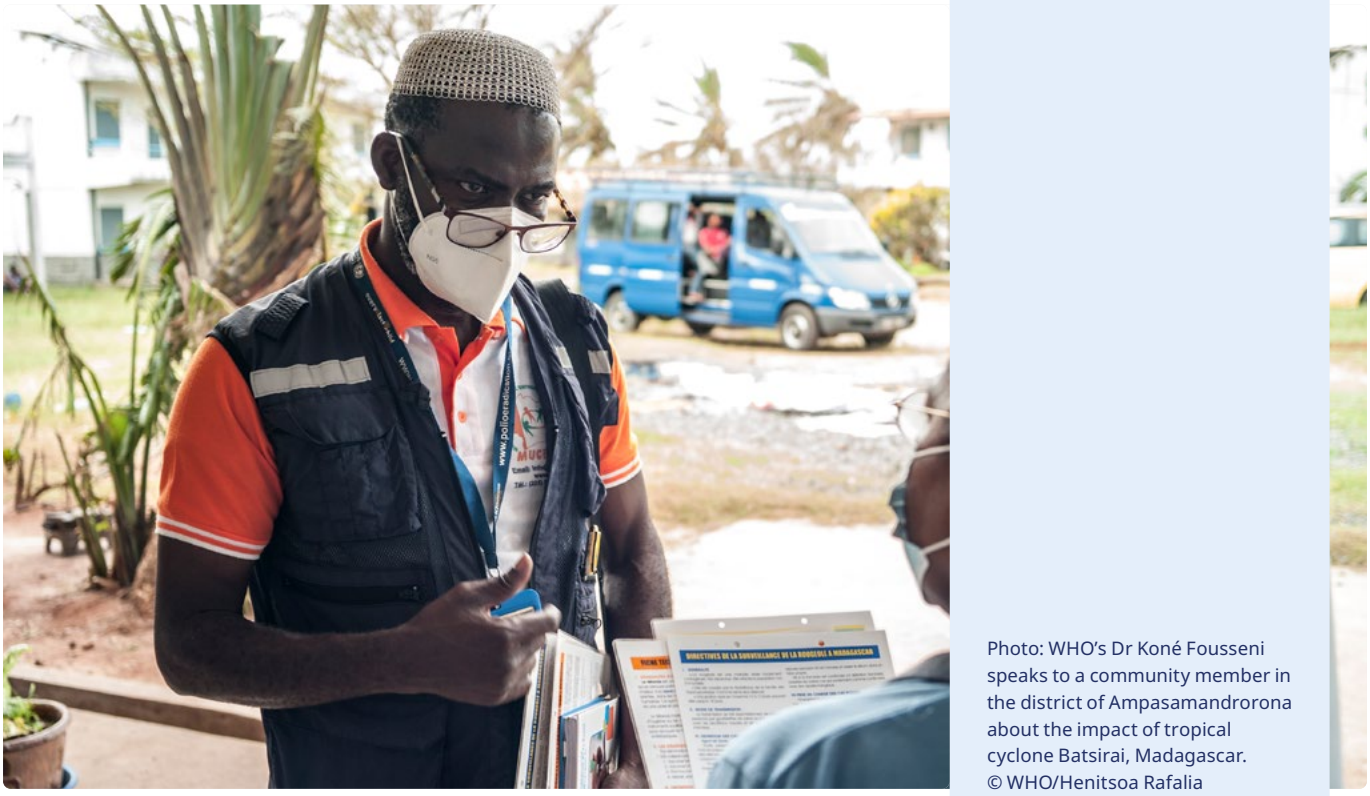

Photo: WHO's Dr Koné Fousseni speaks to a community member in the district of Ampasamandrorona about the impact of tropical cyclone Batsirai, Madagascar.
© WHO/Henitsoa Rafalia

Box 12. Highlight on the WHO Barcelona Office for Health Systems Financing

In the **WHO European Region**, the WHO Barcelona Office for Health Systems Financing (Barcelona Office) is responsible for monitoring financial protection in the European Region. Country reviews form the basis for the regional comparative reports on UHC and financial protection. The first regional report was published in 2019 and covered 24 countries *(36)*. The second regional report *(37)* was published in 2023 on UHC Day at the Tallinn Charter 15th Anniversary High-level Conference, Trust and transformation: resilient and sustainable health systems for the future, to commemorate the Tallinn Charter: Health Systems for Health and Wealth. The new report covers progress in 40 countries in Europe, including – for the first time – all EU Member States.

The highlight of the year was the WHO Barcelona Forum on Financial Protection in Europe held on 12–13 June in Barcelona, Spain. Around 120 participants attended the two-day meeting on financial protection – affordable access to health care – to raise awareness of trends in Europe, set the agenda for change and foster policy action. A key objective of the meeting was to obtain expert feedback on two areas of the Barcelona Office's work: a new regional report on financial protection covering 40 Member States and the new online platform, UHC watch, which aims to track affordable access to health care in Europe and central Asia. UHC watch is an online platform for policy-makers, policy advisors, academics, journalists and civil society advocacy groups offering up-to-date information on financial protection indicators, health spending indicators and coverage policy, and context-specific recommendations for policy in Europe and central Asia. All Barcelona Office financial protection and health financing policy resources are now easily available through UHC watch.

The 11th edition of the WHO Barcelona Course on Health Financing for UHC was delivered from 20–24 November 2023. The five-day programme combined systematic thinking about health systems and health financing with an interactive, practical focus on improving health system performance through better policy analysis, design and implementation. Designed for policy-makers in the health and social policy sector, senior managers in service provider organizations and experts in health system reform, the WHO Barcelona Course has developed an extensive network and has facilitated joint WHO and country work on strengthening health financing policy. It is now an established brand in the field, attracting attention from policy-makers across Europe and globally. In 2023, the course was attended by 60 participants from 28 countries, including six UHC-P countries, selected from 200 applications.

A version of the flagship WHO Barcelona Health Financing Course for UHC tailored to the Ukrainian context aimed to strategically address the country's current health care challenges. The three-day capacity-building workshop on health financing was held in August 2023 in Bukovel, Ukraine. Over 50 experts from Ukrainian governmental bodies followed a curriculum consisting of presentations, practical group exercises and interactive discussions.

Box 13. UHC-P expanding country engagement on public expenditures on health in the Region of the Americas

In the **WHO Region of the Americas,** the Regional Office has developed a new approach to the Fiscal Space for Health framework, integrating both the need to spend more and better. This builds on the realization that the increase in public expenditure in health in the Americas has not been enough to significantly move countries towards the regional target of public expenditure in health of at least 6% of GDP. The UHC-P activities within the Economic and Health Dialogue of the Americas initiative continue to evolve with expanded country engagement. In December 2023, the **United States**, the Inter-American Development Bank and the UHC-P convened a special meeting of the Economic and Health Dialogue of the Americas with the participation of 29 countries. This meeting involved Economic and Health Dialogue of the Americas country focal points presenting what progress has been made across the four workstreams of the initiative and setting priorities for 2024. Especially relevant is the work within workstream 1 "Smart Spending for Health and Health Resource Analysis" led by **Uruguay** and **Paraguay** that brings together health and finance ministries in the Region to discuss best practices and common challenges in Fiscal Space and PFM.

Funding from the UHC-P supported the development of a compendium on Best health accounting practices using Strategic Partnership for Health Security and Emergency Preparedness (SHA 2011), in both the Spanish and English languages *(38)*. This document will be complementary to the System of Health Accounts 2011 manual and related guidelines, with a practical approach including a detailed set of examples of how-to methods to reach the expected goals. It begins by presenting the idea of health accounts as a continued process to inform policies and monitor their implementation from a spending point of view, particularly in the case of the Latin American and Caribbean regions.

Funding from the UHC-P also supported the development and launch of the first edition of an online course on PFM for health, which was launched in the Virtual Campus for Public Health. The course included the involvement of 115 professionals, chosen from a group of 630 candidates, representing 19 countries in Latin America, including the Dominican Republic, and it was successfully completed by 50% of the participants.

Information Analysis Committee, Indigenous Network, Cochabamba Tropic region, Bolivia. ©PAHO/WHO

In the **WHO Region of the Americas**, **Belize** has removed all fees charged in public hospitals in the country, eliminating this financial barrier for all its citizens and communities in a step towards ensuring universal access. This results in a shift towards in greater focus on delivering quality care to patients.

In the **WHO Western Pacific Region**, by combining donor resources, WHO was enabled to support the **Lao People's Democratic Republic** National Health Insurance Bureau to conduct National Health Insurance Bureau verification training workshops in three provinces (Xayabouly, Sekong and Champasak) with 112 participants. This activity contributed to enhancing capacity-building of National Health Insurance verification processes at the provincial and district levels and included a longer-term goal to strengthen strategic purchasing capacity of the National Health Insurance Bureau at the central and subnational levels. With co-funding from another donor partner, WHO supported the National Health Insurance law revision process by providing technical assistance during a series of central and provincial level consultations throughout 2023. This support contributed to improving the contents of the National Health Insurance law based on the current situation and the National Health Insurance Strategy, including moving towards a semi-autonomous agency to address financial autonomy and collecting contributions of the National Health Insurance scheme from the non-poor population to address financial sustainability.

This activity contributed to enhancing capacity-building of National Health Insurance verification processes.

1.3 Improved access to essential medicines, vaccines, diagnostics and devices for PHC

Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists

Appropriate guidance along with legislative frameworks and their related structures are critical to the delivery of quality, safe health products. **Cameroon** developed and validated its Nomenclature of Medical Act, and **Lesotho** enacted the Legislative Act which established a national regulatory authority to oversee the regulation of medicines and medical devices across the country. Situational analysis of the pharmaceutical sector in the context of the revision of **Chad**'s National Pharmaceutical Policy was carried out, **Namibia** developed, disseminated and launched its National Medicines Policy and **Uganda** completed a mid-term review of the National Pharmaceutical Services Strategic Plan (2021–2025). **Cote d'Ivoire**'s National Pharmaceutical Policy and its implementing texts were validated and signed by the government and its National Pharmaceutical Master Plan (2023–2025) was also validated.

Appropriate guidance along with legislative frameworks and their related structures are critical to the delivery of quality, safe health products.

Botswana's National Supply Chain Strategy (2023–2028) was costed and launched, **Ethiopia** developed guidelines for the supply chain management of health products in public health emergencies and **Liberia** developed and validated its Pharmaceutical Supply Chain Management Plan. An action plan for **Burundi**'s Traditional Medicine Strategy was also developed and **Guinea** validated its Traditional Medicine Strategic Plan. In addition, 50 managers from public and private health facilities in the three regions of Guinea were trained in occupational health and safety using the HealthWise approach. Implementing legislation for the Pharmaceutical Act was also drafted.

Ghana's fourth Five-year strategy for the National Blood Service (2023–2027) was developed and disseminated, and Ethiopia's Blood Bank Transformation Plan (2020–2025) mid-term review was carried out. This review informed the development and finalization of the Blood Bank Strategic Midterm Development and Investment Plan (2023–2026). To complement this, the national blood bank quality manual, safety procedures and standard operating procedures were revised to strengthen quality management systems and standardized training manuals. **Ethiopia** provided training to the managers, quality officers and technical staff from selected regional blood banks to prepare for African Society for Blood Transfusion accreditation and also facilitated the self-assessment of sites.

Ghana's fourth Five-year strategy for the National Blood Service was developed and disseminated.

Cote d'Ivoire, **Eswatini**, **Liberia** and **Rwanda** revised their essential medicines lists and standard treatment guidelines, which are being used in health facilities. **Ghana** developed the National Standard Treatment Guidelines for NCDs, and Liberia completed a master training of trainers course to roll-out standard treatment guidelines, with training for front-line workers in Montserao County health facilities. The National List of Essential In Vitro Diagnostic Devices was developed in **Burundi**, and a commission was appointed to oversee its implementation. In **Mozambique**, the National Commission to develop the National List of Essential Diagnostics was approved by the Minister of Health. **Rwanda**, **Sierra Leone** and **South Sudan** developed their essential lists of assistive products, which are awaiting validation.

Guidance for **Ethiopia**'s national medical device nomenclature system was developed to establish a standard national nomenclature system that is in line with WHO-recognized medical device nomenclature systems.

In **Myanmar,** the UHC-P undertook a number of activities to support the training of traditional medicine practitioners and to supervise traditional medicines industry staff in collaboration with the Department of Traditional Medicines and the Myanmar Traditional Medicines Practitioners Association. The UHC-P assisted the Department of Traditional Medicines to provide training on research methodology,

research ethics and clinical trials for traditional medicine professionals, which was supported by the WHO Country Office in Myanmar. Training to support quality assurance for traditional medicine was also provided, with the view of obtaining Quality Management System ISO 9001:2015 Certification laboratories in the traditional medicine department.

India was supported by the UHC-P to strengthen the quality of its blood transfusion services through the provision of technical support to establish the operational guidelines on blood safety, to operationalize the External Quality Assurance Programme for Blood Centres and to complete national standards for blood centres and blood transfusion services and the third edition of the T*ransfusion Medicine Technical Manual (39)*.

India was supported by the UHC-P to strengthen the quality of its blood transfusion services.

Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

Health ministers from the **Small Island Developing States (SIDS)** approved a priority list of medicines for pooled procurement, and established their specifications and regulatory requirements. A bidding document was developed and the first pooled procurement tender was published in July 2022. Six suppliers were selected out of 37 bidders. WHO is providing ongoing technical support to the SIDS to assist in finalizing long-term agreements and supply contracts with the selected suppliers. WHO continues to host the SIDS secretariat, but criteria were developed to select a host country. An expression of interest was floated and two candidates, **Cabo Verde** and **Mauritius**, were evaluated.

To improve access to health products, WHO supported **Guinea-Bissau** to update its joint procurement of medicines and supported the analysis and finalization of the SIDS pooled procurement bilateral long-term agreement with suppliers. In **Cote d'Ivoire**, 331 new civil servants, pharmacists, preparers, managers and health technicians were trained in the logistics management of health commodities with technical and financial support from WHO in collaboration with the Global Fund.

331 new civil ervants, pharmacists, preparers, managers and health technicians were trained.

Supported by the UHC-P, 31 national supply chain officers in **Seychelles** were trained in procurement and supply chain management. The country developed standard operating procedures to manage the central medical store and redesigned the system following an assessment and subsequent recommendations from the Regional Office. This has resulted in Seychelles' strengthening its national supply chain, meaning it has reduced shortages and increased the availability of quality-assured and affordable medical products.

Twenty-two countries (**Benin**, **Burundi**, **Burkina Faso**, **the Congo**, **the Democratic Republic of the Congo**, **Eritrea**, **Ethiopia**, **Gambia**, **Guinea**, **Kenya**, **Malawi**, **Mauritania**, **Mozambique**, **Niger**, **Nigeria**, **Rwanda**, **Togo**, **Uganda**, **South Africa**, **South Sudan**, **the United Republic of Tanzania**, **Uganda**) were supported to conduct quality assurance reviews for local procurement of medical products. Local procurement of medicines supports governments' efforts by providing additional resources to countries to ensure the delivery of quality services and assure local medical products, especially when emergency procurement arises.

Madagascar, **Mali** and **Senegal** assessed the maturity of their national supply chain system using the WHO-UNICEF maturity model tool and developed Intelligent Document Processing with the joint support of WHO and UNICEF. The assessments covered the performance of national supply chain systems within the country regardless of the type of products they managed with a focus on the systems, not on the individual products. The assessment in Mali found that funds granted to strengthen health product management systems have had considerable progress in combating infectious diseases. The implementation of the grant has improved coordination among supply chain stakeholders, and enhanced the availability of health products for HIV, tuberculosis (TB) and malaria screening, prevention and treatment, surpassing the international standard of 80% availability. The fund has provided Mali with an opportunity to strengthen its health system, increase access to essential medicines, and improve health outcomes. Despite these achievements, challenges persist, including funding shortages, weak health care infrastructure and limited human resources. Addressing these challenges remains critical for sustained progress and improved health care delivery in the country.

Madagascar, Mali and Senegal assessed the maturity of their national supply chain system using the WHO-UNICEF maturity model tool.

The **WHO African Region** launched the Strengthening and Utilizing Response Groups for Emergencies (SURGE) Project in all 47 countries to ensure governments are equipped to mobilize and respond to public health emergencies within the first 24 hours of confirmation. More than 40 participants from **Mauritania**, **Togo** and **Senegal** were trained in supply chain management in emergency settings. According to a post-training assessment, the participants improved their knowledge of this area by 65%.

Prepositioned stock in the **WHO African Region** is a crucial component of fast and effective humanitarian responses. The Regional Office for Africa maintains a supply of essential, life-saving emergency items, including items to be used in response to outbreaks of waterborne diseases, such as cholera. WHO's implementing partners for the Emergency Rapid Response Mechanism and intervention programmes in targeted areas can access these supplies.

WHO undertook an advocacy mission in **Senegal** that focused on implementing the emergency preparedness and response flagship initiatives. Senegal demonstrated its dedication to three-initiatives: Promoting Resilience of Systems for Emergencies (PROSE), SURGE and Transforming African Surveillance Systems. Senegal showed the highest level of commitment by signing a memorandum of understanding between the government and WHO.

Ethiopia revised its Good Prescribing Practice and Good Dispensing Practice Manuals to provide guidance to health care workers to deliver high-quality, up-to-date and standardized services, exercise professional judgement and manage risks safely, harmonize the dispensing and prescribing practices at all health facilities, minimize error and patient harm, and maximize medication treatment outcomes. Ethiopia**,** with WHO support, held a consultative workshop on the topic and provided training on NCD pharmaceutical supply management, rational use and safety monitoring with experts from the Ministry of Health, the Regional Health Bureau and selected hospitals. **Chad**'s new Special Criminal Law on the Prevention and Punishment of the Manufacture and Trafficking of Falsified Medicines is undergoing rounds of reviews as part of the legislative process.

Ethiopia revised its Good Prescribing Practice and Good Dispensing Practice Manuals.

In the **WHO South-East Asia Region**, the Regional Office obtained pharmaceutical sales data from six countries (**Bangladesh**, **India**, **Indonesia**, **Nepal**, **Sri Lanka** and **Thailand**) and analysed these to shed light on the use of this data source to improve tracking of pharmaceutical expenditure to inform policies for improved access to essential medicines. The South-East Asia Region is the first WHO Region to have carried out such analyses. **India** and the UHC-P collaborated to enhance the skills of 1115 participants from 323 small and medium-scale pharmaceutical enterprises in current good manufacturing practices to ensure quality assurance, regulatory approval and WHO prequalification.

The Regional Office obtained pharmaceutical sales data from six countries.

Photo: Sushila Micha received health care from Usoor Haat Bazaar clinic. ©WHO/India

Box 14. Collaborative pooled procurement mechanisms in the WHO African Region

Through the UHC-P, the West Africa Health Organization and WHO collaborated to launch the Economic Community of West African States pooled procurement mechanism, building on the lessons learned from the COVID-19 pandemic. This initiative brought together national stakeholders, including national medicines regulatory authorities, national procurement agencies and Ministry of Health focal points, along with key partners. Several essential documents were developed and submitted to the Economic Community of West African States council of ministers to establish the governance structure of the pooled procurement mechanism for countries in the Community. The draft memorandum of understanding for the group purchase of medicines and other health products in the Community zone is now available. The proposal for the categories and list of medicines to be included in the memorandum of understanding has been validated, along with a draft document, Declaration of Member States in favour of the establishment of a pooled procurement mechanism for health products in the Economic Community of West African States zone. Arrangements for establishing a West Africa Health Organization pooled procurement Secretariat have also been set up.

Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved

The national regulatory authorities of all countries in the **WHO African Region** were trained on prevention, detection and response to substandard and falsified medical products. The focal points for the national regulatory authorities are now equipped to implement mechanisms to rapidly detect and investigate substandard and falsified incidents, which will result in the reduced circulation of fake medical products and accompanying risks to the population. The UHC-P supported the formal benchmarking of **Kenya**, **Nigeria**, **Rwanda**, **South Africa** and **Zanzibar**'s national regulatory authorities and the assessments of their regulatory systems. Rwanda was scored at maturity level 2, with laboratory testing and clinical trial oversight assessed at maturity level 3. Nigeria's National Agency for Food and Drug Administration and Control achieved maturity level 3, and South Africa is at maturity 3 for vaccines. Maturity 3 is the level recommended by WHO for strong, sustained and efficient national regulatory authorities. Twenty-nine countries' national regulatory authorities were trained to use the quality management system to increase awareness and enhance the uptake of the recently released WHO quality management system guidance documents.

The focal points for the national regulatory authorities are now equipped to implement mechanisms to rapidly detect and investigate substandard and falsified incidents.

Box 15. The important role of national regulatory agencies in responding to medical emergencies in the WHO African Region

WHO has been actively supporting the African Medicines Regulatory Harmonization technical working groups and partners forum. As technical lead, WHO was instrumental in establishing the Biennial Scientific Conference on Medicines Regulation in Africa. To ensure the quality of vaccines and capitalize on the COVID-19 pandemic response efforts, **Ethiopia**, **Kenya**, **Rwanda**, **South Sudan** and **Zambia** were trained to develop vaccine implementation plans for respiratory viruses. These plans will support Member States to enhance access to safe and quality-assured vaccines and to be well-equipped to mobilize and respond to routine vaccination concerns and public health emergencies.

In July 2022, **Gambia** recorded an increased number of children dying from acute kidney injury, with children presenting with symptoms including liver degradation, diarrhoea and vomiting. WHO helped to identify the source of the outbreak and supported the Medicines Control Agency to take appropriate regulatory action, and to be better positioned to address similar health emergencies in the future. In early 2023, **Cameroon** also experienced an increase in child deaths due to acute kidney injury. In response, a WHO team was deployed which found that 12 children died after using Naturocold. The mission also detected an additional 60 suspected cases of anuria. Following the outbreak, WHO played a crucial role in supporting the national regulatory authorities to take appropriate action. WHO provided technical support to the Ministry of Health and the national regulatory authorities to identify regulatory gaps and implement better approaches for strengthening its medicines supply chain.

As another example of network strengthening, the ZAZIBONA Collaborative Medicines Registration initiative was founded by **Botswana**, **Namibia**, **Zambia and Zimbabwe**, with technical support from WHO, to address the varying capacities of the national medicines regulatory authorities. In 2014, the ZAZIBONA initiative was formally endorsed and adopted by the Southern African Development Community ministers of health. Since then the initiative has grown, and all 16 Southern African Development Community Member States are now participating, either as active participants, non-active participants or observers based on their internal capacity to conduct joint assessments and joint Good Manufacturing Practice inspections. In late 2023, a meeting on "A Decade of Progress: Shaping the Future of Regional Medicine Assessment and Good Manufacturing Practice Inspection Collaboration in Southern Africa" was convened to reflect on the past, present and future of the ZAZIBONA. It emphasized the need to strengthen medicine assessment and Good Manufacturing Practice inspections in southern Africa and to share country progress, experiences and best practices.

Photo: WHO's Risk Communication Expert, Aziza Amina Sahid engages Chief Ebrima, his three wives, and children during the house-to-house recall of Paracetamol syrup and other drugs amid the acute kidney injury (AKI) outbreak response, fostering community awareness and safety ©WHOGambia/Monik Bhatta

Through effective coordination and collaboration, regulatory networks ensure that timely actions are taken in response to global alerts on the quality of medicines published by the WHO through its Global Surveillance and Monitoring System. Enhancing the capacities and linkages between these networks was facilitated in 2023. During the annual meeting of the African Medicines Quality Forum in **Rwanda**, WHO provided technical assistance to enhance capabilities of laboratories to ensure the quality and safety of medical products in the **WHO African Region** and to promote harmonization and alignment of regulatory practices for improved public health outcomes. At the same meeting, the Substandard and Falsified Medical Products Focal Points Network for Africa was formally acknowledged as a technical committee (Market Surveillance and Control) member of both the African Medicines Regulatory Harmonization and the African Medicines Quality Forum.

WHO provided technical assistance to enhance capabilities of laboratories to ensure the quality and safety of medical products.

WHO also supported 11 countries (**Burundi**, **the Congo**, **the Democratic Republic of the Congo**, **Ethiopia**, **Ghana**, **Kenya**, **Rwanda**, **Seychelles**, **the United Republic of Tanzania**, **Uganda** and **Zambia**) to collaborate to develop a reference manual designed to complement the African Union Model Drug Law. This manual enhances and establishes vital legislation and regulations that will effectively govern the quality control of medical products in Member States' supply chains. The collaborative effort involved Expertise-France/Medisafe, a Council of Europe organization, and an advanced draft of the document was developed. The objective of this initiative is to foster better governance and control over the quality of medical products in the African Region, promoting the overall safety and effectiveness of health care interventions.

The objective of this initiative is to foster better governance and control over the quality of medical products in the African Region.

The United Republic of Tanzania conducted a field activity for the pilot risk-based post-marketing surveillance of antibiotics and antimalarials. A recently designed electronic tool was deployed to aid carrying out post-marketing surveillance to generate reliable data. This data will be used to determine the prevalence of substandard and falsified medical products to guide regulatory action.

In the **WHO Eastern Mediterranean Region**, the UHC-P provided support to the **Afghanistan** Drug and Food Authority and the Pharmacological Service Directorate to enhance their regulatory and supply chain management capacities, respectively, by strengthening the Quality Control Lab to enable it to apply for ISO certification and to improve registration and marketing authorization regulations

In the **WHO South-East Asia Region**, 63 health facilities in **India** were supported by the UHC-P across six states and union territories to upgrade quality and accreditation according to the National Quality Assurance Standards, using UHC-P gap analysis and supportive supervision. Of these health facilities, 31 received National Quality Assurance Standards quality accreditation certification. In **Bangladesh**, **Indonesia**, **Maldives** and **Thailand**, support was provided to address specific national regulatory authorities' requirements. This support involved organizing workshops, training sessions or support to develop guidelines or standard operating procedures in areas including pharmacovigilance, marketing authorizations or regulatory inspections. WHO has also initiated the development of a conceptual model to support effective regulation by national regulatory authorities which have very limited resources. At the regional level, the South-East Asia Regulatory Network has become an expertise network of over 100 national regulatory authorities' experts holding multiple working group meetings throughout the year.

WHO has also initiated the development of a conceptual model to support effective regulation by national regulatory authorities which have very limited resources.

The South-East Asia Regional Office supported countries to strengthen their regulatory systems by using the Global Benchmarking Tool (GBT) for Evaluation of National Regulatory System of Medical Products for medicines and vaccines. The GBT was used to assess the system's performance (9 out of 11 Member States have been assessed for at least one type of product), provide recommendations in institutional development plans and follow-up on progress. In 2023, these activities were carried out in **Bangladesh**, **Bhutan** and **Timor-Leste**. Guided by the GBT, the UHC-P provided support to **Indonesia** through capacity-building and setting standards, and by tackling various areas such as reference standards development, forensic chemistry, bioequivalence studies, Good Documentation Practice, Good Manufacturing Practice, pharmacovigilance, handling of cytotoxic drugs, quality assurance of plasma-derived medicinal products, oversight of clinical investigational drugs and the technical barriers to trade.

A combination of UHC-P technical assistance packages improved access to medicines and health products in **Indonesia**. These included capacity-building on Special Access Scheme control, assessment of pharmaceutical cost–effectiveness threshold value, evaluation of the National Formulary (Fornas) utilization in PHC and hospitals, development of technical guidelines for medicine procurement planning through the e-Monev system for health care facilities, and roadmap development for Health Technology Assessment (HTA). The Ministry of Health was supported to complete HTA studies on colorectal cancer screening and trastuzumab for early breast cancer. Several background studies were also completed on drug provision and access to essential medicines, domestic drug production situation and drug control strengthening, which served as critical inputs for the National Medium-Term Plan 2025–2029.

In the **WHO Western Pacific Region**, the UHC-P continued to support the strengthening of **Fiji**'s national pharmacovigilance system, and raised awareness on safety monitoring activities for medical products among health care professionals, including training on causality assessment. In the **Federated States of Micronesia**, WHO supported the National Pharmaceutical Consultation Workshop in February 2023. Building on the workshop, WHO supported the drafting of regulations on import control, registration of medical products and establishment licensing. In the **Solomon Islands**, in March 2023, Minilab equipment training was held for staff at national medical stores to detect and identify substandard and falsified medical products. WHO supported the preparations for a national workshop on a post-marketing surveillance strategy.

WHO supported the drafting of regulations on import control, registration of medical products and establishment licensing.

The UHC-P supported the organization of the Regional Consultation on the Subregional Regulatory Mechanism for Medicines and Health Technologies in Pacific Island Countries and Areas which was held in Nadi, **Fiji**, in February 2023 *(40)*. The Consultation shared the progress that had been made on operationalizing the Pasifika MedPro Regulatory Collaboration. Progress had been observed in implementing certain regulatory functions in some countries and participants expressed interest in the continuation of work to strengthen regulatory systems; however, limitations in human resources and regulatory capacity to support implementation of the workplan were acknowledged.

Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity and International Health Regulations 2005.

Many countries emphasized training on antimicrobial resistance (AMR) reporting. In the **WHO African Region**, **Burundi**'s national AMR surveillance strategy was developed and validated, supported by training WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS) AMR focal points on data reporting. **Namibia** also ran training on GLASS and the WHONET tool for 12 selected Member States. **Ethiopia** became the first country in the world to pilot the AMR curriculum self-assessment tool in its leading medical college medicine education programme. In **Mali**, 13 laboratory technicians from AMR monitoring sites were trained at the National Institute of Public Health laboratory.

Burundi's national AMR surveillance strategy was developed and validated.

In **Cote d'Ivoire**, the National Categorized Antimicrobial List was validated and made available and the M&E plan for the National Multisectoral Action Plan Against Antimicrobial Resistance 2021–2025 was developed and validated. WHO supported the project to improve intensive care unit flooring in **Mauritius.** This project supports IPC best practices, including the prevention of multidrug-resistant organisms in intensive care units. WHO also supported the review of antibiotics guidelines in the public health sector.

In the **WHO Region of the Americas**, support from the UHC-P facilitated capacity-building to implement health regulations in **Belize** by running a three-day national workshop for the prevention, detection and response to substandard and falsified medical products. The workshop was attended by more than 40 participants from various organizations and departments, including key Ministry of Health and Wellness personnel, and staff from the Police Department and Customs and Excise, local pharmaceutical distributors, pharmacists, the University of Belize, the Forensic Unit Laboratory, the Nursing Association of Belize and the Pharmacy Association of Belize. Key elements on post-market surveillance of medicines were discussed, along with participants' experiences, and a two-year plan of action to prevent, detect and respond to substandard and falsified medicines in Belize was developed. Following the workshop, a meeting on pharmacovigilance was also convened with the Minister of Health to revisit the Institutional Development Plan for strengthening pharmacovigilance in the country.

A two-year plan of action to prevent, detect and respond to substandard and falsified medicines in Belize was developed.

The UHC-P enabled the Regional Office for the Americas to continue supporting the strengthening of subregional regulatory capacities in the **Caribbean**. In 2023, building on the achievements made in previous years, and in the context of the agreements reached between the Regional Office and the Caribbean Public Health Agency, the Caribbean Regulatory System improved its registration system for recommended products for marketing authorization and importation to Member States. It also improved the development of training activities and tools for regulatory reliance according to the GBT. The Caribbean Regulatory System cloud-based system for registering medicines was strengthened by developing a process for post-approval changes (variations) of Caribbean Regulatory System recommended products. This provided a more secure platform for the Caribbean Regulatory System to exchange information and enable collaboration with its focal points in Member States to ensure access to safe, effective and quality medicines in the Caribbean. Caribbean countries also participated in regional pharmacovigilance discussions to address the safety signals of medicines and vaccines (particularly in relation to COVID-19). Regulators from **Barbados**, **Belize**, **Jamaica** and the Caribbean Public Health Agency attended the Regional Pharmacovigilance Summit in Mexico City in October 2023. It was agreed that the Caribbean will continue to participate in regional pharmacovigilance activities, including the joint evaluation of risk management plans and coordination with immunization programmes for surveillance of adverse events following immunization. The Caribbean will continue strengthening VigiCarib – a voluntary subregional system that Member States of the Caribbean Community use to report suspected adverse drug reactions and substandard and falsified medical products.

The COVID-19 pandemic illustrated the gaps and challenges in medicine supply chains in **Guyana**. In response, the UHC-P has supported regulatory system strengthening activities. Technical assistance was provided to modernize Guyana's legal framework and to implement self-assessment against the WHO GBT. The UHC-P provided technical support and guidance for Guyana's draft Drug Act with the national authorities, which will ensure safe, effective, and quality medicines and vaccines for the population as well as foster an ecosystem conducive to local production. As a result of the joint work of direct cooperation facilitated by the UHC-P, Guyana developed the donation and transplant programme, and created the donation and transplant agency.

Twenty-six professionals from 10 **Caribbean countries and territories** completed the first edition of the course, Regulatory System Strengthening for Pharmaceuticals in Small States: An Introduction, that was hosted at the Regional Office for the Americas' Virtual Campus for Public Health. Participating countries included **Antigua and Barbuda**, **Bahamas**, **Belize**, **British Virgin Islands**, **Grenada**, **Haiti**, **Saint Lucia**, **Suriname**, T**rinidad and Tobago** and **Turks and Caicos**. The course contributed to strengthening pharmaceutical regulation in the Caribbean by providing a knowledge base on essential regulatory functions for Small States. The course was attended by staff from ministries of health who are dedicated to regulatory activities, particularly professionals involved in marketing authorization and pharmacovigilance.

26 professionals from 10 Caribbean countries and territories completed the first edition of the course, Regulatory System Strengthening for Pharmaceuticals in Small States: An Introduction.

In the **WHO Eastern Mediterranean Region**, the UHC-P is collaborating closely with the Iraqi Government agencies and stakeholders to develop national policies to raise awareness about AMR and to encourage responsible antibiotic use. WHO has also supported the development of a detailed situational analysis of AMR in **Iraq**, which provided crucial insights into current AMR trends and challenges within the country. In addition to policy advocacy and the situational analysis, WHO contributed to the formulation of an AMR policy brief tailored to inform policy-makers and stakeholders about the urgent need to address AMR through targeted interventions. WHO's support has extended to establishing an integrated national AMR surveillance system. This system is designed to monitor and maintain a comprehensive national database on AMR patterns, facilitating informed decision-making and timely responses to emerging resistance threats. Strategic collaborations have been fostered with the Ministry of Higher Education and Scientific Research to prioritize research initiatives aimed at filling knowledge gaps and advancing methodologies in AMR research. These efforts are pivotal to enhance local research capacity and to develop innovative solutions to combating AMR effectively in Iraq. Collectively, these initiatives are expected to strengthen Iraq's health care systems, promote more responsible antibiotic use and ensure sustained access to

effective treatments for infections. By comprehensively addressing AMR, WHO aims to safeguard public health, mitigate the spread of resistant pathogens and improve health outcomes across Iraq.

In the **WHO European Region, Kyrgyzstan**'s new Country Cooperation Strategy has identified AMR as a strategic priority area of work for the WHO Country Office in Kyrgyzstan, the Ministry of Health and other national stakeholders and development partners. As a result, awareness building activities for AMR were undertaken.

In the **WHO South-East Asia Region**, antimicrobial stewardship and assessments for IPC and water, sanitation and hygiene measures in the health sector were carried out in 18 hospitals and 33 community health centres in **Indonesia**. The results of these assessments in health facilities revealed that most health institutions were rated as intermediate or advanced in the implementation of IPC and water, sanitation and hygiene measures, but budget constraints and staffing issues in some rural locations were noted. Antimicrobial stewardship implementation was better in hospitals than health centres, with gaps in budgeting and awareness of guidelines. To improve antimicrobial stewardship practices, recommendations were made, including to initiate policies and regulations at the national, provincial and district levels, which should be followed up by comprehensive communication, education and M&E efforts. The Ministry of Health is in the process of updating the antimicrobial stewardship policy to include antimicrobial stewardship implementation at the PHC level. An assessment of AMR in wastewater from health care facilities was also carried out in 2023. The assessment encompassed 35 hospitals and 29 community health centres across four provinces: South Sumatra Province, Yogyakarta Province, East Java Province and South Sulawesi Province. The study results serve as baseline data on the abundance and conditions of AMR in terms of the profile of bacteria/pathogens in health facilities and provide policy recommendations related to AMR control through improvements in health care facility wastewater management and treatment systems and surveillance systems. By engaging with ministries, institutions, sectoral representatives and universities, a position paper on AMR in the environment was developed and will serve as a critical input during the development of the upcoming AMR National Action Plan 2025–2029.

Antimicrobial stewardship and assessments for IPC and water, sanitation and hygiene measures in the health sector were carried out in 18 hospitals and 33 community health centres in Indonesia.

Deep dive on health financing: improving efficiency within and across vertical public health programmes

Background

One of the major sources of inefficiencies in health is linked to the fact that vertical public health programmes – often targeting priority conditions, diseases or health services, and often with significant support from external partners in low- and lower-middle-income countries – operate in badly coordinated silos. This modus operandi not only impacts negatively both the performance of each individual health programme, but also the overall health systems' capacity to make significant gains in terms of population health.

Over the past years, WHO's health financing team has used the UHC-P platform and resources to carry out policy dialogues in various countries aimed at mitigating and reducing these inefficiencies.

Country support

Upon a country's request, WHO's Health Financing and Economics Unit engages directly to use a diagnostic approach – the cross-programmatic efficiency analysis (CPEA) – aimed to identify the key inefficiencies within and across health programmes and the overall health system that constrain the ability to improve, or at the very least sustain, coverage of priority health services. This approach looks across the array of health programmes that are part of a country's health system to detect cross-programmatic duplications and misalignments that can be addressed through changes to specific functions. Using this general framework, a step-by-step process is laid out to systematically map the health system functions of priority health programmes as a means to identify possible inefficiencies.

During this analysis, the best practices of how countries have aligned health functions across health programmes and the health system are also captured and the places where progress has been made are identified.

Once inefficiencies have been identified, the next phase of this work involves initiating and facilitating a policy dialogue process to develop targeted and actionable policy options to address these inefficiencies and ensure accountability for results. This phase is meant to bring the entire analytical process together by building a set of policy options and recommendations about how to progressively address the identified sources of inefficiency.

From the outset, these analyses are performed in the context of the wider health reform objectives of the country. Once policy options have been developed and agreed upon, the next phase is different depending on the country. For instance, some have used these findings to inform their health financing policy, others have used it to directly address issues related to their supply chain, such as in **Ghana**. To date, this approach has been used in more than 15 countries.

In 2023, **Cameroon**, **Mozambique** and **Nigeria** all completed the CPEA diagnostic component and initiated the policy dialogue process. These countries were selected based on country demand and identified by WHO Country Office focal points, in coordination with relevant ministries of health. Country activities are described below.

Nigeria

Context, objective, scope and methodology

The health financing study built from an initial CPEA-analysis in Nigeria that took place in 2018/2019. This first phase of work focused on state-level analysis, with key findings – similar across the three states – pointing at the influence that the federal level had on state-level decisions.

In June 2022, a regional workshop was organized with an explicit focus on strategies to address cross-programmatic inefficiencies in the WHO African Region. It convened country focal points from across WHO country offices, ministries of health and partner agencies in those African Region countries that have completed a CPEA. Nigeria was one of the seven countries that participated. During this workshop, country stakeholders agreed on the similarities across the three states and the importance of federal-level analysis and engagement.

A follow-up and focused deeper dive assessment was planned, with the aim of providing an in-depth understanding of the root cause of the identified cross-programmatic inefficiencies. This assessment also aimed to aid programme planning and implementation to improve efficiency in the mobilization and deployment of resources across the health system. This deeper dive was carried out in Anambra State with a focus on HIV, malaria, TB, immunization and nutrition, and the maternal newborn and child health programmes.

Findings

The study unpacked identified inefficiencies and put forward specific policy solutions that are relevant at the state-level. Table 1 summarizes the governance related root-causes and the proposed solutions.

Policy impact

The 2018 and 2019 studies identified several important findings that were incorporated into health financing strategies and other related policy dialogues. However, these were mostly descriptive and consequently the findings were not implemented.

This 2022–2023 deep dive analysis provided the opportunity to identify a set of levers to redress these inefficiencies, which are now being pushed by state-level governments. In order to make progress and move the agenda forward, it was necessary to perform a root-cause analysis to better identify the problems and move towards a solutions-oriented space. One solution would be to better document and communicate state-level policies, rules and regulations to cover inputs and coordination. Another potential solution involves partner engagement, and requiring partners to consult with state health authorities when programmes are conceptualized and to conduct a needs assessment to identify priority areas of the state. Additionally, this analysis was well timed, as it fed into the discussions that took place on 1–5 July 2024 in Abuja, Nigeria.

Photo: Precious, 10, is treated for malaria and symptoms of what appears to be yellow fever at the central hospital in Owa-Alero, Delta State, Nigeria. ©WHO/Nigeria

Photo: Health workers have been visiting households in the Isiala-Mbano Local Government Area of Imo State, Nigeria, to sensitize people about mpox and what people should do if they suspect someone has the symptoms of the disease. ©WHO/Nigeria

Table 1. Key findings of the study

Root cause	Solution
Weak policy framework: governance policy documents are outdated, not well known, not clearly defined and not implemented fully	• Document and communicate state-level policies, rules, and regulations: These guidelines/policies should cover human resources and inputs, and coordination, etc. • Review policies and strategies every four years to ensure they reflect current expectations and realities. • Regularize cost-effective integrated supportive supervisory models and incentives for all priority health programmes. Integrated supervisory models are likely to be more cost-effective, reduce the burden on health workers and distractions from service delivery, and provide standardized results for decision-making. • Address unnecessary bureaucracy to ensure swift implementation and communication with partners at programme start-up and during implementation.
External influence by partners on programme activities	• The state should show strong leadership by providing effective oversight functions through strengthening coordination platforms to ensure that partners align with the state plans and priorities. • Partners should consult state health authorities when programmes are conceptualized. In addition, partners to conduct a needs assessment to identify health priorities and use such insights to design the health programmes. • Develop sustainability and succession plans for health programmes for continuation of projects once funding from partners halts.
Weak accountability mechanisms	• Institute frequent interagency review meetings and implementation of outputs from such meetings. Review meetings should be regular, and well attended, and an accountability framework (scorecards, bulletin, policy brief) should be put in place to measure implementation of outputs from review meetings and implement reward systems and sanctions.
Federal influence	• Regularize the weekly/monthly management meetings with state health authorities to improve participation in the design and administration of programmes and encourage partners to align with the health priorities of the state.

Mozambique

Context, objective, scope and methodology

This CPEA focused on HIV, TB, malaria, maternal, neonatal child and adolescent health programmes, and included immunization for maternal, neonatal, child and adolescent health and nutrition programmes. The impetus for this analysis built from a recommendation of the Health Coordinating Council 2018 and a key strategic intervention of the Health Sector Financing Strategy in Mozambique, which aims to increase the fiscal space and improve the quality of interventions.

Findings

Findings show that, while considerable integration of health programme functions has taken place, there is still ample scope for improvement. The main cross-programmatic inefficiencies identified were:

A large share of health resources is directed to disease control programmes and is increasingly directed off-budget:

- The majority of basic services provided by the National Health Service is funded by donors, and the funding for specific disease control programmes flows through various channels, which absorbs an enormous amount of Ministry of Health time to manage.
- Multiple donor funding flows and disbursement dates complicates planning–budgeting cycles and reduces visibility on resources available at different levels of government.
- Districts and facilities do not have enough funds for operational expenditure and are forced to use programme funds for other PHC operations or outreach (including supervision or mentoring visits to facilities).

Weak governance hampers the strategic stewardship role of the Ministry of Health over disease control programmes:

- Further, disease control programmes have separate planning–budgeting cycles, which are poorly linked at the national, provincial and local health administration levels.
- Decentralization encourages more local ownership, but the process is not yet complete, with duplicated structures for health administration at the provincial level.
- Weak guidelines on local adaptation of central goals, a poor hierarchy of strategic versus programmatic targets, and poor linkages between intended targets and available resources create a disconnect between targets set at central versus local level, and hampers the achievement of these targets.

Photo: Zinha waits for medical assistance while carrying her baby in a WHO tent in Mecufi. Both her home and the local hospital were destroyed. © WHO/Tiago Zenero

Disease control programmes divert time and effort of human resources, particularly maternal child health nurses:

- Through disease control programmes, donor resources are channelled towards recruitment of additional human resources, such as counsellors, typists, financial officers and activists. As an illustration, the US President's Emergency Plan for AIDS Relief (PEPFAR) funds approximately 30 775 health workers for HIV alone.
- Staff time, particularly in the Maternal and Child Health department, may become disproportionately used for disease control interventions, such as HIV, crowding out other PHC services.
- Resource constraints for outreach contribute to limited coverage, and gaps are filled with costly (and disruptive) disease-specific campaigns.

Parallel investments by programmes for procurement, logistics and health information systems cause unnecessary fragmentation:

- Due to the weakness in National Health Service information systems and procurement of medical commodities, disease control programmes strengthen the provision of critical inputs for their interventions using external funds.
- The common problem with this input financing, temporarily funded by the donors, is the sustainability and continuity of the support. Low public funding does not allow the Ministry of Health to take on the costs in the short or medium term.

Policy impact

These findings were presented at a stakeholder dialogue meeting in August 2023. Participants considered them to be viable for pragmatic and short-term solutions. Additionally, the work has been presented to a technical thematic working group within the Ministry of Health and to partners, where this work was well-received and there was a high interest in learning more both about the issues and the possible next steps. A policy brief has been completed and approved by the Ministry of Health to ease the dissemination of findings and to facilitate next steps.

Photo: After their to the PEN-Plus clinic at Nhamatanda Rural Hospital, Sara, 14, and Linda, 8, take a moment to play at their home, approximately 30 kilometres away in Metuchira, Mozambique, on 20 March 2024. ©WHO/Ivan Simone Congolo

Cameroon

Context, objective, scope and methodology

The CPEA work in Cameroon commenced in February 2023, with a request from the Ministry of Health to provide technical support in advance of a new health financing strategy and a review of vertical health programmes. It was also done within the context of donor transition, with Cameroon becoming a lower-middle-income country. The analysis focused on the HIV, maternal, newborn and child health, TB and malaria programmes, which was requested by the Ministry of Health. The outputs of this work were finalized and presented as part of a coordinated policy dialogue through several meetings carried out at the end of 2023.

Findings

The key cross-programmatic inefficiencies that were found were as follows.

Numerous governance mechanisms in the Cameroonian health system with little coherence between them:

- Although plans and policy frameworks at the national level serve to link programmatic objectives to broader national objectives, implementation is weak. Governance remains fragmented and coordination mechanisms are limited across the system and with donors.
- The organizational structures of programmes at the national and regional levels are not conducive to joint operations, such as monitoring, review and supervision of activities. Each programme manages independent operational plans with limited coordination between programmes.
- Capacities for governance, coordination and operation of public–private partnerships are weak.
- Data systems are gradually being integrated, but the use of data is suboptimal at all levels of the health system and is not being used to inform decision-making.

Photo: Cameroon launched the RTS,S malaria vaccine in its expanded programme on immunisation. © WHO/Kayi Lawson

Public funding for the health sector has remained inadequate, which has resulted in an underfunded health system and over-funded programmes:

- Funding sources are multiple and fragmented, which hinders integration in service delivery and governance. These funds are often kept off-budget, making it difficult to align policy objectives and planning cycles. This leads to multiple purchase agreements based on inputs or outputs, and sometimes a mix of both, resulting in conflicting incentives for suppliers and disjointed service delivery. In addition, it leads to multiple accountability frameworks and requirements, which sometimes operate in parallel.
- There is a mismatch between resource allocation at the central level and needs at the subnational (regional and district) evels. In addition, programme funding from government funds is characterized by limited policy space to reallocate resources to meet local needs.
- There are limited sharing arrangements between health programmes and the health system. This makes it difficult to reallocate funds based on need and to allocate risks related to access and use of services.

Skewed distribution of the health workforce favours programmes at the expense of other health services:

- The recruitment, contracting and training of health workers in some of the programmes analysed (TB and HIV/AIDS) are fragmented and separated from the overall government system. This leads to different incentives and health workers who are unable to provide services outside of their mandate within the programme.

Duplication in supply chain increases costs and waste in the system:

- Many health programmes have different procurement and supply chain systems that are not necessarily coordinated with the national system. This has led to increased procurement costs, delays, over- and under-supply, wastage and expired medicines across the health system.

Service delivery capacity is unevenly distributed across different types and levels of health facilities, worsening coverage:

- Fragmentation has been observed in service delivery models between different levels of the health system, health facilities and service delivery units, leading users to travel to multiple health facilities to receive care.

- Referral systems are weak and control mechanisms are non-existent, often due to a lack of awareness among service users or the fact that lower-level health facilities do not have adequate and functional facilities to provide comprehensive services. As a result, services duplicate the work of different levels of the health system, overburdening higher-level institutions. This can lead to increased costs for both the system and users.

- The focus on curative services distracts from the efficiencies that could be gained rom investments in promotion and prevention initiatives that reduce the pressure on the curative system and the costs of providing health care.

Photo: The WHO Academy conducted a 3-day intensive Mass Casualty Management (MCM) training program in Lyon, France, from May 15th to 18th, 2024, for regional hospital care workers. This program brought together emergency unit teams from CHU de Nice (France) and Centre des Urgences de Yaoundé (CURY) (Cameroon) to collaborate during simulated mass casualty scenarios. © WHO/Pierre Berendes

This study shows that there is fragmentation and limited coordination between the health programmes evaluated. This limited coordination from a governance and funding perspective has negative implications for how services are delivered and used. The fragmentation and disintegration observed in service delivery is the result of the upstream disintegration of pools and funding sources.

A validation workshop has been held and the findings approved by MINSANTE. Work is now underway to consider how to incorporate and address the cross-programmatic inefficiencies through policy action. A policy dialogue was planned to take place later on in 2024 to prioritize the policy solutions and move forward with implementation.

Capacity strengthening and dissemination events

The WHO Health Financing Department has developed an eLearning course on CPEA to provide training on how health systems analysis can be used as a way to analyse health programmes based on common functions to identify specific areas of duplication or misalignment. It provides individuals with this framing before starting the analysis and helps to build country capacity in this area of work.

Since its inception in 2021, 1212 individuals have completed the course, with over half of the participants coming from African and South-East Asia Region countries. Individuals who completed the course in 2023 gave very positive reviews after taking the training. Some said that the training allowed them to better understand the health system in general, and the health financing system in particular. Others noted that the examples used were very relevant to their own country and helped them better understand these efficiency concerns.

In 2023, there were several dissemination events related to this programme of work. Specifically, a pre-congress half-day session was organized in July 2023. This session brought together the comprehensive base of analyses that had been performed on CPEA and discussed the emerging findings from **Cameroon**, **Nigeria** and **Mozambique**. In October 2023, a webinar was held during the Health Financing and Economics Webinar Series on CPEA and the progress made in these three countries above. The Health Financing Department invited the CEO of the Anambra State Health Insurance Agency in Nigeria to speak. The CEO emphasized the need to understand the political economy dynamics to move this work forward and provided positive examples of where Anambra has started to address some of these inefficiencies, including harmonizing supervisory visits and holding coordination meetings with top level management within the Ministry of Health.

Way forward

This programme of work is still highly relevant to many countries, and the Health Financing Department has received requests from regional offices for country support on these issues. Given that there have been over 15 countries that have already completed this analysis, we are working to develop a database of good practices that can be used to better aid cross-country learning. This still needs more concerted effort and analysis to better understand the conditions for success. Given reforms in health do not happen overnight, countries are not able to make immediate changes to the organization of their health programmes and health system. Individual country follow-up is needed to see where progress has been made, or where there are plans in place where this analysis has fed into.

In 2024 the health financing unit will perform an analysis of the data from the 15-plus countries that have completed the analysis to form a synthesis of the issues identified, and what can be learned from these countries. The results of this analysis will be published as a report.

Photo: Even with their homes destroyed by Cyclone Chido, Sirley and Nhaco still smile and play among the wreckage in Mecufi, Cabo Delgado Province, Mozambique. © WHO/Tiago Zenero

2. Health emergencies response and preparedness

Notable results for the second billion in 2023

- In 2023, States Parties Self-Assessment Annual Reporting (SPAR) achieved a 99% submission rate, with 194 of the 196 States Parties submitting their data to the World Health Assembly; 184 States Parties submitted data in 2021 and 182 in 2022. Multisectoral engagement in SPAR increased by six points from 70% in 2022 to 76% in 2023.

In 2023, States Parties Self-Assessment Annual Reporting achieved a 99% submission rate.

- In 2023, 35 Joint External Evaluation (JEE) missions were carried out, including in Pakistan, which successfully finalized its second round of JEE on 6–9 February 2023, making it the first country in the WHO Eastern Mediterranean Region to complete a first round and start the second round of the evaluation.

- In a pioneering collaboration between WHO and the Harvard Humanitarian Initiative, the King Abdullah II Special Operations Training Center in Jordan hosted the first Multi-Regional Interdisciplinary Humanitarian Response Simulation Exercise on 3–12 December 2023 for the WHO regions of the Eastern Mediterranean and Africa.

- In 2023, WHO supported 37 country Strategic Tool for Assessing Risks (STAR)/risk profiling workshops, including Sri Lanka. WHO also supported 10 STAR exercises in Armenia, Bosnia and Herzegovina, Kosovo[1], Mauritius and North Macedonia.

WHO supported 37 country Strategic Tool for Assessing Risks workshops.

1 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Since 2014, there has been a shift from exclusive self-evaluation for emergency preparedness to an approach that combines self-evaluation, peer review and voluntary external evaluations involving domestic and independent experts. Assessment of country capacities to prevent, detect and respond to public health events, such as SPAR, and voluntary external evaluations, such as JEE, after action review (AAR) and simulation exercises, provide indicators of health system strength and resilience.

The results of the International Health Regulations (IHR) Monitoring and Evaluation Framework assessments inform the development and implementation of national plans, particularly National Action Plans for Health Security (NAPHSs). The UHC-P's priority is to support implementation in vulnerable countries, which have shown weak health systems and higher risks of disease and epidemics. It is important to highlight the existence of countries that have relatively strong domestic and international financing but remain at high risk of outbreaks. Countries' SPAR and JEE scores help WHO to prioritize the countries in which to implement activities.

The UHC-P's priority is to support implementation in vulnerable countries.

A renewed focus on health security, health systems and UHC, through an integrated and people-centred lens, is critical to achieving the second billion target. This focus is particularly important for reaching underserved and marginalized populations to ensure that no one is left behind, and is an integral part of the proposed action.

To achieve the second billion, the UHC-P supports countries to:

- scale up global preparedness through building sustainable health emergency capacities, particularly to address country gaps and needs;
- implement NAPHS, including integrating NAPHS and disease-specific plans;
- strengthen multisectoral health security preparedness through building resilient, responsive health systems.

Photo: WHO field visit to Zhytomyr region, Ukraine, to strengthen prevention and infectious control programmes and increase the preparedness of facilities for the COVID-19 pandemic. ©WHO/ Valerii Vodopianov

2.1 WHO Strategic Partnership for Health Security and Emergency Preparedness Portal

In 2023, the Multisectoral Engagement for Health Security Unit published new, revamped and enhanced versions of various modules on the Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal *(41)* for all three levels: global, regional and country. The Multisectoral Engagement for Health Security Unit expanded the functionality of the SPH Portal to scale up multisector coordination and collaboration for preparedness, essential components in achieving UHC and PHC, and to improve tracking and monitoring of national preparedness investment towards relevant capacity-building activities, including those contained in NAPHSs. The new update has made technological improvements by introducing a robust content management system and faster data loading, as well as adding new pages and features. Some of the new modules that were published in 2023 are: Multisectoral coordination for health security preparedness, Health emergency preparedness in cities and urban settings, Enhanced resource mapping (REMAP), the JEE roster of experts, and the Joint risk assessment. These modules further support health system resilience and contribute to effective response and recovery efforts.

The Multisectoral Engagement for Health Security Unit expanded the functionality of the SPH Portal.

2.2 International Health Regulations 2005/ States Parties Self-Assessment Annual Reporting

With the support of the UHC-P, WHO continues to assist Member States to assess and strengthen their capacities for preparedness and response to health emergencies, to limit the spread of disease and facilitate containment at source, and to reduce morbidity, mortality and the socioeconomic consequences of health emergencies.

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The IHR SPAR Tool is the only mandatory tool that assesses countries' progress in implementing the IHR (Article 54.1). It provides an interpretation of the national capacities required under the IHR for self-assessment and monitoring purposes, and is the primary tool for ensuring mutual accountability between States Parties and the WHO Secretariat. The SPAR tool consists of indicators for IHR capacities that are necessary to detect, assess, report and respond to public health risks and events of international concern.

There has been a significant increase in SPAR submissions in recent years. In 2023, SPAR achieved a 99% submission rate, with 194 of the 196 States Parties submitting their data to the World Health Assembly; 184 States Parties submitted data in 2021 and 182 in 2022. Multisectoral engagement in SPAR increased by six points from 70% in 2022 to 76% in 2023.

Box 16. An innovative approach: using a TEDx Talk format for SPAR and JEE

A SPAR consultative meeting was held on 3–5 July 2023 in Geneva, Switzerland, to update the guidance document for the SPAR second edition, taking into consideration the experiences of the national focal points. The meeting outcome included an emphasis on multisectoral collaboration for the SPAR process, and introduced the SPAR capacities relationship matrix and models of multisectoral engagement. The contextual and technical questions developed for SPAR capacities were reviewed and will be used to support States Parties for the next few SPAR reporting cycles.

One of the highlights of the meetings was the sharing of experiences of WHO and the national focal points using the TEDx Talk format. Using this approach, the national focal points shared their experiences on conducting SPAR using multisectoral approaches.

In 2023, all 47 countries (100%) of the **WHO African Region** have submitted SPAR. This is the seventh consecutive year that all African Region Member States have submitted SPAR, which is a substantial increase from the 42% submission in 2015. This data allows information to be updated on the progress of IHR implementation for all of the 47 countries in the Region and facilitates reporting on SDG indicator 3.d.1, the average IHR core capacity score.

This is the seventh consecutive year that all African Region Member States have submitted SPAR.

In the **WHO Region of the Americas**, the constraints to filling out SPAR and the need to adapt it to the **Caribbean** countries, as SIDS, have been prioritized. This need for adaptation in SIDS will allow them to comply with the core capacities, and to identify coordination mechanisms between countries for those capacities that are not possible for individual countries to sustain themselves. In December 2023, SPAR workshops were held in **Kiribati** and **Niue**.

Photo: WHO and Director of the University of the West Indies. ©PAHO/WHO

2.3 Intra-action reviews, after action review and simulation exercises

After action review (AAR) is used to assess the response to emergencies, document lessons and best practices, identify gaps and provide recommendations to improve future responses. Intra-action reviews assess ongoing protracted responses to document best practices and identify gaps for course correction to improve an ongoing response. The results of intra-action reviews are used to update response plans.

Simulation exercises help countries to test the functionality of their capacities for IHR and emergency preparedness and strengthen these capacities in peace time, before emergencies occur.

Simulation exercises help countries to test the functionality of their capacities for IHR and emergency preparedness.

In 2023, in the **WHO African Region**, a total of 14 simulation exercises were carried out in 13 countries – **Chad**, **Equatorial Guinea**, **Eswatini**, **Ghana**, **Kenya**, **Lesotho**, **Mali**, **Namibia**, **Rwanda**, **South Sudan**, the **United Republic of Tanzania**, **Uganda** and **Zimbabwe**.

Furthermore, 14 AARs were carried out in 14 countries (with the cause of the emergency given after the country name): **Angola**, COVID-19; **Cabo Verde**, COVID-19; **Equatorial Guinea**, Marburg virus disease; **Ghana**, Marburg virus disease; **Kenya**, cholera; **Lesotho**, Measles-rubella supplementary immunization activities campaign; **Liberia**, COVID-19; **Malawi**, cholera; **Mali**, COVID-19; **Mauritania**, COVID-19; **Senegal**, COVID-19; **Sierra Leone**, COVID-19; **the United Republic of Tanzania**, Marburg virus disease; **Uganda**, the Ebola disease caused by the Sudan virus. In addition, 5 intra-action reviews were carried out in five countries: **Cameroon**, cholera; **the Comoros**, COVID-19; **Guinea-Bissau**, COVID-19; **Madagascar**, southern part, nutritional/humanitarian crisis due to drought; and **Burundi**, cholera.

In the **WHO Region of the Americas**, technical support was provided to countries to conduct intra-action reviews on the COVID-19 response (with respect to the pillars of the COVID-19 strategic preparedness and response splan *(42)*) in **Antigua and Barbuda**, **the Dominican Republic**, **Haiti**, **Saint Kitts and Nevis**, **Suriname** and T**rinidad and Tobago**.

Technical support was provided to countries to conduct intra-action reviews on the COVID-19 response.

A four-day meeting on Health Surveillance for **Barbados** and the **Eastern Caribbean Countries** was held in November 2023 in Barbados, which brought together ministries of health and partners, including the United States Agency for International Development, the Inter-American Development Bank, Caribbean Med Labs Foundation, the Centers for Disease Control and Prevention, Caribbean Public Health Agency and the Pan American Health Organization. This meeting aimed to identify synergies, encourage common agendas and avoid duplication of efforts, which is especially vital for SIDS.

SIDS have unique challenges in terms of the availability of trained human resources and the time these people can dedicate to activities. A coherent strategy at the level of international organizations is required. In the PAHO Office for Barbados and the Eastern Caribbean Countries, a conscious effort has been made to achieve this type of coherent strategy, with the inclusion of other international organizations working in the **Eastern Caribbean Countries**. To test this strategy, and to produce an example for use by other countries, **Saint Lucia**'s Ministry of Health worked with the Office to develop a draft, which was presented to Ministry of Health staff to further discuss and refine. Subsequently, inclusion of areas such as pharmacovigilance have been identified as necessary next steps. **Antigua and Barbuda** and **Saint Kitts** are looking forward to the draft document from Saint Lucia for further discussions and to use as a template for adoption in their countries.

A coherent strategy at the level of international organizations is required.

Box 17. Strengthening humanitarian response capacities: simulation exercise successfully led by WHO Eastern Mediterranean Regional Office and the Regional Office for Africa, in Jordan

In a pioneering collaboration between WHO and the Harvard Humanitarian Initiative, the King Abdullah II Special Operations Training Center in Jordan hosted the first Multi-Regional Interdisciplinary Humanitarian Response Simulation Exercise on 3–12 December 2023 for the **WHO regions of the Eastern Mediterranean and Africa**. The simulation exercise facilitated and supported by the **WHO Eastern Mediterranean Regional Office** and the **Regional Office for Africa**, aimed to reinforce the interdisciplinary humanitarian response capacities in the Middle East and African regions.

Participants in the programme included 65 humanitarian responders and future leaders from 52 countries across the regions, alongside 21 professionals from Jordanian ministries and more than 100 volunteers. The exercise combined theoretical learning with practical simulations, emphasizing hands-on experience in handling complex disaster and conflict scenarios. With contributions from over 35 speakers and facilitators from around the world, participants gained valuable insights into operational approaches, humanitarian negotiations and the application of key frameworks in the field. The interactive sessions and practical exercises provided participants with valuable hands-on experience, enabling them to apply their newly acquired knowledge in real-world scenarios.

By skilfully guiding participants through fully immersing themselves in the humanitarian simulation exercise experience and facilitating the exchange of knowledge and experiences, the **WHO Regional Offices of Africa and the Eastern Mediterranean** have made significant contributions to advancing the field of humanitarian response and strengthening collaborative efforts in addressing complex global challenges to promote health security and resilience.

2.5 Development and implementation of Joint External Evaluations (JEEs)

Voluntary JEEs offer a transparent peer review and open discussion between internal domestic and external international expert teams to identify the priority actions for improving health emergency preparedness and response capacities. JEEs allow countries to identify the most urgent needs and opportunities within their health security system for enhanced emergency preparedness, detection and response leading to consensus on national priorities to frame or update their NAPHS with the requisite allocation of resources. JEEs are peer-reviewed processes, aimed at improving transparency and accountability, and are carried out every three to five years. There were 35 JEE missions carried out in 2023, 20 of them in the **WHO African Region**. These 20 (round 2) JEEs took place in 19 countries: **Angola**, **Benin**, **Burundi**, the **Central African Republic**, **Chad**, **the Congo**, **Cote d'Ivoire**, **the Democratic Republic of the Congo**, **Ethiopia**, **Guinea**, **Liberia**, **Mali**, **Mauritania**, **Nigeria**, **Senegal**, **Sierra Leone**, t**he United Republic of Tanzania**, **Uganda** and **Zambia**.

JEEs allow countries to identify the most urgent needs and opportunities within their health security system.

Several initiatives were started and are currently undergoing tests, such as JEE orientations, and the JEE Leadership Programme Women in JEE. A JEE consultative meeting was carried out on 5–7 July 2023 to update JEE guidance and accompanying documents and the JEE strategy to reflect the processes and the evolving roles of different stakeholders at different phases of the JEE. The meeting outcomes included the revision of the JEE implementation guide that details the role of the stakeholders at different stages of the JEE, the JEE five-year strategy and the finalization of the technical area relationship matrix. The meeting participants were also introduced to the electronic Joint External Evaluation platform (e-JEE). Selected participants shared their experiences in JEE using the TEDx Talk format. JEE experts shared their experiences as team leads, technical area experts, technical writers and as WHO country offices supporting JEE mission preparations.

JEE training sessions have been updated and new courses have been developed to provide country and external teams with adequate information to take part in well-run self- and external evaluations. These courses will be available on the OpenWHO platform in 2024.

JEE training sessions have been updated and new courses have been developed to provide country and external teams with adequate information.

In the WHO **Eastern Mediterranean Region**, a JEE workshop was carried out in **Yemen** covering the 19 areas of the JEE. The outcome of the JEE was used as a guideline to come up with indicators to bring Yemen's national health system up to IHR standards. In a ground-breaking achievement, **Pakistan** successfully finalized its second round of JEE on 6–9 February 2023, making it the first country in the Eastern Mediterranean Region to complete a first round and complete the second round of the evaluation. More than 100 participants participated in the discussions at the central and provincial levels.

In **Iraq**, the UHC-P provided technical support and assistance for conducting the JEE of IHR 2005. This involved facilitating a comprehensive assessment to identify potential hazards and vulnerabilities in the country's public health system. Comprehensive risk assessments were carried out using the JEE identified key areas for improvement in Iraq's health security infrastructure. This initiative enabled the development of targeted interventions and strategic plans to enhance preparedness and response capabilities, ultimately contributing to more resilient health systems and improved public health outcomes in Iraq.

This initiative enabled the development of targeted interventions and strategic plans.

In the **WHO South-East Asia Region**, **Sri Lanka** and **Indonesia** carried out their JEE second rounds. WHO facilitated the evaluations, which were carried out on country request, with the results and priority actions being agreed between the national and external parties to provide a holistic view of the health security landscapes in these countries.

Photo: Neonatal and pediatric Intensive Care Units in Duhok Maternity Hospital, Iraq.
© WHO/Sebastian Meyer

2.6 Multisectoral engagement for health security

WHO's work on multisectoral coordination, civil–military collaboration and capacity mapping directly contributes to advancing UHC, strengthening health systems, promoting good governance and embodying the principles of PHC. Fostering collaboration across sectors and enhancing preparedness for health emergencies works towards ensuring that all individuals and communities have access to the health services they need, when they need them, without facing financial hardship.

In 2023, with UHC-P support, WHO developed various online training tool packages for strengthening health emergency preparedness and health security to further inform stakeholders about the crucial components of multisectoral preparedness coordination, which is essential for achieving UHC by promoting access to essential health services and addressing the broader determinants of health. These tools include: (i) Multisectoral preparedness coordination; (ii) Parliaments and parliamentarian engagement; (iii) Civil–military collaboration; and (iv) Urban preparedness. Publication of these tools is expected before the end of 2024.

WHO's work on multisectoral coordination, civil–military collaboration and capacity mapping directly contributes to advancing UHC.

Box 18. Championing health security in Nepal: the ministries of health and the interior, the police forces and the military combine efforts

Nepal's past disasters and infectious disease outbreaks have illuminated the critical need for collaboration between the security sector and the public health sector to enhance health emergency preparedness. The national workshop convened on 8–9 October 2023 aimed at further strengthening collaboration between Nepal's public health and security agencies for enhanced health emergency preparedness. The workshop convened high-level participants from various ministries, including the Minister of Health and Population, the Secretary of the Ministry of Defence, the Secretary of the Ministry of Agriculture and Livestock Development, and representatives of the Nepalese Army, Nepalese Police and the Armed Police Force of Nepal. The meeting showcased significant commitment by various stakeholders in fostering a collaborative approach for effective health emergency preparedness.

The discussions resulted in key findings and creation of a roadmap for joint multisectoral activities, including developing public, legal and normative instruments to implement IHR. Discussions were also held to enhance health emergency preparedness capacities in the country on health emergency management; health service provision; laboratory safety; chemical, biological, radiological and nuclear event response; IPC; risk communication; disease surveillance; human resources; and monitoring points of entry.

Box 19. African Parliamentary High-Level Conference on Strengthening Health Security Preparedness, 8–10 November 2023, Accra, Ghana

Jointly organized by the WHO Regional Office for Africa and the Inter Parliamentary Union, the Parliamentary High-Level Conference provided a forum for parliamentarians in Africa to exchange ideas, build political support, strengthen capacities and foster coordination in driving sustainable action for global health security. The Conference helped highlight and enhanced the role of parliamentarians in strengthening health security preparedness and building health system resilience for the future of their respective countries. This, in turn, aligned with the goals of UHC by promoting access to essential health services and health systems strengthening and by fostering collaboration and capacity-building among stakeholders. The Conference underscored the importance of good governance in health security preparedness, as it engaged parliamentarians in policy-making and decision-making processes to ensure effective coordination and implementation of health security measures. The handbook, *The path towards universal health coverage*, embodies the principles of PHC by emphasizing the role of parliamentarians in addressing the social, economic and environmental determinants of health, to contribute to the overall well-being of their communities *(43)*.

Photo: Consultation on Essential Health Emergency Preparedness and Response Capabilities for National Public Health Agencies in the WHO African Region, Accra, Ghana. © WHO/Abdul-rahim Naa Abdul-Lahie

2.7 Country capacity assessment and planning for health security: National Action Plan for Health Security

The National Action Plan for Health Security (NAPHS) is critical for ensuring that national capacities in health emergency prevention, preparedness, response and recovery are prioritized, strengthened and sustained to achieve national, regional and global health security, while contributing to UHC.

In 2023, three countries in the **WHO African Region**, **Equatorial Guinea**, **Malawi** and **Mauritius**, were supported to develop NAPHS and annual operational plans. The NAPHS are developed using findings from JEEs, SPAR, AAR, simulation exercises and other preparedness assessments to address the gaps identified in these assessments and to strengthen overall capacities for IHR and emergency preparedness for early detection and effective response.

The NAPHS for **Yemen** was developed during a workshop that took place in Aden on 8–10 August 2023.

In the **WHO European Region**, the first-ever NAPHS training was carried out on 4–6 July 2023 as a face-to-face event in Istanbul, **Türkiye**, with 32 participants from Western Balkan countries, National Programme Officers and observers from the European Centre for Disease Control and WHO regional offices.

In the WHO European Region, the first-ever NAPHS training was carried out.

In the **WHO Region of the Americas**, the UHC-P supported the Bolivian Department of Chuquisaca's health system to strengthen departmental preparedness and response to pandemic emergencies, such as COVID-19 *(44)*. A series of actions were supported, including the development of the Municipal Health Plan, the development of the implementation workplan of the third-level Chuquisaca hospital, the restructuring of the regional health network, the development of the real-time access computer platform for health information, the development of the Training Plan aimed at the primary level of care, and the establishment of three risk communication and community participation laboratories. At a national level, to establish the financial impact of the COVID-19 pandemic in preparation for future emergencies, processes for analysing health expenditure were promoted by preparing National Health Accounts (NHA) studies for the years 2020 and 2021. These studies will not only allow the quantification of the pandemic's impact on health expenditure at the national level but also obtain estimates at the departmental and municipal levels, which has been fundamental for visualizing the gaps and challenges from the financing perspective.

2.8 Resource mapping (REMAP)

Through the UHC-P, WHO has been supporting countries in REMAP, which is based on multisectorality and inclusivity.

REMAP provides details of each health security activity mapped in countries, including the funding source, timeline, geographical location, nature of the activity, and which technical area (i.e. surveillance, laboratory, risk communications) is being supported. The REMAP process identifies the funding gaps in the country health security plan and the broader health security investments and stakeholders in the country that have potential to be leveraged to support the national prioritized activities. Through the human resources REMAP component, WHO assists countries in identifying necessary expert support for successful implementation of prioritized activities, reinforcing capacity-building efforts and contributing to sustainable health security outcomes.

REMAP provides details of each health security activity mapped in countries.

The UHC-P contributed to intensified REMAP support for NAPHS implementation in 2023 in the priority countries of **South Sudan** and **Lesotho**. This included developing a suite of offline and online training materials in English and French for countries to build capacity on the use of the REMAP tool and process to advance implementation of national priority health security actions. It also included developing and launching a Phase 2 of the online version of the REMAP tool with enhanced user-friendliness, visualizations and data analysis, including multi-language features and automated report generation.

Box 20. REMAP exercise in Lesotho

Following the launch in June 2022 of the Operational NAPHS of Lesotho, WHO supported the Ministry of Health to conduct an exercise in REMAP and partner coordination to accelerate NAPHS implementation. This included a workshop held on 9–13 October 2023 in Maseru, Lesotho, that involved using the REMAP tool and process to identify financial and technical support for health security in the country, and needs for support.

The workshop brought together 60 participants including representatives from multisectoral line ministries, agencies and partners.

The mapping demonstrated that partners' support is heavily weighted towards areas such as immunization, workforce development, medical countermeasures, national laboratory system and emergency response operations, while areas with a primary focus on AMR, national legislation, chemical events, zoonotic diseases and linking public health and security were among those that received little or no partner funding.

2.9 Country risk profiles and the Strategic Tool for Assessing Risks (STAR)

The UHC-P facilitated WHO's publishing of the STAR toolkit in November 2021 *(45)*. The toolkit offers an easy-to-use approach to support national, subnational or local evidence-based assessments of public health risks for planning and prioritizing health emergency preparedness and disaster risk management strengthening. It provides a comprehensive set of tools that facilitate the swift and evidence-based evaluation of multi-hazard public health risks.

Countries have continued to implement STAR workshops to develop or update their risk profiles at the national and subnational levels. Empowered with the risk profile (including the geographical location of risks, seasonal risk calendar and 5×5 plot of the likelihood and impact of risk) authorities can then develop or update policies, strategies and plans to mitigate, prepare and respond to emergencies and disasters.

Countries have continued to implement STAR workshops to develop or update their risk profiles at the national and subnational levels.

In 2023, WHO supported 37 country STAR/risk profiling workshops, including 10 exercises held in **Armenia**, **Bosnia and Herzegovina**, **Kosovo**[2], **Mauritius** and **North Macedonia**. STAR workshops were also completed in **Bhutan**, **Nepal**, **Sri Lanka** and **Thailand**.

Box 21. Sweden adapts STAR for climate change risk assessment

In December 2023, the Public Health Agency of Sweden, with support from WHO, carried out a risk profiling exercise for climate change risks using STAR, in alignment with national and global disaster risk reduction initiatives.

The two-day exercise brought together 28 multisectoral experts from the Public Health Agency of Sweden, the Swedish Veterinary Institute, the National Board of Health and Welfare, the Swedish Civil Contingencies Agency, the Swedish Meteorological and Hydrological Institute, the Swedish Food Agency, the Geological Survey of Sweden, the Center for Occupational and Environmental Medicine, Sahlgrenska University Hospital, the Karolinska Institutet and Gothenburg, Lund and Umeå universities.

The exercise characterized and analysed 14 climate related health risks for medium- and long-term planning in the health sector. Sweden aims to develop a resilient society to climate risks through whole-of-society actions, as part of the National Strategy for Climate Adaptation.

2 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Box 22. Sri Lanka develops its first country risk profile to inform preparedness actions

In May 2023, Sri Lanka ran a STAR workshop to develop its country risk profile, in alignment with the IHR (2005) and the Sendai Framework for Disaster Risk Reduction (2015–2030).

The three-day risk profiling workshop was led by the Ministry of Health, and involved around 60 experts from the animal health, agriculture, disaster, environment and security sectors and civil society representatives. The multisectoral participants applied the all-hazards and evidence-based approach in the STAR methodology to map hazards facing the country and assess their seasonality and likelihood to occur, and to assess population and health system vulnerability and the coping capacity for each hazard.

WHO continues to update its tools and methods to ensure they remain fit-for-purpose. In 2023, WHO updated the STAR Excel data collection tool based on feedback and inputs from country STAR workshops. The latest product, STAR-5C, incorporates language editing features and allows countries to easily deploy the tool in their local languages. The STAR-5C was tested and rolled out during STAR workshops in **Armenia**, **Lithuania**, **Sweden**, **Tajikistan** and **Turkmenistan**. Within the reporting period, WHO engaged a business analyst to map the business requirements for a STAR digital tool (eSTAR). The digital tool will complement the STAR Excel data collection tool to provide an improved data visualization interface, allow geographical information system risk mapping and better support the linkage of risk profile results with upcoming digital systems, such as NAPHS, JEE and the readiness checklist.

The latest product, STAR-5C, incorporates language editing features and allows countries to easily deploy the tool in their local languages.

To further improve the support to countries, WHO organized a joint technical review of the STAR risk profile guidance/methodology and the multi-hazard response planning global guidance in Geneva, Switzerland. The meeting brought together experts from WHO regional and country offices, and representatives from Member States and partners. This meeting aimed to review the STAR toolkit and regional implementation, consolidate technical feedback to improve the toolkit and align it with the new WHO initiative on strengthening the global architecture for health emergency prevention, preparedness, response and resilience. During the technical review workshop, WHO presented the key features of eSTAR as part of the consultative process for the digital tool's development and all regional teams endorsed/supported the eSTAR tool and identified pathways forward.

To better use risk information for emergency preparedness and response and to trigger early actions and early warning through a standardized approach, WHO is working with experts and academia to develop an emergency and disaster risk calendar to bring all actions from prevention to preparedness, readiness, response and recovery around risk. This approach aims to maximize resources and build synergies between preparedness and response for sustainability building on the work done with the UHC-P.

The **Guyana** Ministry of Health, in collaboration with the WHO Regional Office of the Americas, supported the field implementation of a community-based surveillance model initiated in Guyana's high-priority Region Six. Community-based surveillance aims to support regular data collection for early identification of diseases and to ensure a coordinated response at the primary level of care. Community-based surveillance also helps break silos and better prepare communities for emergencies through a One Health approach. A three-day interactive training session for health workers and key members of the community was carried out before initiating the field activity. This was crucial to enable the preparation of community mapping, syndromic identification of NCDs, communicable diseases and deaths through a digital tool.

Community-based surveillance aims to support regular data collection for early identification of diseases.

Photo: Field testing for COVID-19.
© WHO

2.10 Human–animal interface

National bridging workshops in Sri Lanka and Thailand

The joint use of WHO IHR Monitoring and Evaluation Framework tools and the World Organization of Animal Health's Performance of Veterinary Services pathway can result in better alignment of capacity-building approaches and strategies between human and animal health services of a country. WHO, along with World Organization of Animal Health, provided advocacy for a joint review of IHR and Performance of Veterinary Services pathway assessment results. They also provided leadership and technical support to strengthen the One Health approach and prevent spillover at the human–animal interface. In 2023, IHR and Performance of Veterinary Services national bridging workshops were completed in **Sri Lanka** and **Thailand**.

Sudan One Health Platform

The concept of One Health addresses public health events at the intersection of human, animal and environmental health. It brings together experts working in the areas of animal and human disease, and those in other relevant sectors, to address the prevention of, and response to, emerging zoonotic disease threats.

One Health provides a new synthesis for public health and veterinary communities and is a platform on which to build partnerships with a broader range of disciplines to develop solutions for preventing and responding to zoonotic disease threats. It is estimated that the majority of all new, emerging and re-emerging diseases affecting humans at the beginning of the twenty-first century have originated from animals. Humans are at increased risk of contracting diseases of animal origin because of a wide range of interconnected variables, including mass urbanization, large-scale livestock production, increased travel and so on.

It is estimated that the majority of all new, emerging and re-emerging diseases affecting humans at the beginning of the twenty-first century have originated from animals.

Sudan's objective was to operationalize and implement a One Health platform with consensus among public health, animal health, environment, wildlife, and other relevant sectors to reduce the risk of zoonotic diseases and other health threats at human–animal–environment interfaces. Specifically, they intended: (i) to utilize a multisectoral, One Health approach to establish a national platform that includes key members from health, animal resources, environmental sectors and other relevant partners; (ii) to build strong partnerships among human, animal, and environmental sectors; and (iii) to develop multidisciplinary capacity enabling the government, partners and key stakeholders to prevent, respond to, control and mitigate the impacts of infectious diseases and other public health threats.

3. Healthier populations

Notable results for the third billion in 2023

- **Belize** became the twenty-fourth country to join the HEARTS initiative, with implementation focusing on multisectoral prevention of cardiovascular disease. HEARTS is a comprehensive essential service package for NCD prevention and control, and the promotion of secondary prevention with an emphasis on PHC.

Belize became the twenty-fourth country to join the HEARTS initiative.

- The UHC-P supported the positioning of long-term care as a public health priority in the **WHO Region of the Americas**, due to its impact on societies as a result of the burden of care dependency, and developed a policy on long-term care. The main recommendations for countries include integration of long-term care into primary care strategies, favouring community and intersectoral approaches; providing caregiver support, and addressing the issue of formal and informal caregivers; and introducing governance and financing mechanisms, with strong integration between ministries of health and the social development sector.

- An all-**Pacific Island Countries** Member State consultation meeting was convened to adapt the Regional Action Framework on Elimination of Cervical Cancer into country-specific content.

An all-Pacific Island Countries Member State consultation meeting was convened.

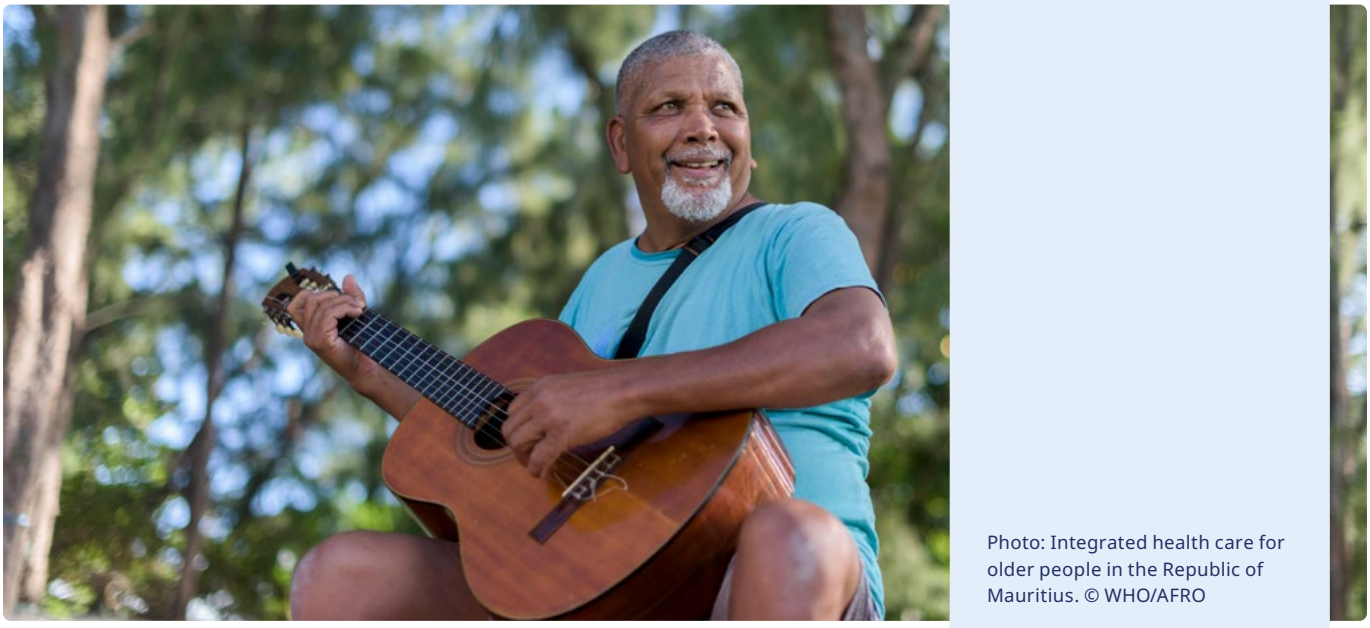

Photo: Integrated health care for older people in the Republic of Mauritius. © WHO/AFRO

The UHC-P works to ensure healthy lives and promote well-being for all at all ages, leaving no one behind. Because many of the factors that threaten health and well-being today lie beyond individual control, the UHC-P is committed to supporting Member States to address determinants of health, promote multisectoral action to reduce risk factors, and to prioritize health in all policies and healthy settings. As many health systems are grappling with populations that are increasingly suffering from lifelong NCDs, the UHC-P is trying to intervene earlier to prevent or delay onset of these diseases. This means that increasing attention is being paid to addressing the key determinants of health, taking multisectoral action to reduce risk factors, and ensuring health in all policies are promoted.

In 2023, a high-level political commitment for educated, healthy and thriving adolescents and young people (The West and Central Africa Commitment) was endorsed by ministers of education and ministers of health from the 25 countries of **West and Central Africa**. This Commitment will enable the **WHO African Region** to capitalize on its demographic dividend by focusing on timely access to comprehensive quality education, information programmes and health services adapted to the needs of adolescents and young people in West and Central Africa. In **Liberia**, the draft report on mapping the implementation of health in all policies was produced, a health equity analysis was completed and the Health Equity Strategy was developed.

In 2023, a high-level political commitment for educated, healthy and thriving adolescents and young people was endorsed.

Belize launched its revised National Mental Health Policy to promote the well-being, resilience and recovery of individuals experiencing mental health challenges, while ensuring equitable access to mental health services and support *(46)*. A suicide prevention billboard campaign was launched in Belize City, with plans to launch the Suicide Prevention Policy in 2024. The emphasis on integrating mental health considerations, including suicide prevention, into broader health policies reflects the country's commitment to well-being and underscores the collaborative approach taken by various stakeholders.

The emphasis on integrating mental health considerations, including suicide prevention, into broader health policies reflects the country's commitment to well-being.

In the **Dominican Republic**, the UHC-P provided technical support to build capacity around NCD management at the first level of care in priority regions in the country by leveraging the HEARTS in the Americas: Technical Package. With guidance from the UHC-P, the HEARTS initiative launched in the Dominican Republic, operating under the motto "More health and more hope for life". This is a comprehensive health plan for hypertension and diabetes patients to strengthen primary care for the prevention and control of cardiovascular diseases and diabetes, improving quality of life and reducing OOP costs for the population.

The initiative made a renewed commitment to ensure the availability and free delivery of essential medications for hypertension and diabetes at the primary care level. This includes providing indicated essential medications for individuals over 45 years old diagnosed with hypertension or diabetes, and those under subsidized health care and retirees. A plan was announced, starting in February 2024, to ensure that insulin will be provided nationally at no cost to individuals with type 1 diabetes aged under 18 years through the national pharmacy network. With approximately 3 million people in the country suffering from hypertension and 1 million with diabetes, the initiative is significant *(47)*.

A plan was announced to ensure that insulin will be provided nationally at no cost to individuals with type 1 diabetes aged under 18 years.

Since joining the HEARTS in the Americas Initiative, the Ministry of Health in **Suriname** has led the initiative and implemented it in various primary care facilities throughout the country. This has included establishing coordinating mechanisms, such as the formation of a coordination team, a protocol/clinical pathways commission, and an M&E team, all of which have strengthened partnerships with key health care providers to ensure access for cardiovascular and diabetes care within primary care. The M&E system was strengthened by establishing and operationalizing the HEARTS app, which includes a patient information portal with real-time data collection, analysis and dissemination

The UHC-P has guided implementation of the HEARTS initiative in **Bahamas** to improve health promotion, prevention and management of NCDs. A total of 128 doctors, nurses, pharmacists, lab technicians, patient care assistants, medical records clerks and radiology technicians were trained across four islands (Abaco, Exuma, Grand Bahama and San Salvador) in the HEARTS protocols for managing hypertension in primary care. Training also included screening and interviewing protocols and proper documentation. Indicators and audit sheets for measuring success were defined and introduced. Training health care workers in the correct procedures for blood pressure testing, healthy eating and screening for diabetic foot problems was important for the standardization of care.

In the **Pacific Island Countries**, the UHC-P has supported scaling up the use of a package of essential noncommunicable disease interventions (PEN) where PEN Technical Working Groups are active and using M&E frameworks (**Fiji**, **Vanuatu**, **Solomon Islands**). WHO's Division of Pacific Technical Support has supported the development of online capacity training with Fiji National University to provide PEN refreshment courses for health professionals mainly working at PHC settings. Outcomes of a clinical audit and lessons learned were shared among the Pacific Island Countries for further improvement. Due to a lack of consensus on the standardization of clinical guidelines, and an available list of essential medicines and technologies, a Pacific Region-wide approach for scaling up PEN remains a challenge.

The UHC-P has supported scaling up the use of PEN.

Box 23. Support for healthy minds and healthy bodies in Barbados

Barbados is being supported to develop a draft national food and nutrition policy with various areas of technical support. This includes the development of a national dietary, nutrition, and food systems situation analysis report using the most up-to-date data on Barbados' nutritional epidemiological scenario. This includes additional food systems data (food supply chains, food environments and consumer behaviour) with indications of areas that need improvement in terms of surveillance and data collection. A policy landscape report was developed with the existing food and nutrition policies in Barbados, including dietary guidelines, breastfeeding policies, maternal and child health care, physical activity, school feeding programmes, front-of-package warning labels, taxation on sugar-sweetened beverages and marketing restrictions.

In addition, UHC-P facilitated a situational analysis and stakeholder consultation to develop the Operational Plan for Mental Health Reform 2023–2030, with the goal of increasing the capacity of the first level of care to integrate, and provide, NCD and mental health services. The WHO Regional Office for the Americas supported a consultative process, along with the Ministry of Health and Wellness, to complete the National Mental Health and Suicide Prevention Plan and the supplementary implementation plan. A number of mental health and psychosocial support training sessions were delivered to community members, including members of the law enforcement agencies. These sessions included a workshop on the operational guidelines and standard operating procedures for running a suicide crisis prevention helpline for Barbados. Workshop participants, including helpline operators and non-mental health professionals at the PHC level, were trained to screen, detect and manage people with mental health needs, and to appropriately refer them using established pathways. The Regional Office also supported capacity-building to strengthen mental health literacy in schools to enable staff to detect mental health challenges and make referrals through the appropriate channels.

Photo: Vegetables are washed and prepared lunch at a rural home. © WHO/Quinn Mattingly

The UHC-P initiated discussions with certain Pacific Island Countries to expand the PEN initiative to include the HEARTS initiative, which is a more comprehensive essential service package for NCD prevention and control.

In collaboration with the **WHO Western Pacific Regional Office**, an all-Pacific Island Countries Member State consultation was convened to adapt the Regional Action Framework on Elimination of Cervical Cancer into country-specific content. Some Pacific Island Countries have developed action plans for the prevention and control of cervical cancer. National capacity surveys for cancer registries (both hospital and population-based cancer registries) were carried out and identified the countries that need technical support to improve quality data collection, analysis and use for decision-making, policy-making and service improvement.

National capacity surveys for cancer registries were carried out and identified the countries that need technical support.

Support was also provided to **Cook Islands**, **Fiji**, **Kiribati**, **Samoa** and **Vanuatu** to review their existing national mental health laws for potential amendment and the development of mental health policies and strategic plans. Certain countries have already submitted their bills for Cabinet review, before seeking Parliamentary approval.

Solomon Islands were supported to develop major policy and legislative reviews, including the National Disability Inclusive Development Policy 2023–2031; the Rehabilitation Strategic Plan 2022–2031; the Mental Health and the NCD policy; Antimicrobial Resistance National Action Plan; the Health Services Act; the Public Health Emergency Act; and the Nursing Council Act. WHO will continue to provide support through 2024 and beyond for the further review and update of the Tobacco Control Act 2010; the Poisons and Pharmacy Act; the Medical and Dental Practitioners Act; the Mental Health and Disability Act; and Environmental Health Act. These reviews and updates to key health legislation and policies provide the mandate for implementing the National Health Strategic Plan 2022–2031, including revising and re-designing essential service packages and referrals based on population health needs and effective interventions to address identified health needs.

These reviews and updates to key health legislation and policies provide the mandate for implementing the National Health Strategic Plan 2022–2031.

Support was provided in **Fiji**, **Kiribati**, **Marshall Islands**, **Palau**, **Solomon Islands**, **Tonga**, **Tuvalu and Vanuatu** to further tobacco control measures. Support was also provided to the WHO Healthy Islands awards winners – **Cook Islands**, **Nauru**, **Samoa** and **Tonga** – to identify ways to further progress partnerships, community-based efforts and health in all policies.

A number of activities took place in the **WHO Eastern Mediterranean Region** towards achieving the third billion. In **Iraq**, the UHC-P collaborated with sectors including health, education and agriculture to develop technical packages to address major risk factors: tobacco use, unhealthy diets, physical inactivity and air pollution. Advocacy for policies supporting multisectoral action on these risks, emphasizing coordination among ministries, was undertaken and capacity was built among health care professionals and policy-makers for coordinated efforts. **Jordan** was supported to promote healthy lifestyles and the pursuit of health for all through implementing a "Walk the Talk" activity. The activity was carried out in collaboration with the National Centre of Women's Health, Royal Health Awareness Society, Sehat Watan and local NGOs and Civil Society Organizations (CSOs) in Aqaba, under the patronage of Her Royal Highness Princess Aisha bint Alhussein. The activity targeted approximately 300 participants from all parts of the community and across the life course, including persons with disabilities. It has contributed to advocating for the equal right of all people to health and well-being.

The UHC-P supported **Pakistan** to implement the Global Action Plan for Healthy Lives and Well-being for All (SDG-3 GAP) in collaboration with eight coordinating agencies. In t**he Sudan**, patient education and counselling on healthy lifestyle choices were identified as priority interventions in the recently endorsed Essential Priority Benefit Package. A taskforce was established to support the development of national guidelines aimed at promoting healthy lifestyles for PHC providers. The main objective of the taskforce was to promote healthy lifestyles at the PHC level through PHC providers implementing national guidelines. The outcome of this intervention was the development of the scope of roles and responsibilities for PHC providers for counselling patients on healthy lifestyles and agreed-upon interventions. The UHC-P also supported an intervention to develop clear, concise messages and recommendations specifically designed to support children living with diabetes in humanitarian settings. A taskforce was established, and a set of messages was developed and revised, linking these messages to references or scientific evidence. Approval will be sought from the leads of the Sudanese Association for Childhood Diabetes and the Ministry of Health, followed by design and dissemination.

A taskforce was established to support the development of national guidelines aimed at promoting healthy lifestyles for PHC providers.

4. Strengthened country capacity for data, innovation and health information systems

Notable results for strengthened country capacity for data and innovation and for health information systems in 2023

- Ten countries were supported to either transition to International Classification of Diseases (11th revision) ICD-11 or were trained to make the transition (**Botswana**, **Eswatini**, **Gabon**, **India** (States of Maharashtra and Chhattisgarh), **Lesotho**, **Morocco**, **Namibia**, **Nicaragua**, **Senegal** and **Zambia**).

- Seven countries were supported to strengthen their civil registration and vital statistics (CRVS) systems, including through training and strategy development (**Eswatini**, **Ethiopia**, **Guinea-Bissau**, **India** (Tamil Nadu), **Kenya**, **Papua New Guinea** and the **Philippines**).

- Morocco was trained to produce catastrophic expenditure estimates using their own national large-scale surveys, and to transfer carrying out catastrophic expenditure surveys to national ownership to help to ensure sustainability.

Photo: Promotion of physical well-being through sports and self-defence workshops.
© WHO/Karima Chakiri

Health information systems provide the opportunity to collect, store, manage, analyse and interpret health systems data for M&E and guiding policy formulation. They are a key pillar for attaining UHC and demonstrating results. Different information collection activities have been undertaken with UHC-P support, with a view to acquiring a better understanding of the current situation to improve future actions. The UHC-P collaborates with countries to improve their health information systems, analytical capacity and reporting for UHC, including developing comprehensive and efficient systems to monitor health risks and determinants; track health status and outcomes, including cause-specific mortality; and assess health system performance. Good governance and leadership of a health system requires reliable, timely information, such as whether people are getting the services they need and where resources are going. Information is used in a range of situations, such as developing national strategies and plans, monitoring progress against priorities or responding to public health emergencies. Health information systems also include well-functioning CRVS systems, which register all births and deaths, issue birth and death certificates, and compile and disseminate vital statistics, including cause of death information. These systems are one of the foundational information systems for which the UHC-P provides technical assistance and capacity-building.

The UHC-P collaborates with countries to improve their health information systems, analytical capacity and reporting for UHC.

The **WHO African Region** saw intensified efforts to strengthen country-specific data and health information systems, including the transition from ICD-10 to ICD-11. In **Botswana**, a country support mission for capacity-building for medical certification of cause of death and verbal autopsy resulted in the development and finalization of a costed roadmap for transitioning from ICD-10 to ICD-11. In addition, an upgrade took place for the Integrated Patient Management System and the development and finalization of the Medical Certificate of Cause of Death and ICD-11 cascade training plan. In **Gabon**, health care providers from two regional hospitals were trained to use ICD-11. The UHC-P supported the completion and launch of Eswatini's CRVS strategy, and ICD-11 was rolled out to all health facilities and 11 Ministry of Health programmes. In **Lesotho**, clinicians and nurses from all hospitals received training on the application of ICD-11 along with revitalization of the mortality certification and cause of death guidelines and reporting tools. Additionally, they developed national, district and health facility-specific scorecards and dashboards to assist in monitoring key programmatic indicators in all 10 districts. In **Namibia**, all regional teams were trained on ICD-11, and an ICD-11 transition plan roadmap stakeholder meeting was held at the end of 2023. **Senegal**'s system for reporting data on deaths and causes of death was strengthened, and physicians were trained to use ICD-11. **Zambia**'s Ministry of Health endorsed and published its 2020–2022 Annual Health Statistics and the 2022 Annual Health Progress report. The WHO Country Office in **Zambia** provided technical advice to the Ministry of Health about using the CRVS for mortality surveillance and medical certification of causes of death, including the use of ICD-11.

The UHC-P supported the completion and launch of Eswatini's CRVS strategy, and ICD-11 was rolled out to all health facilities and 11 Ministry of Health programmes.

WHO supported the **Guinea-Bissau** National Institute of Public Health to finalize the initial data analysis and dissemination of the first CRVS report, focusing on key aspects of in-hospital and community mortality. **Kenya** undertook an annual performance review of health sector performance in 2021/2022 and developed its annual Vital Statistics Report for 2022 and a National CRVS Strategic Plan. A health facility census assessment was also carried out and the Digital Health Act 2023 was launched.

In **Cote d'Ivoire**, a Harmonized Health Facility Assessment surveyed 779 health facilities out of 1119, and **Guinea-Bissau**, **Sierra Leone** and **South Africa** completed their integrated harmonized health facility assessments.

Eritrea finalized its Health Information System Strategic Plan (2023–2027) and the 2023 health sector annual review was carried out. **Gambia** completed its National Digital Health Survey to examine how the Ministry of Health can harness the power of digital technologies and health innovations to accelerate the attainment of UHC.

In **Ethiopia**, District Health Information System (DHIS2) specific capacity-building, customization and metadata cleaning activities were carried out to upgrade to the latest available global version of DHIS2, and supportive supervision for CRVS implementation was provided in the Benishangul Gumz Region. A data mapping exercise for the Ethiopian Health Data Analytics Platform was carried out, resulting in a comprehensive inventory of available data sources and improved understanding of data gaps to inform future efforts to strengthen health data analytics in in the country.

A data mapping exercise for the Ethiopian Health Data Analytics Platform was carried out, resulting in a comprehensive inventory of available data sources.

In **Liberia**, the National Health Observatory institutionalization roadmap was developed, along with an update to the list of indicators, data sources and stakeholders. National and subnational operational plans for 2023 were implemented and monitored using the DHIS2 platform. A fully functional DHIS2 is now in operation in **Mauritius**, with links established between DHIS2 and existing digital systems from other ministries. Capacity-building for Ministry of Health officials in the areas of customization, server administration and data entry and information use was carried out, and new tools and approaches customized by specific programmes for use with DHIS2 were introduced. In **Sao Tomé and Principe**, delegates from seven health districts were trained on DHIS2, and data analysis by DHIS2 district focal points was carried out in all districts. **Mauritania** trained 15 doctors and 63 focal points in charge of immunization to use DHIS2.

Draft legislation on telemedicine was developed in **Madagascar**, along with an action plan. **Ghana**'s digital health atlas was completed and updated and district health functionality assessments were implemented in 35 districts in six regions. In **Malawi**, a national training of the trainer workshop on data management, data quality and data use targeted 46 district Health Management Information Systems (HMIS) focal points, and an HMIS review was carried out. **South Sudan** developed its health information systems policy and strategy and integrated the early warning, alert and response system into the DHIS2 database.

WHO supported **Zimbabwe**'s Demographic and Health Survey 2023–2024, and developed the National Development Strategy mid-term review. Technical support was also provided for reporting SDGs and for scaling up the use of Impilo electronic health records in health facilities. Routine data quality assessments were completed in the first quarter of 2023. The Reproductive and Maternal Health Services tool was reviewed, and users were trained in the routine monitoring of essential health services.

A national training of the trainer workshop on data management, data quality and data use targeted 46 district Health Management Information Systems.

Box 24. Expanding and strengthening the perinatal information system in the WHO Region of the Americas

Support from the UHC-P ensured key actions to strengthen child and maternal health care in the **WHO Region of the Americas**, including the expansion of the Perinatal Information System (SIP), the Region's standard for the clinical recording of care in pregnancy, childbirth and newborn health services. In coordination with the Region's countries, the online version of SIP (SIP Plus) has significantly expanded its scope by incorporating new forms that address thematic areas, such as SIP ultrasound, SIP mental health, SIP violence, and including forms adapted for **Peru**, **Bolivia** and **Nicaragua**. Resources have been developed in multiple languages to facilitate its implementation, adjusted to the needs of individual countries.

To date, 239 participants have enrolled onto the SIP Plus online course to enhance their knowledge and skills in the use of SIP. SIP Plus allows information collection, report generation and data analysis to enable knowledge, research and evaluation for decision-making.

In 2023, **Uruguay** declared the mandatory implementation of this system at the national level from 1 January 2024, expanding the network of institutions in the Region that already use the system for data collection.

In the **WHO Region of the Americas**, the UHC-P supported the **Bolivia** National Health Insurance System to integrate different information systems for timely and quality data generation based on interoperability. A digital transformation roadmap for the health sector's implementation of the Unified Health System was developed along with the Inter-American Development Bank, and in coordination with different levels of government. The design of the Unified Health System covers the public, short-term social security and private subsectors and includes three technological levels: software, infrastructure and interoperability platforms.

Funding from the UHC-P supported the development and implementation of strategies to strengthen information systems for health in **Nicaragua**. A series of workshops on ICD-11 coding in morbidity, mortality, mental health and culturally linked diseases was attended by 32 coders from Bilwi, Las Minas and the Región Autónoma de la Costa Caribe Sur. The impact of this workshop could be seen by an increase of 76% in consultations coded for culturally linked diseases in the health units of 104 communities, allowing the development of culturally responsive interventions for the unique health challenges faced by indigenous communities. In **Chile**, implementation of the telehealth strategy and tool was achieved in a pilot health care establishment. The telehealth tool brings health care closer to PHC users, through an online digital system for requesting medical appointments. This will make it easier for the population to request appointments at the first level of care, without the need for in-person visits or early morning queuing. Telehealth allows care to be prioritized according to the needs of health centre users, and allows the patients who need it most to be served first.

Funding from the UHC-P supported the development and implementation of strategies to strengthen information systems for health in Nicaragua.

Box 25. Support for surveillance and monitoring related to neonatal and infant mortality in Peru

UHC-P support in **Peru** made it possible to conceptualize, define and test a set of indicators to assess the availability of resources, practices and results to prevent and address health care-associated infections and sepsis in neonatal care units. The set of indicators will establish specific and sensitive surveillance and monitoring mechanisms for practices and results linked to one of the three leading causes of neonatal and infant mortality. A specific set of indicators for surveillance and monitoring of neonatal sepsis, and an instrument for surveillance monitoring, were developed and the proposed tool was presented and discussed in several expert panel meetings and adjusted as appropriate. Survey forms were developed on the RedCap platform to test and validate the instrument. The survey was applied in three neonatal intensive care units in Peru, selected by the Ministry of Health, and a technical meeting was coordinated to consolidate the field testing results and finalize the design of the tool.

In the **WHO Eastern Mediterranean Region**, the UHC-P supported the implementation of medical certification for cause of death in all national, regional and provincial hospitals in **Afghanistan**. Currently, all key hospitals are reporting on the medical cause of death and the data is being fed into the DHIS2 platform that is accessible to all. The Afghanistan national public health institutes and academic institutes were also supported to promote institutionalized research and to promote evidence-based decisions, with more than 300 participants, including health professionals and university students, being trained on research methodology this year.

the UHC-P supported the implementation of medical certification for cause of death in all national, regional and provincial hospitals in Afghanistan.

The close collaboration between WHO, the **Iraq** Ministry of Health and UNFPA provided technical support and advice to leverage digital health technology for enhancing inventory management and distribution of family planning supplies. This partnership included conducting a comprehensive national capacity assessment to prepare for the implementation of the DHIS2 logistics management information system (LMIS) module, focused on improving supply chain management efficiency. Through these initiatives, the UHC-P's collaboration and technical support are expected to enhance the effectiveness of inventory management and distribution systems for family planning supplies in Iraq. Implementing the DHIS2 LMIS module will streamline data collection, analysis and reporting, improving decision-making processes and ensuring timely availability of essential supplies. This effort contributes to strengthening health care delivery systems, ultimately leading to improved access to family planning services and better reproductive health outcomes for the population. The UHC-P also supported the Iraq Ministry of Health, in collaboration with UNICEF, to develop an integrated immunization supply chain management information system. This initiative aims to enhance and strengthen Iraq's immunization system by integrating robust management and information systems. The development of this system is expected to significantly improve the efficiency and effectiveness of Iraq's immunization supply chain management. By integrating comprehensive information management capabilities, the system will streamline logistics, enhance vaccine distribution, reduce stock-outs and improve overall immunization coverage and equity. This initiative underscores WHO's commitment to enhancing public health infrastructure and ensuring widespread access to immunization services across Iraq.

the UHC-P's collaboration and technical support are expected to enhance the effectiveness of inventory management and distribution systems for family planning supplies.

In **Morocco**, 15 officials from the statistical department of the Ministry of Health were trained on catastrophic health expenditures and on producing periodic reports on inequalities in Morocco related to health. This training aimed to raise awareness of the importance of using large-scale surveys to produce data on catastrophic expenditure in the country. This will ensure national ownership of the production of these surveys, and will allow the WHO Country Office in Morocco to re-direct resources that were originally dedicated to conducting this type of survey.

In **Pakistan**, the UHC-P supported the development of a costed National Digital Health framework – endorsed by the National Advisory Committee in November 2023 – for the holistic digitalization of the health sector. Financial and technical support was provided to run pilot initiatives (DHIS2, SARA surveys in 12 districts, digital family folders, technical missions) and to organize technical working groups on health information systems, country missions for health information and CRVS systems.

In **Myanmar**, data quality improvement involving electronic Health Management Information Systems (eHMIS) was undertaken using the DHIS2 platform. This involved training 191 Ministry of Health staff and 344 participants from the public health department on DHIS2, which built the technical capacity to contribute to evidence generation in the country.

Data quality improvement involving electronic Health Management Information Systems was undertaken using the DHIS2 platform.

The UHC-P supported the development of the HMIS Strategic Action Plan 2024–2030 in **Timor-Leste**, led by a core team from the Ministry of Health. The Action Plan was developed through a multi-pronged consultative process with various stakeholders and health information systems strengthening partners. It involved field visits and key informant interviews, an HMIS maturity assessment using the Stages of Continuous Improvement tool and a review of the results of the assessment through consensus-building multistakeholder group workshops. The Action Plan was launched in April 2024.

Box 26. Rapid self-assessment survey on the status of digital health implementation in the WHO South-East Asia Region

In 2023, the WHO Regional Office for South-East Asia focused on strengthening health systems by using digital innovations and health technologies for consumers, health professionals, health care providers and industry to empower patients and achieve the vision of health for all and UHC. Between May and June 2023, a rapid self-assessment survey was carried out with the participation of all 11 countries to examine the status of digital health implementation in the Region. The rapid self-assessment highlighted that countries in the Region significantly rely on digital health implementations to accelerate progress towards UHC and the health-related SDGs. However, the maturity of digital health implementation varies between countries. The Regional Digital Health Index, the average of the digital health indices across all countries, is estimated at 63.3 (out of a maximum score of 100), indicating a relatively high level of digital health implementation. The Digital Health Index between countries ranges from 33.5 to 99.5.

Using the 2022 WHO verbal autopsy tools and techniques, UHC-P supported pre-pilot testing on 100 verbal autopsies and supported the training of 1062 health staff at various levels in the Karur and Krishnagiri districts of Tamil Nadu, **India**. By December 2023, approximately 3000 integrated verbal autopsies for deaths without medical certifications of cause of death were performed by staff from the civil registration system and completed.

In **Indonesia**, the UHC-P provided technical assistance to develop the Health Statistics Metadata for Programme Areas Priority 2022–2023 to support the implementation of the Indonesian health services platform (Satu Sehat). The deliverables included: (i) documentation of health statistics metadata for priority programme areas for 2022–2023 (i.e. nutrition, stunting, immunization, malaria, TB, HIV, leprosy, COVID-19, HRH, health service facilities); (ii) a functional metadata repository website; (iii) technical documentation on operational and troubleshooting guidelines; , (iv) website management training for Pusdatin personnel; and (v) a dissemination workshop.

Approximately 3000 integrated verbal autopsies for deaths without medical certifications of cause of death were performed by staff from the civil registration system. and completed.

Photo: 5-month-old Muhammad Arda and his mother, Rosmawati, watch as Rahmi (Mimi), a midwife, prepares a vaccine during an immunization session on Pala Island, Indonesia.
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Box 27. Stronger health information systems and digital health environment in Papua New Guinea

In 2023, Papua New Guinea strengthened its health information systems and digital health environment, and built capacities in data management. Stakeholder consultations were held to revise National Health Insurance scheme reporting forms, and variables in the reporting forms were revised to align with the M&E Strategic Plan for the National Health Plan 2021–2030 and the latest global recommendations. In addition, new indicators were added for areas such as NCDs, mental health and surgery. Technical assistance was provided to pilot the new forms in three provinces prior to finalization for national roll-out later in 2024. The Papua New Guinea CRVS Action Plan (2020–21) was updated for 2023–2025 with partner support identified for activities and endorsed.

WHO developed infographics summarizing the 2022 data from the Discharge Hospital Information System, which was a data presentation method that had not been used before. Key indicators presented included total and paediatric discharges by age, sex and geographical location; the top 10 causes of morbidity and mortality; the average length of stay in hospitals; and admissions that experienced complications. WHO also worked with the National Department of Health to conduct a digital health maturity assessment to inform the update of the e-Health Strategy and to take stock of the digital health environment. The assessment reviewed nine domains of the digital health environment at the national level and in 14 provinces. Findings from the assessment were discussed in the Second Digital Health Convergence Workshop and national and subnational actions were identified to strengthen the digital health environment which will be used to inform the update of a digital health strategy for Papua New Guinea in 2024.

Pacific Island Countries in the **WHO Western Pacific Region** were supported to strengthen health information systems, develop information technology to improve the population's access to health services and support better health decision-making across all levels. Through support from WHO and other donors, all leaders in the Pacific Island Countries agreed that the unified Pacific Island Countries vision on health information systems and digital health development should include solutions that are health system-oriented and people-centred, use interoperable systems that connect across health facilities at all level. They also agreed that it should include systems beyond health that can generate high-quality and timely information to inform decision-making, improve population health and ensure health systems are future proof.

Pacific Island Countries in the WHO Western Pacific Region were supported to strengthen health information systems.

Photo: WHO Staff visiting rural communities. © WHO/WPRO

Conclusion, lessons learned and way forward

In 2023, the UHC-P demonstrated its continued commitment to supporting countries' priorities and political and financial commitments and to develop and implement evidence-based policies to achieve UHC. The COVID-19 pandemic highlighted the urgent need for health systems to be transformed to achieve the right to health, based on PHC as the foundation to building more resilient health systems and societies. In response to an important lesson learned from the pandemic, the UHC2030 strategic narrative to guide advocacy and action on health systems for UHC and health security goals makes it clear that strengthening health systems, with a focus on PHC, provides the foundations for both UHC and health security. Regional and country results from 2023 demonstrate that there are some signs that countries have learned lessons from the pandemic and are dedicating resources to addressing fragmented health systems and investing in health emergencies response and preparedness.

The COVID-19 pandemic highlighted the urgent need for health systems to be transformed.

There are also efforts in some countries to reorient health systems using a PHC approach and to put people at the centre of care. This is fundamental to achieving UHC. Many countries are committing to build the capacities of health workers and national regulatory agencies and are focusing efforts on dedicating more public expenditure to the health sector so that people have access to the full range of quality health services and safe medical products they need, when and where they need them, without financial hardship. Efforts to undertake strong antimicrobial stewardship also underscores the importance of the appropriate use of antibiotics of and dangers of falsified and unsafe medicines, and a desire to address this.

In their efforts to achieve UHC, ministries of health and country health authorities have showed a great demand for the UHC-P's technical support in 2023. This included strengthening health systems, integrating vertical programmes, addressing workforce shortages, improving access to medicines and health technology, and ensuring financial protection for all. As part of the GPW 13, one of WHO's strategic shifts is to provide more effective and efficient support to countries, to drive measurable improvement. In the light of the need for improvement to achieve UHC, UHC-P technical support is more important than ever.

Ministries of health and country health authorities have showed a great demand for the UHC-P's technical support in 2023.

The results of the evaluation of the role of the UHC-P in strengthening policy dialogue for health planning and financing demonstrated four necessary conditions for successful policy dialogue: involving local stakeholders, promoting collaboration as a mode of action, involving leadership from ministries of health, and ensuring a synergy between messages and actions from WHO *(48)*. The continuous presence of experts in the field is required to allow for close monitoring of policy dialogue, to strengthen trust relationships with ministries of health and advance the strategic thinking and cross-cutting vision of policy dialogue.

This report recommends that WHO must strengthen three resources that have demonstrated their added value in the UHC-P: (i) policy dialogue with international experts who support health ministries and promote inclusivity and multisectoral collaboration; (ii) financial support for organizing meetings that support exchanges between stakeholders and the joint drafting of policy documents; and (iii) funding for activities that generate knowledge, nurture exchange, enhance stakeholders' competencies and create mutual understanding.

The 2023 UHC Global Monitoring Report noted that more than half of the world's population is not covered by essential health services and 2 billion people are facing severe financial hardship when paying OOP for the services and products they need *(49)*. The UHC-P has shown that applying a systems perspective and understanding the key elements that drive change is a process which requires time. It involves capacity-building of professionals working in both government departments and non-state institutions and must enable a shift in thinking that moves away from disease-specific programme targets towards a broader health systems perspective. To reach the goal of UHC, substantial public sector investment, accelerated action by governments and development partners and consistent efforts are essential. Now more than ever, health systems must reorient towards a PHC approach, advancing equity in health care access and financial protection, and investing in robust health information systems.

The 2023 UHC Global Monitoring Report noted that more than half of the world's population is not covered by essential health services.

Photo: Community dialogue, Darfur, Sudan. © WHO/North Darfur Sub-office

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Annex 1: Activities by output by country 2023–2024

GPW13 outcomes and outputs covered

GPW13 outcomes	GPW13 outputs
1.1 Improved access to quality essential health services	**1.1.1** Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
	1.1.2 Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
	1.1.3 Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course
	1.1.4 Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities
	1.1.5 Countries enabled to strengthen their health workforce
1.2 Reduced number of people suffering financial hardship	**1.2.1** Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage
	1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures, and to use this information to track progress and inform decision-making
	1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority setting and resource allocation and analysis of the impact of health in the national economy
1.3 Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	**1.3.1** Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists
	1.3.2 Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems
	1.3.3 Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved
	1.3.4 Research and development agenda defined and research coordinated in line with public health priorities
	1.3.5 Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention
2.**1** Countries prepared for health emergencies	**2.1.1** All-hazards emergency preparedness capacities in countries assessed and reported
	2.1.2 Capacities for emergency preparedness strengthened in all countries
	2.1.3 Countries operationally ready to assess and manage identified risks and vulnerabilities
3.1 Determinants of health addressed	**3.1.1** Countries enabled to address social determinants of health across the life course
	3.1.2 Countries enabled to address environmental determinants of health, including climate change
3.2 Risk factors reduced through multisectoral action	**3.2.1** Countries enabled to develop and implement technical packages to address risk factors through multisectoral action
	3.2.2 Multisectoral determinants and risk factors addressed through engagement with public and private sectors, as well as civil society
3.3 Healthy settings and Health in All Policies promoted	**3.3.1** Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces
	3.3.2 Global and regional governance mechanisms used to address health determinants and multisectoral risks
3.3 Healthy settings and Health in All Policies promoted	**4.1.1** Countries enabled to strengthen health information and information systems for health, including at the subnational level, and to use this information to inform policy-making
	4.1.2 WHO Impact Framework and Triple Billion targets, global and regional health trends, Sustainable Development Goal indicators, health inequalities and disaggregated data monitored
4.1 Strengthened country capacity in data and innovation	**4.1.3** Strengthened evidence base, prioritization and uptake of WHO-generated norms and standards, and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries

WHO African Region

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Angola				●	●	●					●												●		
Benin	●			●	●						●														
Botswana	●			●	●		●		●														●	●	●
Burkina Faso	●			●	●	●	●			●			●										●		
Burundi	●			●	●	●	●		●		●		●										●		
Cabo Verde																									
Cameroon	●			●		●	●		●														●		
Central African Republic	●			●	●	●			●	●													●		
Chad	●			●	●	●	●		●	●		●	●										●		
Comoros																									
Congo																									
Cote d'Ivoire	●			●	●	●	●				●		●										●		
DRC									●																
Equatorial Guinea																									
Eritrea	●			●	●			●	●														●		
Eswatini	●			●	●	●			●														●		
Ethiopia	●				●				●	●			●										●		
Gabon	●			●	●				●														●		
Gambia				●		●	●				●												●		
Ghana	●			●		●	●		●														●	●	●
Guinea	●			●	●		●		●														●		
Guinea-Bissau	●			●					●		●												●		
Kenya	●			●	●																		●		
Lesotho	●			●	●		●		●		●												●		
Liberia	●			●	●	●	●		●												●		●		
Madagascar	●			●	●																	●	●		
Malawi	●			●	●	●																	●		●
Mali	●	●	●	●	●		●	●					●										●		
Mauritania	●			●	●	●																	●		
Mauritius	●	●				●							●										●		
Mozambique	●			●		●			●																
Namibia	●	●	●	●		●	●		●				●					●					●		
Niger				●	●																		●		
Nigeria	●		●	●	●						●														

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Rwanda				●	●	●	●		●	●	●		●		●		●						●	●	●
Sao Tome and Principe	●				●																		●		
Senegal	●			●		●																	●	●	
Seychelles																							●		
Sierra Leone	●			●		●	●		●														●		
South Africa	●			●	●																		●		
South Sudan	●			●																			●		
Togo	●			●																					
Uganda	●			●			●		●									●					●		
United Republic of Tanzania																									
Zambia	●			●	●				●														●		
Zimbabwe	●			●	●	●																	●		

WHO South-East Asia Region

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
India	●			●	●	●	●	●		●	●												●		
Indonesia	●			●	●	●	●	●	●	●	●		●										●		
Maldives																									
Myanmar	●				●	●	●		●	●													●		
Nepal	●			●	●	●	●			●	●												●		
Sri Lanka	●			●	●	●	●	●		●	●												●		
Thailand																									
Timor-Leste	●			●	●		●	●	●	●	●												●		

WHO Region of the Americas

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Antigua and Barbuda				●										●	●										
Argentina	●		●		●																		●		
Bahamas	●	●			●																●			●	
Barbados		●				●								●	●								●		
Belize		●																	●			●	●		
Bolivia	●	●	●	●		●			●														●		
Chile	●				●	●											●		●						
Colombia																									
Cuba	●	●																							
Dominica				●										●	●										
Dominican Republic	●		●												●						●		●		
Ecuador	●	●		●																					
El Salvador	●	●	●																						
Grenada														●	●										
Guyana	●																						●		
Haiti	●	●	●	●	●				●									●							
Honduras	●	●	●		●						●								●						
Jamaica			●	●																	●		●		●
Nicaragua			●	●																	●		●		
Paraguay	●	●	●	●	●																				
St. Kitts and Nevis				●										●	●										
St. Lucia				●										●	●										
St. Vincent and the Grenadines				●										●	●										
Suriname		●									●			●								●	●		
Trinidad and Tobago	●													●	●										

WHO Eastern Mediterranean Region

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Afghanistan	●																								
Egypt		●																							
Iraq	●	●																							
Islamic Republic of Iran	●		●																				●		
Jordan	●	●																							
Lebanon	●	●												●									●		
Morocco	●	●	●																						
Occupied Palestinian territories	●	●																							
Pakistan	●	●																							
Somalia	●																								
Sudan																									
Tunisia	●																								
Yemen	●																								

WHO European Region

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Armenia	●					●					●														
Azerbaijan	●		●		●	●									●										
Georgia	●				●	●	●		●																
Kyrgyzstan	●	●		●	●	●		●		●															
North Macedonia	●				●	●	●																		
Republic of Moldova	●			●	●		●	●	●	●			●												
Tajikistan	●				●	●	●																		
Ukraine	●	●		●	●	●	●																		
Uzbekistan	●		●			●																			●

WHO Western Pacific Region

	Universal health coverage													Healthier populations			Health emergencies protection						Country support		
GPW13 outcomes	1.1					1.2			1.3					2.1			3.1		3.2		3.3		4.1		
Number of countries	78	23	16	58	51	40	30	9	31	13	19	1	12	10	11	0	2	3	11	2	7	4	61	5	6
GPW13 outputs	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.2.1	1.2.2	1.2.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5	2.1.1	2.1.2	2.1.3	3.1.1	3.1.2	3.2.1	3.2.2	3.3.1	3.3.2	4.1.1	4.1.2	4.1.3
Cambodia	●				●		●																		
Cook Islands																					●		●		
Fiji	●			●							●		●						●		●	●	●		
Kiribati									●										●				●		
Lao People's Democratic Republic	●			●	●	●	●	●																	
Malaysia																									
Marshall Islands						●													●	●					
Melanesia																									
Micronesia (Federated States of)									●		●														
Mongolia																									
Nauru																							●		
Niue																									
Palau																			●						
Papua New Guinea																							●		
Philippines						●																	●		
Polynesia																									
Samoa																									
Solomon Islands	●			●	●				●		●								●	●			●		
Tonga					●														●						
Tuvalu																			●				●		
Vanuatu					●														●				●		
Viet Nam																									

Annex 2: Technical Products per area of work – implementation 2024

Health Systems Governance

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Health Systems Governance Progress Matrix	• Develop M&E Framework for health system governance function, including: literature reviews, expert consultations, country testing and tool editing and publishing.	A EURO health special edition was produced to support the ongoing work to develop the assessment tool and also to support work on the 2024 WHA resolution on social participation.
Handbook on Implementing effective UHC Laws	• Conducting research (scoping review ; literature review; interviews) - the research investigates effective legal interventions for progressing towards UHC (e.g. reforms to reorient health systems towards PHC). • Developing case studies at effective legal interventions to advance UHC and PHC. • Organizing expert consultations on regional and country levels to confirm the relevance of the handbook and validate the findings of the research.	A scoping literature review was carried out on legal reforms and interventions for UHC and PHC in the process of publication clearance. A separate review was carried out on existing legal assessment tools to inform the development of our own assessment tool and to inform how this information could be included in the handbook.
Special Issue on Health System Performance Assessment	• Developing country case studies and/or cross-country analysis based on country support requests on health system performance assessments. • Vertical programm integration into primary health care and an analysis of service delivery function performance and its overall impact on health system performance.	A special edition on HPSA was published in the WHO Bulletin https://www.ncbi.nlm.nih.gov/pmc/?term=((%22Bulletin+of+the+World Health+Organization%22%5BJournal%5D)+AND+102%5BVolume%5D) +AND+7%5BIssue%5D.
Country Planning Cycle Database/ From Whom To Whom	• Update the repository of national health policies, strategies and plans as well as other national planning cycles. • Strengthen the online resource to become a visual, dynamic, and user-friendly platform to support national health policy multi-stakeholder dialogues and enhance strategic planning at country-level to build more robust health policies, strategies and plans to reorient health systems towards PHC. • Prepare the ODA Recipient Scorecards 2016-2021 and update the "From Whom to Whom" aid flow visualization tool and publication.	In 2024, efforts continued to support the ongoing operations of the Country Planning Cycle Database, now migrated to a new web platform with enhanced features. In parallel, work continued to enhance the FROM WHOM TO WHOM (FWTW) platform, a key data visualization tool designed to provide insights into Development Assistance for Health (DAH). The platform underwent significant updates to expand its analytical capabilities, improve its usability, and align with global development and health aid priorities. https://extranet.who.int/countryplanningcycles/.

Essential Public Health Functions

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Operationalizing Essential Public Health Functions and Services: the critical role of Primary Health Care	Review of evidence, in-person and virtual stakeholder consultations, development of the technical product, publication, translation and disemmination.	Evidence review, draft development and initiatial consultations to identify the roles of primary care and other subnational and frontline facilities and authorities in delivering essential public health functions and services were conducted. Finalization and publishing will continue in 2025. In addition, after first release in 2022, the health system resilience toolkit (GPHG 924) https://www.who.int/publications/i/item/9789240048751 has been applied and referred to by countries and partners globally in their efforts to build health systems resilience. Efforts aiming to update the toolkit have been ongoing to incorporate new resources, knowledge and experiences since its first release.
Strengthening national to subnational institutional capacities for Essential Public Health Functions towards health system resilience	Review of evidence, in-person and virtual stakeholder consultations, development of the technical product, publication, translation and disemmination.	Evidence review and draft development of public health stewardship and governance were conducted, and evidence review of enablers for health system orientation to public health was started. The consultation, finalization and publishing will continue in 2025. In addition, the two relevant technical products "Planning for health system recovery: guidance for application in countries" https://www.who.int/publications/i/item/9789240097810 and "Building health system resilience to public health challenges: guidance for implementation in countries" https://www.who.int/publications/i/item/9789240094321 were released in 2024. Since then, the two products have been referred to and utilised by countries and partners globally.

Service Delivery

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Support for the prioritization and inclusion of primary care services in UHC packages	The UHC Service Planning, Delivery & Implementation (SPDI) platform supports countries in developing UHC packages that foster integrated service delivery by providing a structured approach to service selection, assignment to local delivery platforms and feedback on resource requirements.	Completed content for an online course to train WHO health policy advisors, government planners, and other stakeholders to utilize the WHO UHC Service Planning Delivery and Implementation (SPDI) platform https://www.who.int/universal-health-coverage/compendium/related-tools. SPDI supports the development of UHC packages designed around local platforms, with mapping to health workforce and health products requirements, and facilitates integrated service planning across programmatic areas. The course is currently under production on the WHO Academy platform and will be live in early 2025. In addition, we developed new dedicated SPDI modules for health workforce and products planning, with direct linkage to WHO's essential medications, essential devices, humanitarian kits, and guidance databases. We supported 36 countries for UHC planning on SPDI in 2024, including 6 for humanitarian response planning.
Multi-country workshops to strengthen country capacities in integrated health services performance assessment (HSPA) and monitoring within the context of strengthening primary health care (PHC) oriented health systems (USD 80,000 x 3 regional workshops)	Multi-country workshops to support countries to complete: i. PHC situational analysis based on available PHC data; ii. integration of PHC measurement framework and menu of indicators into national M&E frameworks, and iii. development of roadmaps for strengthening PHC measurement towards the achievement of UHC.	No funding received/allocated for 2024. This TP was supported in 2023.
Global monitoring of the state of PHC	• Consolidation of global/regional PHC databases. • Integrated cross-organizational analyses to support PHC global situation analysis. • Development of a global report on progress of PHC linked to progress towards achievement of UHC.	Global/regional database on HS/PHC data was consolidated and finalized working across regions in early 2024. Throughout 2024, the HS/PHC global survey instrument and method was jointly developed and implemented working across the three levels of the Organization and across health systems areas and programmes, for a Q4 2024-Q1 2025 launch.
Technical support to consolidate country data into country profiles to inform rapid PHC situational analyses and inform country solutions and foundational reforms to improve performance	• Technical support to complete rapid synthesis of qualitative and quantiative PHC data and input into template dashboard. • Technical support for country dialogues to review vidualized data and strengthen use of data to inform decision-making and reforms to improve PHC performance.	During 2024, a first iteration v.0 HS/PHC country profiles were drafted based on available country data that was collected through the global/regional data consolidation exercise with regional colleagues. Revisions/improvement of the country profiles were commenced in late 2024, for update and finalization by Q1 2025 bringing in relvant HS/PHC global survey data.
Technical guidance to support countries to fill critical data gaps around novel measurement domains, based on the WHO/ UNICEF PHC measurement framework and indicators	• Development of guidance products and regional webinars to support pilot testing and implementation of HSPA toolkit methods and tools. • Documentation of country experiences to support iteration and update of health systems performance assessment (HSPA) toolkit tools and methods based on country learning.	• Patient-reported experiences in primary care: Metrics, assessment tool and guidance for implementing the assessment was finalized. • Primary care delivery from communities to clinics and first-level hospitals: Metrics and assessment tool underwent technical consultation, expert review and were finalized during 2024. • Integrated services and models of care: Metrics and assessment tool developed and underwent technical consultation (has been integrated into HS/PHC survey - publication expected mid 2025).

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Technical support to strengthen country capacities in PHC-oriented monitoring and evaluation.	Technical support to countries to strengthen the PHC-orientation of national monitoring & evaluation frameworks and pertinent data collection, analysis and use within the context of national/subnational planning and review processes.	WHO worked closely with partners (Gavi, GFF, the Global Fund, WHO, UNICEF, World Bank, USAID) to strengthen the alignment of a common set of health system performance metrics and joint measurement approaches behind country-led priorities and plans (as per Lusaka Agenda, and in the context of the broader one plan, one budget, and one M&E approach). This involved the organizing of a June 2024 meeting which brought together 8 country teams (Bangladesh, Democratic Republic of Congo, Ethiopia, Malawi, Mozambique, Nigeria, Somalia, and Tajikistan), global health initiatives (GHIs), UN/partner agencies, civil society, and key donors supporting health systems measurement and performance at the country level. During this meeting, countries and partners discussed and advanced the identification of a common set of health system (HS) performance metrics, and agreed on the need for a unified "one" M&E approach to strengthen the impact, effectiveness, and efficiency of partner investments through better coordination and alignment behind country M&E priorities, plans and systems. Country teams also prepared preliminary draft roadmaps to implement and strengthen a common one M&E approach. Throughout the end of 2024 and into 2025, WHO has supported Ethiopia, Malawi, Mozambique, Nigeria, Somalia, and Tajikistan to further develop and implement the common one M&E approach. This has involved reviewing the common HS metrics in the context of country M&E plans and data systems, integrating the HS common metrics into NHSP M&E frameworks, and leveraging existing country coordination mechanisms to strengthen capacities for health system performance measurement within the context of country planning and review cycles.
Minimum Patient Safety Standards	• Formulation of experts group. • Expert consultations. • Scoping and literature review. • Standards development. • Standards Implementation.	By the end of 2024 a draft covering selected patient safety areas was developed.
Patient and family engagement framework and resources	Framework Implementation Toolkit development (communication package, training package, M&E framework).	By the end of 2024, the draft document developed in 2023 was being reviewed to reflect feedback from the Global Patient Safety Report 2024.
Guidance on organizational safety culture	• Formulation of experts group. • Expert consultations. • Scoping and literature review. • Guidance development. • Standards Implementation.	One meeting of the working group took place in 2024. Safety Culture Guidance framework developed, and first draft completed.
Quality Tookit country roll-out and refinement in support of PHC operational framework lever 12	• Dissemination and translation of Quality Toolkit. • Toolkit platform updates. • Country implementation of multi-level quality planning. • Learning for quality health services. • Quality improvement tools development.	Toolkit update 2024 round initiated. During 2024, quality of care performance framework technical consultation was completed.
Community engagement for quality people-centred health services	• Evidence synthesis and translation. • Country technical resource package. • Country validation & refinement ready for roll-out. • Policy & research dialogues.	By the end of 2024, a policy community engagement for quality of care (CEQ) paper was developed and shared with stakeholders.

Health Workforce

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Health and care workforce: policy considerations for health system integration and support	WHO will synthesize evidence, articulate policy options, and provide Member States and partners with recommendations and technical assistance on key areas that relate to integrating the health and formal care workforce to maximize its responsiveness to meet population health needs.	Health Practitioner Regulation: Design, Reform and Implementation Guidance.https://www.who.int/publications/i/item/9789240095014
Competency framework for public health and emergency workforce	This document will describe the occupations, functions performed, responsibilities, competencies and education requirements of this workforce in alignment with the Essential Public Health Functions and the International Standard Classification of Occupations (ISCO-08) and the IHR (2005).	Defining Essential Public Health Functions and Services to Strengthen National Workforce Capacity. https://www.who.int/publications/i/item/9789240091436
• Health Labour Market Analysis (HLMA) module on fiscal space for health and budget space for health workforce. • Technical brief on payment mechanisms and HW remuneration.	• develop an HLMA module on fiscal space for health and budget space for health workforce. • review and map the links between provider payment mechanisms and actual health workers remuneration. • identify distortions on the health labour market and articulate policy options.	Bilateral Agreements on Health Worker Migration and Mobility: Maximizing Health System Benefits https://www.who.int/publications/i/item/9789240073067 and Safeguarding Health Workforce Rights and Welfare Through Fair and Ethical International Recruitment. https://iris.who.int/handle/10665/376280

Health Financing

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Guidance to institutionalize alignment of benefits with financing mechanisms to support integrated service delivery in lower-income settings	i) Support countries on financing dimensions (Health Technology Assessment, benefit design, cross-programmatic efficiency, purchasing and PFM) processes to define and enable implementation of essential care packages; ii) Synthesis of country work to provide basis for country guidance document.	Survey results out, and deep dives at country levels completed and report prepared.
Informed decision-making and generalized cost-effectiveness analysis	The current refactoring of the onehealth tool into an online environment concerns only the financial costing and health impact modules. In this second phase, we will include the generalized cost-effectiveness analysis module (GCEA) in the integrated onehealth tool (IHT).	Onehealth Tool modules prepared to go online, final review underway.
Economic impact projections included into WHO strategic planning tools, e.g. Integrated Health Tool	i) support countries during priority-setting through an online one-stop-shop tool on costing, cost-effectiveness and economic impact of resource allocation decisions; ii) support countries to prepare an investment case in health, with a focus on PHC using standardized metholodogy.	This work has now focused on ensuring that NCD models are publically available for country use, including fiscal policy modules.
How to improve technical efficiency of health systems: A country guide	This work will start with determining the technical efficiency of health facilities using production frontiers. The health facilities can use the information to benchmark with each other and learn from the best performers. This is meant as a management tool that will integrate the output of DHIS 2 and can also produce unit costs at the PHC level. This will include 1-2 country applications.	Completed design with Ghanian counterparts, data gathered.
Which medical services and products lead to catastrophic and impoverishing health spending? Multi-country assessment of the financial hardship drivers to support PHC-oriented reforms	This work will generate new data on the type of health services and health products driving financial hardship for multiple low and lower-middle income countries. The data will support discussions about the affordability of medicines and health products and identify data gaps. The related synthesis report will generate evidence to support policy discussions.	US $171'084 were received for activities in 2024-2025 through both 68998 and 74812. As of February 2025 US $169'542 had been spent. The funds were used to generate new evidence related to financial protection which will be published at the end of 2025 trough the global database update and UHC report. They were also used to contribute to regional deep dives and to develop methods and the beta version of an online calculation tool.

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Guidance for agile public financial management (PFM) of health resources and services	i) Leveraging the benefits of programme-based budgeting for PHC financing through in-country trainings and country experiences' review and dissemination; ii) Making budget execution more agile for PHC providers, through identification and dissemination of good practices for 'financing PHC facilities directly'.	The PFM toolkit for countries through the development has been expanded to support acceleration of PFM reform in health, including with development and finalization of 12 case studies and a global synthesis report on health budget execution issues. Jointly with the World Bank, the preparation of guidance on how to best use programme-based budgeting to support effective PHC financing, a mapping of existing PFM tools in health and a series of journal and policy notes to deepen the understanding of PFM issues among key health stakeholders was also developed. Under the umbrella of the Montreux Collaborative on fiscal space, PFM and health financing, WHO established a coordinating mechanism with the World Bank, UNICEF, the Global Fund and GAVI to coordinate interventions and technical assistance on PFM in health and ensure efficient and consistent support to countries.
Guidance for the design and implementation of system -aligned PHC payment methods, including the role of digital technologies	i) Compilation of country experiences through case studies and peer learning; ii) synthesis and dissemination of good practices for the design and implementation of system-aligned PHC payment methods.	Several country case studies were undertaken on the role of digital technologies for health financing, including purchasing of health services and how this supports access to health services, in particular primary health care. These country case studies are published on our WHO dgital technologies for health financing (DT for HF) webpage. Moreover, a synthesis of these DT for HF experiences was produced to share lessons and enable peer learning across countries with similar issues and challenges. In terms of staff time (for which we received European Commission funds), we also provided technical and policy advisory support to various countries (e.g. Tunisia, Egypt, Pakistan, Equatorial Guinea, Kenya, inter alia) on purchasing-related questions, again with a focus on how to improve access to health services and in particular primary health care. Moreover, we looked into the role of HF policy for climate mitigation and adaptation, with the purchasing function being the most critical in these efforts. If well-designed and implemented, adjustments in HF policy related to payment methods and benefits specification help ensure that those experiencing poverty can have access to critical and essential services during climate shock and stress. This work was published in the WHO Bulletin https://extranet.who.int/uhcpartnership/news/july-issue-who-bulletin-focuses-health-system-performance-assessment. We also provided considerable staff time and input into a multi-country programme, undertaken in collaboration with the WHO Kobe Centre (Japan) to assess how purchasing instruments have supported or can support the improvement of quality in chronic care. A synthesis report, 8 country case studies and two literature reviews were published. Last but not least, we dedicated staff time to direct country support in Mongolia for the assessment of the health financing reforms that aimed to progress towards more strategic purchasing of publicly funded heath services. Support was also provided in Georgia to support the policy dialogue on payment methods for telemedicine services in rural areas.
Health Financing Progress Matrix (HFPM) country assesments and related policy engagement & capacity strengthening to support PHC-oriented reforms	i) Translation of country-specific recommendations to accelerate PHC-oriented health financing reforms for UHC through political economy analysis applied to HFPM country assessments and used for deeper engagement in domestic policy processes; ii) strengthen ongoing quality improvement of HFPM assessments through support to regional expert peer review networks, including trainings.	HFPM assessments were finalized and published in the following countries in 2024: Kenya, Zambia, Jordan and Jammu & Kashmir State (India). Ongoing implementation support was provided to numerous other countries, including Kazakhstan, Senegal, South Africa, Maldives, Sao Tome & Principe, Malawi and Cameroon. See https://www.who.int/teams/health-financing-and-economics/health-financing/diagnostics/health-financing-progress-matrix/hfpm-documents---country-reports. Work on a global dashboard of finalized assessments was completed. See https://www.who.int/teams/health-financing-and-economics/health-financing/diagnostics/health-financing-progress-matrix.
Guidance and country support to align domestic and external financing to enable sustainable and efficient PHC delivery systems	i) Compilation of country best practices, focusing on specific operational levers to align financing flows towards the delivery of integrated, people-centered primary care services; (ii) tailored guidance for countries and donors to assess financing flows towards sustainable and efficient PHC service delivery, including an essential package of health services.	A cross-country synthesis paper was produced to draw out key lessons from cross-programmatic effciency analyses in 6 countries.

Medicines & Medical Products

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Set up of global repository for tracking and responding to global shortages of medicines and vaccines	Support the introduction and implementation of routine digital and real-time stock level monitoring.	Global repository for tracking and responding to global shortages of medicines and vaccines has been piloted with selected countries, and database started to be populated.
National priority Medical Devices Lists updated and reviewed for NCD/PHC updated. Iteragency Emergency Health Kit (IEHK) revised.	Support countries to regularly review and update their priority medical lists, ensuring inclusion of essential NCD and RMNCAH medical devices are included all diagnostics for early identification of outbreaks as appropriate per country context.	MedevIs repository and platform databas has been developed and interface with UHC-Compendium developed. https://medevis.who-healthtechnologies.org/
National essential diagnostics list (NEDL) updated and methodology reviewed	Support countries to regularly review and update their in vitro diagnostics lists, ensuring inclusion of essential NCD and RMNCAH in vitro diagnostics are included as well as diagnostics for early identification of outbreaks as appropriate per country context.	Model list of Essential In vitro Diagnostics published in 2023. https://www.who.int/publications/i/item/9789240081093: Dissemination ongoing
Pooled procurement mechanisms and networking of procurement agencies in place	• Build country capacity for effective procurement of essential medicines including enhancing access to pooled procurement schemes; • Support strengthening of Quality Assurance schemes for medicines and health products; • Support strengthening of regional and sub-regional expertise and capacities to develop and implement efficient and transparent procurement, fair pricing and reimbursement policies for medicines and health products at country level	Regional pooled procurement initiatives have been supported with African Regional Economic Communities (RECs) and in EMRO Region. SIDS Pooled Procurement mechanism in the African Region has been set up with the pro tempore Technical secretariat of WHO
Supply: Forecasting Tool and training package developed	Support strengthening of in-country supply chain management to ensure timely access to appropriate medicines and technologies for health products, including forecasting, quantification and demand generation processes	Forecasting and quantification tool for diabetes medicines and health products has been developed and currently piloted in Ethiopia. The use of the tool will be expanded in 2025 with a larger pilot in 2 countries per Region.
• NEML updated and methodology reviewed. • AWaRe classification adopted. • Guidance for appropriate antibiotic use available at the country level (AWaRe antibiotic Book).	Support countries in updating their national lists of essential medicines, ensuring inclusion of essential NCD and RMNCAH medicines as well as adoption of the AWaRe classification of antibiotics and related guidance (WHO AWaRe antibiotic book)	Guidance for appropriate antibiotic use available at the country level (AWaRe antibiotic Book) has been published. https://www.who.int/publications/i/item/9789240062382
Electronic Essential Medicines List (EML) Databases (electronic EML, AWaRe portal, Global database of national EMLs, AWaRe antibiotic book website) updated	Ensure the most user-friendly access to up to date information on essential medicines and the AWaRe classification to countries and users worldwide.	Electronic EML Database has been updated after 2023 WHO EML Publication as well as the global database of NEML that will be officially published early 2025 in collaboration with WHO CC Toronto University. https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2023.02
• Interoperability between national, regional and global alert mechanisms improved	Support use of Global Surveillance and Monitoring Systems for better prevention, detection and response to substandard and falsified medical products.	Interoperability between national, regional, and global alert mechanisms, to support the use of the WHO Global Surveillance and Monitoring System (GSMS) for better prevention, detection, and response to substandard and falsified (SF) medical products has been developed. Number of countries using GSMS 7 (2020) 22 (2021) 32 (2022) 54 (2023) 64 (2024)

Noncommunicable Diseases

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
In at least in 10 countries (Philippines, Fiji, Mongolia, Pakistan, Kenya, Malawi, Nigeria, Sudan and Uganda) NCD services are integrated in Tuberculosis, HIV and Malaria services	• Capacity building activities through accompanying products including webinars and face to face meetings. • Monitoring and evaluation of coverage of services. • Development of three case studies.	The guidance was completed and launched, available online: https://iris.who.int/handle/10665/366691. In 2024, work was ongoing for country application of guidance, including collaboration with the Global Fund to support countries in the integration of NCDs and mental health in their country proposals as comorbidities.
5 countries supported to implement paper or digital based self-care tool for NCDs.	• Development of evidence-based self-care tool. • Adaptation and implementation of tool in countries, leveraging the Norway NCD Flagship Initiative as an entry point to implementing guidance. • Testing and evaluation of self-care tool. • Publishing and launch.	This product was substituted with technical products developed for the International Dialogue on Sustainable Financing on NCDs and mental health (June 2024). Two policy briefs were developed and published as outcomes of the dialogue: • Policy brief 1: https://cdn.who.int/media/docs/default-source/ncds/sustainable-financing-for-ncds-and-mental-health-policy-brief-1.pdf?sfvrsn=7466c045_3. • Policy brief 2: https://cdn.who.int/media/docs/default-source/ncds/sustainable-financing-for-ncds-and-mental-health-policy-brief-2.pdf?sfvrsn=aa335853_3.
Guidance on organization of integrated NCD services in primary health care	• Three level WHO consultations at different stages of the process. • Scientific literature review. • Collection of case studies. • Drafing and publishing.	Ongoing work to finalize two scoping reviews in 2024: • Models of care for NCDs in primary care: key elements and design in low- and middle-income countries: A scoping review. • The role of the healthcare workforce on the integration and management of NCDs in primary care in low- and middle-income countries: A Scoping Review.
Assessments of affordability of expanding NCD treatment options in selected countries for specific NCD treatments.	• Pricing and affordability surveys. • Out of pocket expenditure and availability of NCD medicines and health products in selected countries.	Assessments were completed on the affordability of NCD services in 10 countries including: Ghana, Pakistan, Samoa, Colombia, Moldova, Ukraine, Thailand, Kyrgyzstan, Ethiopia and Peru. These country cases contributed to the international dialogue on sustainable financing for NCDs and mental health. https://www.who.int/news-room/events/detail/2024/06/20/default-calendar/international-dialogue-on-sustainable-financing-for-ncds-and-mental-health.
In line with WHO Emergency Response Framework and drawing on existing WHO tools and guidance on health emergency preparedness and response, this document is intended to provide technical guidance to emergency planners, emergency care professionals and policy-makers tasked with emergency response and preparedness to integrate NCD interventions within all type of hazards national health emergency responses. It will provide a brief overview of the impact of emergencies on people with NCDs and will outline priority actions and tools in relation to NCD care during the full emergency cycle (preparedness, response, and recovery), pointing out and referencing existing WHO NCD and emergency data sources/tools/instruments relevant to improve emergency preparedness and response.	• Operational manual including 2 derivative products (a) global lansdcape review of current WHO support to countries across preparedness, response and recovery in term of NCD related response and (b) Review of evidence and research outputs, and data gaps, on NCD in humanitarian emergencies. • Develop a training package for NCDs in emergencies, for clinical and non-clinical staff, aligned with the revised NCD toolkit and operational manual. Implement and evaluate the training package in minimum two country settings, and revise accordingly.	The manual was finalized and published in April 2024, available online: https://www.who.int/publications/b/65888
TP 2524.01 The 2022 updated Appendix 3 will serve as a basis for countries to select the policy options and interventions for NCD prevention and control and the web-simulation tool will help countries visualise the results of the implementation of the prioritised interventions in their country.	Drawing on the updated list of interventions of the Appendix 3 the activities will aim to develop a visualisation tool oshowing the appendix 3 results as per initial parameters of WHO-CHOICE showing methodology and further analysis to consider a shorter time horizon, a more realistic comparator (not the "null") and coverage/scale-up of interventions.	Appendix 3 launched in April 2024, available online: https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030. Web visualization tool under development in 2024 for completion in 2025.

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Hearing and vision loss are present in at least one third of the world population and are releted to conditions most frequently encountered in primary care. The primary eye, ear and hearing care (PEEHC) training resource will target health workers and consist of two separate modules: Primary eye care training manual and Primary ear and hearing care training manual, which can be implemented together or separately.	• Three level WHO consultations at different stages of the process. • Scientific literature review. • Collection of case studies. • Drafing and publishing.	The handbook was completed and launched, available online: https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/primary-ear-and-hearing-care-training-manual.
This product consists of a screening tool that will be applicable across settings (eg. emergencies, clinical setting, population studies) and health conditions.	• Desk review. • Scoping review. • Draft. • Pilot testing of the screening tool in different settings.	Draft tool was developed in 2024 and is undergoing validation studies after implementation in countries.
Implementation of the facility-based patient and program monitoring guidance in 2 - 4 countries. Creation of a new application for e-registry of NCD patients at facility level to track NCD relevant indicators.	• Implementation of guidance on pooled procurement mechanisms (PPM) indicators to track patients and facilities providing NCD health services at primary care level. • Development of an e-registry application to cover hypertension, diabetes, asthma, COPD and cancer management of primary care delivery systems for use in public and private sector, single or multiple provider clinics to capture individual level information and aggregate data to produce WHO core and optional indicators. • Development of associated training manuals to guide users in implementation and use of the tools.	• TP2456.02: Framework and indicators developed and published, available online: https://www.who.int/publications/i/item/9789240057067. In 2024, development of comprehensive training materials and implementation tools was underway for finalization in 2025. • TP2456.04: E-tracker and NCD DHIS2 tools have been developed, with finalization of comprehensive training materials and implementation tools underway in 2024 and rollout scheduled in 2025. • TP2481: Survey methodology has been completed and modules are available to be integrated in country STEPS surveys.

United Nations Inter-Agency Task Force on NCDs (UNIATF)

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Undertaking national UHC investment cases: guidance for countries	• Develop the economic model for the country-level UHC investment case. • Develop the UHC institutional context analysis (ICA) methodology. • Write the manual for country level UHC investment cases, including economic analysis and institutional context analysis methodology. • Training for health economists.	Methodology developed. Includes three elements: burden of NCDs, costs of treating NCDs, and modeling the return on investment. Methodology now being finalized in consultation with WHO economists (HQ/UHL/HFE/EEA). Methodology will be published in 2025 and available for countries to use either on their own or with the support of WHO. WU funds were pooled with other sources as the costs of this work required additional funds.
UHC investment case in Country TBD: final report	• Economic Analysis for the Investment Case: a) adapting the investment case methodology to meet country needs and context, while striving for adherence to the existing modelling done in other countries; b) national data collection; d) delivery of the four main components of the model: Estimate of the economic burden; Estimate of the health and economic impact; Estimate of the costs of the interventions; Quantification of the return-on-investment in those interventions. • Institutional Context Analysis: a) stakeholder consultation, context analysis, promote stakeholder involvement, communications and management, as part of the political environment and stakeholder priority analysis or institutional context analysis. b) Draft national investment case political environment and stakeholder priority analysis together with a set of recommendations. • Full consolidated investment case report, an executive summary of the report: a) full consolidated investment case report, an executive summary of the report finalised, b) report launched.	Integration of NCDs and mental health into United Nations Sustainable Development Cooperation Frameworks 2022–2023 rollout report published alongside one on integrating alcohol measures into United Nations Sustainable Development Cooperation Frameworks and one in humanitarian settings.
ATM investment case in Country TBD: final report	• Economic Analysis for the Investment Case: a) adapting the investment case methodology to meet country needs and context, while striving for adherence to the existing modelling done in other countries; b) national data collection; d) delivery of the four main components of the model: Estimate of the economic burden; Estimate of the health and economic impact; • Estimate of the costs of the interventions; Quantification of the return-on-investment in those interventions. • Institutional Context Analysis: a) stakeholder consultation, context analysis, promote stakeholder involvement, communications and management, as part of the political environment and stakeholder priority analysis or institutional context analysis. b) Draft national investment case political environment and stakeholder priority analysis together with a set of recommendations. • Full consolidated investment case report, an executive summary of the report: a) full consolidated investment case report, an executive summary of the report finalised, b) report launched.	Methodology developed for a review of a selection of NCD and mental health institutional context analyses that have been undertaken between 2018 and 2024 to review findings and identify barriers and opportunities to making progress in country responses to NCDs and mental health. This will be a sister publication to one on the reported impact of NCD investment cases in 13 countries. A preliminary assessment was undertaken to inform discussions at the 2024 WHO World Bank NCD and mental financing dialogue in Washington DC. The approach for the full analysis has been agreed and countries for inclusion selected. Results to be published along with recommendations ahead of the fourth high-level meeting on NCDs.
Digital health to support UHC investment case in Country TBD: final report	• Economic Analysis for the Investment Case: a) adapting the investment case methodology to meet country needs and context, while striving for adherence to the existing modelling done in other countries; b) national data collection; d) delivery of the four main components of the model: Estimate of the economic burden; Estimate of the health and economic impact; Estimate of the costs of the interventions; Quantification of the return-on-investment in those interventions. • Institutional Context Analysis: a) stakeholder consultation, context analysis, promote stakeholder involvement, communications and management, as part of the political environment and stakeholder priority analysis or institutional context analysis. b) Draft national investment case political environment and stakeholder priority analysis together with a set of recommendations. • Full consolidated investment case report, an executive summary of the report: a) full consolidated investment case report, an executive summary of the report finalised, b) report launched.	Development of digital health business case for The Gambia initiated, including agreement of the methodology for the work, in line with the 2024 WHO/ITU/UN NCD Task Force report, Going digital for NCDs: the case for action https://uniatf.who.int/docs/librariesprovider22/default-document-library/final-240819-bls23277-who-dhbc.pdf?sfvrsn=2fa0539_3. Formal request from The Gambia for UN support to develop the business case. International and national team assembled, national team nominated, which includes experts from health and telecommunications and local UN partners. Data collection initiated. Desk based research on going. Interviews for the institutional context analysis timetabled for 2025.
Strengthening public and private sector integrity as part of NCD and mental health responses: a toolkit for countries	Set of activities to build the capacity of countries to increase the integrity of public and private sectors for NCD and mental health responses, including conflict of interest prevention, identification and management. Workstream will include: • Literature review. • Landscape analysis and identification of best practice examples. • Drafing of a toolkit to help countries strengthen health-sector integrity in devliery of health programmes. • Road testing the toolkit with at least one country.	Literature review and key informant interviews undertaken for a set of papers on systems for health/health co-benefits & SDG acceleration. Three papers drafted: (i) greening for health and development; (ii) making finance healthy; and (iii) inclusive governance for health/stability/resilience. For publication ahead of the fourth high-level meeting on NCDs.

Mental Health

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Guide to preservice training of general doctors and general nurses in mental health	Guide to preservice training of general doctors and general nurses in mental health. The main activity will be hosting a meeting, writing and publishing the guide.	Finalisation and publication of the guide.
Mental health policy and strategic action plans to promote universal health coverage and human rights for mental health	Development of the WHO Guidance via (1) review of peer reviewed literature (2) review of national policies and strategic action plans across all regions (3) Six consultations (1 per WHO region) involving national stakeholders and staff at WHO Regional and Country Offices (4) Consultation with key technical experts on the subject matter including WHO HQ Departments (5) drafting of the guidance (6) international review (7) finalisation of the guidance .	Expert reviews, revision, final publication and distribution https://www.who.int/publications/i/item/9789240106833.
Core competencies of primary health care providers on prevention and management of disorders due to substance use and addictive behaviours	• Review of existing competence requirements for health professionals on substance use and addictive behaviours. • Technical expert consultation. • Drafting the core competencies. • Peer review and web-based final consultation. • Release and dissemination.	A roadmap for postgraduate training on substance use was developed. An alcohol SBI module was created in WHO Academy.
Implementation toolkit for the intersectoral action plan on epilepsy and other neurological disorders (IGAP)	In full alignmment with the opertional framework on PHC and following the previously developed technical brief on epilepsy which is based on the PHC framework https://www.who.int/publications/i/item/9789240064072, the implementation toolkit will be created for use by policy makers, national and subnational programme managers and health workers at all levels of the health-care system. The implementation toolkit will cover essential elements for implementation such as assessment of needs and gaps, stakeholder mapping, service delivery, policy support, access to essential medicines and technology, health promotion and prevention including risk-based management, capacity building and task sharing and systems for monitoring.	Final publication and distribution https://www.who.int/publications/i/item/9789240096356.
mhGAP intervention guide for mental, neurological and substance use conditions - 2024 update	WHO mhGAP guidelines for mental, neurological and substance use conditons are evidence-based guidelines (first published in 2010 and updated in 2015) are being currently updated (June 2023). The guidelines come with a suit of derivative products. The most important one is mhGAP Intervention Guide (https://www.who.int/publications/i/item/9789241549790) for use by doctors, nurses, other health workers as well as health planners and managers. The Intervention Guide presents the integrated management of priority mental, neurological and substance use (MNS) conditions using algorithms for clinical decision making. The mhGAP-IG 2.0 will be updated to reflect the most up-to-date WHO guidelines.	Finalisation, publication and distribution.
mhGAP training manual for mental, neurological and substance use conditions - 2024 update	The mhGAP training manual will be updated to reflect the recently updated mhGAP guidelines. The objective is to ensure that primary healthcare workforce can provide integrated person-centred care to assess and manage priority mental, neurological and substance use (MNS) disorders. This is also linked to WHO Academy.	Finalisation, launch and upload to WHO Academy.

Life Course

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Integrated Care for Older People (ICOPE) training modules for PHC	• Develop training modules (in-person and online) on how to identify diverse health and care needs of older people and provide and monitor M2100k integrated personalized care at PHC, based on WHO ICOPE guideline and guidance. • Modules will be piloted in different PHC settings among multidisciprinary team (community health care worker, physician, nurse, pharmacist, physiotherapist, nutritinist, etc) from LMIC and HIC before the finalization. • It will be translated into all UN languages.	The ICOPE Training Programme (19 modules, each composed of a PowerPoint presentation and Facilitator's note) was designed and developed in 2023. The material was field-tested in multiple countries during in-person training programmes, always receiving high level of appreciation from the audience.The material is currently published online (https://www.who.int/tools/icope-training-programme) but has not yet been finalised. It has been shortlisted for inclusion in the WHO Academy. However, the work for this final output has been postponed by the WHO Academy, given the current updating of the ICOPE Guidance (to be published at the end of 2024 https://www.who.int/publications/i/item/9789240103726), the primary source of the training programme.
Making Every a School a Health Promoting School: An implementation guidance for school health services and a training package for school health personnel	• Evidence revews. • Write up. • Field test. • Editing, design and layout.	Public consultations for needs assessment conducted, landscape analysis of national policy documents finalized, systematic evidence review finalized, document drafted.
Maternal, neonatal, child and adolescent health (MNCAH) registers	To improve quality of care and also to standardize data elements for monitoring and evaluation it is key to have patient registers with standardized information to be collected on each patient across the life course. We have begun to develop patient registries in maternal health and child birth, and child health getting expert inputs from partners, regional offices and some countries. We need to begin work on newborn and adolsecent health registers. Activities are: • Global mapping of country registers to determine similarities, gaps /needs, etc. (2023). • Technical convening of global experts to review mapping results; define the scope, purpose, uses, users, and format of the new registers to be developed; share experiences from similar efforts; determine the methodology/approach for developing the registers; determine strategic partners to include in the process; and discuss implementation horizon and administrative considerations. (2023 or 2024). • Development of prototypes (2023 to 2024). • Country consultation focusing on content and design of the prototypes (2024). • Finalization of the products (2024 to 2025). • Piloting (2024 to 2025). • Refining the products, copyediting, and graphic designing (2025). • Global dissemination workshop (2025).	• Conducted scoping review of existing registers. • Collected data collection register forms from over 20 countries. Created a database with these forms to allow for analysis. • Conducted analysis of 12 countries on common content of registers in maternal and newborn health. • Created a WHO steering committee to work together in this area. Completed and a global expert meeting on standardization of patient registers. • Created a workplan to standardize content in maternal, newborn and child health registers and to design templates of best designs based on advice from the steering committee and global expert group.
Programmatic framework for transitioning to midwifery models of care for PHC	• Develop framework for transitioning to midwifery models of care for achieving PHC (strengthen midwifery and nursing competencies in different settings to improve maternal and newborn outcomes) (MNCAH +N STAGE recommendation). • Pilot test framework in different LMIC settings and feedback incorporated. • Translation into at least three UN languages.	• The global position paper on transitioning to midwivery models of care was launched in October 2024, under the guidance of the Strategic and Technical Advisory Group of Experts (STAGE). https://www.who.int/publications/i/item/9789240098268 • The implementation guidance is in process and will be finalized by February 2025.
Tools that support holistic newborn care in primary health care services	• This will support newborn screening for birth defects. Based on inputs (key congenital defects) received from the countries: • to develop guidance on universal newborn screening for key conditions. • to idenitify in consultation - diagnostic and management pathways from PHC. • develop guidance for strenghthening capacity for long term care at PHC level. • work with countries to strengthen universal newborn screening at PHC level, including subsequent pathways for diagnosis and management, as well as long term follow up at PHC level.	• Framework for implementing newborn screening, diagnosis and management for birth defects in LMICs, integrated into routine health services- consultations initiated. • 15 country MoH participated in the consultations. • Scoping reivew of state led initiatives in LMICS done. Consultations expected to to conclude in Mar 2025.

Diseases Integration

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
A WHO microplanning tool for Primary Health Care services to address equity gaps for women and children	To develop an online version of the tool (digitalization). Orientation of priority countries in 1-2 regions.	Updated microplanning tool based on lessons from two pilots, in Rwanda and Liberia. The guide is finalised.
• Policy brief on: how disease specific programme like TB can contribute to design integrated people centered service delivery, multisectoral action and community empowerment within the PHC framework • Case studies: TB programme contributing to PHC strengthening as well as the development of an associated ecourse.	• Desk review. • case studies. • consultation. • finalization of the policy brief. • associated ecourse.	This technical product is at the final stage of development and it will be published and launched in Quarter I 2025 https://www.who.int/publications/m/item/information-sheet-integrated-approach-to-tb-and-lung-health; a scoping review of the literature and consultations with various stakeholders were held in 2023-20204 to inform the development of this product. These funds have contributed to the policy analysis and to the development of the policy brief. (This is technical product for 24-25-0019 (HQ-2024-01831): Optimising tuberculosis prevention and care through synergies with primary health care: a policy brief. (Please note that title has been updated from the initial plan))
A report and conceptualization of how to undertake differential diagnosis, reduce fragmentation in the care for patients with lung disease, and improve the delivery of services for lung health, following a person-based approach to PHC. Best practices in the use of TB services to manage other diseases/conditions have been documented; an example is the use of TB services for bidirectional testing of COVID-19 and TB as well as efforts towards joint management of both conditions.	• Comprehensive mapping of national policies and strategies to understand the policy landscape on integrated lung health care, reflecting on models of care • Health policy analysis to leverage countries' experiences, including failures, successes and opportunities to guide the implementation of integrated lung health approaches to improve the quality of care for TB and other chronic respiratory diseases. This will also assess workforce-reported experiences, including perceptions on service readiness and responsiveness to community health needs, in the context of lung diseases. • A key aspect of this work is to identify practices and models of integrated lung care services that can be replicated at primary health care level, and support Member States as they advance towards Universal Health Coverage.	Linked to a new TP that will feature as a major piece of work which will start in 2023 and will proceed into 2024. This deliverable will inform the development of guidance on differential diagnosis and the integrated management of key lung diseases through PHC services. (This is techncical product: PB2425-0022: Technical brief on integrated response to lung health and TB).
Real-time, quality-assured, primary health facility data available to guide action and inform decision-making: updated WHO District Health Information System (DHIS2) TB module and associated guidance.	• A collaboration exists between DDI, UCN and the University of Oslo (WHO collaborating centre) to make primary health facility data available to guide action, through the development, implementation and use of DHIS2 digital packages. WHO DHIS2 disease specific modules have been developed for the collection and use of recommended case-based and aggregated data (according to WHO standards) to guide programmatic action. Key indicators from each disease programme are then made available for cross-cutting decision makers at PHC and district level to promote data use and inform decision making. • Based on the new guidance on TB surveillance, WHO TB DHIS2 modules need to be updated (entry forms and analytical dashboards), and so do the associated guidance for programme managers and exercise book.	The development of the Guidance on TB surveillance (TP 0040) was carried out in 2023, leading to its publication and dissemination in May 2024 https://iris.who.int/handle/10665/376490#:~:text=Consolidated%20guidance%20on%20tuberculosis%20data%20generation%20and%20use%3A,in%20five%20pilot%20countries%3A%20summary%20of%20key%20findings. In parallel, work was initiated to update the TB DHIS2 modules for TB surveillance (data entry forms, analytical dashboards, exercise book), to ensure full consistency with the updated guidance. An initial update to the DHIS2 package was released at the end of 2023, with further updates continuing throughout 2024 after the publication of the Guidance on TB surveillance. WHO GTB is collaborating with the University of Oslo on these updates. The final digital packages (for 1) case based and 2) aggregated data) are expected to be ready in January 2025. (There are two technical products selected as priorities for the 2024-2025 biennium: Guidance on TB surveillance (TP 0040) and Digital packages (in DHIS2) for TB surveillance (TP 0042).)
Contribution to technical product (TP) on: best practices on integrated STI and hepatitis models of care at primary health care level, including training and monitoring tools	• Technical support to countries to review integrated STI/ Hepatitis and HIV models of care at PHC level. • Develop tools for integration HIV/STI/Hepatitis services into PHC programmes including training and monitoring tools and SOPs based on interventions that have been incorporated into the WHO UHC compendium. • Conduct integrated trainings to for PHC and community health care workers on integrating STIs and Hepatitis with HIV in PHC. • Review approaches to deviate from vertical funding streams towards integrated service delivery (STI/Hep and HIV) at PHC level (if sufficient funding available).	• The White paper was completed and shared but the title was changed to: Primary health care and HIV: convergent actions: policy considerations for decision-makers, 20 July 2023 (Technical document) https://www.who.int/publications/i/item/9789240077065. • This document and concepts of HIV and PHC convergence and integration were developed collaboratively with the Special Programme on PHC and UHC-P. • The document was shared during several international events (IAS2023 in Brisbane, AIDS2024 in Munich) and has been used as a basing of HIV/PHC integration approaches for planning Country Sustainability Roadmaps with PEPFAR and the Global Fund. • Pakistan and Mongolia have moved forward with inclusion of Hepatitis in the essential health package; Sierra Leone as well is exploring inclusion of HIV, hepatitis and STI in the PHC and essential health package.

National action plan for health security (NAPHS)

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
NAPHS implementation & country support	Provide country support on the integrated NAPHS planning including the intergration to the wider health system planning cycle.	E-NAPHS Platform is available online - https://enaphs.who.int/ -- E-NAPHS webpage is also available on the SPH Portal - https://extranet.who.int/sph/naphs. Resource Mapping (REMAP) to support the implementation of the NAPHS of Ethiopia and strengthen health system resiliency. Resource mapping conducted in alignment with the e-NAPHS.
NAPHS Training	Developing global NAPHS training curriculum and advocacy.	E-NAPHS Platform is available online - https://enaphs.who.int/ -- E-NAPHS webpage is also available on the SPH Portal - https://extranet.who.int/sph/naphs. Resource Mapping (REMAP) to support the implementation of the NAPHS of Chad and strengthen health system resiliency, Resource mapping conducted in alignment with the e-NAPHS.
NAPHS Global guidance & allignment to health system planning	Update the NAPHS Global implementation guide, including the development of a policy brief in collaboration with our health system colleagues, which includes suggested actions for countries' consideration to ensure preparedness planning is embedded within the broader national health system planning & budgeting cycles.	E-NAPHS Platform is available online - https://enaphs.who.int/ -- E-NAPHS webpage is also available on the SPH Portal - https://extranet.who.int/sph/naphs. Resource Mapping (REMAP) to support the implementation of the NAPHS of Lesotho and strengthen health system resiliency, Resource mapping conducted in alignment with the e-NAPHS.
Advocacy & maintainace of NAPHS online platform	Develop & maintain the NAPHS online platform that will support national planning officers in developing, implementing and monitoring NAPHS implementation and allignment to other health system planning efforts.	E-NAPHS Platform is available online - https://enaphs.who.int/ -- E-NAPHS webpage is also available on the SPH Portal - https://extranet.who.int/sph/naphs. Resource Mapping (REMAP) to support the implementation of the NAPHS of Sri Lanka and strengthen health system resiliency, Resource mapping data included in the e-NAPHS.

Urban Health - Resilience

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
City level multisectoral policy dialogue for building urban health security resilience	• Develop methodoloy for city level workshop bringing together public and private stakeholders for improved PHC in cities to strengthen health emergency preapredness. • Piloting of workshop.	Following discussions and priorities from regional plans, this work has been integrated into the ongoing regional workplans as a priority topic in specific regions. Relevant achievements were presented in the first regional meeting on urban preapredness in PAHO in Quito, Ecuador from 13-15 October 2024. It is also integrated as a key component of the draft WHO Tool to Review and Map Health Emergency Preapredness in Cities and Urban Settings (under development and planned for piloting in Q2 2025).
Community engagement for urban health security resilience	• Develop guidelines for engaging urban communities to increase access and use of PHC services during a health emergency. • Develop materials and training packages for city authorities to engage communities to increase access to PHC services during a health emergency.	The workforce mapping is built into the Draft WHO Tool (under development) to Review and Map Health Emegrency Preparedness in Cities and Urban Settings. The Tool was consulted on with regions and MSs throughout 2024 and will be piloted in Q2 2025.
Building essential public health functions at the urban level through development of public and private workforce capacities and capacbilities for health security resilience	• Mapping of urban public health workforce for health emergency preparedness. • Training for building urban public health workforce capacities and capabilities for health emergency preparedness.	The infrastrucutre mapping is built into the Draft WHO Tool (under development) to Review and Map Health Emegrency Preparedness in Cities nad Urban Settings. The Tool was consulted on with regions and MSs throughout 2024 and will be piloted in Q2 2025.
Mapping available public and private health services and access at the city level for stregthened urban health security resilience	Mapping of physical insfrastructure for health security - public and private health services within the city, including access in the context of UHC.	Following regional priorities and discussions at the Global Meeting on Urban Preapredness in Tanzania, 13-14 June 2024, this will continue in 2025. Initital discussions and first iteration of the tool was developed, and dicussions held with key MSs on engagement in the development process and as potential pilot sites. Publication of the report of the National Workshop on collaboration between Public health, Nepal Army, Nepal Police and Armed Police force to strengthen Health Emergency Preparedness (held in Kathmandu, Nepal 8-9 October 2023) Civil-Military Health Security Mapping (CMAP) Tool User Manual (final draft available) - Publication of the meeting report for the WHO-IPU African Parliamentary High-Level Conference on Stregthening Health Security Preparedness (held in Accra, Ghana 8-10 November 2023) Regional Conference for Parliaments of the Asia-Pacific Region on Global Health Security (held in Bangkok, Thailand 2-3 December 2024).

Antimicrobial Resistance (AMR)

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Strengthening bacteriology and mycology diagnostic capacity, laboratory systems and service delivery in Low- and Middle-Income Countries to achieve equitable access to quality testing for bacterial, fungal and resistant pathogens at all health system levels and in the community.	• Develop a strategic and operational framework for strengthening bacteriology and mycology diagnostic capacity, laboratory systems and service delivery in LMICs. • Develop a standardized assessment tool for monitoring and reporting global capacity on bacteriology and mycology diagnostics and laboratory systems.	The WHO AMR Diagnostics Initiative was launched in June 2024 (policy brief - https://www.who.int/publications/i/item/9789240072015). In 2024, focus has been on developing technical content for the important products under the four building blocks of the initiative. Many of these are well advanced and will be finalized and published in 2025 (see "Activities" column). The four building blocks are: • A strategic and operational framework to set standards and provide implementation guidance to strengthen bacteriology and mycology laboratory services. • Assessment framework comprising standardized assessment tools for monitoring and reporting bacteriology and mycology laboratory services capacity at national and global levels. • Global AMR Laboratory Network, including laboratories designated by WHO for bacteriology, mycology and susceptibility testing at national, supranational and specialized level. • Research and innovation to improve precision, speed, and usability of diagnostic tools for AMR.
Piloting the "People centred framework for addressing AMR" in 6 countries by mainstreaming AMR interventions into PHC plans and strategies.	• Joint (PHC & AMR) Assessment missions to identify critical gaps, and areas of synergy. • Develop country-specific reports with recommendations. • Technical assistance workshops to build country capacity.	• An E-learning module on the WHO people-centred approach to addressing AMR and core package of interventions was developed and launched in 2024 (https://whoacademy.org/coursewares/course-v1:WHOAcademy-Hosted+H0040EN+H0040EN_Q4_2024?source=edX). • The piloting of the AMR core package of interventions in PHC-oriented health systems was successfully completed in 4 countries in 2024 - Indonesia, Kazakhstan, Sweden and Thailand. In-depth technical workshops were conducted and specific reports with recommendations have been developed and being finalized for publication. • A WHO Policy brief on "Mainstreaming AMR interventions in PHC-oriented health systems" has been drafted and will be published in April 2025 https://www.who.int/news/item/23-04-2025-strengthening-primary-health-care-to-address-antimicrobial-resistance. • Further to the outcomes in the 4 pilot countries in 2024, a multi-country meeting on mainstreaming AMR interventions in PHC-oriented health systems was held in Thailand from 18-20 March 2025 with national focal points for AMR and for PHC from over 20 countries from EURO, WPRO, SEARO participating to share the learnings and disseminate the WHO AMR and PHC approach widely. This meeting will also be used to identify two additional countries to pilot the approach.
Strengthening the monitoring of antimicrobial consumption in order for countries to improve access to antimicrobial medicines and to optimize their use in different components and levels of the health system	• Extend the existing monitoring methodologies of antimicrobial consumption to ensure countries can generate additional relevant information on the access to antimicrobials medicines and their optimal use in different components of the health system, including the primary healthcare level. • Develop tools to capture specific data related to the consumption of antimicrobials in different levels of the health system, including the primary healthcare level.	• Multi-country training conducted in Brazzaville on antimicrobial use (AMU) surveillance for French speaking Central African countries and Indian Ocean countries (December 3-5, 2024) followed by WHO three-level discussion (December 6, 2024) on challenges and opportunities in supporting African countries in monitoring national AMU. • Pilot project launched in Tunisia and Jordan on linking AMU data and price to estimate costs and expenditures on antimicrobials at country level (Jordan project delayed because of lack of country capacity). • Support for Russian translation of the WHO AWaRe antibiotic book (ongoing).

Climate Change & Environment

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
One Health Joint Plan of Action Implementation Framework	WHO, through the FAO-WHO-UNEP-WOAH quadripartite, launched the Joint Plan of Action in October 2022 and will pilot a draft implementation framework, in conjunction with RO focal points, to agree on a template that can be adapted at national level, which includes stakeholder mapping and identification of priority areas and appropriate indicators.	Extension of the rollout of Regional One Health Joint Plan of Action workshops to EURO and SEARO, and high level advocacy/dissemination with G20.

Migrants

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Global Evidence review on Health and Migration (GEHM) on Health financing	• Review and revise the existing GEHM methodology. • Identify the Principle Investigator (PI) and the team. • Draft GEHM on Health Financing, collaborating with the department of Health Systems, Governance and Health Financing. • Share the draft with the Regional Focal Points for their inputs and collaboration. • Promoting event for GEHM on Health Financing. • Policy dialogues on the health financing topic for health of refugees and migrants from the perspective of primary health care and universal health coverage.	Advanced draft of the report is ready and undergoing quality-assurance stages to be finalized before the end date.
Global Evidence review on Health and Migration (GEHM) on Primary Health Care	• Kick-off meeting with the Special Programme on Primary Health Care Department for collaboration. • Review and revise GEHM methodology. • Identify the Principle Investigator (PI) and the team. • Draft GEHM on PHC, collaborating with the Special Programme on Primary Health Care department. • Share the draft with the Regional Focal Points for their inputs and collaboration. • Promoting event for GEHM on PHC. • Policy dialogues on the PHC of refugees and migrants.	Rapid review on the effective Primary Health Care oriented service models is conducted against the agreed data extraction template. First concise draft of Global Evidence review on Health and Migration (GEHM) on Primary Health Care is under development for primary investigator and peer-reviewers comments.
Country impact case stories: to promote knowledge-sharing, inform evidence-based policy-making, and galvanize global actions to reorient healh systems towards a primary health care approach and advance progress towards health for all, including refugees and migrants.	• Identification of existing country and local experiences in reorienting health systems towards a primary health care approach for all populations, including refugees and migrants, and their impact on the health needs and rights of these populations and host communities;. • Identification of positive human success stories enabled by inclusive health systems at country level; . • Development of a series of paper-based and digital material that tell inspirational human stories of positive health outcomes facilitated by access to inclusive health systems with a PHC approach as a foundation to achieve UHC. (Material includes video interviews, reportages, feature stories, social media activations, posters). • Launch of a virtual repository to collect country case studies and stories of impact all year long.	Published on https://www.who.int/data/GIS/refugee-and-migrant-health/dashboard
The first Regional School for health of refugees and migrants in South East Asia Region of WHO	• Meeting with stakeholders (WHO SEARO, Ministries, partner academic institutions, NGOs and others) to identify the regional school's needs and coordinate amongst the identified stakeholders. • Development of the Regional School course contents and materials focusing on UHC and PHC (led by WHO HQ, SEARO). • Organizing a hybrid Regional school for health of refugees and migrants. • Evaluation and lessons learned (potential roll-out to other areas). • Communication campaign to promote UHC and PHC through the Regional school.	2024 edition of Global School on Refugee and Migrant Health has been organized with the advancing UHC for Refugees and Migrants: From Evidence to Action theme. The course is uploaded on PAHO Virtual Campus virtual space and has attaracted more 7500 views as of reporting date https://campus.paho.org/en/course/who-school-refugee-and-migrant-health. 1st day of school focused on inclusive PHC for Refugee and Migrant Health Needs and Rights while the school hosted the high level addresses, including WHO and IOM DGs, PAHO RD, Minister of Health of Colombia, field reportages to promote positive experiences and keynote addresses from experts to build global capacities.

Risk Factors - Nutrition

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Access to Care: Legal Considerations for Public Health Measures Affecting People Living with NCDs	• Research support, design and layout of publication. • Meeting of group of experts.	Finalization of Laws and regulations addressing the acceptability, availability and affordability of alcoholic beverages for publication in 2025
Capacity building to strengthen primary health care coverage on alcohol best-buys in low- and middle-income countries of WHO Africa and South-East Asia Regions	Validation of a training package on alcohol control best buys (essential public health functions).	The training package is undergoing internal clearances to be uploaded on WHO webpage. In addition, a second series of African country snapshots are being finalized and uploaded on our publication webpage for dissemination.
Increased health workers' capacity	• Deliver training to build health worker knowledge & capabilities on practical models of interventions on physical activity (PA) in PHC co-designed with community and local services (i.e physical activity providers (across public/private/social enterprise sectors). • Collect models of practice from across 6 region.	Completed and launched Dec 2024 when the Academy was opened.
Improved quality of care for tobacco cessation in countries through implementing WHO clinical treatment guideline for tobacco cessation.	Disseminate and promote the implementation of WHO Clinical Treatment Guideline for Tobacco Cessation.	WHO clinical treatment guideline for tobacco cessation was published on 2 July 2024 https://www.who.int/publications/i/item/9789240096431.
Improved access to nicotine replacement therapy (NRT), bupropion and varenicline (essential medicines on WHO EML)	• Advocacy briefs and seminars for all six WHO regions to support countries to add three tobacco cessation medicines to national EMLs by adopting WHO EML. • Analysis of affordability and availability of three tobacco cessation medicines in 20 high tobacco use burden countries.	WHO clinical treatment guideline for tobacco cessation was published on 2 July 2024.
Framework to support Member States to implement a surveillance programme for diseases resulting from the human-animal-interface in traditional food markets	• Description of steps and foundation needed to implement a multisectoral surveillance program. • Defintion and description of the methodology. • Capacity building. • Technical support to Member States.	The manual for integrated surveillance of diseases resulting from the human-animal-interface in traditional food markets was drafted. It is being revised by the technical team of NFS and external peer-reviewers. It is expected to be published in the second quarter of 2025. The WHO guidelines are under development.
Tracing multisectoral policy and action on food safety for effective PHC through the WHO Global database on the Implementation of Food and Nutrition Action (GIFNA)	• Definition of set of policy indicators. • Compilation of national food regulations from existing data in GIFNA, FAOLEX, and to be reported to WHO through the GNPR3. • Assessment and analysis of national food regulations against the defined policy indicators. • Recording of data in GIFNA. • Reporting of GIFNA data through score cards, maps, and relevant reports.	GINA became GIFNA. WHO's database for tracking the implementation of food and nutrition actions. More than 10 000 policies were migrated into a new website (https://gifna.who.int/) that includes multiple score cards for food policies. The launch webinar in November 2024 had more than 1000 people registerd. The funds of this project were used to support partially the migration of data and development of the new website.
Integration of obesity managemnent health services in PHC and as part of the UHC primary care benefit packages with specifc support to 1 or countries	• Prevention and early detection and management of obesity. • Integration of obesity management health services into the pre-defined primary care benefit and private health care providers health packages. • Training. • Mentoring and supervision of health care providers. • Initiation in care and treatment when appropriate.	WHO has provided training and technical assistance to 34 WHO acceleration plan to stop obesity frontrunner countries (Argentina, Bahrain, Barbados, Botswana, Brazil, Chile, Egypt, Eswatini, Iran (Islamic Republic of), Ireland, Jordan, Kazakhstan, Kuwait, Malaysia, Mauritius, Mexico, Oman, Panama, Peru, Philippines, Portugal, Qatar, Saudi Arabia, Seychelles, Slovenia, South Africa, Spain, Thailand, Tonga, Trinidad and Tobago, Türkiye, United Kingdom of Great Britain and Northern Ireland and Uruguay). Deep-dive workshops were held on the marketing of unhealthy foods to children, taxation of sugar-sweetened beverages and protecting, promoting, and supporting breastfeeding through health systems. Following the deep dives, WHO, in collaboration with UNICEF and the World Bank, have conducted 100 Day Challenges on specific thematic topics identified by the countries to be addressed. (e.g. industry interference).

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Assessment of strategic purchasing for nutrition in primary health care	Conduct a diagnostic assessment of the current state of purchasing of key nutrition services within primary health care in 2 countries, including • Evaluation of how primary health care services are purchased within the broader health financing system. • Documentation of how nutrition services are included within purchasing of primary health care. • Mapping of incentives that influence providers' delivery of nutrition services. • Identification of potential opportunities to incentivize purchase of nutrition services.	Both Myanmar & Democratic Republic of Congo (DRC) hired contractors to work with the Ministry of Health and their respective financing departments. The final report was completed in Myanmar and is currently planned for publication. The report comprehensively viewed the broader health financing system and identified how primary health care is currently purchased. It provided systematic documentation on how nutrition is included in purchasing primary health care according to each functional area while identifying potential opportunities for making purchasing nutrition more strategic with key stakeholders. DRC has completed their report, which is currently being translated from French to English. An overview report drawing on key findings from the two reports is planned.
Two WHO guidelines: 1) integrated management of children with obesity in all their diversity. A primary health care approach for improved health, functioning and reduced obesity-associated disability and 2) WHO guideline: integrated management of adolescents with obesity in all their diversity.	• Commissioning of systematic reviews of interventions for therapeutic interventions for children and adolescents living with obesity. • Development of evidence to decision frameworks. • In-person meetings in 2023 of the two guideline development groupups (given the complex nature of the topic) and the pluridisciplinary participation of experts.	All meetings of the Guideline Development Group have been completed and recommendations have been written. Final text of the two guidelines is being drafted now.

Violence Prevention

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Guidelines on parenting interventions to prevent maltreatment and enhance parent child relationships with children aged 0 to 17	Roll of out implementing the Guidelines in select countries.	WHO developed a handbook that provides comprehensive advice for policy-makers, practitioners, and stakeholders involved in the development, implementation, and monitoring of evidence-based parenting interventions. It offers a practical, step-by-step approach to addressing each of these elements in contexts with varying levels of technical and financial resources. It is a companion to the WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years.
Global Report on Violence against Health and Care Workers published and widely disseminated	• Systematic review on prevalence of violence and to prevent it against health and care workers. • Develop and widely disseminate the Global Report.	Systematic review to retrieve evidence-based interventions on what works to prevent violence against health workers was completed.

Road Safety

DELIVERABLE	ACTIVITIES	ACHIEVEMENTS END 2024
Implementation of the Global status report on road safety (GSRRS)	Roll of out implementing the recommendations of the report in select countries.	Kacem Iaych'as salary time was used to: • Develop country-specific and regional estimates for road traffic fatalities using the methodology from GSRRS, analyse findings, and support regional road safety reports based on GSRRS 2023. • Offer technical assistance to countries to improve road traffic fatality reporting, providing guidance on GSRRS methodologies and recommending ways to integrate different databases. • Share and interpret estimated road traffic fatality data used in GSRRS 2023 with DDI, collaborating to refine the estimates for GHE, World Health Statistics, and regional road safety observatories. • Assist regional road safety observatories in strengthening and disseminating road traffic data in alignment with GSRRS 2023. • Provide technical support to countries to enhance road traffic fatality reporting and offer guidance on the estimation methods used.

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