

## SECTION III

# HEALTH IN THE SDG TARGETS

- 3.1 SDG 2 – No hunger
- 3.2 SDG 3 – Good health and well-being
- 3.3 SDG 4 – Quality education
- 3.4 SDG 5 – Gender equality
- 3.5 SDG 6 – Clean water and sanitation
- 3.6 SDG 7 – Affordable and clean energy
- 3.7 SDG 8 – Decent work and economic growth
- 3.8 SDG 11 – Sustainable cities and communities
- 3.9 SDG 13 – Climate action
- 3.10 SDG 16 – Peace, justice and strong institutions
- 3.11 SDG 17 – Partnerships for the goals

## Section summary

The latest edition of *The state of food security and nutrition in the world* estimates that nearly 690 million people were hungry in 2019, representing an increase of 10 million from the previous year. Asia has the largest number of people affected by hunger, but the level is rising faster in Africa, with the percentage of people facing difficulties in accessing food having increased from 52% to 59% between 2015 and 2019 in sub-Saharan Africa.

Conflicts, the COVID-19 pandemic, soaring prices, climate change and rising inequality are converging to threaten global food security. Since the beginning of the COVID-19 pandemic, an estimated 350 million more Africans have not had regular access to adequate food. In 2020, 28.2% of African under-five children were stunted owing to many reasons, including poor nutrition, making the WHO African Region the most affected among the WHO regions. Pregnant women and women of reproductive age also are vulnerable to undernourishment leading to iron deficiency and anaemia. The prevalence of anaemia among pregnant women and women of reproductive age is particularly high in the WHO African Region at 39.6%, with more than half of the countries having an anaemia prevalence above 40%. However, some indicators show positive progress, such as the reduction foreseen in wasting among under-five children to less than 5% by 2025 and its maintenance at that level, for which the target could be reached if the current trend is preserved.

Nearly 99% of maternal deaths occur in developing countries, with more than half in sub-Saharan Africa, which accounts for 525 maternal deaths per 100 000 live births and 27 neonatal deaths per 1000 live births. Only three countries, Cabo Verde, Mauritius and Seychelles, have levels below the internationally agreed target of 70 maternal deaths per 100 000 live births. The current trend shows that by 2030 the Region will still record high levels of maternal deaths of 390 per 100 000 live births and will be very far from the target. The factors contributing to these deaths are numerous and include shortage of qualified health workers, which contributes to the low rate of skilled birth attendance of 65%; high prevalence of women of reproductive age with unmet needs for family planning (44%); and a high adolescent birth rate among women aged 10–14 years which, at 102 births per 1000 women in that aged, is the highest in the world.

The continent remains subject to several threats such as TB, HIV, malaria, neglected tropical diseases (NTDS) and non-communicable diseases (NCDs), which, despite their decline, remain well above the global average. Unhealthy lifestyle habits such as innutritious diets, smoking, alcohol consumption, violence, suicide, etc. and air pollution also are on the rise in the Region, and there are increased mortality levels associated with them.

Women suffer the most on the continent from gender inequality and marginalisation. Indeed, 34% of girls are forced into marriage before the age of 18, compared to 4% of boys. In addition, 33% of women fall victim to partner violence and 36% of women aged 15–49 years undergo genital mutilation. Many countries in the Region still do not have laws that guarantee the rights of women. Although there has been a decline in this marginalisation, over the past 2 years the COVID-19 pandemic has slowed actions against these practices.

The births of 49% of under-five children (nearly 89.5 million children) in sub-Saharan Africa are still unregistered, a decrease of 2% since 2008. If nothing is done, the trends show that the number of unregistered children in Africa will continue rise. Many countries do not perform well in terms of completeness of death registration and medical certification of causes of death, making data availability in this area a major challenge for civil registration and vital statistics. For these two vital events of birth and death, only seven of Africa Region's countries reach 90% completeness, which is the satisfactory level.

The WHO African Region is one of the most fragile and insecure, hosting several conflicts. The Region is prone to natural disasters that have a human, economic and psychological impact. The types of energy and technologies used in the Region are not modern or sustainable, especially in the rural areas, which generates challenges in ensuring the environment is healthy.

The African people using basic drinking-water services in 2020 was 32% of the population, far from the 80% target intended to be reached by 2030, which is becoming more unlikely to be achieved. The situation is similar for the use of basic sanitation services, for which only 23% of the population is covered. These water and sanitation shortfalls, in addition to poverty, are high risk factors for the faecal peril diseases that prevail in the Region.

The countries in the WHO African Region need to make additional efforts and adopt new strategies and laws to improve their performance on the indicators for the health-related SDGs to be achieved by 2030. While most of the goals are still alive, some goals have reached their deadlines or are close to reaching them. Almost none of the goals close to expiring has reached close to its target and they need to be updated. These include the goals to **halve the number of road traffic deaths and injuries worldwide by 2020**, which has not been achieved; to **reduce childhood wasting to less than 5% by 2025 and maintain it at that level**, which is on track; and to **halve anaemia prevalence in women of reproductive age by 2025**, which seems impossible to achieve. Conversely, the internationally agreed goal of reducing overweight in under-five children to less than 5.6% by 2025 has been achieved and now needs to be monitored.

Experiences from other regions with significant progress or successful achievements can be capitalised on and adapted to the WHO African Region to preserve the gains and to guarantee further significant progress.

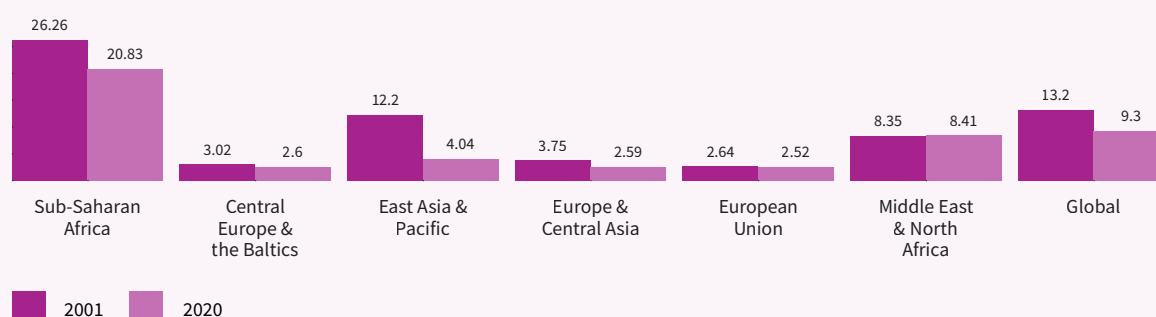
### 3.1 SDG 2 – No hunger

As hunger increases and malnutrition persists, achieving the zero-hunger goal by 2030 is becoming challenging. The latest edition<sup>1</sup> of *The state of food security and nutrition in the world* estimates that between 702 million and 828 million people in the world, or between 8.9% and 10.5% of the world's population, faced hunger in 2021, representing an increase of 46 million from 2020 and a total of 150 million more people since 2019, which was before the COVID-19 pandemic. Africa bears the heaviest burden of hunger. One in five people in Africa or 20.2% of the population was facing hunger in 2021 compared to 9.1% in Asia.

#### Prevalence of undernourishment

After a decline in the prevalence of undernourishment in the world from 15% over 2000–2004 to 8.9% in 2019, its levels have been on the rise again and were estimated to be 9.9% in 2020.<sup>2</sup>

**Figure 3.1.1. Prevalence of undernourishment (% of population) in the WHO regions, 2001 and 2020, WHO**



In Africa, 20% of the population was undernourished in 2019, compared with 8.9% worldwide. Estimates for 2020 are also showing an increase to 21%.

**Figure 3.1.2. Trends in the prevalence of undernourishment in the WHO African Region, 2001–2020, WHO**



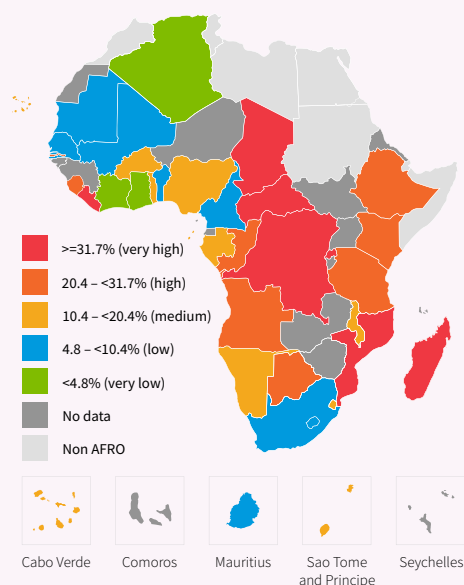
The significant fall of prevalence of undernourishment that was observed between 2000 and 2013 followed by a virtual stabilisation between 2004 and 2018, reversed direction and has been increasing since 2019. If the current trends continue, achieving the no hunger target by 2030 might be compromised in Africa.

1 FAO. The State of Food Security and Nutrition in the World 2020. Transforming food systems for healthy and affordable food. Rome, 2020.

2 FAO, IFAD, UNICEF, WFP and WHO. 2021. The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. <https://doi.org/10.4060/cb4474en>



Figure 3.1.3. Prevalence of undernourishment in the WHO African Region, 2020, WHO

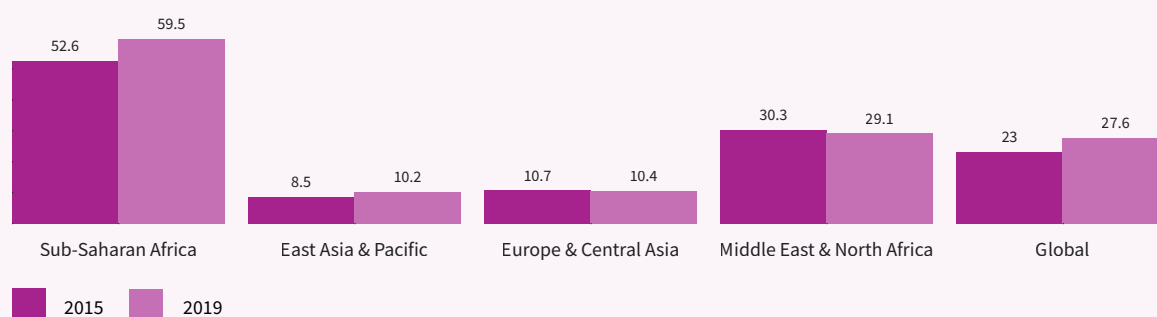


Conflicts, COVID-19 pandemic, climate change and the rising inequality are all factors that have contributed to affect global food security, with a visible effect on the prevalence of undernourishment in the WHO African Region. Moreover, soaring prices affected 47% of the countries worldwide in 2022,<sup>3</sup> up from 16% of the countries in 2019.

A total of 14 countries in Africa had a prevalence of undernourishment that was higher than the average for the Region in 2020, with seven countries being the most affected. Among these, three, that is the Central African Republic (48%), Madagascar (43.2%) and the Democratic Republic of the Congo (41.7%) had prevalence levels that were two times the regional average.

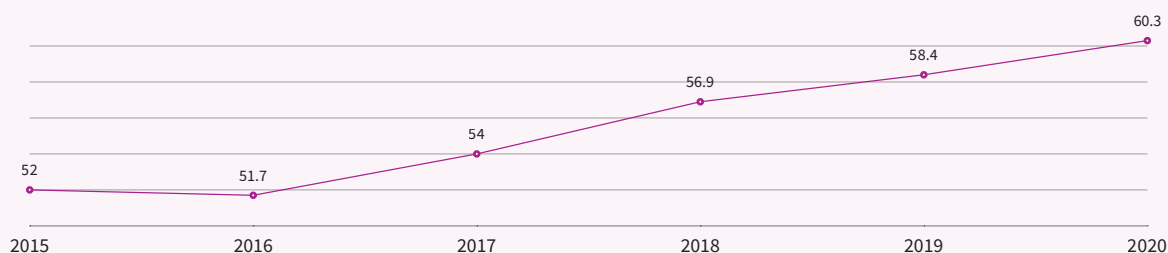
### Prevalence of food insecurity in the population, based on the Food Insecurity Experience Scale

Figure 3.1.4. Prevalence of food insecurity in the WHO regions, 2015 and 2019, FAO

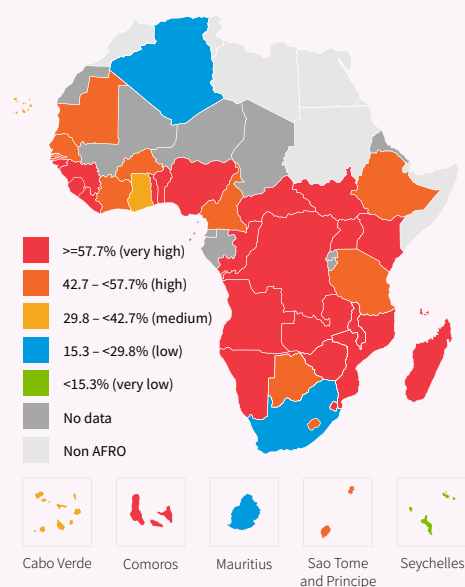


This indicator provides internationally comparable estimates of the proportion of the population facing moderate or severe difficulties in accessing food. Food insecurity worsened globally between 2015 and 2019, with the highest level occurring in sub-Saharan Africa, which was double the global average. In 2021, nearly one in three people (or 2.3 billion people) was moderately or severely affected by food insecurity. This increase of almost 350 million people from 2020 was mainly associated with the COVID-19 pandemic.

3 UN, Report on the Sustainable Development Goals 2022

**Figure 3.1.5. Prevalence of food insecurity in the population of the WHO African Region, 2015–2020, FAO**

Since 2016, the evolution of food insecurity in Africa has been of increasing concern. Africa is not isolated in this trend, as the whole world is facing food insecurity. Estimates for 2020 show a new increase to 59.6% in the prevalence of moderate or severe food insecurity in the African population (FAO). The factors involved vary from country to country and include drought, insecurity, political instability, wars, etc. In addition, the COVID-19 pandemic has largely affected the economy of African countries, with a direct impact on food security. Given the current trend, it becomes unrealistic to expect the achievement of this objective by 2030. The target should be revised for African countries, geared towards reversing the trend and moving closer to the global average.

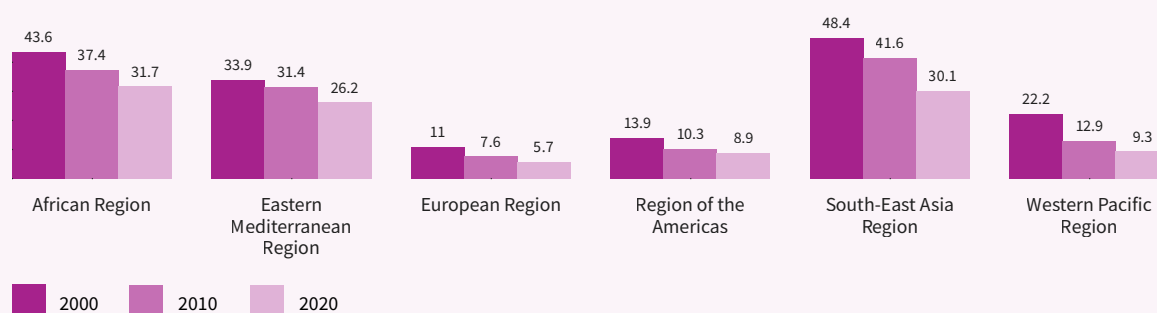
**Figure 3.1.6. Prevalence of food insecurity in the WHO African Region, 2020, FAO**

It is estimated that in 2020, 346 million people in Africa – that is more than a quarter of Africa's people – were affected by the food crisis (FAO, AU).<sup>4</sup> More than 93% of these people were in sub-Saharan Africa and the most affected countries were in East Africa (128 million), followed by West Africa (113 million). About 90% of the countries in the WHO African Region have food insecurity levels higher than the global average of 29%. These alarming figures have so far gone unnoticed, increasing the challenge of ensuring access to sufficient food for all by 2030. This also confirms the need to revisit the targets and reorient strategies.

4 FAO, IFAD, UNICEF, WFP and WHO. 2021. The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. <https://doi.org/10.4060/cb4474en>

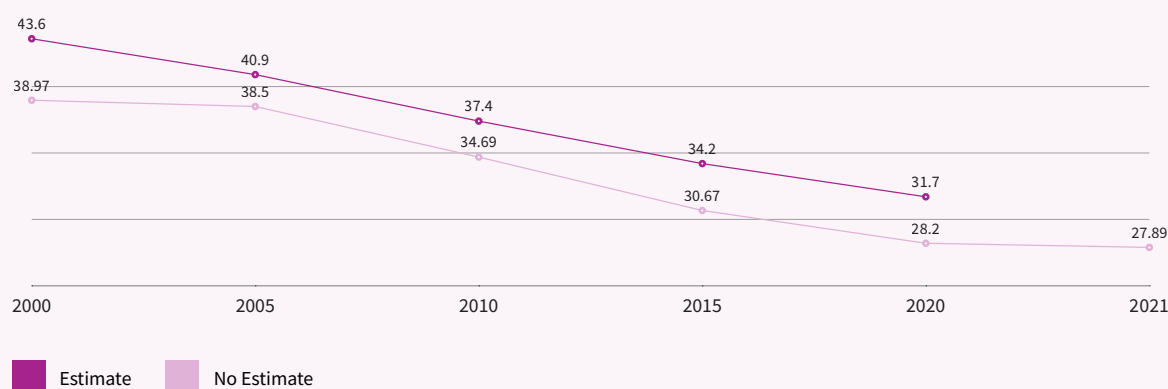
## Prevalence of stunting among under-five children

Figure 3.1.7. Prevalence of stunting among under-five children in the WHO regions, 2000, 2010 and 2020, WHO



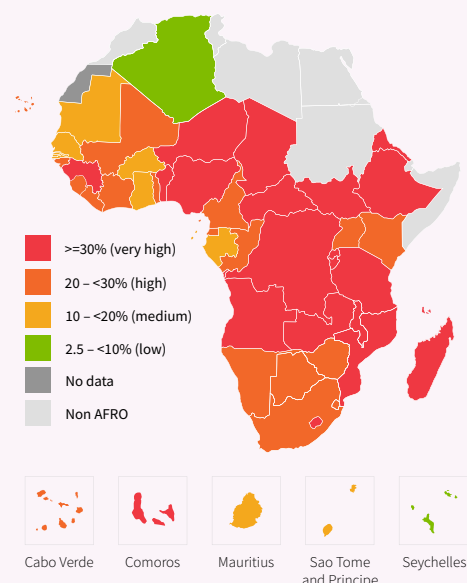
Despite the decline in the prevalence of stunting in under-five children, the WHO African Region moved from being the second most affected region after South-East Asia to the most affected Region in 2020. In addition, the Region is the only one showing an increase in the prevalence of children with stunting, which went up from 48.6 million in 2000 to 54.9 million in 2020 owing to the high birth rate. Stunting (low height for age) is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.

Figure 3.1.8. Prevalence of stunting among under-five children in the WHO African Region, 2000–2021, WHO



Although the prevalence of stunting among under-five children is declining in the WHO African Region, few countries are on track to achieve the 2030 target. The average of the decline is 2.9% every 5 years, meaning that if nothing is done, the prevalence will be around 25–26% by 2030. As we are approaching the deadline, it is time to accelerate action.

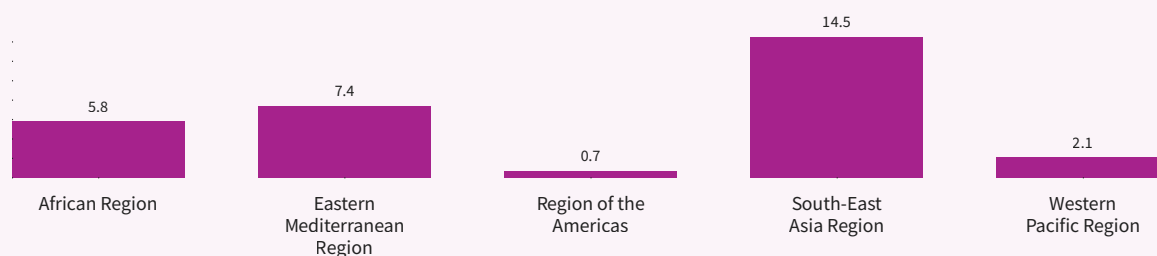
Figure 3.1.9. Prevalence of stunting among under-five children in the WHO African Region, 2020, WHO



The situation of the WHO African Region in 2021 showed that only Algeria and Seychelles were on track to achieve the target for stunting levels among under-five children by 2030, while 79% of countries in the Region still had high stunting prevalence rates. The growing food insecurity due to a cascade of events such as COVID-19, other emerging diseases, climate change, conflicts, growing inequalities, etc. and their side effects on the African economy contribute to the hampering of efforts to achieve this goal and should be considered in new plans.

### Prevalence of wasting among under-five children

Figure 3.1.10. Prevalence of wasting among under-five children in the WHO regions, 2020, WHO



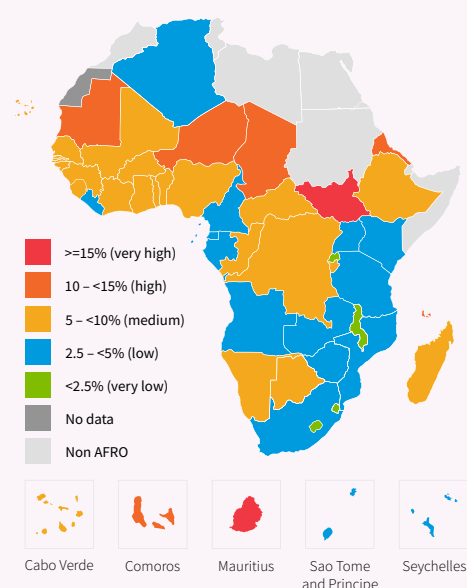
Child wasting refers to the condition in which a child is too thin for his or her height and is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible. With a stunting prevalence of 5.8% in 2020, the WHO African Region still needs to take serious action if it is to meet the 2030 target or get close to it.

Figure 3.1.11. Prevalence of wasting among under-five children in the WHO African Region, 2000–2021, WHO



The trends in the prevalence of wasting among under-five children in the WHO African Region show very positive progress since 2000. If this is maintained, the Region will be close to the global target of not having more than 5% of the under-five children with wasting by 2025 and maintaining it at that level. However, there are significant disparities between countries. Furthermore, the ongoing food security crisis in the Horn of Africa and Sahel countries puts millions of children at risk of malnutrition, jeopardising the current progress.

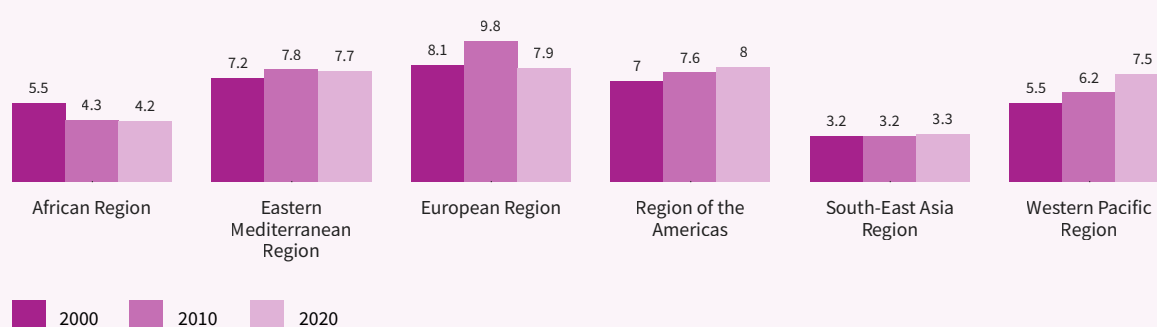
Figure 3.1.12. Prevalence of wasting among under-five children in the WHO African Region, 2020, WHO



In 2020, only two countries of the WHO African Region had a prevalence of wasting above 15% among under-five children, that is Sudan with 22% and Mauritius with 15.7%. These levels were classified to be very high public health concerns. In many countries the wasting level in under-five children is classified as of medium or low public health concern. Eleven countries, namely Rwanda, Malawi, Eswatini, Lesotho, Algeria, Zimbabwe, Equatorial Guinea, Cameroon, Gabon and Uganda have already achieved the target for this indicator. The positive experiences of these countries can be used to lift the countries left behind.

## Prevalence of overweight among under-five children

Figure 3.1.13. Prevalence of overweight among under-five children in the WHO regions, 2000 and 2010 and 2020, WHO



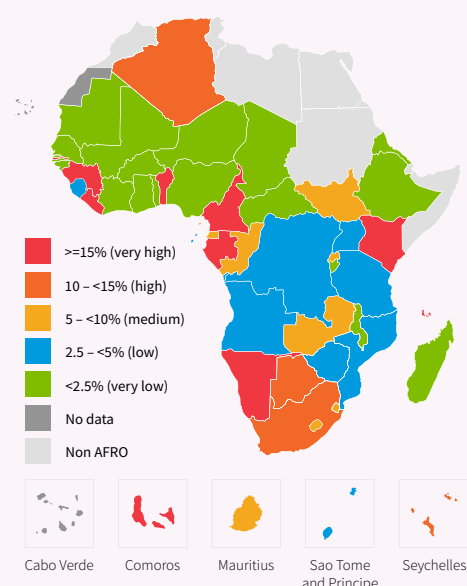
Overweight in children refers to a condition in which a child is too heavy for his or her height. In 2020, the prevalence of overweight in the WHO African Region was 4.2%, the second lowest level for under-five children among the regions after the South-East Asian Region which had 3.3%. However, the absolute number of children with overweight increased from 6.2 million to 7.3 million between 2000 and 2020.

Figure 3.1.14. Prevalence of overweight among under-five children in the WHO African Region, 2000–2021, WHO



The latest data for the Region show that the internationally agreed target for under-five children aiming to reduce overweight to be less than 5.6% by 2025 has been achieved. However, the slight increase seen in the estimated level calls for caution as the Region works at maintaining this status.

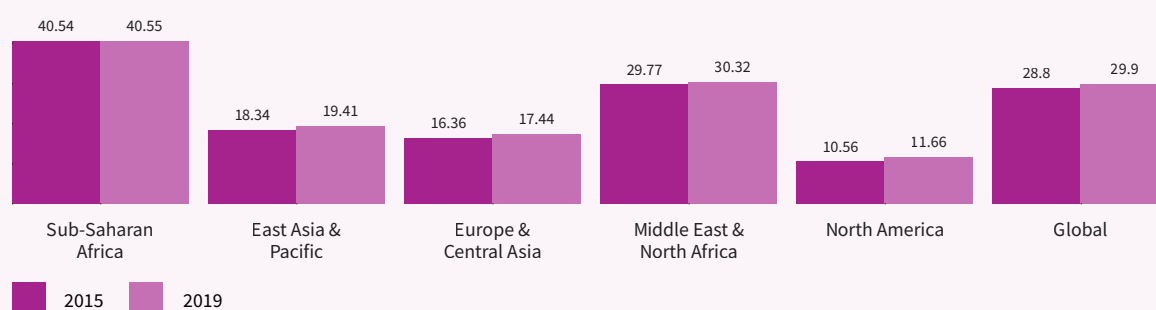
Figure 3.1.15. Prevalence of overweight among under-five children in the WHO African Region, 2020, WHO



Most countries in the Region have achieved the SDG target for this goal or are on track to achieve it. The countries that have achieved the target are mostly from the West and Central Africa subregions, with a few others scattered within the Southern and East Africa subregions.

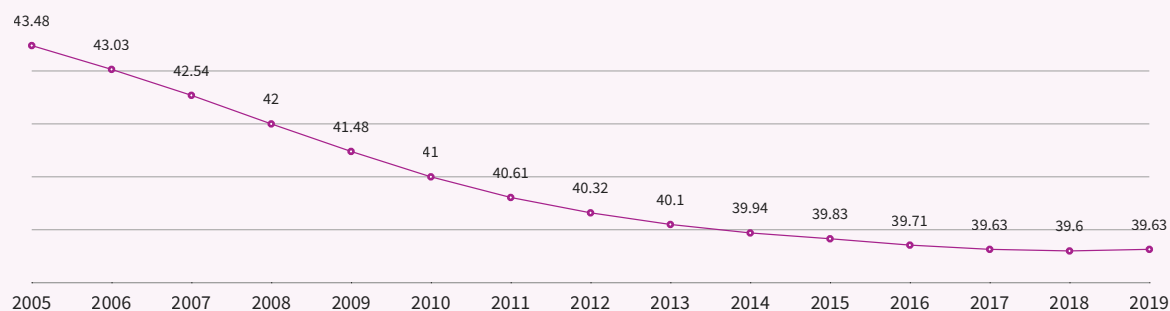
### Prevalence of anaemia in women aged 15 to 49 years

Figure 3.1.16. Prevalence of anaemia among women of reproductive age (15–49 years) in the WHO regions, 2015 and 2019, WHO

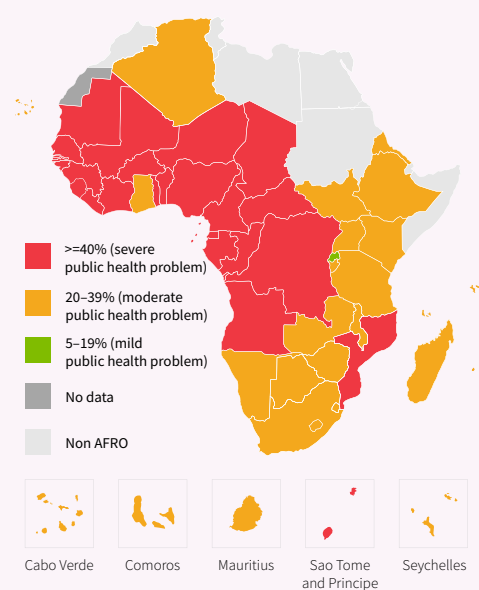


The WHO African Region has the highest prevalence of anaemia among women of reproductive age, with West and Central Africa being the most affected areas with a level of 50.8% in 2019. Between 2015 and 2019, the prevalence of anaemia in sub-Saharan Africa remained constant, making it challenging to achieve the goal of halving the disease's prevalence in women of reproductive age (15–49 years) by 2030.<sup>5</sup>

5 WHO; 2014. Global nutrition targets 2025. Anaemia Policy Brief (<https://thousanddays.org/wp-content/uploads/Anaemia-Policy-Brief.pdf>, accessed 24 August 2022).

**Figure 3.1.17. Prevalence of anaemia among women of reproductive age (15–49 years) in the WHO African Region, 2005–2019, WHO**

The decline in the prevalence of anaemia among women of reproductive age between 2005 and 2016 from 43.5% to 39.9% was not sufficient to allow prediction of the halving of that level by 2025. Moreover, the prevalence level remained virtually unchanged from 2014 to 2019, making the target increasingly unlikely to be met.

**Figure 3.1.18. Prevalence of anaemia among women of reproductive age (15–49 years) in the WHO African Region, 2019, WHO**

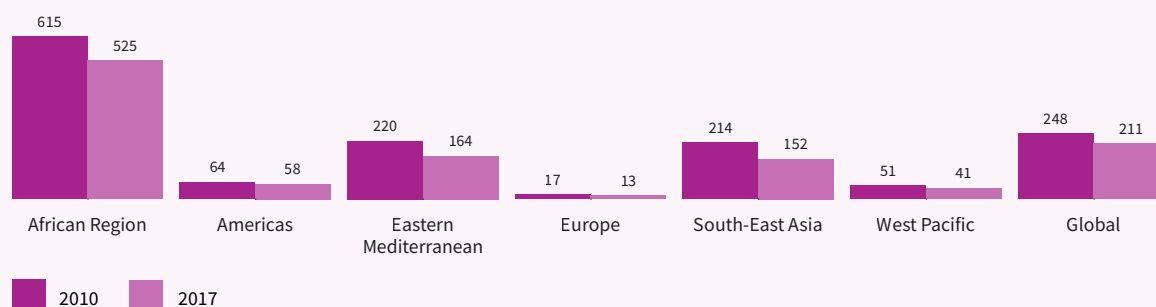
In 2019, more than half of the countries in the WHO African Region still had a very high anaemia prevalence of more than 40% among women aged 15–49 years, and almost all the Region was at least moderately affected by anaemia among this group. Only Rwanda had a prevalence of less than 20%.



## 3.2 SDG 3 – Good health and well-being

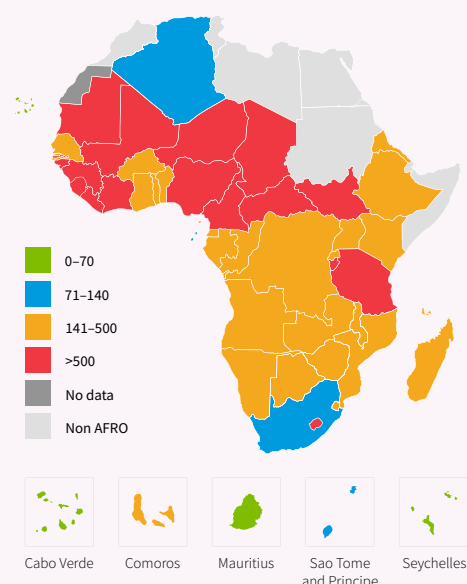
### Maternal mortality

Figure 3.2.1. Maternal mortality ratio in the WHO regions, 2010 and 2017, UN MMEIG



One of the targets of SDG 3 is to reduce the global maternal mortality ratio (MMR) to below 70 per 100 000 live births and to have no country having an MMR higher than twice the global average. Despite the drop of 15% between 2010 and 2017, MMR in the WHO African Region is still the highest in the world and is still far from the level defined in the SDG objective. Global partners in maternal health and health systems should increase their mobilisation of efforts to get as close as possible to the target set in SDG 3.

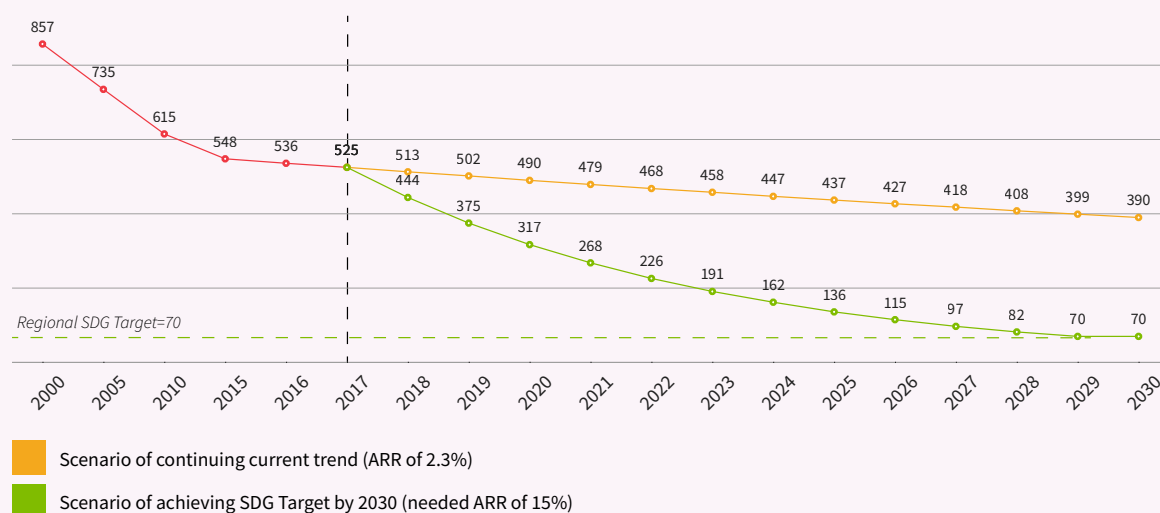
Figure 3.2.2. Maternal mortality ratio in the WHO African Region in 2017, UN MMEIG



MMR in sub-Saharan Africa was about 525 per 100 000 live births in 2017. This means that for every 1000 live births one mother died. West and Central Africa subregions were the most affected, while the East Africa and Southern Africa subregions were doing slightly better, although they were still far from the target. Only Cabo Verde, Mauritius and Seychelles, all island countries, had ratios below the target of 70 deaths per 100 000 live births.

A whopping 99% of all maternal deaths occur in developing countries, with more than half of them in sub-Saharan Africa and almost a third in South Asia. More than half of all maternal deaths occur in unstable and humanitarian crisis areas. Africa has more than twice as many maternal deaths as the global average and 40 times as many as Europe. The country with the highest MMR on the continent is South Sudan, followed by Chad and Sierra Leone.

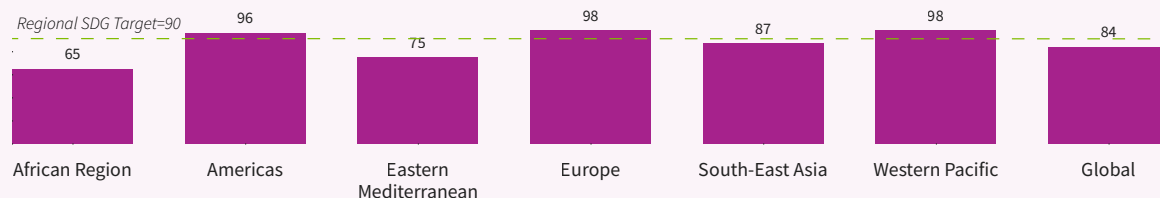
**Figure 3.2.3. Trends in MMR in the WHO African Region, 2000–2017 and projections to 2030, UN MMEIG (the projections are estimates based on ARR modelling)**



To reach SDG 3 by 2030, the MMR level of 2017 will need to be reduced by 86%, which seems unrealistic if the speed of reduction that would be needed is considered. Estimates based on ARR modeling indicate that by 2030 there will still be 390 maternal deaths per 100 000 live births. With more efforts to reduce MMR in the Region, the levels can at least be lowered to less than double the global average.

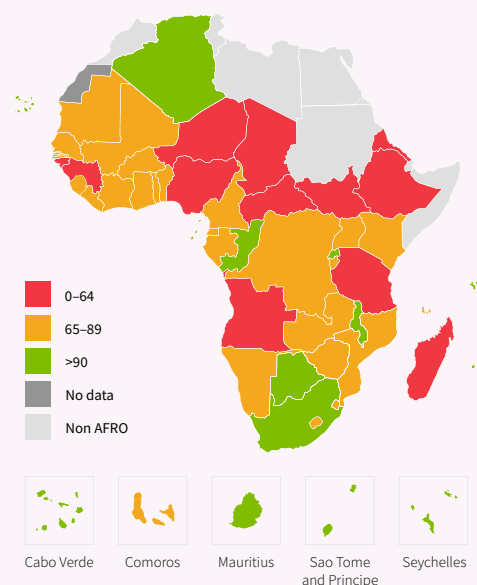
### Births attended by skilled health personnel

**Figure 3.2.4. Proportion of births attended by skilled health personnel in the WHO regions, 2021, WHO**



Globally, the WHO African Region has the lowest proportion of births attended by skilled health personnel, which was 65% in 2021. It is followed by the Eastern Mediterranean Region with 75%. To meet the target of SDG 3.1, the gap of 25% in skilled birth attendance must be closed.

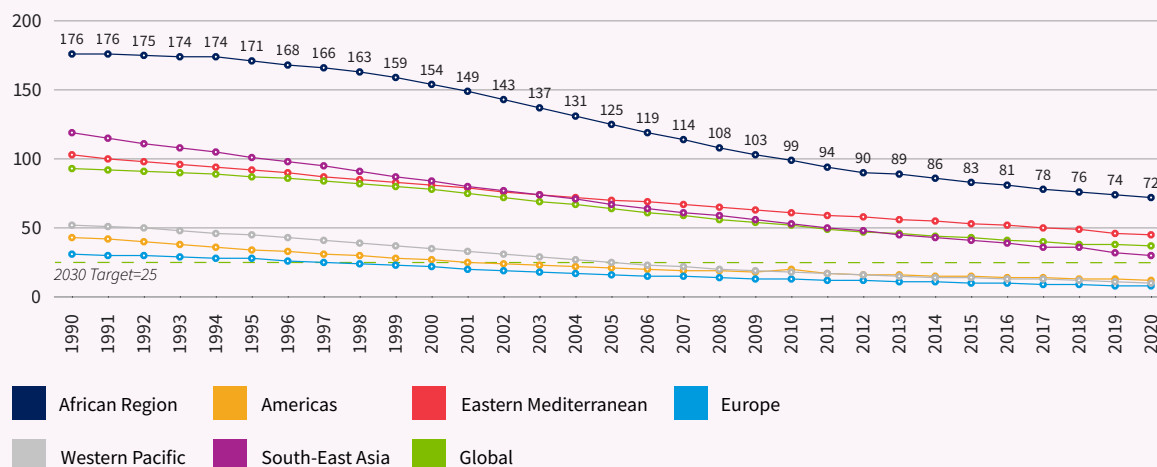
Figure 3.2.5. Proportion of births attended by skilled health personnel in the WHO African Region, 2021, WHO



Having a skilled health professional at the time of delivery is a vital necessity for women and newborns. By 2021, 10 African countries had taken up the challenge and provided skilled health personnel for more than 90% of births. These were Mauritius, Botswana, Seychelles, Algeria, South Africa, Sao Tome and Principe, Cabo Verde, Rwanda, Congo and Malawi.

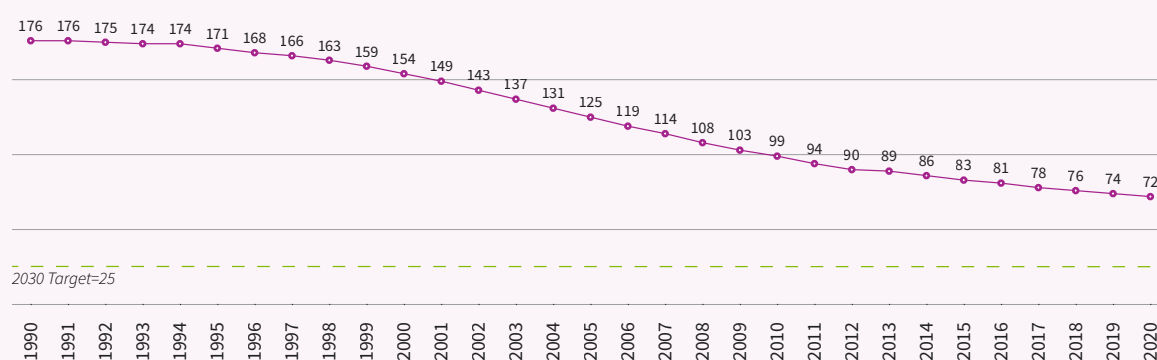
## Under-five mortality

Figure 3.2.6. Trends in under-five mortality rate in the WHO regions, 1990–2020, UN IGME

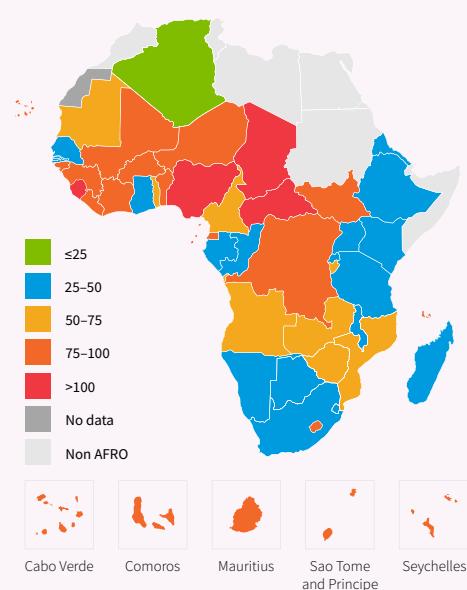


The goal of SDG 3 is to reduce under-five mortality to no more than 25 per 1000 live births in all countries by 2030. All regions of the world have seen improvements in this indicator since 1990. Although Africa has made the most progress, its level of change has been slowing down over the last decade.

In 2019, an estimated 5.2 million under-five children died mostly from preventable or treatable diseases. Most of these deaths occurred in Africa, which still has the highest levels of under-five mortality compared with the other regions. Children aged 1–11 months accounted for 1.5 million of these deaths, while children aged 1–4 years accounted for 1.3 million of the deaths. Newborns aged under 28 days accounted for the remaining 2.4 million deaths. Their mortality levels should be a priority area of focus in the coming years.

**Figure 3.2.7. Trends in under-five mortality rate in the WHO African Region, 1990–2020, UN IGME**

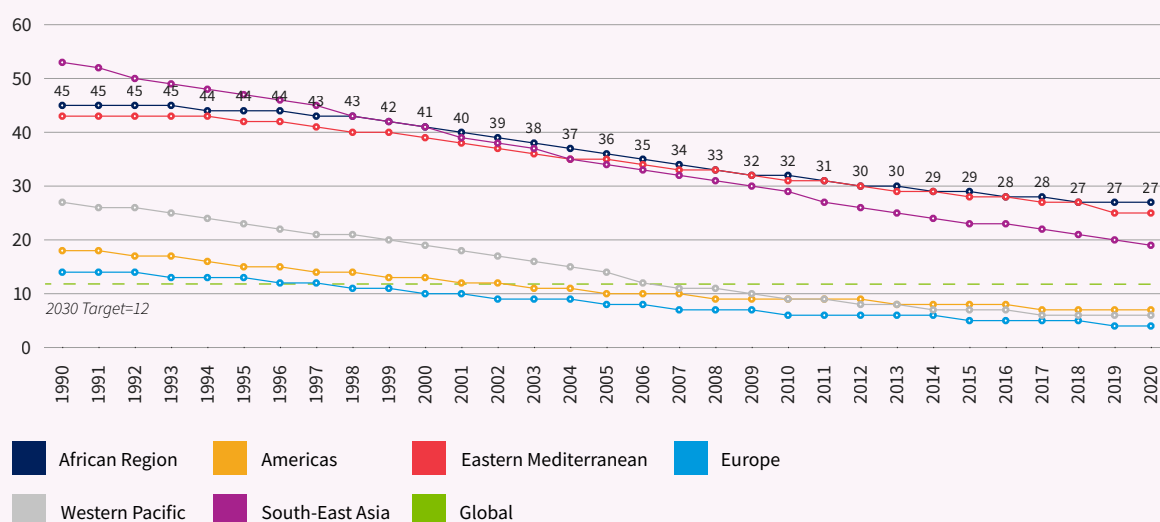
Sub-Saharan Africa remains the region with the highest under-five mortality rate in the world, with one in 13 children dying before their fifth birthday. The Region experienced a sharp decline in under-five mortality between 1990 and 2010, when the levels went from 176 to 99 deaths per 1000 live births, but the pace slowed down from then to 2020.

**Figure 3.2.8. Under-five mortality rate in the WHO African Region, 2020, UN IGME**

In 2019, half of all the deaths among under-five children occurred in just five countries, three of which were in the WHO African Region, that is Nigeria, the Democratic Republic of the Congo and Ethiopia. These are the three most populated countries in Africa. The other two were India, in the South-East Asian Region, and Pakistan, in the Eastern Mediterranean Region. Algeria has almost reached the goal of having an under-five mortality ratio of no more than 25 per 1000 live births, while a few other countries mainly in the East Africa and Southern Africa subregions are not far from this goal. The worst performing countries are mainly in the Central Africa subregion.

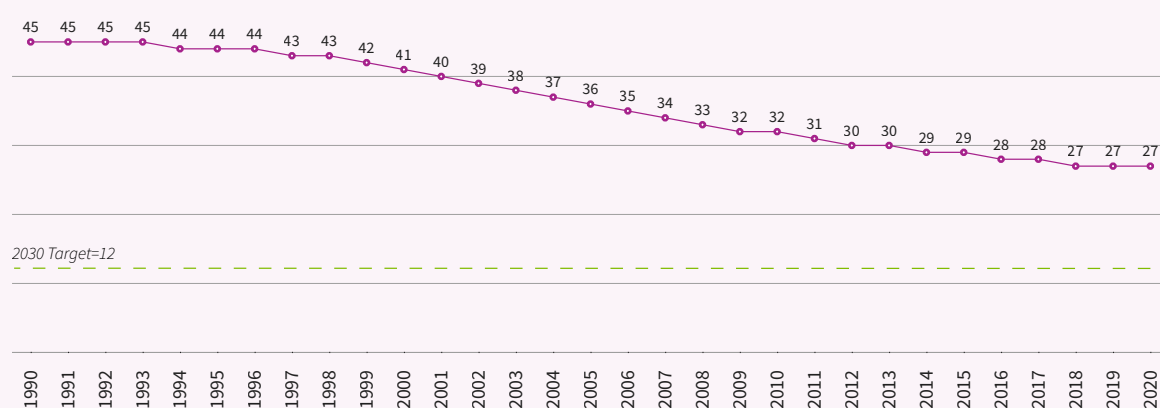
## Neonatal mortality

Figure 3.2.9. Trends in neonatal mortality rate in the WHO regions, 1990–2020, UN IGME

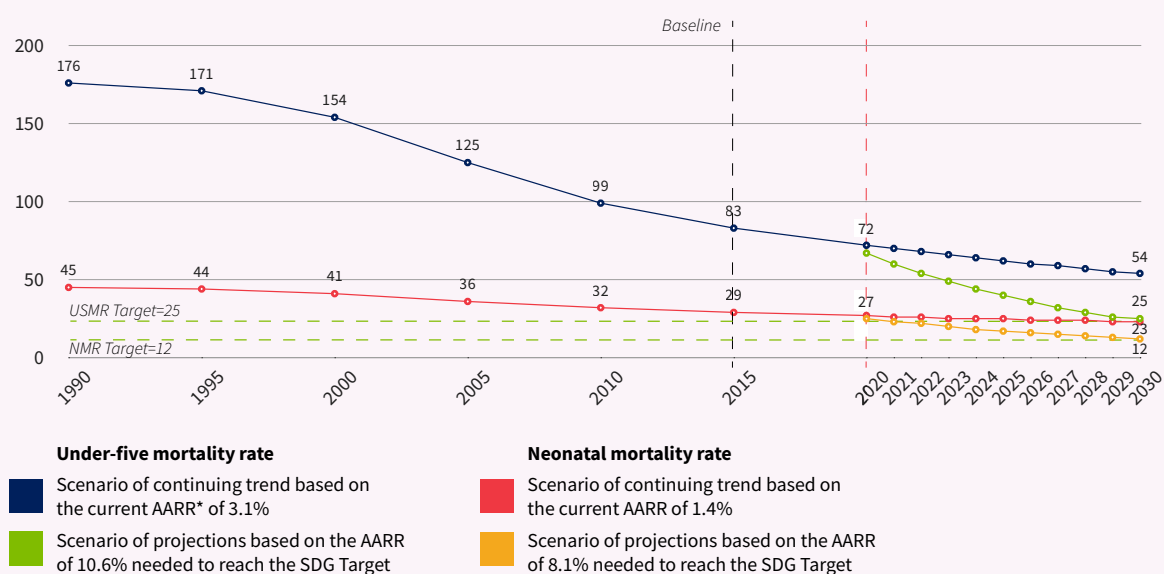


There are 2.4 million neonatal deaths each year worldwide. This is the group with the highest proportion of mortality in under-five children. The SDGs set the target of reducing neonatal mortality to no more than 12 per 1000 live births in all countries by 2030. By 2020, only Europe, the Americas and the Western Pacific regions had achieved this goal. The other regions are still above the global average, with the WHO African Region having the highest neonatal mortality rate at 27 deaths per 1000 live births. It should be noted that neonatal mortality declined by 17% in the WHO African Region between 1990 and 2020, but this was at a lower level than that of the South-East Asian Region, which was 35% over that period. The successful experiences of the best performing regions can be contextualised and replicated in the WHO African Region to catch up.

Figure 3.2.10. Trends in neonatal mortality rate in the WHO African Region, 1990–2020, UN IGME



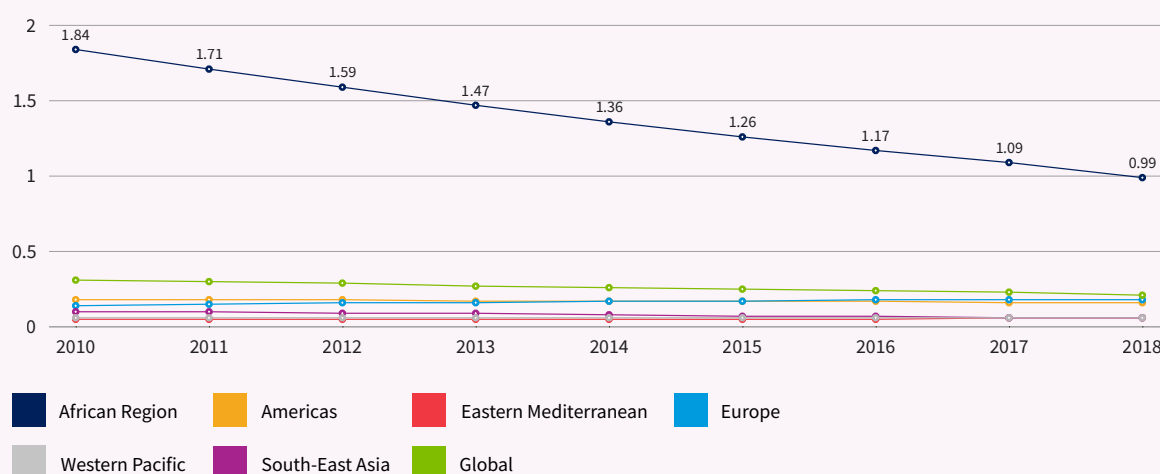
The WHO African Region saw a decline in neonatal mortality of 14% in the 20 years from 1990 to 2010, but the pace seems to have slowed down with the rate declining by only 4% in the decade of 2010–2020. If nothing is done to accelerate the decline of neonatal mortality, the Region will not be able to reach the SDG target by 2030. Efforts should be made more in West and Central Africa.

**Figure 3.2.11. Under-five mortality rate and neonatal mortality rate in the WHO African Region, 1990–2020 with projections to 2030, UN IGME**

Annual average rate of reduction (AARR) projections on what is needed to attain the SDG target show that there is a larger gap in reaching the under-five mortality reduction goal than the neonatal mortality reduction goal. However, given that neonatal mortality accounts for nearly half of all under-five mortality, accelerating the agenda to meet its reduction goal will be a major step toward reducing the under-five mortality rate to less than 25 deaths per 1000 live births.

## New HIV infections

Figure 3.2.12. Trends in new HIV infections (per 1000 uninfected population) in the WHO regions, 2010–2018, WHO

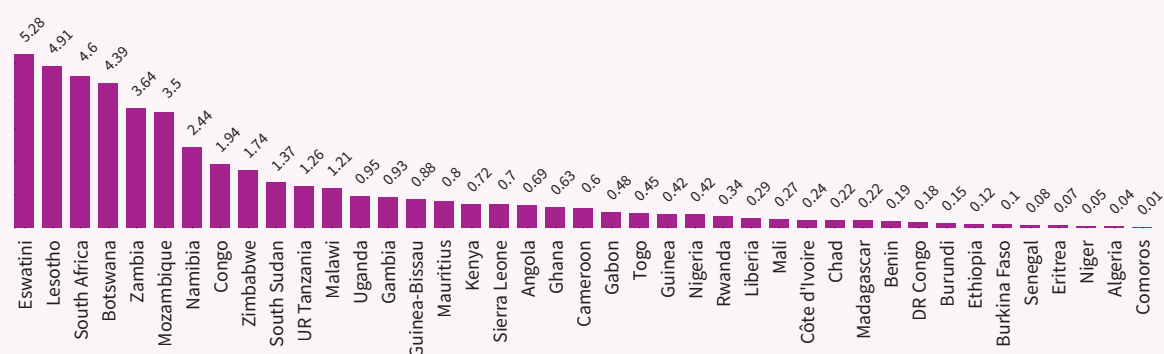


Since 2010, new HIV infections have declined by 31% in Africa and went from 2.1 million to reach 1.5 million in 2020. And since 2010, new HIV infections among children have declined by 53%, going from 320 000 in 2010 to 150 000 in 2020. East Africa and Southern Africa subregions bear a disproportionate burden of HIV infections, accounting for 54% of all the people living with HIV and 43% of all the new HIV infections globally in 2019.<sup>6</sup>

Although the number of new HIV infections in Africa decreased between 2010 and 2018, it is still much higher than in the other WHO regions, whose numbers are lower than the global average.

Sub-Saharan Africa contains two thirds (67%) of the people living with HIV, and 63% of the new infections are among women and girls. According to the Global Fund, based on data from 502 health facilities in 32 countries in Africa and Asia, HIV testing had declined by 41% and referrals for diagnosis and treatment had decreased by 37% during the initial confinements due to COVID-19 in 2020 compared with the same period in 2019.

Figure 3.2.13. HIV infections per 1000 uninfected population in the countries in the WHO African Region, 2010, 2015 and 2020, WHO

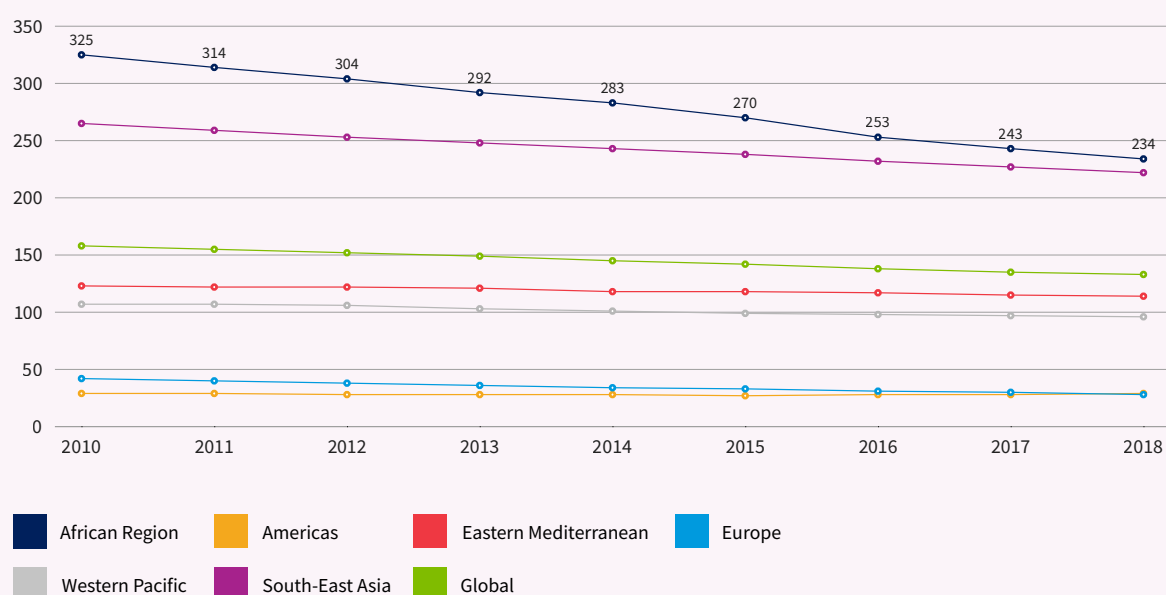


Almost all the countries in the Region had a decline in the new HIV infections. However, the declines in HIV incidence are still slower than expected.

6 Karim, S.S.A and Baxter, C.(2021), HIV incidence trends in Africa: young women at highest risk, The Lancet HIV, 8(7), e389-e390.

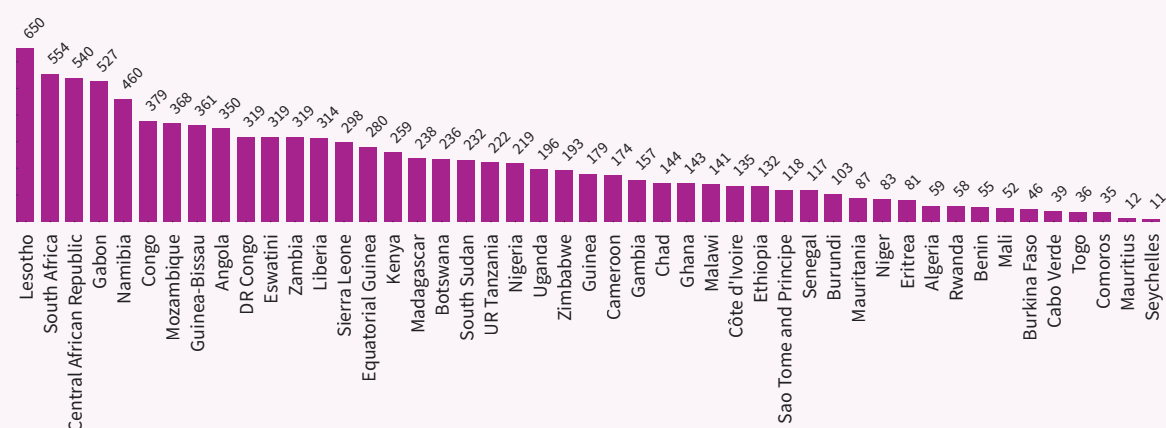
## TB incidence

Figure 3.2.14. Trends in TB incidence (per 100 000 population) in the WHO regions, 2010–2018, WHO



TB is one of the 10 leading causes of death in the world. Although there was a general decrease in TB incidence between 2010 and 2018, the levels in Africa and South-East Asia remain above the global average. These regions have the highest numbers of TB cases.

Figure 3.2.15. TB incidence (per 100 000 population) in the WHO African Region, 2010, 2015 and 2020, WHO

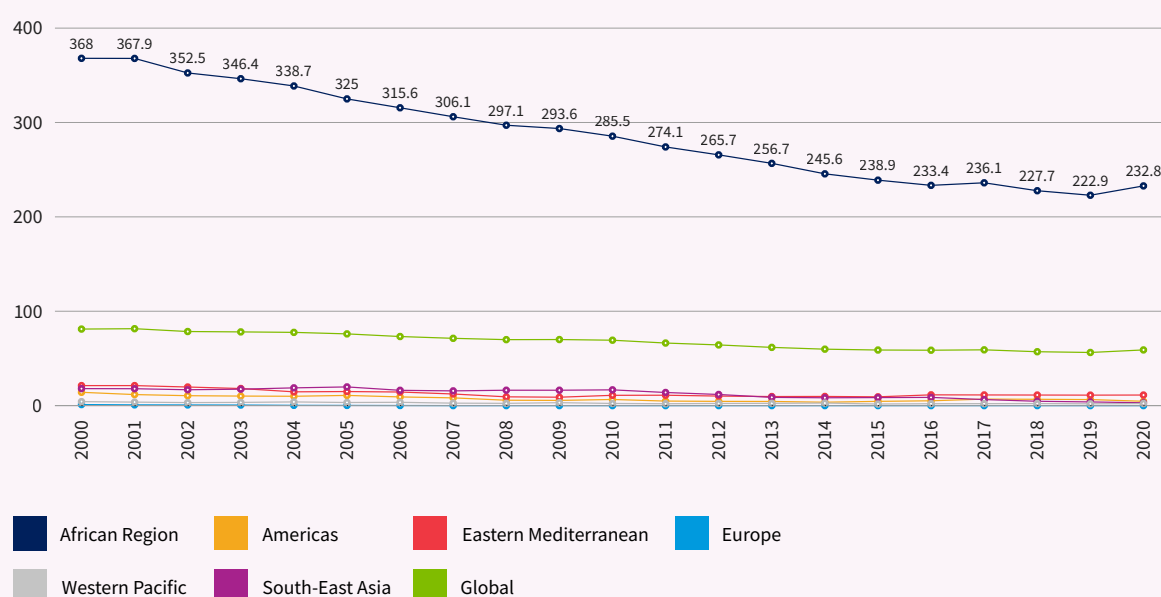


There was a general decrease in TB cases in all African countries from 2010 to 2020.



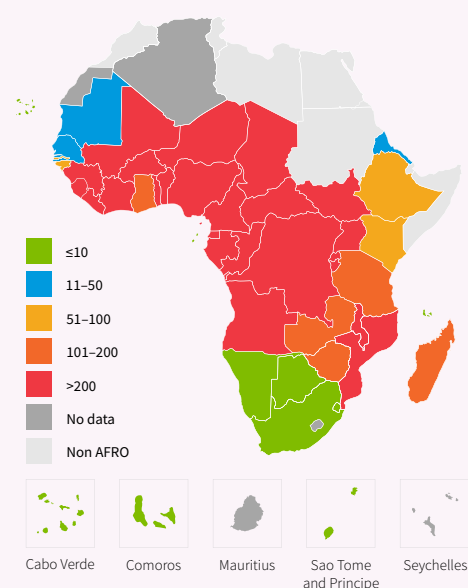
## Malaria incidence

Figure 3.2.16. Trends in malaria incidence (per 1000 population at risk) in the WHO regions, 2000–2020, WHO



Malaria is endemic in Africa more than in any other region, which explains its high incidence in this region. Moreover, malaria numbers in the WHO African Region are still very high compared to the global average. The Region carries a disproportionately high share of the global malaria burden. In 2020, the WHO African Region was home to 95% of malaria cases and 96% of malaria deaths. Under-five children accounted for about 80% of all malaria deaths in the Region.<sup>7</sup> Researchers should strive to find a sustainable solution to reduce this burden.

Figure 3.2.17. Malaria incidence (per 1000 population at risk) in the WHO African Region in 2020, WHO



Malaria elimination has been officially certified by WHO in 10 countries over the past 20 years, and among these only Algeria is in the WHO African Region. According to the World malaria report,<sup>8</sup> the intermediate targets set for 2020 for malaria incidence (reduction by at least 40%) and mortality rates are not being met. The incidence remains at 56 cases of malaria per 1000 people who contract the disease against the target of 35 cases. The gap in this intermediate target is 37%. The same report indicates that four African countries accounted for just over half of all malaria deaths worldwide, that is Nigeria (31.9%), the Democratic Republic of the Congo (13.2%), the United Republic of Tanzania (4.1%) and Mozambique (3.8%). Central and West African subregions are the most affected areas.

<sup>7</sup> WHO (2022), Malaria Key fact. <https://www.who.int/news-room/fact-sheets/detail/malaria> (29/08/2022)

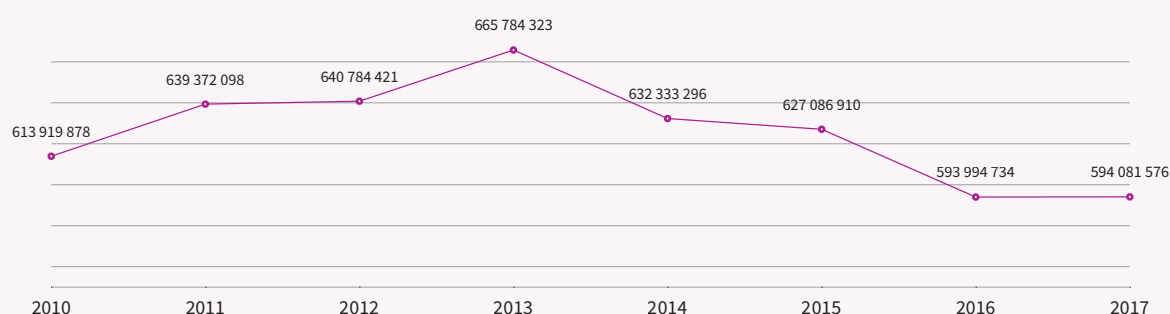
<sup>8</sup> WHO (2021), World malaria report 2021. Geneva. Licence: CC BY-NC-SA 3.0 IGO.

## Hepatitis B incidence

In 2019, 30.4 million individuals, or 10.5% of the people estimated to be living with hepatitis B, were aware of their infection, while 6.6 million of those diagnosed, or 22% of the people estimated to be living with hepatitis B, were on treatment.

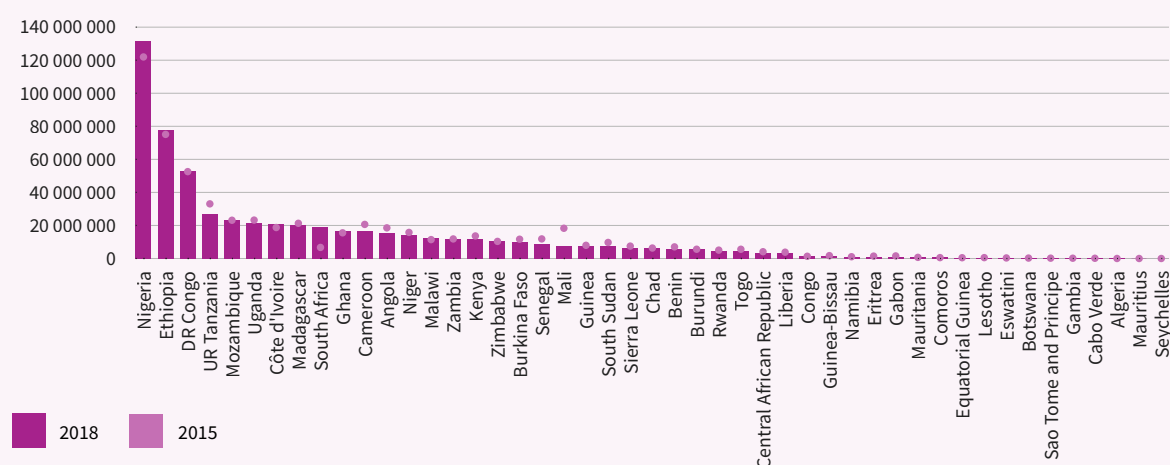
## People requiring interventions against NTDs

Figure 3.2.18. Trends in people requiring interventions against NTDs in the WHO African Region, 2010–2017, UNSTAT



More than 600 million people required NTD interventions in the WHO African Region between 2010 and 2017. In 2020, 732 million people in 62 countries were treated for at least one NTD requiring chemoprevention, representing 42% of the global coverage, compared with 1.1 billion (66%) people in 81 countries in 2019. These reductions reflect the disruption caused by the COVID-19 pandemic in the health services.

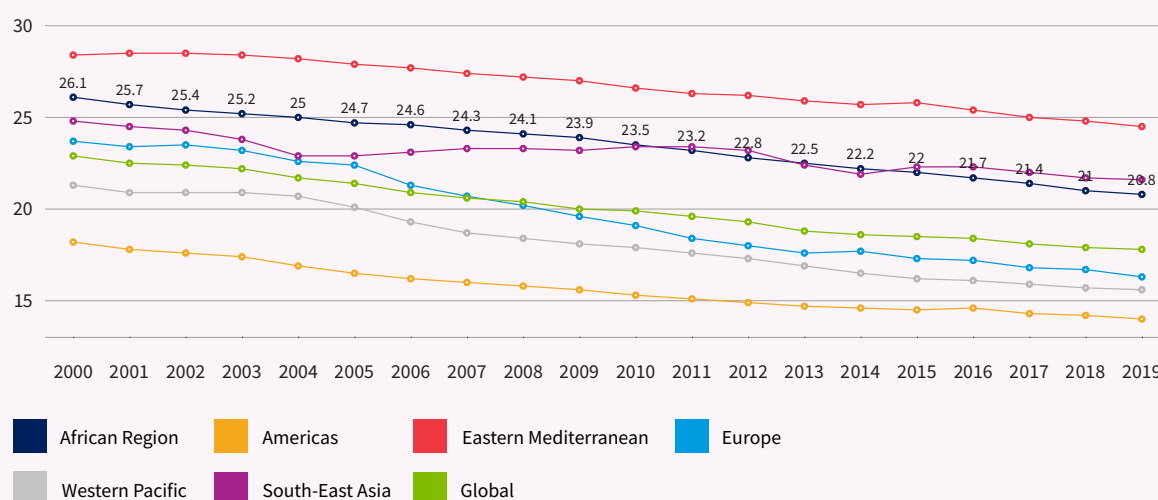
Figure 3.2.19. People requiring interventions against NTDs in the WHO African Region, 2015 and 2018, UNSTAT



Countries such as Nigeria, the Democratic Republic of the Congo, Côte d'Ivoire, Cameroon, Senegal and South Africa saw their numbers of people in need of NTD interventions increase from 2015 to 2018, with some of these coming from almost zero. Nigeria, with over 140 million people affected, is far ahead of all the countries.

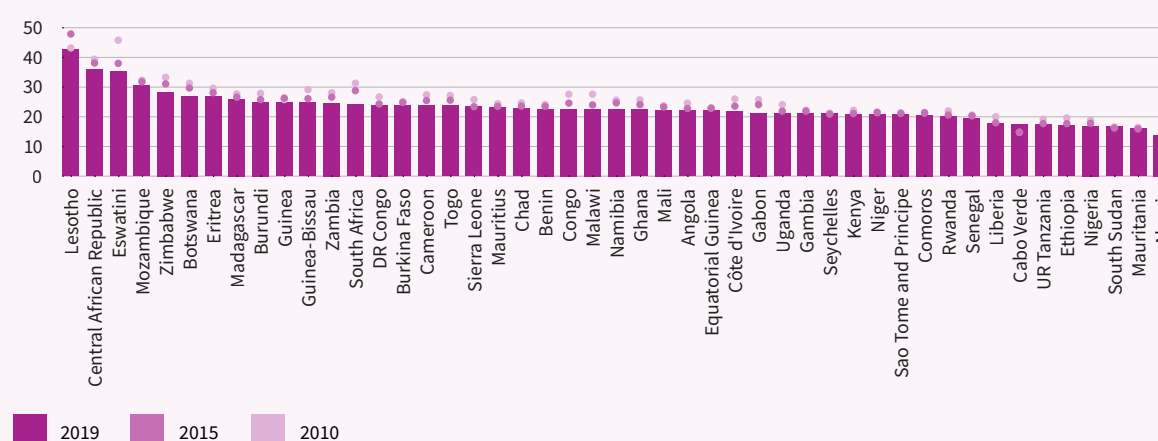
## Mortality attributed to cardiovascular disease, cancer, diabetes or chronic respiratory

Figure 3.2.20. Trends in probability (%) of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease in the WHO regions, 2000–2019, WHO



Each year, 15 million people aged 30–69 years die from NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. More than 85% of these premature deaths occur in low-income and middle-income countries. Among the WHO regions, the Africa Region had the third highest mortality rate from NCDs after the Eastern Mediterranean and the South-East Asia regions in 2019. Despite the decline in their levels in all the regions, NCDs still kill 41 million people each year, accounting for 71% of all deaths worldwide. Cardiovascular disease accounts for the largest number of deaths from NCDs with 17.9 million deaths per year, followed by cancers with 9 million deaths, respiratory diseases with 3.9 million deaths and diabetes with 1.9 million deaths.

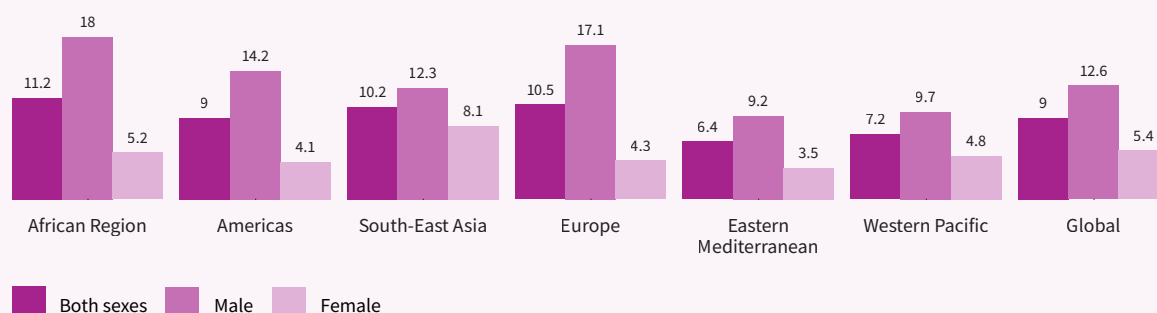
Figure 3.2.21. Trends in probability (%) of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease in the WHO African Region, 2010, 2015 and 2019, WHO



In 2019, more than three quarters of African countries had levels above the regional average for the probability of dying from NCDs between the ages of 30 years and 70 years. Countries in the Southern and West African subregions were the most affected, with a few countries from East Africa.

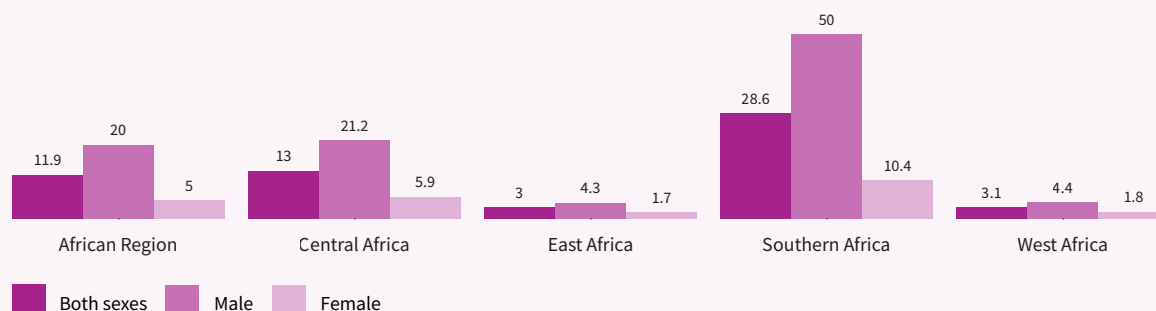
## Suicide mortality

Figure 3.2.22. Age-standardised suicide rate (per 100 000 population) in the WHO regions, 2019, WHO



The suicide rate in the WHO African Region is the highest in the world. It was estimated to be 11.2 per 100 000 population in 2019. Globally, the suicide rate is higher for men (12.6 per 100 000) than for women (5.4 per 100 000). This trend is similar in all countries in the WHO African Region, where the suicide rate is consistently higher for men (18 per 100 000) than for women (5.2 per 100 000). The suicide rate for women in the WHO African Region is slightly lower than the global average.

Figure 3.2.23. Regional disaggregated data for age standardised suicide rates for all ages (per 100 000 population) in the WHO African Region subregions, 2019, WHO



Estimates in 2019 showed that 77% of suicides occurred in low-income and middle-income countries. Except for Seychelles, all countries in the WHO African Region fall into these categories. In addition, 88% of adolescent suicide deaths were from low-income and middle-income countries. In 2020, of the 18 African countries that responded to a regional survey on suicide, none had a national suicide prevention strategy, and only Algeria, Congo and Madagascar were in the process of developing one.<sup>9</sup> Efforts must be seriously accelerated to meet the SDG target of reducing the global suicide mortality rate in Africa by one-third by 2030. The Southern Africa and Central Africa subregions must be the priority targets.

9 Osafo J and al (2020), Suicide Prevention in the WHO African Region. Crisis. 2020 Mar;41(Suppl 1):S53-S71. doi: 10.1027/0227-5910/a000668. PMID: 32208755

## Coverage of treatment interventions for substance-use disorders

According to the 2010 WHO Atlas on drug abuse, an estimated 3.5% to 5.7% of people aged 15–64 years worldwide use illicit drugs and 10% to 15% become addicted to the drugs or to use them in a harmful way. Currently, there is a paucity of epidemiological data on the extent of drug use prevention worldwide and particularly in Africa, an issue that has been reputed to hinder effective global policy responses.<sup>10,11</sup> In Nigeria, 27% of the population with alcohol or drug dependence were in treatment in 2017. However, research evidence indicates that in general, there is no singular approach to the prevention of alcohol and substance abuse in Africa.<sup>12</sup> Moreover, evidence is limited on the value of integrating alcohol use disorder interventions in health Care Settings in sub-Saharan Africa.<sup>13</sup>

## Alcohol consumption among people aged 15 years or older

**Figure 3.2.24. Trends in per capita alcohol consumption for people aged 15 years or older (litres of pure alcohol in a calendar) in the WHO regions, 2000–2019, WHO**



Target 3.5 of the SDGs seeks to strengthen the prevention and treatment of substance abuse, including drug abuse and harmful use of alcohol. In 2019, global alcohol consumption, measured in litres of pure alcohol per person aged 15 or older, was 5.8 litres, a relatively small decrease of 5% from 6.1 litres in 2010. Worldwide alcohol-related mortality is estimated to be 3 million deaths each year, which represents 5.3% of all deaths. Also, 5.1% of the yearly global burden of disease and injury is attributable to alcohol consumption. The WHO African Region is faced with a growing burden of harmful alcohol consumption and its disastrous effects. Over 2000–2019, the premature deaths per 100 000 people were highest in East-

ern Europe (155.8 deaths per 100 000), followed by Central Europe (52.3 deaths per 100 000 people) and then western sub-Saharan Africa (48.7 deaths per 100 000). Cirrhosis-related deaths doubled in sub-Saharan Africa between 1980 and 2010.<sup>14</sup>

10 Degenhardt, L., Stockings, E., Patton, G., Hall, W. D., and Lynskey, M. (2016a). The increasing global health priority of substance use in young people. *The Lancet Psychiatry*, 3(3), 251–264. [https://doi.org/10.1016/S2215-0366\(15\)00508-8](https://doi.org/10.1016/S2215-0366(15)00508-8)

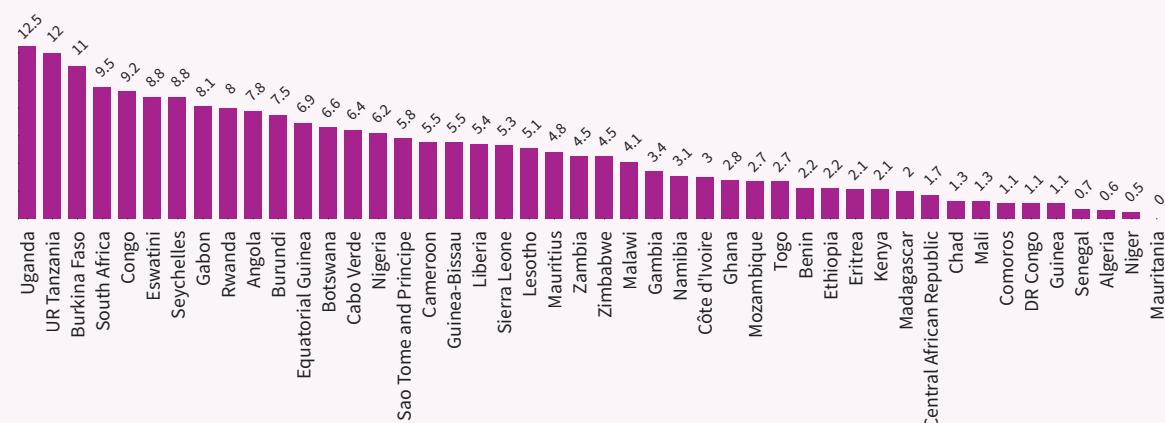
11 WHO. (2013). WHO Global strategy to reduce the harmful use of alcohol. WHO

12 Mupara, L. et al. (2022) Alcohol and substance use prevention in Africa: systematic scoping review, *Journal of Substance Use*, 27:4, 335–351, DOI: 10.1080/14659891.2021.1941356

13 Mushi, D., Francis, J. M., Moshiri, C., Hanlon, C. and Tefera, S. (2022). Integration of Alcohol Use Disorder Interventions in General Health Care Settings in sub-Saharan Africa: A Scoping Review. *Frontiers in psychiatry*, 13.

14 Sohi, I., Franklin, A.; Chrystoja, B.; Wettlaufer, A.; Rehm, J. and Shield, K. (2021). The Global Impact of Alcohol Consumption on Premature Mortality and Health in 2016. *Nutrients* 2021, 13, 3145. <https://doi.org/10.3390/nu13093145>

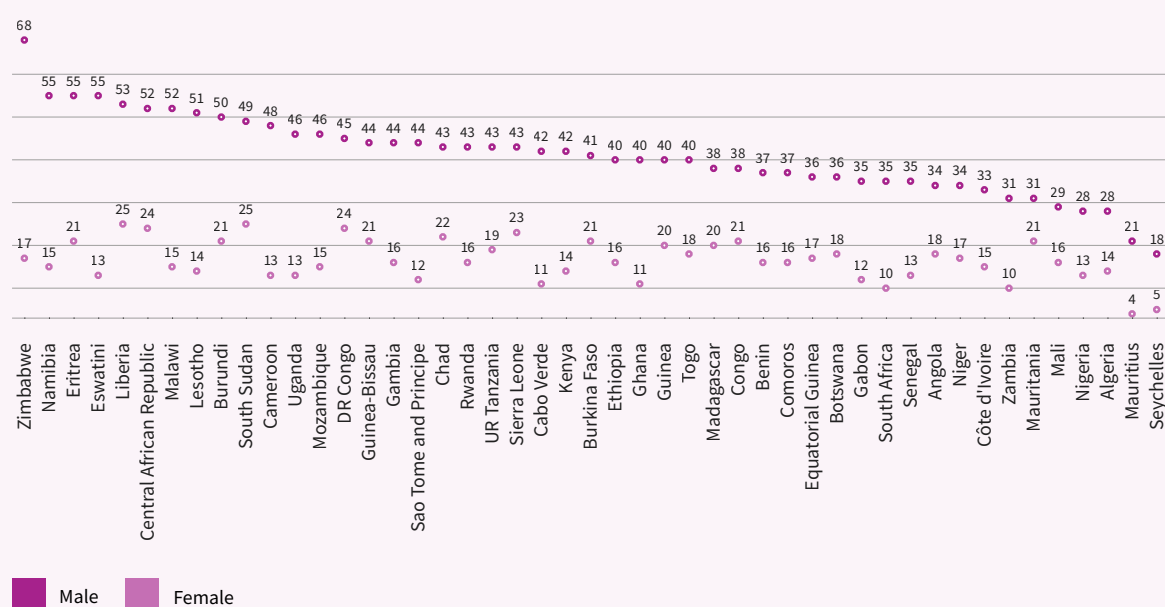
Figure 3.2.25. Alcohol consumption among people aged 15 years or older (litres of pure alcohol in a calendar year per capita) in the WHO African Region, 2019, WHO



Africa's alcohol consumption does not match the levels in the European, Americas or the Western Pacific regions, which were far above the world average consumption in 2019. Uganda had a consumption level of over 20 litres of alcohol per capita in 2019, making it the leading country in the Region that year. Almost half of African countries have levels higher than the regional average. In general, African men consume almost seven times more alcohol than women.

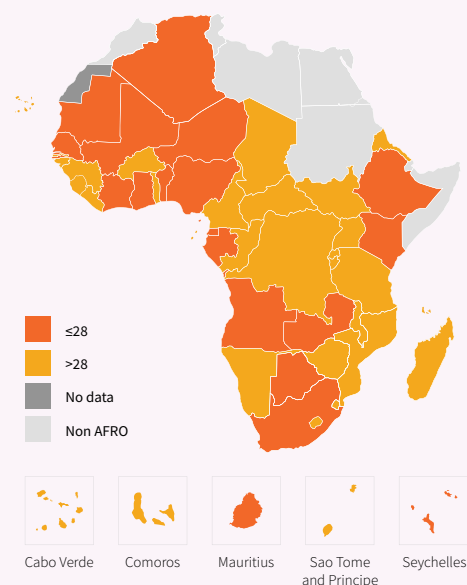
### Deaths due to road traffic injuries

Figure 3.2.26. Road traffic death rate (per 100 000 population) in the WHO African Region, 2019, WHO



Goal 3.6 of the SDGs aims halve the number of road traffic deaths and injuries worldwide by 2020. This target has not been met, as the rate of road traffic deaths has increased worldwide including in the WHO African Region. The target will have to be revised and new strategies put in place considering the context of the road network development.

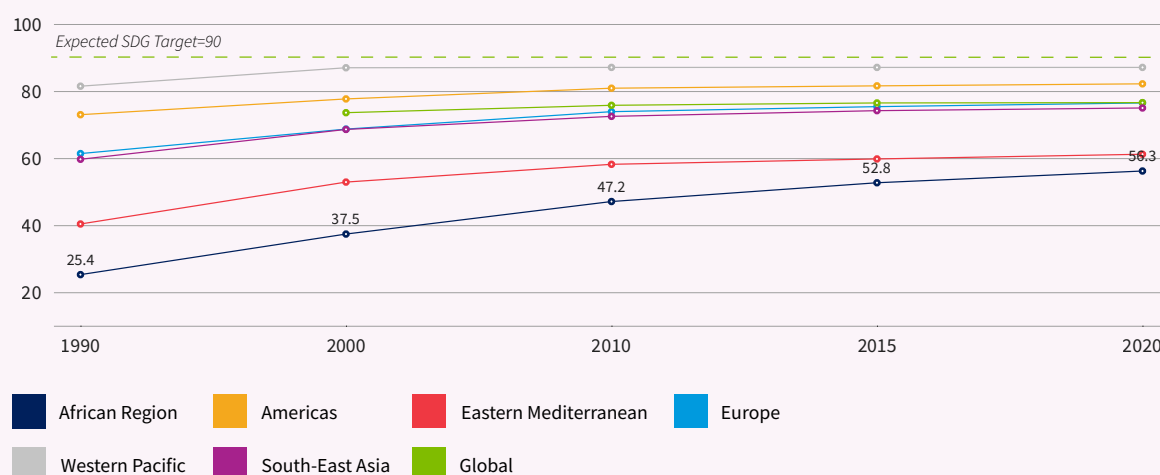
Figure 3.2.27. Road traffic death rate (per 100 000 population) in the WHO African Region, 2019, WHO



A WHO report indicates that Africa has the worst road death rate in the world. In addition, almost twice more men than women die from road accidents in the countries in the Region. The rate of road injury deaths in Africa is 26.6 per 100 000 population, nearly three times that of Europe. The worst figures are observed in Central Africa. The report states that many countries in Africa and South America do not have sufficient speed limit laws. But in Africa, most accidents and higher death rates seem to be associated with vehicle safety. It is estimated that Africa is far from meeting the United Nations' vehicle safety standards.

### Women of reproductive age (15–49 years) whose family planning needs are satisfied with modern methods

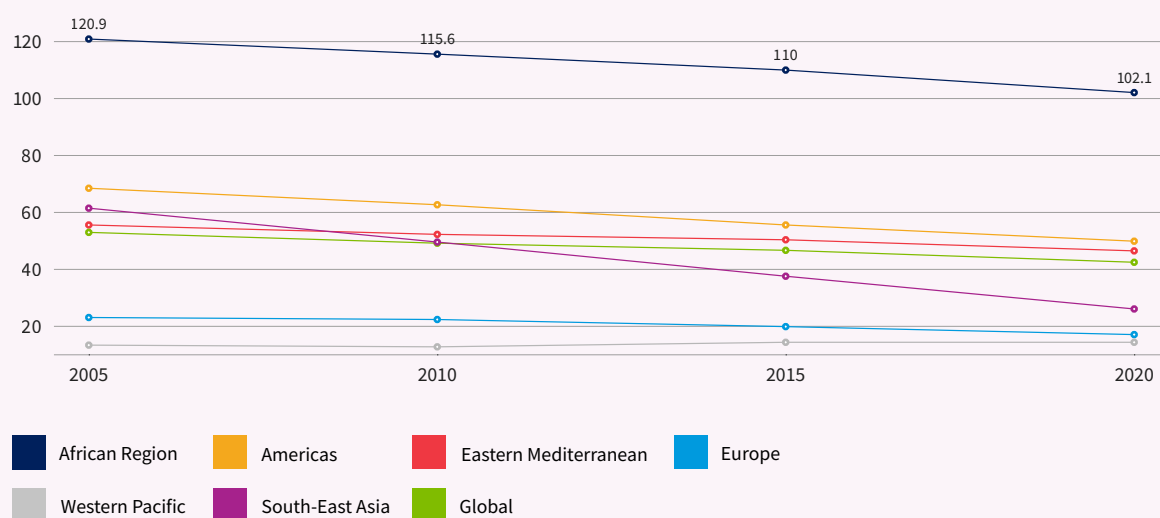
Figure 3.2.28. Women of reproductive age (15–49 years) whose need for family planning is satisfied with modern methods in the WHO regions, 1990–2020, WHO



Globally, the proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern contraceptive methods increased slightly from 74% in 2000 to 77% in 2020. Despite African Region's 30% increase in contraceptive use, it remains the worst performing among the WHO regions. The projected contraceptive use for the Region by 2030 that has a median value of 62% is still below the current global average. Most countries where less than half of the demand for family planning is met by modern methods are low-income and lower-middle-income countries. Rapid progress is possible, as has been seen in countries such as Rwanda, Ethiopia, Malawi and others. The common factors in these success stories include political commitment even outside the health sector, effective partnerships and collaboration, service provision at the community level, active engagement of communities and the establishment of effective strategies and systems for family planning service delivery.

## Adolescent birth rate

Figure 3.2.29. Adolescent birth rate for girls aged 10–14 years (per 1000 girls in that age group) in the WHO regions, 2016, WHO



Africa is the Region with the highest adolescent birth rate in the world for girls aged 10 to 14 years. Its rate of 102 births per 1000 adolescents in this age group is twice as high as the global average. An estimated 21 million girls aged 15–19 years become pregnant each year in developing countries. At least 777 000 girls under the age of 15 and about 12 million girls between the ages of 15 and 19 years give birth each year in these countries. In addition, at least 10 million of the girls aged 15–19 years in developing countries have unwanted pregnancies each year.

The global adolescent fertility rate is estimated to have declined by 11.6% over the past 20 years, but the actual number of children born to teenage mothers has not declined owing to the large population of girls aged 15–19 years. There are, however, great disparities among the regions. The adolescent fertility rate in South-East Asia is 7.1, for example, while in Central Africa it is 129.5.

## Coverage of essential health services

Refer to page N° 18

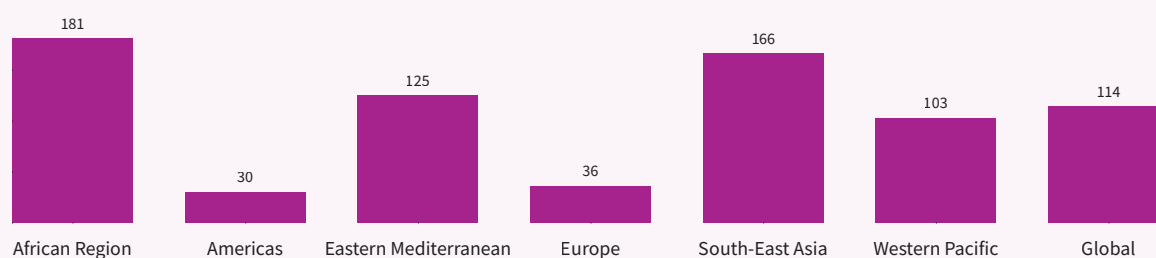
## Proportion of population with large household expenditures on health as a share of total household expenditure or income

Refer to page N° 32



## Mortality attributed to household and ambient air pollution

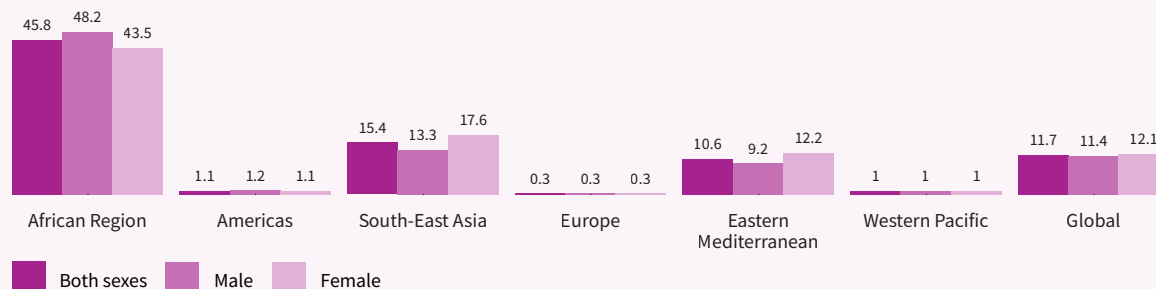
Figure 3.2.30. Ambient and household air pollution attributable death rate (per 100 000 population) in the WHO regions, 2016, WHO



Air pollution is one of the greatest environmental health risks. By reducing air pollution levels, countries can reduce the burden of disease from stroke, heart disease, stroke, lung cancer and respiratory diseases, including asthma. Estimates from 2016 indicated that 4.2 million premature deaths were caused by ambient air pollution in cities and rural areas around the world. In 2019, 99% of the world's population lived in places where the air quality thresholds recommended in the WHO guidelines were not met. The WHO African Region has the highest ambient and household air pollution attributable death rate per 100 000 population.

## Mortality attributed to exposure to unsafe water, sanitation and hygiene (WASH) services

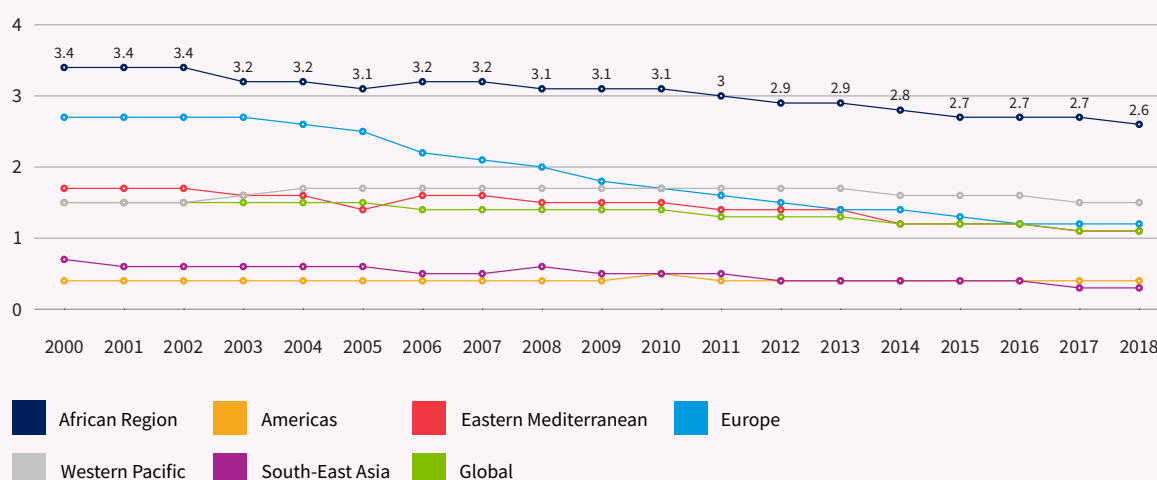
Figure 3.2.31. Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population) in the WHO regions, 2016, WHO



SDG 6 aims to ensure access to sustainably managed water supply and sanitation services for all by 2030. In 2020, about one in four people did not have access to safe, managed drinking-water at home and nearly half of the world's population was without safely managed sanitation services. The COVID-19 pandemic underscored the urgent need to provide everyone the opportunity to get access to running water. At the start of the pandemic, three out of 10 people worldwide had no home facilities for handwashing with soap and water. Progress has been slowest in sub-Saharan Africa. Only 54% of the people in this Region use safe water, a level that drops to 25% in fragile contexts. The mortality rate due to the exposure to unsafe WASH services in the Region of 45.8 deaths per 100 000 population is four times higher than the global average of 11.7.

## Mortality attributed to unintentional poisoning

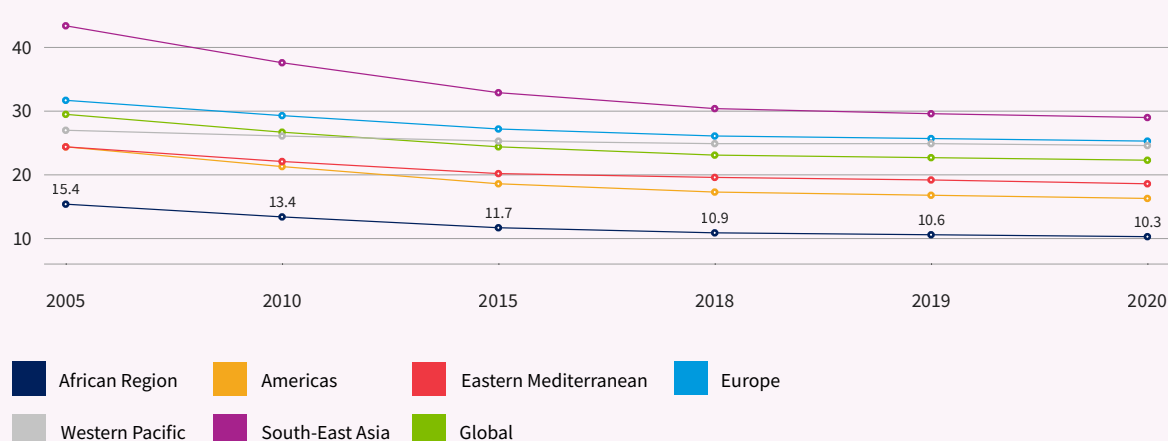
Figure 3.2.32. Mortality attributed to unintentional poisoning (per 100 000 population) in the WHO regions, 2016, WHO



WHO estimates indicate that in 2016, accidental poisonings resulted in 106 683 deaths and the loss of 6.3 million healthy life years (disability-adjusted life years). Despite the slight decline since 2007 in levels of accidental poisoning, the WHO African Region still has the highest death rate from this malady, with Lesotho and Somalia as the leading countries in 2019.<sup>15</sup>

## Prevalence of current tobacco use among persons aged 15 years or older

Figure 3.2.33. Trends in tobacco use prevalence (age-standardised rate) in the WHO regions, 2005–2020, WHO

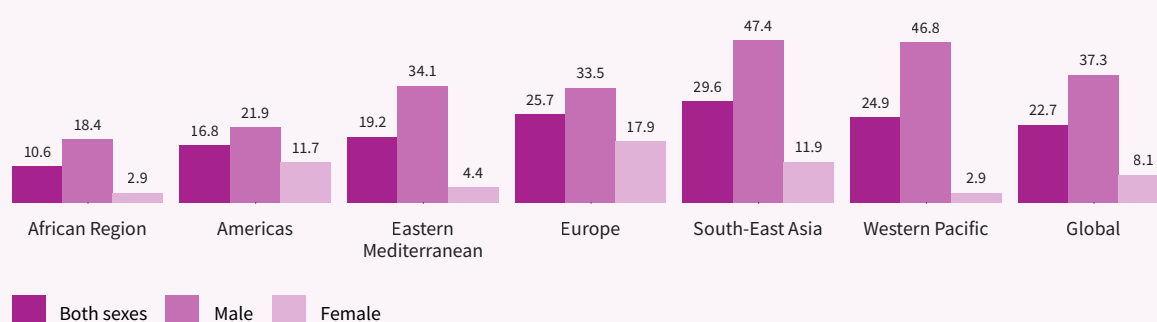


Tobacco use in the WHO African Region, which has the lowest average smoking rate among the regions, decreased from 15% in 2010 to about 10% in 2020. Europe still has the highest rates. Overall, men are far more affected by death from tobacco use than women.

15 World Bank estimates. <https://data.worldbank.org/indicator/SH.STA.POIS.P5?locations=ZG> (28-08-2022)

WHO's fourth global report on the evolution of tobacco consumption shows that there are currently 1.30 billion tobacco users in the world compared with 1.32 billion in 2015. The level is projected to drop to 1.27 billion by 2025. Sixty countries are now on track to meet the global voluntary target of a 30% reduction in tobacco consumption between 2010 and 2025. Nearly 80% of the world's more than 1 billion smokers live in low-income and middle-income countries. In Africa, recent trends show an increase in tobacco use among girls and now 13 million women use tobacco products and 22 000 women die every year from tobacco-related diseases. In fact, the prevalence of tobacco use among girls, which ranges from 4.6% to 36.6%, has become as high as that for boys, which ranges from 7.8% to 36.5%. Tobacco-attributable deaths are projected to double in low-income and middle-income countries, including in Africa, between 2002 and 2030.

Figure 3.2.34. Estimate of current tobacco use prevalence (age-standardised rate) in the WHO regions in 2019, WHO



The WHO African Region has the lowest prevalence of smoking among the WHO regions, with a significant difference of 15% between male and female levels.

### Target population covered by all vaccines included in the national programmes

The global levels of vaccination coverage declined from 86% in 2019 to 83% in 2020. An estimated 22.7 million children did not receive basic vaccines in 2020, 3.7 million more than in 2019. In 2020, the number of completely unvaccinated children increased by 3.4 million. The COVID-19 pandemic and the disruption it caused strained health systems, and as a result, 23 million children did not receive the vaccines they should have received in 2020, 3.7 million more than in 2019 and the highest number since 2009.

Inequalities in access to vaccines and the disruptions caused by the COVID-19 pandemic, including its huge strain on health system capacity, have hampered routine immunisation services in many African countries and forced the suspension of vaccination campaigns. The result is that Africa has been dealing with a resurgence of vaccine-preventable disease outbreaks since 2021. Almost 17 500 cases of measles were recorded in the WHO African Region between January and March 2022, marking a 400% increase compared with the same period in 2021. A total of 20 African countries reported measles outbreaks in the first quarter of 2022, eight more than in the first three months of 2021.

Outbreaks of other vaccine-preventable diseases have also become more common. Twenty-four countries confirmed outbreaks of a variant of polio in 2021, which was four more countries than in 2020. In 2021, 13 countries in the WHO African Region reported new yellow fever outbreaks, compared with nine in 2020 and three in 2019.

The June 2022 data from 31 countries on COVID-19 vaccination of high-risk groups show a significant improvement from the levels at the end of December 2021, when only 33% of health care workers and 10% of older adults were fully vaccinated. WHO recommends 90% vaccination coverage for health care workers and 80% coverage for people over 60 years of age. Only Mauritius and Seychelles have reached the global target of having 70% of their total population fully immunised.

## Total net official development assistance (ODA) to medical research and basic health sectors

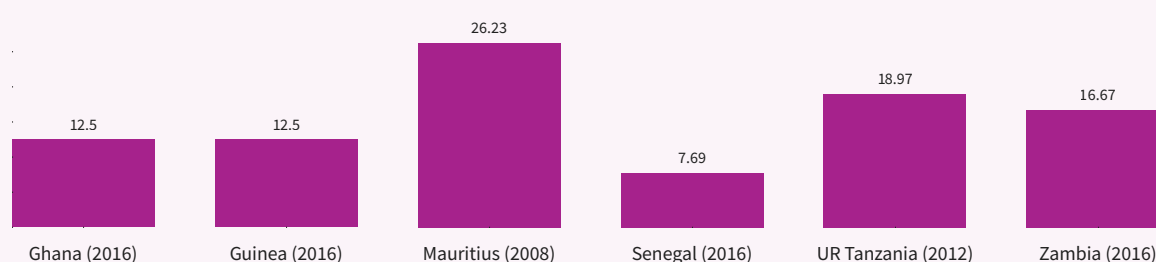
Figure 3.2.35. Total ODA to medical research and basic health sectors per capita (US\$) in the WHO African Region, 2016 and 2020, WHO



Information on health ODA per capita from 137 recipient countries shows that, as in previous years, African Region's weighted average of health ODA per capita was the highest among the regions. Sao Tome and Principe, a lower-middle-income country, received the highest ODA for health per capita (US\$ 19.08) than other countries in the Region, which was about four times the weighted average level for the Region and about 11 times the average for its income group. The weighted average ODA for health for the WHO African Region was US\$ 4.65 per capita. Guinea-Bissau received almost three times more ODA for health per capita (US\$ 15.44) than the weighted average level for its income group (US\$ 5.50).

## Health facilities with a core set of relevant essential medicines that are available and affordable on a sustainable basis

Figure 3.2.36. Health facilities with a core set of relevant essential medicines that are available and affordable on a sustainable basis among countries with data (n=6) (most recent data for 2008–2016), WHO

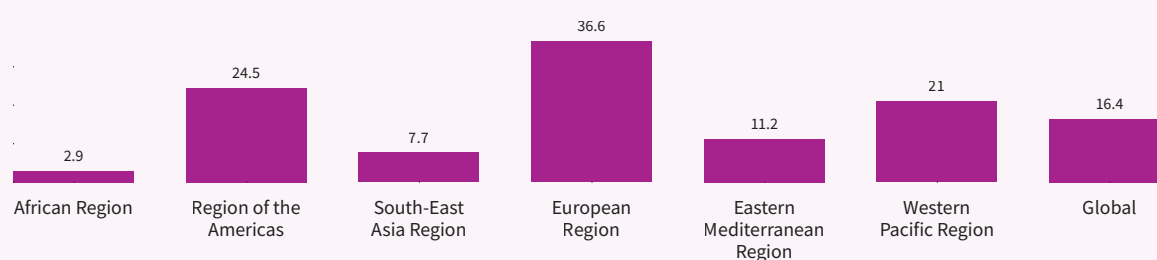


Objective 3.b of the SDGs addresses the inequalities in the development of national health systems and in access to the financial resources needed to acquire medicines. Despite the absence of global and reliable statistical data, WHO estimates that at least a third of the world's population does not have regular access to necessary medicines. The level is 50% in Africa. Access to medicines is also characterised by widespread inequalities and discrimination.

WHO surveys in more than 50 low-income and middle-income countries confirm the low availability of essential (generic) medicines, which are available in only 38% of public facilities and 63% of private facilities, where prices are almost three times higher than in public facilities.

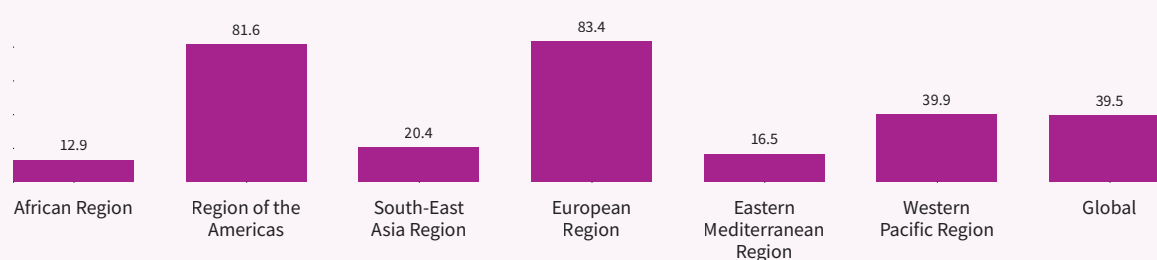
## Health worker density and distribution

Figure 3.2.37. Density of medical doctors (per 10 000 population) in the WHO regions, 2012–2020, WHO



Statistics show that the European Region has the highest density of physicians, with about 36 physicians per 10 000 population, while the WHO African Region has only about four physicians per 10 000 population, four times lower than the world average. A severe shortage and maldistribution of health workers in Africa are compromising access to and delivery of health services, even though countries in the Region have made efforts to enhance staffing levels. A WHO study in 47 African countries found an uneven distribution of health workers within the WHO African Region, with 85% of them in the public sector. The regional density of physicians, nurses and midwives per 1000 population was 1.55, and only four countries had densities of more than 4.45. The Region has a ratio of 1.55 health workers per 1000 people and approximately 300 000 doctors and 1.2 million nurses.<sup>16</sup>

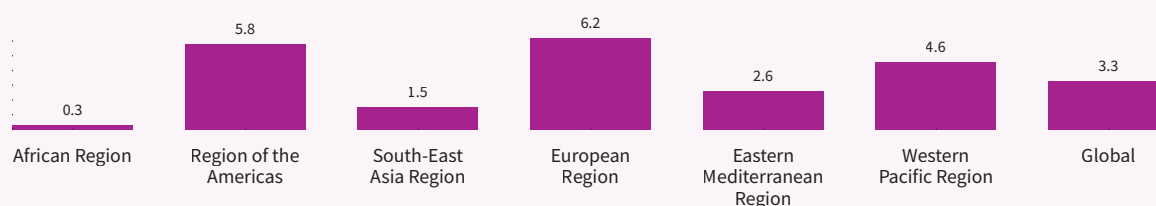
Figure 3.2.38. Density of nursing and midwifery personnel (per 10 000 population) in the WHO regions, 2012–2020, WHO



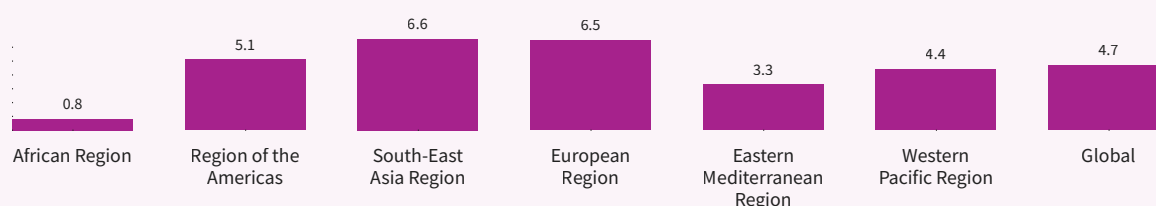
There were approximately 3.6 million health workers in the WHO African Region in 2018, of whom 37% (about 1.3 million) were nurses and midwives. This is lower than the WHO threshold density of 4.45 health workers per 1000 people needed to deliver essential health services and achieve UHC. Only Mauritius, Namibia, Seychelles and South Africa have surpassed the WHO health worker-to-population ratio.

Data for 2012–2020 show that the European Region had the highest density of nurses and midwives in the world, which was twice the world average and eight times that of the WHO African Region.

16 Ahmat A., Okoroafor S.C., Kazanga I, et al. (2022), The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health* 2022;7:e008317

**Figure 3.2.39. Density of dentists (per 10 000 population) in the WHO regions, 2012–2020, WHO**

The density of dentists per 100 000 population in the WHO African Region was about 10 times lower than the global average between 2012 and 2020. According to WHO, the dentist-to-population ratio is about 1:150 000 in Africa, compared with about 1:2000 in high income countries.<sup>17</sup> In 2017, Nigeria had only 4125 registered dentists, or about one dentist per 40 000 people, compared with 197 734 dentists in India and 43 026 in France. Dentists constitute 14% of the 3.6 million health workers in the Region. Their low level is partly attributed to insufficiency in training and education in oral health care for health workers, who are the people responsible for educating the public on preventive health care. There are serious challenges in the pursuit of oral health in Africa.

**Figure 3.2.40. Density of pharmacists (per 10 000 population) in the WHO regions, 2012–2020, WHO**

The WHO African Region has the lowest density of pharmacists in the world. Pharmacist density correlates with the gross national income (GNI) and health expenditure. In general, African nations have significantly fewer pharmacists per capita than other regions.<sup>18</sup>

### International Health Regulations (2005) capacity and health emergency preparedness

Refer to page N° 35

### Bloodstream infections due to selected antimicrobial-resistant organisms

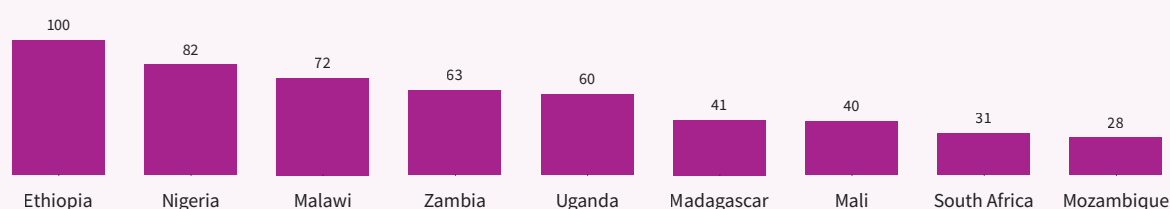
Among the people with suspected bloodstream infections, the proportion of those with bacteria resistant to at least one of the most common antibiotics varies greatly from country to country, ranging from 0% to 82%.

WHO monitors the use of approximately 34.8 billion doses of antibiotics each year, whose global consumption increased by 65% between 2000 and 2015. In Africa, in particular, antibiotic consumption is poorly controlled and resistance can lead to treatment impasses potentially responsible for excess mortality. More than 1.2 million people died in 2019 globally from infections caused by antibiotic-resistant bacteria. Antimicrobial resistance deaths were estimated to be highest in sub-Saharan Africa and South Asia with 24 deaths per 100 000 population, and lowest in high-income countries, with 13 deaths per 100 000 population.

17 Bhayat, A., and Chikte, U. (2018). The changing demographic profile of dentists and dental specialists in South Africa: 2002–2015. *International dental journal*, 68(2), 91–96.

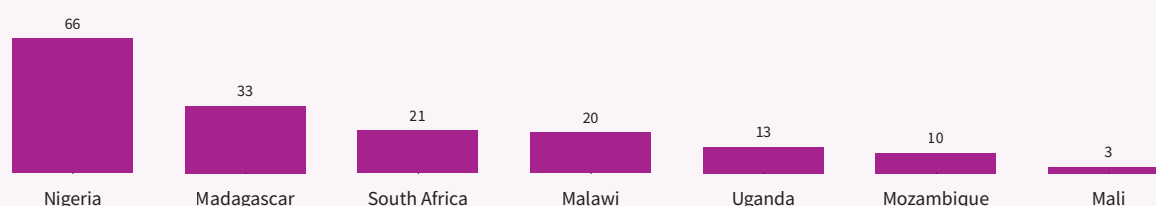
18 Bates, I., John, C., Bruno, A. et al. (2016). An analysis of the global pharmacy workforce capacity. *Hum Resour Health* 14, 61. <https://doi.org/10.1186/s12960-016-0158-z>.

**Figure 3.2.41. Percentage of bloodstream infections due to *Escherichia coli* resistant to 3rd-generation cephalosporin (e.g. ESBL- *E. coli*) among patients seeking care whose blood was tested (%) in countries with data (n=10), (most recent of 2017–2019 data), WHO**



The prevalence of bacterial bloodstream infections in sub-Saharan Africa is high, and, although the mortality burden is unknown, antimicrobial resistance likely increases mortality from these infections. Third-generation cephalosporin-resistant Enterobacteriaceae are of particular concern, given the widespread reliance on ceftriaxone for management of sepsis in Africa.<sup>19</sup> The lack of clinical outcome data from drug-resistant infections in Africa represents a major knowledge gap. WHO encourages all countries to set up good surveillance systems to detect drug resistance and feed data into the global system. Surveillance is still underdeveloped in Africa, but it is critical that it be strengthened as treatment resistance is one of the major threats to global public health.

**Figure 3.2.42. Bloodstream infections due to methicillin-resistant *Staphylococcus aureus* (MRSA) among patients seeking care and whose blood was tested (%) in countries with data (n=7) most recent of 2017–2019 data), WHO**



MRSA prevalence is poorly reported in many African nations. MRSA is documented to have exceeded 20% in all WHO regions and to be more than 80% in some regions.<sup>20</sup> Antimicrobial susceptibility data from 187 *Staphylococcus aureus* isolates revealed an overall MRSA prevalence of 53.4%. Intra-country and intercountry MRSA prevalence in Africa has been reported to be heterogeneous.<sup>21</sup> National data from nine African countries show MRSA rates to be approximately between 12% and 80%, with some countries exceeding 82%. For example, in East Africa, high MRSA prevalence rates of between 31.5 and 42% have been recorded among patients and healthcare workers in Uganda, between 31% and 82% in Rwanda and between 10% and 50% in the United Republic of Tanzania.<sup>22</sup>

19 Lester R. et al. (2020), Prevalence and outcome of bloodstream infections due to third-generation cephalosporin-resistant Enterobacteriaceae in sub-Saharan Africa: a systematic review. *J Antimicrob Chemother.* Mar 1;75(3):492–507. doi: 10.1093/jac/dkz464. PMID: 31742611; PMCID: PMC7021093.

20 WHO (2014). Antimicrobial resistance: global report on surveillance. Geneva

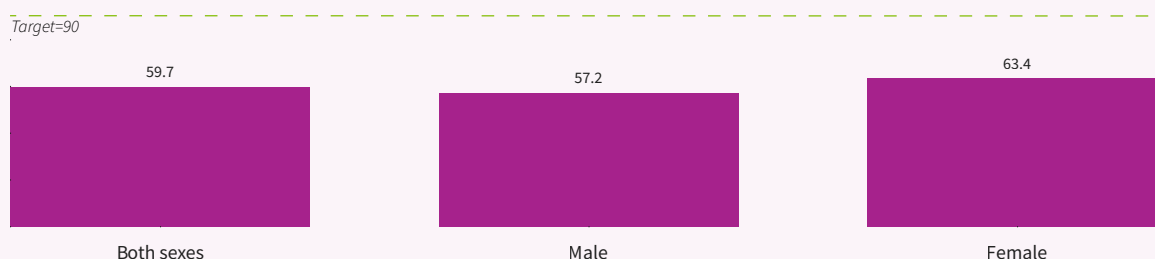
21 Garoy EY, Gebreab YB, Achila OO, Tekeste DG, Kesete R, Ghirmay R, et al. (2019), Methicillin-resistant *Staphylococcus aureus* (MRSA): prevalence and antimicrobial sensitivity pattern among patients—a multicenter study in Asmara, Eritrea. *Can J Infect Dis Med Microbiol*, 2019:1–9 [cited 2019 Jun 5]. Available from: <https://www.hindawi.com/journals/cjdm/2019/8321834/>.

22 Wangai, F.K., Masika, M.M., Maritim, M.C. et al. (2019), Methicillin-resistant *Staphylococcus aureus* (MRSA) in East Africa: red alert or red herring? *BMC Infect Dis* 19, 596. <https://doi.org/10.1186/s12879-019-4245-3>

### 3.3 SDG 4 – Quality education

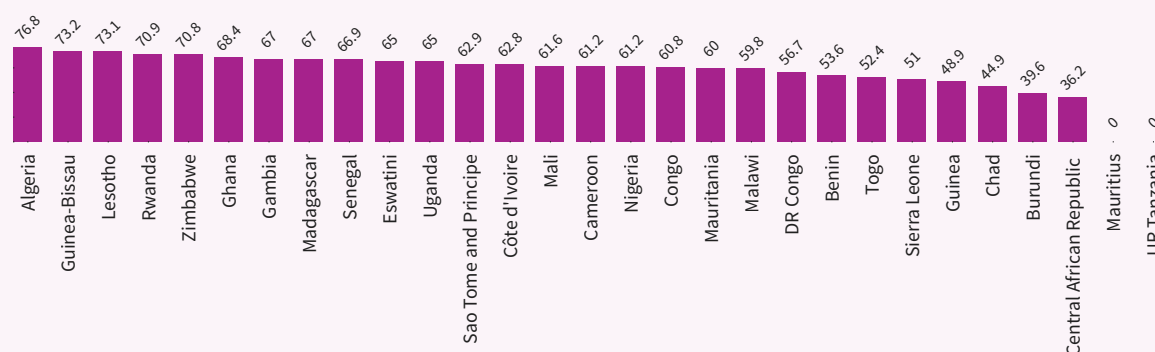
#### Under-five children who are developmentally on track

**Figure 3.3.1. Under-five children who are developmentally on track in health, learning and psychosocial well-being in the WHO African Region, 2020, UNICEF**



According to WHO, the proportion of children who are developmentally on track is measured by the percentage of children aged 36–59 months who are developmentally on track in at least three of the four domains of literacy-numeracy, physical development, social-emotional development, and learning.<sup>23</sup> The development status of children varies widely among countries. In 2016, The Lancet estimated that 43% of under-five children in low-income and middle-income countries were at risk of not developing to their full potential.<sup>24</sup> Measuring and monitoring early child development (ECD) is critical in understanding what young children need and identifying those at risk of being left behind and not achieving their full developmental potential. In the WHO African Region as a whole, boys (57%) are lagging behind girls (62%). The numbers of countries with national multisectoral ECD policies increased from seven in 2000 to 68 in 2014, 45% of which were low-income and middle-income countries.

**Figure 3.3.2. Under-five children who are developmentally on track in health, learning and psychosocial well-being in the WHO African Region, 2020, UNICEF 2022**



Algeria has the most children whose development is on track (77%) and the Central African Republic the least (36%). In 2020, about 85% of the 27 countries in the WHO African Region where data were available had more than 50% of their under-five children as developmentally on track in health, learning and psychosocial well-being.

23 WHO (2022), The Global Health Observatory: Explore a world of health data. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4748> (29/08/2022)

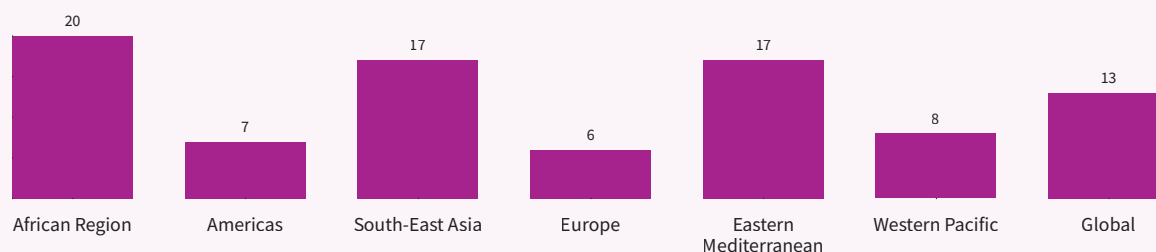
24 The Lancet Series (2016), Advancing Early Childhood Development: from Science to Scale. <https://www.thelancet.com/series/ECD2016> (30–08–2022)



### 3.4 SDG 5 – Gender equality

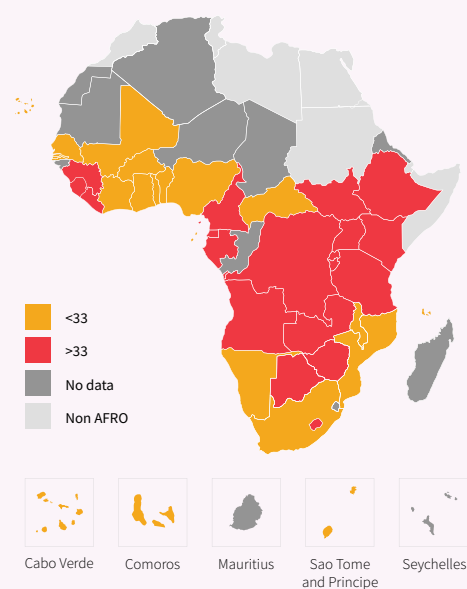
#### Intimate partner violence

**Figure 3.4.1. Women and girls aged 15–49 years subjected to physical or sexual violence by an intimate partner in the previous 12 months in the WHO regions, 2018, WHO**



A WHO study<sup>25</sup> found that among the women in the WHO regions who had ever had an intimate partner, 13% to 61% had experienced physical violence by a partner, including 4% to 49% who reported severe physical violence, 6% to 59% who had experienced sexual violence, and 20% to 75% who had experienced one or more acts of psychological violence. In the African and South-East Asia regions, 33% of the women had experienced some form of physical or sexual violence from their intimate partner.

**Figure 3.4.2. Women and girls aged 15–49 years subjected to physical or sexual violence by an intimate partner in the previous 12 months in the WHO African Region, 2018, WHO**



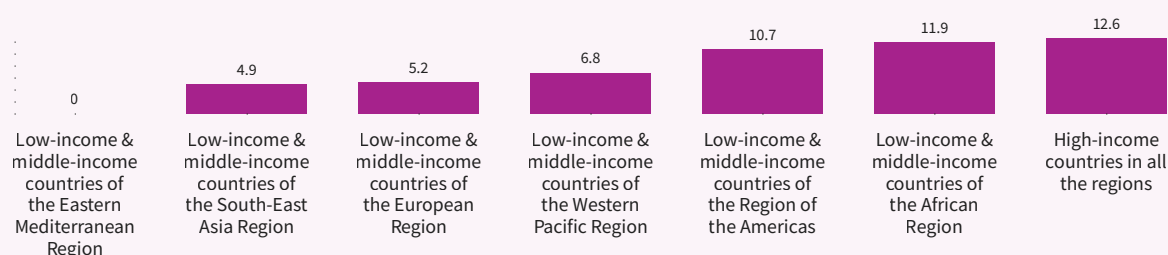
In more than half of the 19 countries in the WHO African Region where data were available, more than 33% of the women who have been in a relationship had experienced some form of physical or sexual violence from their intimate partner.

Media-based strategies to change social norms and bring about communitywide change need to be carried out in the African countries with high levels of violence against women following the Soul City model from South Africa. The interventions should include involving men and boys, changing legislation and working to empower women.

<sup>25</sup> WHO Multi-country Study on Women's Health and Domestic Violence against Women, which collected data on IPV from over 24 000 women in 10 countries including United Republic of Tanzania in Africa, representing diverse cultural, geographical and urban/rural settings.

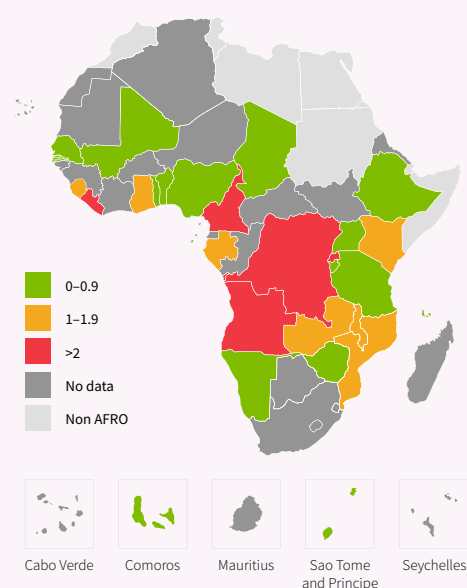
## Non-partner sexual violence prevalence

Figure 3.4.3. Non-partner sexual violence prevalence among WHO countries in different income groups, 2015, WHO



According to WHO and its partners,<sup>26</sup> around 7% of women worldwide report having been sexually assaulted by someone other than their husband or partner. The highest prevalence of such violence in 2015 was in the low-income and middle-income countries in Africa (12.6%). In Africa, the risk of a woman being sexually assaulted by a non-partner is almost twice the global average. Given the high levels of stigma and underreporting associated with sexual abuse, the true levels are likely to be much higher. Taking strong and decisive action to address this violence is a positive direction, but only if women themselves are involved in the process.

Figure 3.4.4. Prevalence of non-partner sexual violence in the WHO African Region, 2018, WHO

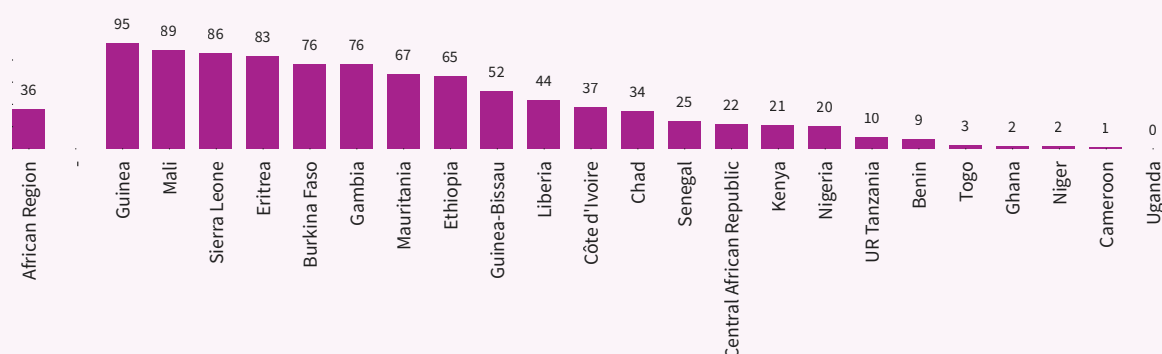


The Democratic Republic of the Congo, Liberia, Cameroon, Rwanda and Angola have the highest risk of non-partner sexual violence against women with a prevalence above 2%. In the Central Africa subregion, a woman is more than twice at risk of being a victim of non-partner sexual violence than in West Africa.

26 Singh R et al, (2022), Non-partner sexual violence victimisation among female medical undergraduates, In Journal of Family Medicine and Primary Care, March 2022

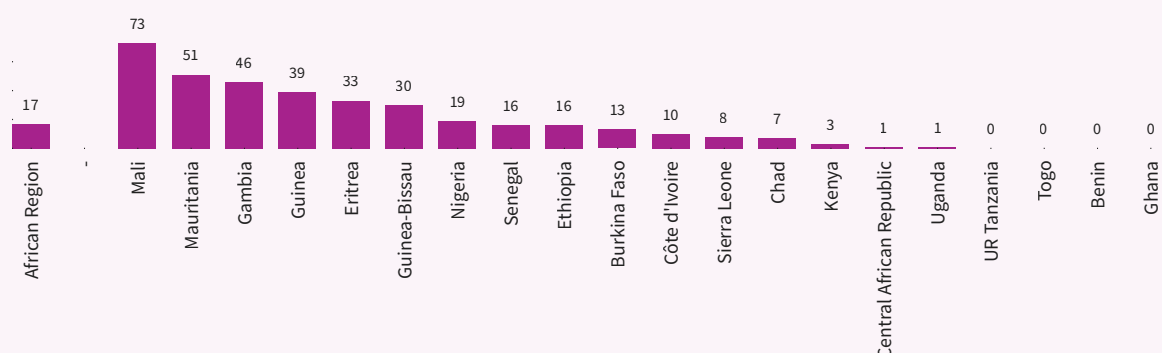
## Female genital mutilation or cutting

Figure 3.4.5. Prevalence of female genital mutilation or cutting among women aged 15–49 years (%) in countries with data (n=24) in the WHO African Region, 2020, UNICEF



Rates for female genital mutilation among girls and women aged 15–49 years in the 31 countries where the practice is concentrated decreased from one in two girls in 2000 to one in three girls in 2017. In Africa, 36% of women aged 15–49 years are victims of female genital mutilation or cutting. At least 200 million women and girls have undergone female genital mutilation. Half of these are in countries in West Africa. There are still countries where female genital mutilation is almost universal and where more than nine out of 10 girls and women aged 15–49 years have undergone female genital mutilation.<sup>27</sup>

Figure 3.4.6. Prevalence of female genital mutilation or cutting among girls aged 0–14 years in countries with data in the WHO African Region, 2020, UNICEF



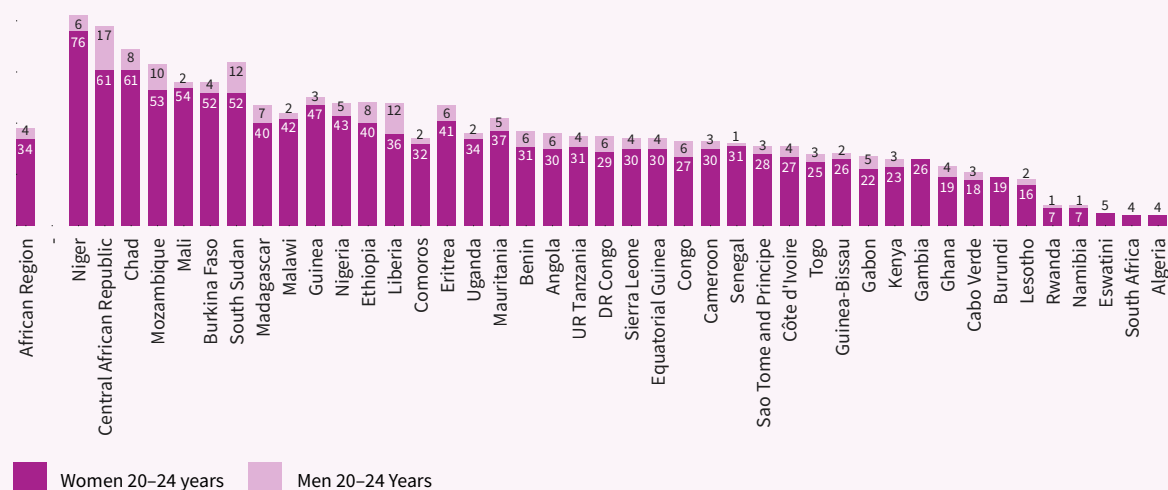
In Africa, 17% of girls aged 0–14 years are victims of female of genital mutilation or cutting. In some countries where the prevalence is very high such as Mali, Guinea, Gambia, Mauritania, Eritrea, Sierra Leone, Burkina Faso, Guinea Bissau and Ethiopia, this practice appears to be a sociocultural and traditional habit. In 2020 and 2022, the COVID-19 pandemic compounded the vulnerability of girls and women, especially those at the risk of female of genital mutilation or cutting. The pandemic has further entrenched gender inequalities, economic disparities and health risks faced by women and girls and disrupted prevention programmes for the elimination of female of genital mutilation and other harmful practices. The United Nations Population Fund (UNFPA) estimates that there may be as many as 2 million additional cases of female of genital mutilation by 2030 that otherwise would have been averted.<sup>28</sup>

27 United Nations (2020), Achieve gender equality and empower all women and girls

28 UNICEF (2021), Annual report to the US department of States – Eliminating female genital mutilation

## Early marriage

Figure 3.4.7. Proportion of young women aged 20–24 years who were married or in a union before age 18 in the WHO African Region, 2020, UNICEF

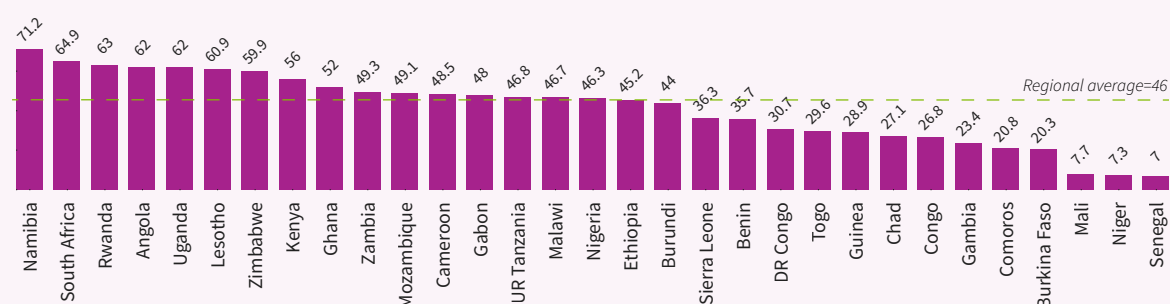


The occurrence of early marriage and forced marriage is highest in sub-Saharan Africa, where 34% of girls become child brides and 4% of boys become young grooms. Over the past decade, the incidence of child marriage has declined, with the proportion of young women aged 20–24 years who got married before the age of 18 years falling by 15% from nearly one in four in 2010 to one in five in 2020. This means that early marriage has been prevented for some 25 million girls.<sup>29</sup> However, the profound effects of the COVID-19 pandemic threaten this progress in many regions, and up to 10 million more girls are at risk of child marriage over the next decade if nothing is done.

29 UNICEF (2018), Child Marriage: Latest trends and future prospects

## Women aged 15–49 years who make their own decisions regarding sexual relations, contraceptive use and reproductive health care

Figure 3.4.8. Proportion of women aged 15–49 years who make their own decisions regarding sexual relations, contraceptive use and reproductive health care in countries with data (n=29) in the WHO African Region, 2020, WHO



Only 52% of the women in a marriage or cohabiting with a partner freely make their own decisions about sex, contraceptive use or health care. Mali, Niger and Senegal are among the countries with the lowest levels of women who make such decisions, who make up less than 10% of the women who are married or are in a union.

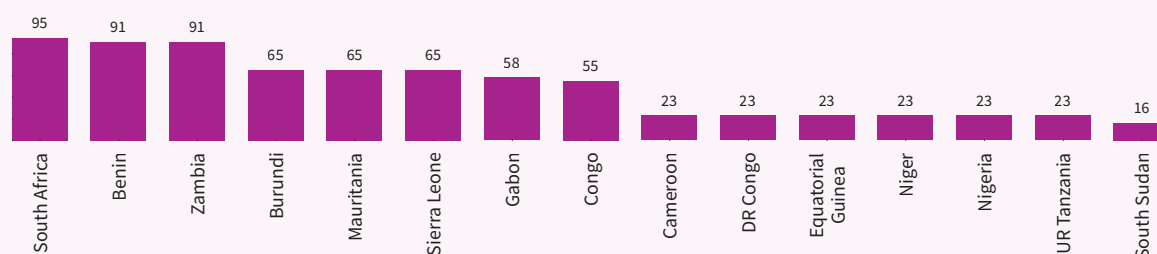
Until sexual and reproductive rights are fully realised, people will not have the autonomy to make decisions about their bodies and their future. Countries must work towards changing this as outlined in the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of subsequent review conferences.

Based on data from 57 countries, 92% of married or women in a union in the Southern Africa subregion make decisions on their health care and 75% can say no to sex, while these levels are 50% and 80%, respectively, for the Central Africa subregion.<sup>30</sup>

30 UNFPA (2020), Tracking women's decision-making for sexual and reproductive health and reproductive rights, Sustainable development goal indicator 5.6.1, 30 February 2020

### Countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education

**Figure 3.4.9. Dashboard on countries with laws and regulations that guarantee women aged 15–49 years access to sexual and reproductive health care, information and education among countries with data (n=12) in the WHO African Region, 2019, UNStat**



The right to sexual and reproductive health is an integral part of the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights.<sup>31</sup> It is also reflected in other international human rights instruments. Parliaments have a responsibility through their roles in legislation, oversight and budgeting to advance gender equality and sexual and reproductive justice. In 2020, for example, the parliament of Djibouti passed a law that strengthened the comprehensive care for survivors of violence against women and girls.

In 2019, 72% of sub-Saharan African countries had laws and regulations to ensure full and equal access of women and men aged 15 years or older to sexual and reproductive health care, information and education. The countries with such regulations and laws are estimated to be 70% for maternal health care, 77% for contraceptive care services, 49% for sex education and 81% for HIV and HPV.

South Sudan is the country with the lowest value for this indicator (16%). The six countries with the highest values are Namibia (96%), South Africa (95%), Mozambique (94%), Zambia (91%), Benin (91%) and Gambia (83%).<sup>32</sup>

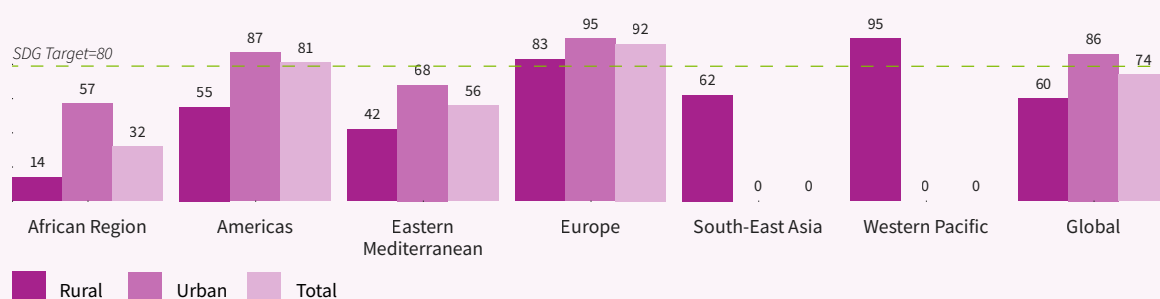
31 General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), Committee on Economic, Social and Cultural Rights, United Nations

32 UNFPA (2020), Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All, SUSTAINABLE DEVELOPMENT GOAL INDICATOR 5.6.2

### 3.5 SDG 6 – Clean water and sanitation

#### Population using safely managed drinking-water services

Figure 3.5.1. Population using at least basic drinking-water services (%) in the WHO regions, 2020, WHO



By 2030, 80% of the world's population will be using basic drinking-water services, going up from 74% of the population that did this in 2020. The European (82%) and Americas (81%) regions have already reached the target, although their rural areas are still lagging behind. The WHO African Region has the lowest access to basic drinking-water services with only 32% of its population with such access. This is half of the global average. Some 14% of this population is in rural areas and 57% in urban areas.

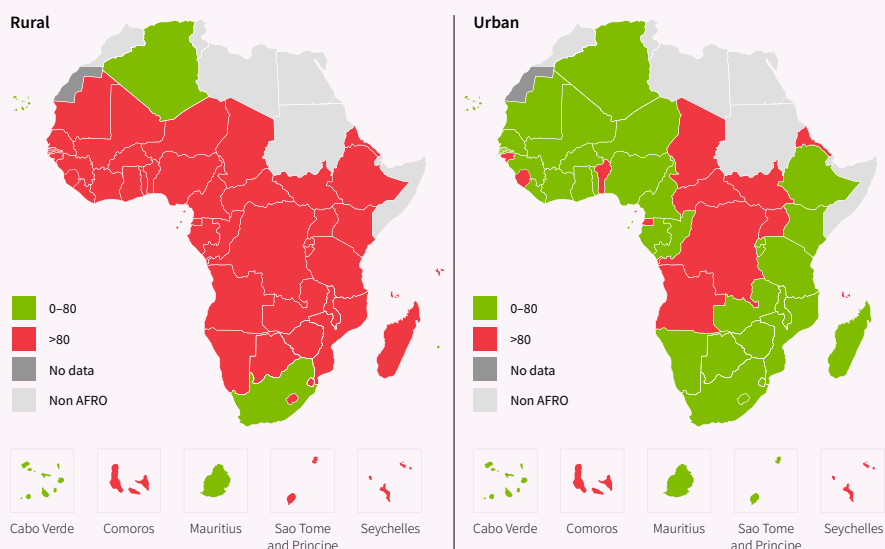
Despite having an average of 32% for the continent, 11 countries out of 47 have 80% access to basic drinking-water services for their population and some of those countries have low-income or lower-middle-income levels. In all African regional economic communities, only urban areas have real access to basic drinking-water services for at least 80% of the population that has access to the services. Rural areas have very little access to these services. West Africa is the part of the continent where the population has the highest coverage of basic drinking-water services (72%).

Figure 3.5.2. Trends in the population using at least basic drinking-water services (%) in the WHO African Region, 2000–2020, WHO



Between 2010 and 2020, there was a 7% increase in access to basic drinking-water services in both rural and urban settings in Africa. If the context remains unchanged, projections for 2030 suggest that the SDG target for drinking-water accessibility may not be achieved.

Figure 3.5.3. Population using at least basic drinking-water services in the WHO African Region, 2020, WHO

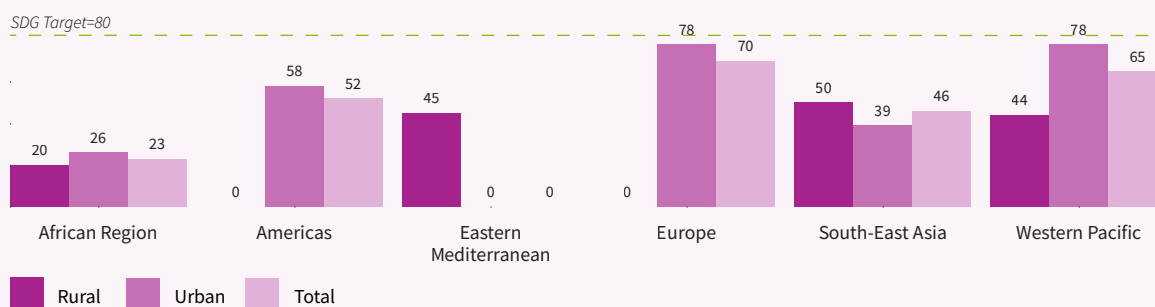


In the WHO African Region, only four countries have at least 80% of their rural population using basic water supply services. These are Algeria, Cabo Verde, Mauritius and South Africa. For urban areas, only low-income and some middle-income countries have lower than 80% of their population using basic drinking-water services. It is important to

upgrade the access to basic drinking-water services to reduce outbreaks of diseases such as cholera, typhoid and diarrhoeal diseases. Improvement of drinking-water is a crucial element in the reduction of under-five mortality and morbidity.<sup>33</sup>

### Population using safely managed sanitation services, including a hand-washing facilities with soap and water

Figure 3.5.4. Population using at least basic sanitation services (%) in the WHO Regions, 2020, WHO

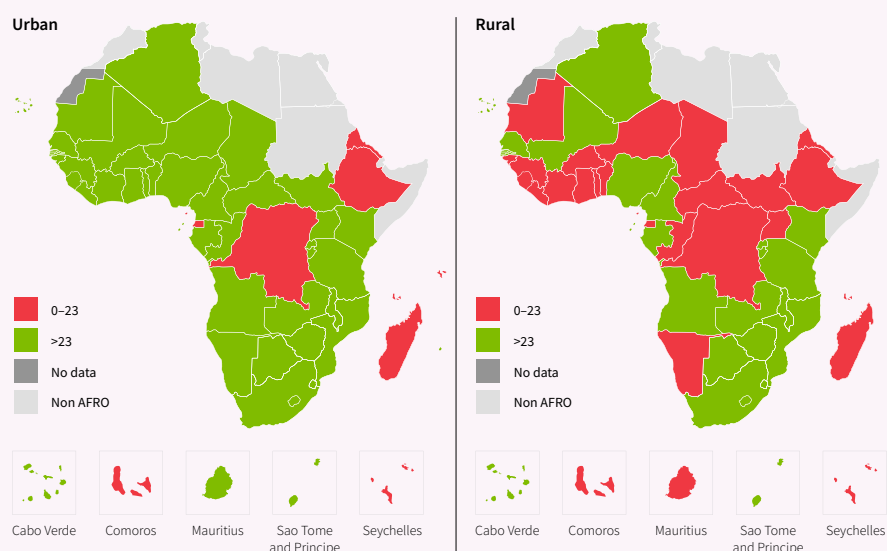


The WHO African Region has only 23% of its population using safely managed sanitation services (with 20% for rural areas and 26% for the urban areas), which is the lowest among the WHO regions. By 2020 none of the WHO regions had reached the 80% target, although the European Region was close, with 70% as a whole and 78% in the urban areas.

33 WHO Global health observatory, indicator metadata registry list, <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4818>



Figure 3.5.5. Population using at least the basic sanitation services in the WHO African Region, 2020, WHO



For urban settings, only seven countries had met the target for basic sanitation by 2020. For rural settings, access to basic sanitation services was much better with almost half of the countries in the Region having a utilisation rate of at least 80%. A large proportion of the rural areas did not reach the regional average of 32%.

Overall, in both rural and urban settings, only three countries in the WHO African Region were able to reach the 80% target. These were Seychelles with 100%, Algeria with 86% and Botswana with 80%.

Figure 3.5.6. Trends in population using at least basic sanitation services (%) in the WHO African Region, 2000–2020, WHO

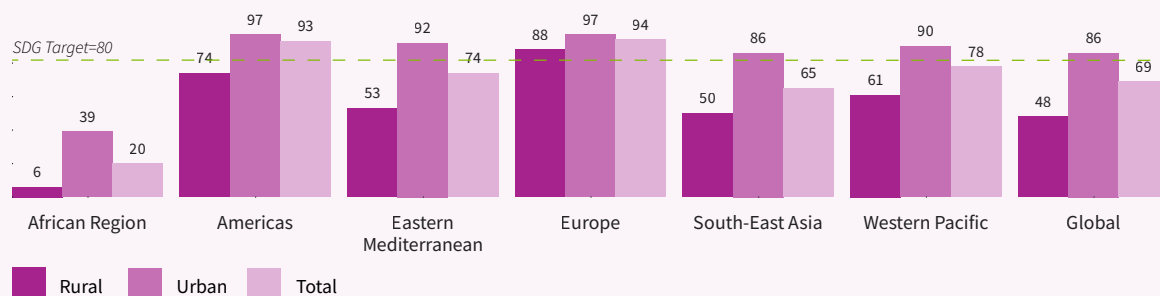


The proportion of the WHO African Region's population using basic health services has not increased significantly since 2010. Between 2010 and 2020, the change was only 7%. There is still a 57% gap left to reach the SDG target by 2030, which suggests that this goal will not be achieved.

### 3.6 SDG 7 – Affordable and clean energy

#### Population with primary reliance on clean fuels and technologies

Figure 3.6.1. Population with primary reliance on clean fuels and technologies (%) in the WHO regions, WHO 2022



In 2022, 69% of the world's population uses clean fuels and technologies. Europe is the region that has the highest levels of use of clean fuels and technologies (at 94%), followed by America (at 93%). The WHO African Region has a usage rate that is 49% lower than the world average.

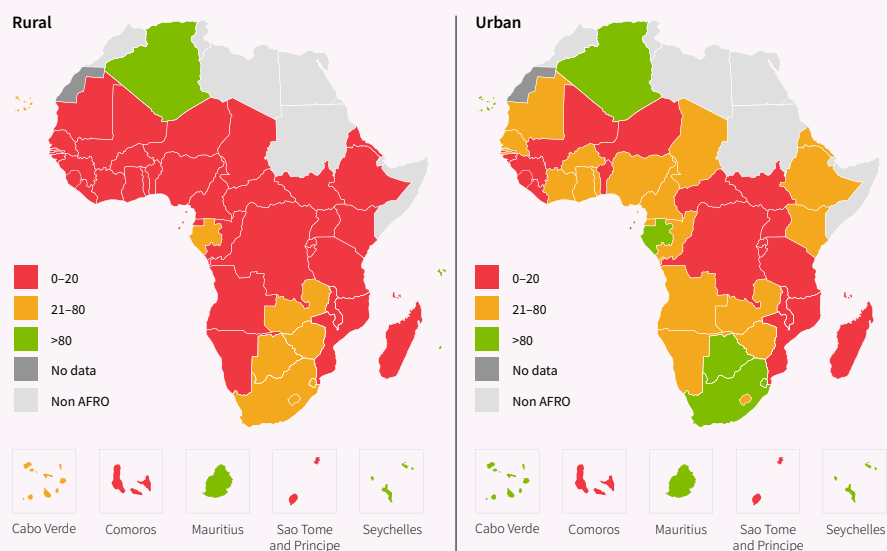
Figure 3.6.2. Trends in the population with primary reliance on clean fuels and technologies (%) in the WHO African Region 2000–2020, WHO



The number of people without electricity in sub-Saharan Africa has increased. The world will not be able to ensure access to affordable, reliable, sustainable and modern energy for all by 2030 unless countries significantly scale up their efforts in this area.<sup>34</sup> The consumption of energy from clean fuels and technologies in urban areas rose by 21.8% between 2000 and 2020 but fell by 50% in rural areas.

34 WHO (2022) "Tracking SDG 7: The Energy Progress" Report published by the International Energy Agency (IEA), the International Renewable Energy Agency (IRENA), the United Nations (UNDESA), the World Bank and the WHO

**Figure 3.6.3. Population with primary reliance on clean fuels and technologies (%) in the WHO African Region, 2022, WHO**



Nineteen of the 20 countries in Africa with the lowest levels of access to clean cooking fuels are also the least developed.

In sub-Saharan Africa more than 93% of the rural population lacks access to clean cooking fuels and technologies, compared with 71% for the population living in urban areas.

Some low-income and high-middle-income countries have populations in urban areas that use at least 80% of clean energy sources. These are Seychelles, Algeria, Mauritania, Gabon, South Africa and Cabo Verde.

## 3.7 SDG 8 – Decent work and economic growth

### Occupational injuries

**Table 3.7.1. Fatal occupational injuries (per 100 000 workers) in countries with data for 2011–2018, ILO**

Country	Sex	Year	Value	Country	Sex	Year	Value
Mauritius	Total	2018	0.53	Seychelles	Total	2018	4.79
	Male		0.45	Zimbabwe	Total	2011	8.48
	Female		0.63		Male		9.79
	Total	2020	0.00		Female		3.1
	Male		0.00		Total	2012	9.53
	Female		0.00		Male		11.51
					Female		1.57

Work accidents are much more non-fatal than fatal. But they can be fatal, with this risk depending on the type of occupation. The greater the risk of an accident in a job, the greater the risk of a fatal accident. Globally, the annual number of fatal occupational injuries is 380 000. Asia has the largest share of this burden with 250 000 these deaths, followed by Africa with 65 000 deaths. Only 10 760 deaths take place in the high-income regions.<sup>35</sup> The risk of fatal occupational injuries is very low in Mauritius but high in countries such as Seychelles and Zimbabwe.

**Table 3.7.2. Non-fatal occupational injuries (per 100 000 workers) in countries with data for 2011–2018, ILO**

Country	Sex	Year	Value	Country	Sex	Year	Value
Mauritius	Total	2018	269	Seychelles	Total	2018	165.24
	Male		415	Zimbabwe	Total	2011	391.10
	Female		64		Male		444.33
	Total	2020	216		Female		171.99
	Male		325		Total	2012	480.08
	Female		65		Male		537.29
					Female		250.70

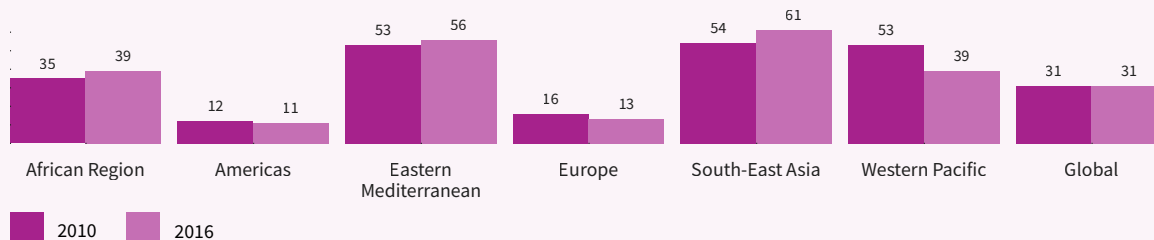
Mauritania saw a decrease in the number of non-fatal work-related injuries between 2018 and 2020, while Zimbabwe had an increase of such injuries in between 2022 and 2012. Men were more likely to have a work-related injury than were women.

<sup>35</sup> Takala, J. (2019), burden of injury due to occupational exposures

### 3.8 SDG 11 – Sustainable cities and communities

#### Annual mean concentrations of fine particulate matter (PM<sub>2.5</sub>) in urban areas

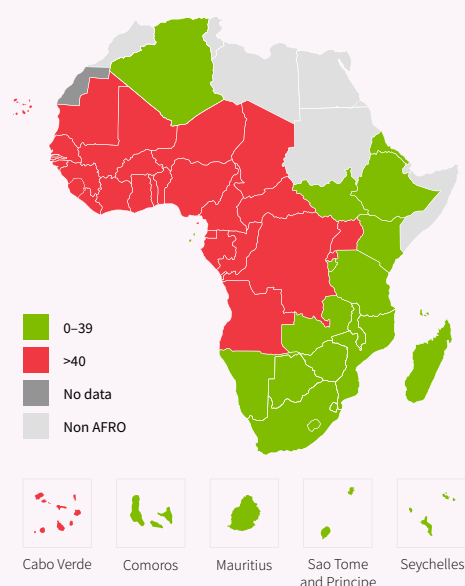
Figure 3.8.1. Annual mean concentrations of fine particulate matter (PM<sub>2.5</sub>) in urban areas (µg/m<sup>3</sup>) in the WHO regions, 2010 and 2016, WHO



Africa, Eastern Mediterranean and South-East Asia regions saw an increase in the concentration of fine particulate matter observed between 2010 and 2016. The WHO African Region had more countries with concentrations of fine particulate matter of over 40%. Sub-Saharan Africa's urban population is the fastest urbanising population in the world. This urbanisation phenomenon has led to an increase in infrastructure, technology and services to improve the quality of life. Environmental protection policies have not kept pace with urban growth, making air quality in the cities a growing public health concern.

Cities in sub-Saharan Africa lack ground-level air quality-monitoring systems that exist in North America and Europe. There is an urgent need for detailed air-monitoring data in cities to inform the interventions to protect the health and well-being of the population.<sup>36</sup>

Figure 3.8.2. Annual mean concentrations of fine particulate matter (PM<sub>2.5</sub>) in urban areas (µg/m<sup>3</sup>) in the WHO African Region, 2016, WHO



The countries with an annual mean concentration level of fine particulate matter below the regional average (39µg/m<sup>3</sup>) in urban areas in 2016 were mainly in East Africa and Southern Africa subregions. The countries in West and Central Africa subregions all had levels above the regional average, except Algeria.

Air pollution was responsible for 1.1 million deaths across Africa in 2019. Ambient air pollution-related deaths increased from 361 000 in 2015 to 383 000 in 2019, with the greatest increases in the most highly developed countries.<sup>37</sup> The mortality due to ambient air pollution is caused by NCDs such as cardiovascular and respiratory diseases and cancers. A study in Africa found significant associations between fine particulate matter and its constituents with infant mortality.<sup>38</sup> The pollutant was estimated to be responsible for 1.96 billion lost intelligence quotient points in African children in 2019.

Because most African countries are still in the early development stages, they have opportunities to transition rapidly to wind and solar energy, avoiding a reliance on fossil fuel-based economies and minimising pollution.

36 Abosede, S. et al. (2021), Spatial-temporal patterns of ambient fine particulate matter (PM<sub>2.5</sub>) and black carbon (BC) pollution in Accra, Environmental Research Letters

37 Fisher, S. et al. (2021), Air pollution and development in Africa: impacts on health, the economy, and human capital, The Lancet Planetary Health, October 2021,

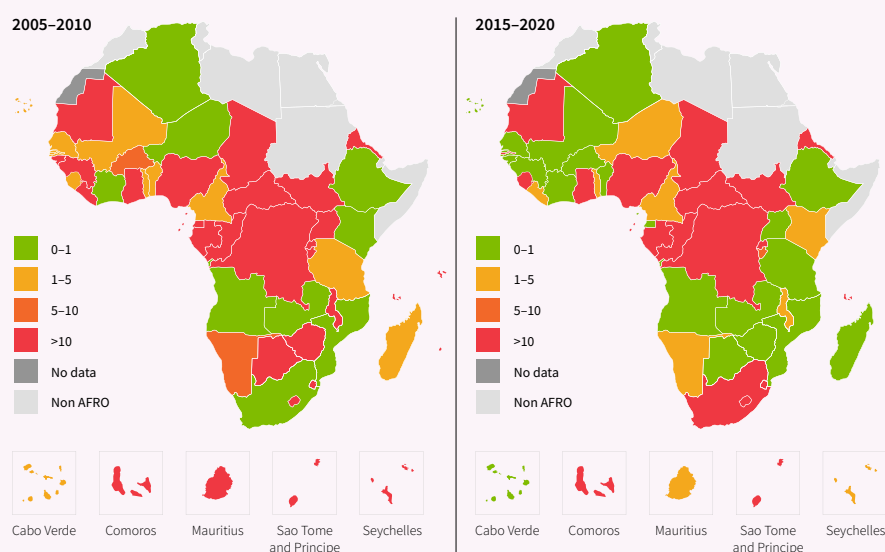
38 Bachwenkizi, J. et al (2021), Fine particulate matter constituents and infant mortality in Africa: A multicountry study

### 3.9 SDG 13 – Climate action

#### Direct effects on people attributed to climatic disasters

The rugged terrain of the WHO African Region is prone to natural disasters, and 622 disasters affected Africa from 2010 to 2020. Africa is the second most affected region after South-Asia, which had 305 disasters. In Africa, 11 133 people per 100 000 died, disappeared or were directly affected by of a disaster in 2021. Ghana in the West Africa subregion alone had 3156 people per 100 000 inhabitants affected that year.

**Figure 3.9.1. Deaths and people disappearance attributed to disasters (per 100 000 population) in the WHO African Region, 2005–2010 and 2015–2020, UNEP**

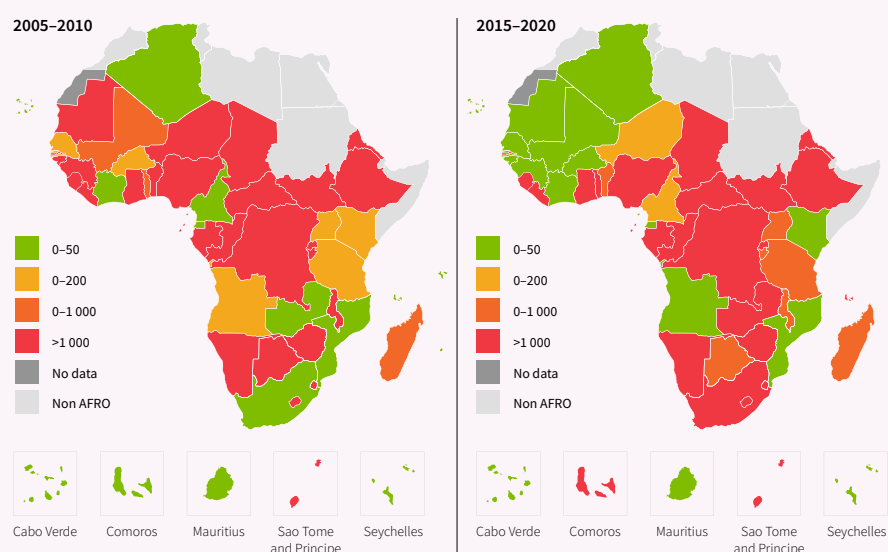


Between the periods of 2005–2010 and 2015–2020, there was a decrease in the number of people who died or went missing as a result of disasters in several countries in the Region.

The vast majority of the disasters in the last 10 years (83%) triggered by a natural hazard were caused by extreme weather and climate events such as floods, storms, and heat

waves. In 2019, 20 million people were affected by disasters in Africa. Cyclone Idai in Mozambique, Zimbabwe and Malawi affected 2.8 million people; drought in 12 countries in East Africa and Southern Africa subregions affected 9.3 million people, and Cyclone Kenneth in Mozambique and Comoros affected 2.7 million people.

Natural disasters have spiked dramatically since 2010, with 70% of all them occurring between 2017 and 2021. Floods were the most frequent events, accounting for 33% of the disasters. They caused 1080 deaths. Heat waves caused 3738 deaths, storms 2806 deaths and floods 1586 deaths. By 2022, up to 22 countries in the Region had developed national health adaptation plans for climate change.

**Figure 3.9.2. People directly affected by disasters (per 100 000 population) in the WHO African Region, 2005–2010 and 2020, UNEP**

Over the periods of 2005–2010 and 2015–2020, the number of persons directly affected by disasters increased in several countries of the Region. The economic and psychological repercussions for such groups are significant. It would be important to implement a system for psychological, economic or other support for such cases.

In many African countries where national disaster strategies have been reoriented from intervention to risk reduction, their rate of implementation has been very low and only 5% of the countries are on track in implementing their national strategies.<sup>39</sup> COVID-19 has disrupted the progress in reducing disaster mortality worldwide, underscoring the importance of multi-hazard and multisectoral approaches to disaster risk reduction.<sup>40</sup>

39 African Union (2020), Biennial Report on the Programme of Action for the Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030 in Africa 2015–2018–2020

40 The Sustainable Development Goals Report 2021, Extended Report - Goal 13

### 3.10 SDG 16 – Peace, justice and strong institutions

#### Victims of intentional homicide

The United Nations Office on Drugs and Crime (UNODC)<sup>41</sup> estimates that a total of 464 000 deaths worldwide in 2017 were caused by intentional homicide. The largest share of 37% of the deaths was in the Americas, closely followed by Africa, which accounted for 35% of the total.

**Figure 3.10.1. Trends in numbers of victims of intentional homicide (per 100 000 population) in the WHO African Region, 2010–2018, UNstat**

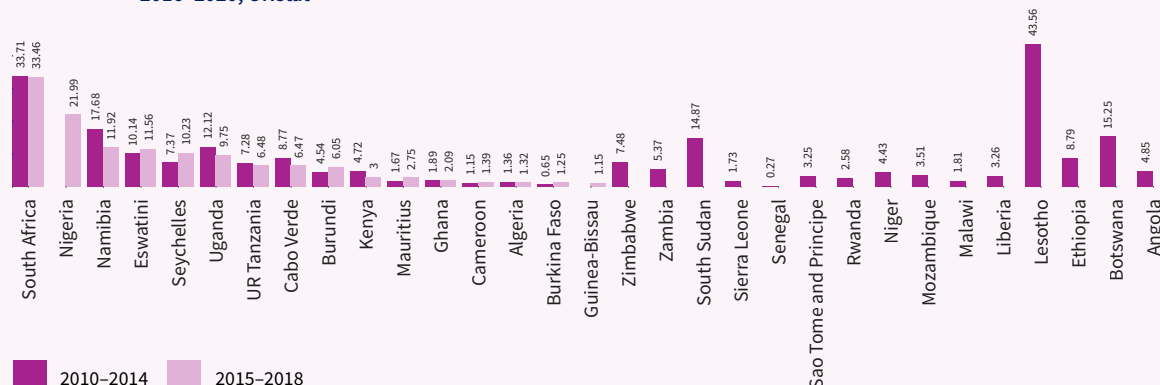


The African countries with the highest rates of intentional homicide during 2020–2018 were Lesotho with 43.6 homicides per 100 000 inhabitants, Nigeria with 34.5, South Africa with 33.5 and the Central African Republic with 20.1.

At the global level, the homicide rate has been decreasing slowly over two decades, going from a peak of 7.4 per 100 000 in 1993 to 6.1 in 2017. Of the victims, 81% are male, and the male global homicide rate of 9.1 per 100 000 males is roughly four times that of females of 2.

The largest number of all women killed worldwide by intimate partners or other family members in 2017 was in Asia with 20 000, followed by Africa with 19 000, the Americas with 8000, Europe with 3000 and Oceania with 300. Intimate partners or family are responsible for 3.1 female homicides per 100 000 female population, accounting for more than two thirds of all women killed in the Region. This indicates that Africa is the region where women run the greatest risk of being killed by an intimate partner or a family member.

**Figure 3.10.2. Number of victims of intentional homicide (per 100 000 population) in the WHO African Region, 2010–2015 and 2016–2020, UNstat**



Young men aged 15–29 years face the highest risk of homicide, with a rate of 16.6 per 100 000 males in that age group, followed by men aged 30–44 years with a rate 14.7. The homicide risk for men decreases with age, with those aged 45–59 years having a rate of 10.7 and those aged 60 years or more a rate of 5.6. Boys under 15 years of age have the lowest homicide rate, which is 1.2. Women face a much lower homicide risk across all age groups.

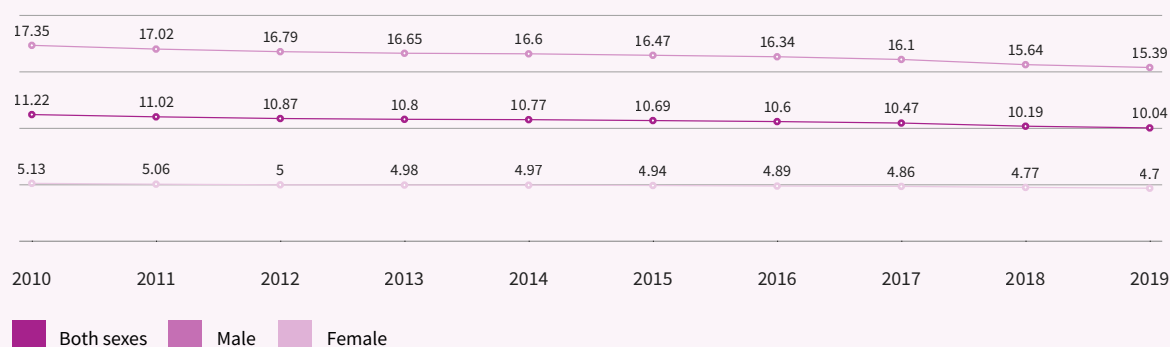
41 United Nations Office on Drugs and Crime (2019), Global Study on homicide: Homicide trends, patterns and criminal justice response



## Conflict-related deaths

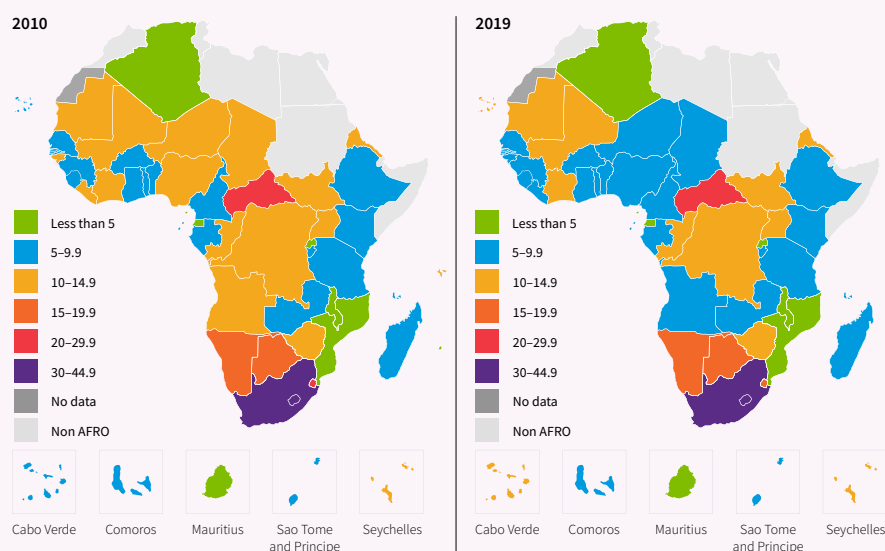
In the framework of the United Nations 2030 Agenda for Sustainable Development, states have pledged to track the number of people who are killed in armed conflict. However, there is no international consensus on the definitions, methods or standards to be used in generating the data. Moreover, monitoring systems run by international organisations and civil society differ in terms of their thematic coverage, geographical focus and level of disaggregation<sup>42</sup>.

**Figure 3.10.3. Estimated direct deaths from major conflicts (per 100 000 population), sex in the WHO African Region, 2010–2019, WHO**



Between 2015 and 2020, 17 095 civilians died in the 12 deadliest armed conflicts, that is the conflicts in Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Iraq, Israel and the occupied Palestinian territory, Libya, Mali, Somalia, South Sudan, Syria, Ukraine and Yemen.<sup>43</sup>

**Figure 3.10.4. Estimated direct deaths from major conflicts (per 100 000 population) in the WHO African Region, 2010 and 2019, WHO**



In 2020, around 7500 people died in sub-Saharan Africa from the armed conflicts in the Central African Republic, the Democratic Republic of the Congo, Mali, Somalia and South Sudan. That year, one in seven of the people killed was a woman or a child. Five civilians per 100 000 population are killed each year.

42 Irene Pavesi (2017), Tracking Conflict-Related Deaths: A Preliminary Overview of Monitoring Systems; Briefing Paper March 2017, Swiss agency for Development and Cooperation (SDC)

43 United Nations Human Rights (2022), SDG Indicator 16.1.2 Conflict-related deaths of civilians

### Population subjected to physical violence

Every year, more than 1.6 million people lose their lives as a result of violence. Bullying is a form of interpersonal violence that affects young people. It can be a physical assault. Corporal punishment is the most common form of violence against children. Uganda, Cameroon and Burundi with 30%, 29% and 24%, respectively, of their population being victims of an attack or theft within the past year, stand out for their high violence levels.<sup>44</sup> Women are more subjected to all forms of violence.

### Population subjected to sexual violence

In 2017, gender-based violence against girls and women was higher in sub-Saharan Africa than in Northern Africa. Over one fifth of girls and women were subjected to physical or sexual violence by their current or former partners in sub-Saharan Africa. Around 6% to 59% of the women had experienced sexual violence from a partner in the 12 previous months. One in three women worldwide had experienced physical or sexual violence in their relationship or sexual violence by someone other than their partner or had experienced both. The WHO African Region estimates at 20% the prevalence of physical or sexual violence against women aged 15–49 years from their current or former male partner in past 12 months.

### Physical and psychological aggression against children aged 1–17 years from caregivers

Corporal or physical punishment is highly prevalent globally, both in homes and at schools. UNICEF data from nationally representative surveys in 56 countries during 2005–2013 show that on average, 17% of children experienced severe physical punishment, but in some countries the level exceeded 40%.

**Figure 3.10.5. Proportion of children aged 1–14 years who experienced physical punishment or psychological aggression by caregivers in the past month, in the WHO African Region, most recent of 2010–2020, UNstat**



Apart from some countries where the rates for boys are higher, results from comparable surveys show that the prevalence of corporal punishment is similar for girls and boys. Young children aged 2–4 years are as likely to be exposed to physical punishment, including its harsh forms. One in two children aged 6–17 years (732 million) live in countries where corporal punishment at school is not fully prohibited. Studies have shown that lifetime prevalence of school corporal punishment was above 70% in Africa and Central America.

<sup>44</sup> Dauphine Université (2018), Développement Institutions& Mondialisation, Institut de Recherche pour le Développement, SDG 16 on Governance and its measurement: Africa in the lead, Paris

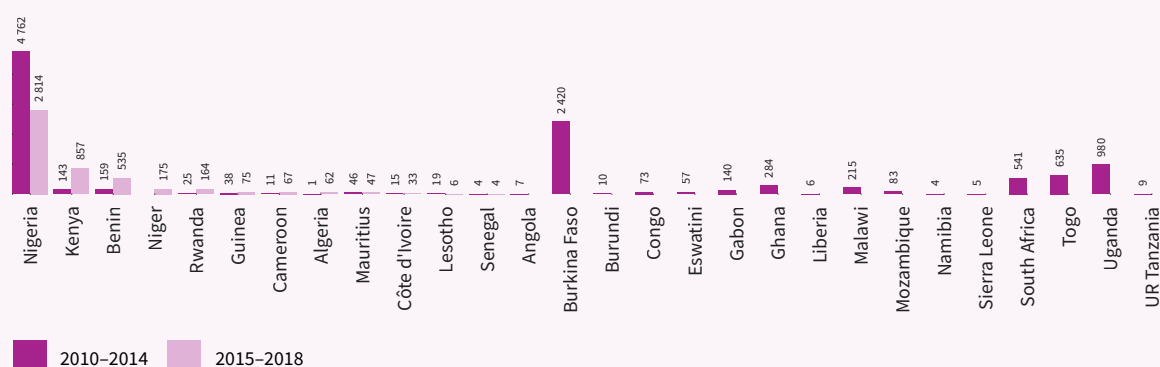
New studies find that more than half of all children in Africa experience physical abuse, and in some parts of the continent, four in 10 girls suffer sexual violence before the age of 15 years. Africa has the highest rates of child neglect in the world with 41.8% of girls and 39.1% of boys being neglected by their caregivers. In Nigeria, 66% of girls and 58% of boys under 16 witness violence at home.<sup>45</sup>

Kenya was one of the first countries to complete a violence against children and youth surveys in 2010 and 2019. Since 2020, Kenya has worked to address the risk factors for violence across multiple sectors, which resulted in a significant decrease in sexual, physical and emotional violence against children between 2010 and 2019. In 2021, End Violence supported Kenya's progress by scaling up parenting programmes, tackling online child sexual exploitation and abuse, equipping the criminal justice system, generating evidence of online child sexual exploitation and abuse, and monitoring progress on elimination of corporal punishment, essentially helping turn government commitment into progress.<sup>46</sup>

## Human trafficking

Human trafficking is a serious problem in Africa. Many of those victimised in sub-Saharan Africa are women and children. It has been estimated that 3.7 million people in Africa are in slavery and forced labour at any given time, and the annual profits generated from these activities amount to US\$ 13.1 billion in Africa alone.<sup>47</sup>

**Figure 3.10.6. Number of detected victims of human trafficking in the WHO African Region, 2010–2014 and 2015–2018, UNstat**



In 2018, 77% of the victims of trafficking detected in sub-Saharan Africa were exploited for forced labour, 20% for sexual purposes and 3% for other purposes. Most of them were from West Africa. For 4799 of the victims detected in 26 countries in sub-Saharan Africa, 32% were girls, 27% were boys, 27% were women and 14% were men.<sup>48</sup>

In 2019, 173 states acceded to the Trafficking in Persons Protocol (2003), which complements the UN Convention against Transnational Organised Crime, to combat an increasingly complex phenomenon in a more coordinated manner.<sup>49</sup> The number of victims detected in sub-Saharan African countries has increased since the protocol entered into force. The number of detections, however, remains among the lowest among the WHO regions.

Within the Region, the countries with the highest prevalence of modern slavery were Eritrea with 93 victims per 100 000 population, Burundi with 40, Central African Republic with 22, Mauritania with 21 and South Sudan with 21.<sup>50</sup>

45 End Violence Against Children (2021), New data shows violence against children is rising across the African continent, 29 July 2021

46 End Violence Against Children (2021) Annual Report

47 Obokata, T. (2019), Human trafficking in Africa: Opportunities and challenges for the African Court of justice and Human rights, 2 May 2019, Cambridge University Press

48 UNODC (2020), Global Report on trafficking in persons

49 UNODC (2020), Crime Research; The Global Report on Trafficking in Persons

50 African Sisters Education Collaborative, Human trafficking trends in sub-Saharan Africa (infographic)

## Young women and men aged 18–29 years who experienced sexual violence by age 18

Figure 3.10.7. Population aged 18–29 years who experienced sexual violence by age 18 (% of population aged 18–29) in the WHO African Region, most recent of 2012–2018, UNstat



In more than one third of the countries, at least 5% of young women had experienced sexual violence in childhood. The levels reported were lower among men in the countries with data.<sup>51</sup> In Rwanda, 12% of women had experienced sexual violence by age 18 and 3% of the men. In Cameroon, this was 7% of the women and 2% of men, and in Kenya, the levels were 4% of the women and 2% of the men.<sup>52</sup>

## Civil registration of births

Of the 36 countries supported by the Global Finance Facility, 16 African countries had less than two thirds of their under-five children registered with the respective civil registration authorities.<sup>53</sup> Of the 168 million unregistered under-five children worldwide, 57% (around 96 million) live in Africa, 30% in South Asia and 13% in the rest of the world. East Africa is home to the largest number of unregistered children in Africa (38 million), followed by West Africa (27 million).<sup>54</sup>

Birth registration goes beyond the legal recognition of people's existence. The failure to register a birth could be a result of many barriers, including long distance to the nearest registration facility, lack of knowledge on the registration process or lack of fees for registering the birth or obtaining a birth certificate for a child, which can be prohibitively expensive for some families. Around 370 million children (roughly three in four on the continent) live in sub-Saharan African countries where there are fees to register births.<sup>55</sup>

## Completeness of birth registration

Birth registration is the continuous, permanent and universal recording of the occurrence and characteristics of births in the national civil register, in accordance with the legal requirements of the country. The completeness of birth registration in sub-Saharan Africa in 2017 was at 45%.<sup>56</sup>

<sup>51</sup> UNICEF (2022), Sexual Violence

<sup>52</sup> UNICEF (2022) Global databases based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2005–2020

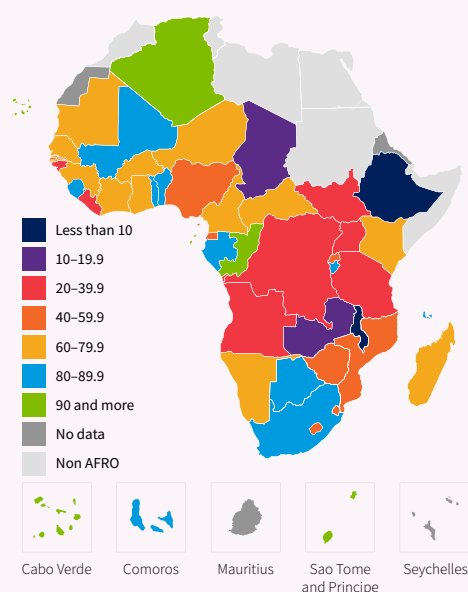
<sup>53</sup> Tuane-Nkhasi, M. (2019) Global Financing Facility- Tackling Low Birth Registration in Africa: Birth Certificates Are Key to Ensuring Health, Education, Safety, and Equal Opportunities

<sup>54</sup> UNICEF (2020), A statistical profile of birth registration in Africa

<sup>55</sup> United Nations Children's Fund (2017), A snapshot of civil registration in sub-Saharan Africa, UNICEF, New York

<sup>56</sup> World Bank Data base

**Figure 3.10.8. Under-five children whose births have been registered with a civil authority in the WHO African Region, 2010–2019, WHO**



There was an increase of 2% in the proportion of under-five children whose births were registered in Africa from 49% in 2008 to 51% 2020. Projection scenarios built on existing trend show that, unless progress is accelerated, the number of unregistered children in Africa will continue to rise and will exceed 100 million by 2030.<sup>57</sup> As countries employ both technological and non-technological solutions to improve their civil registration and vital statistics systems, three approaches, namely, decentralisation, digitisation and interoperability, emerge as proven solutions for increasing coverage while promoting cost-efficient service delivery. Governments need to demonstrate political commitment through sufficient financing and revamping of systems to make them sustainable and inclusive for marginalised population groups, including migrants and displaced people, with the goal of universality.

<sup>57</sup> UNICEF (2020), A statistical profile of birth registration in Africa

### 3.11 SDG 17 – Partnerships for the goals

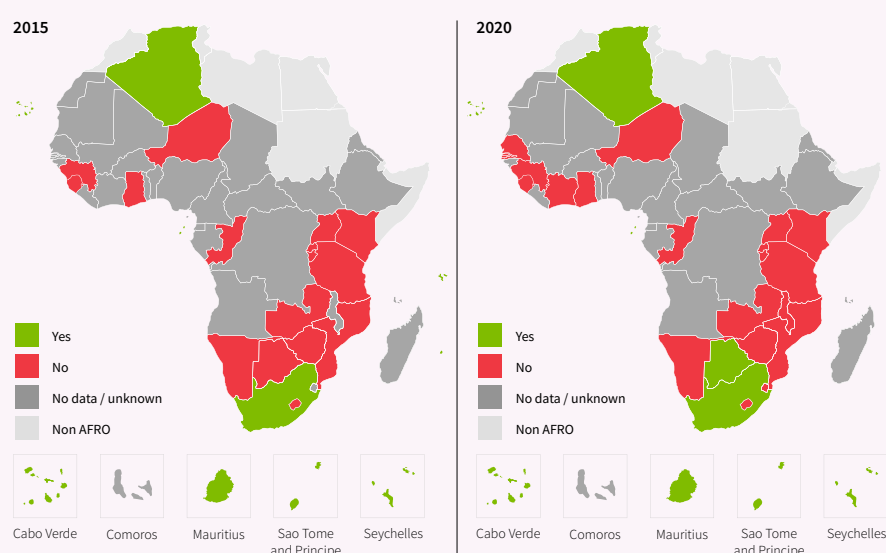
#### Birth and death registration with the countries

**Table 3.11.1. Countries with birth and death registration data that are at least 90% complete in the WHO African Region, 2015 and 2020, WHO**

2015	2020
Algeria	Algeria
Cabo Verde	Botswana
Mauritius	Cabo Verde
Sao Tome and Principe	Mauritius
Seychelles	Sao Tome and Principe
South Africa	Seychelles
	South Africa

From the data available in 2020, the countries that had their birth and death registration at least 90% complete were Algeria and Cabo Verde in West Africa, Sao Tome and Principe in Central Africa, Botswana and South Africa in Southern Africa and Seychelles in East Africa. Some of these are high-income or upper-middle-income countries.

**Figure 3.11.2. Countries in the WHO African Region with birth and death registration data that were at least 90% complete in 2015 and 2020, WHO**



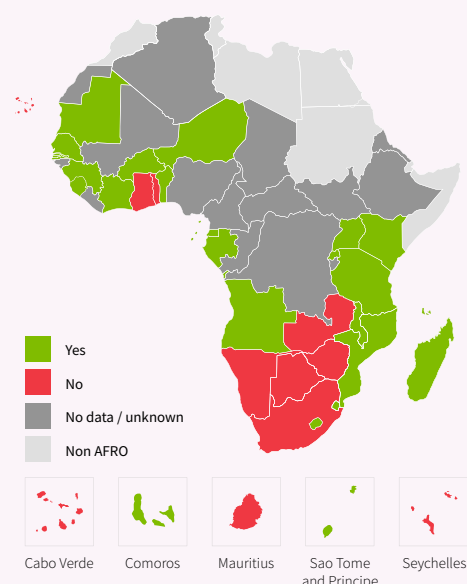
According to the monitoring survey results from the “State of civil registration and vital statistics in Africa report, 2017,” the average levels of completeness for births in 11 out of 21 countries and deaths in 12 out of 18 countries were estimated to be 56% and 35%, respectively.

The situation had not changed much by 2020.

For both births and deaths, only seven countries had reached 90% completeness, which is a satisfactory level.

## Countries that have conducted at least one population and housing census in the last 10 years

Figure 3.11.3. Countries that have conducted at least one population and housing census in the last 10 years in the WHO African Region, 2021, WHO



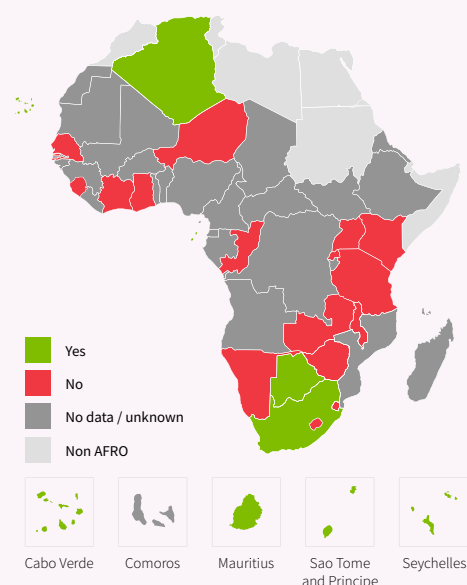
The information generated by population and housing censuses is essential for development policy-making. Without accurate data, governments are not able to identify areas for investment such as schools, hospitals, roads, water and electricity needs etc. or the most deprived populations.

The population data of many countries is obsolete or inaccurate. Over the past 10 years, only 20 countries have been able to conduct population censuses.

A successful census is a source of national pride. It helps tracking of the progress that has been made and captures the needs of different segments of the population. Independent, reliable and accurate data derived from a census form a foundation for evidence-based policy-making and decision-making, which are essential for a country's socioeconomic growth.

## Countries with death registration data that are at least 75% complete

Figure 3.11.4. Countries with death registration data that are at least 75% complete in the WHO African Region, 2020, WHO



Many countries are underperforming in terms of the completeness of their death registration and medical certification of the causes of death. Only seven countries have death registration data that are at least 75% complete in the WHO African Region.

Legislation in some countries is outdated and not in line with the recommended international standards. Efforts should be made to clarify the definitions and registration deadlines for comprehensive, accurate and timely statistics, essential for monitoring progress towards the development goals of the 2030 Agenda for Sustainable Development and to implement Agenda 2063 of the African Union.

## References

- 1 FAO (2020), The State of food security and nutrition in the world 2020. Transforming food systems for healthy and affordable food. Rome
- 2 FAO, IFAD, UNICEF, WFP and WHO. (2021), The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. <https://doi.org/10.4060/cb4474en>
- 3 UN (2022), Report on the Sustainable Development Goals
- 4 FAO (2021b)
- 5 WHO; 2014. Global nutrition targets 2025. Anaemia Policy Brief (<https://thousanddays.org/wp-content/uploads/Anaemia-Policy-Brief.pdf>, accessed 24 August 2022).
- 6 Karim, S.S.A and Baxter, C.(2021), HIV incidence trends in Africa: young women at highest risk, The Lancet HIV, 8(7), e389-e390.
- 7 WHO (2022), Malaria Key fact. <https://www.who.int/news-room/fact-sheets/detail/malaria> (29/08/2022)
- 8 WHO (2021), World malaria report 2021. Geneva. Licence: CC BY-NC-SA 3.0 IGO.
- 9 Osafo J and al (2020), Suicide Prevention in the WHO African Region. Crisis. 2020 Mar;41(Suppl 1):S53-S71. doi: 10.1027/0227-5910/a000668. PMID: 32208755
- 10 Degenhardt, L., Stockings, E., Patton, G., Hall, W. D., and Lynskey, M. (2016a). The increasing global health priority of substance use in young people. The Lancet Psychiatry, 3(3), 251–264. [https://doi.org/10.1016/S2215-0366\(15\)00508-8](https://doi.org/10.1016/S2215-0366(15)00508-8)
- 11 WHO. (2013). WHO Global strategy to reduce the harmful use of alcohol. WHO
- 12 Mupara, L. et al. (2022) Alcohol and substance use prevention in Africa: systematic scoping review, Journal of Substance Use, 27:4, 335–351, DOI: 10.1080/14659891.2021.1941356
- 13 Mushi, D., Francis, J. M., Moshiri, C., Hanlon, C. and Teferra S. (2022). Integration of Alcohol Use Disorder Interventions in General Health Care Settings in sub-Saharan Africa: A Scoping Review. Frontiers in psychiatry, 13.
- 14 Sohi, I.; Franklin, A.; Chrystoja, B.; Wettlaufer, A.; Rehm, J. and Shield, K. (2021). The Global Impact of Alcohol Consumption on Premature Mortality and Health in 2016. Nutrients 2021, 13, 3145. <https://doi.org/10.3390/nu13093145>
- 15 World Bank estimates. <https://data.worldbank.org/indicator/SH.STA.POIS.P5?locations=ZG> (28–08–2022)
- 16 Ahmat A., Okoroafor S.C., Kazanga I, et al. (2022), The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health* 2022;7:e008317
- 17 Bhayat, A., and Chikte, U. (2018). The changing demographic profile of dentists and dental specialists in South Africa: 2002–2015. International dental journal, 68(2), 91–96.
- 18 Bates, I., John, C., Bruno, A. et al. (2016), An analysis of the global pharmacy workforce capacity. Hum Resour Health 14, 61. <https://doi.org/10.1186/s12960-016-0158-z>.
- 19 Lester R. et al. (2020), Prevalence and outcome of bloodstream infections due to third-generation cephalosporin-resistant Enterobacteriaceae in sub-Saharan Africa: a systematic review. J Antimicrob Chemother. Mar 1;75(3):492–507. doi: 10.1093/jac/dkz464. PMID: 31742611; PMCID: PMC7021093.
- 20 WHO (2014). Antimicrobial resistance: global report on surveillance. Geneva
- 21 Garoy EY, Gebreab YB, Achila OO, Tekeste DG, Kesete R, Ghirmay R, et al. (2019), Methicillin-resistant Staphylococcus aureus (MRSA): prevalence and antimicrobial sensitivity pattern among patients—a multicenter study in Asmara, Eritrea. Can J Infect Dis Med Microbiol, 2019:1–9 [cited 2019 Jun 5]. Available from: <https://www.hindawi.com/journals/cjidmm/2019/8321834/>.
- 22 Wangai, F.K., Masika, M.M., Maritim, M.C. et al. (219), Methicillin-resistant Staphylococcus aureus (MRSA) in East Africa: red alert or red herring? BMC Infect Dis 19, 596. <https://doi.org/10.1186/s12879-019-4245-3>
- 23 WHO (2022), The Global Health Observatory: Explore a world of health data. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4748> (29/08/2022)



- 24 The Lancet Series (2016), Advancing Early Childhood Development: from Science to Scale. <https://www.thelancet.com/series/ECD2016> (30–08–2022)
- 25 WHO Multi-country Study on Women's Health and Domestic Violence against Women, which collected data on IPV from over 24 000 women in 10 countries including United Republic of Tanzania in Africa, representing diverse cultural, geographical and urban/rural settings.
- 26 Singh R. et al, (2022), Non-partner sexual violence victimisation among female medical undergraduates, In Journal of Family Medicine and Primary Care, March 2022
- 27 United Nations (2020), Achieve gender equality and empower all women and girls
- 28 UNICEF (2021), Annual report to the US department of States – Eliminating female genital mutilation
- 29 UNICEF (2018), Child Marriage: Latest trends and future prospects
- 30 UNFPA (2020), Tracking women's decision-making for sexual and reproductive health and reproductive rights, Sustainable development goal indicator 5.6.1, 30 February 2020
- 31 General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), Committee on Economic, Social and Cultural Rights, United Nations
- 32 UNFPA (2020), Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All, SUSTAINABLE DEVELOPMENT GOAL INDICATOR 5.6.2
- 33 WHO Global health observatory, indicator metadata registry list, <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4818>
- 34 WHO (2022) "Tracking SDG 7: The Energy Progress" Report published by the International Energy Agency (IEA), the International Renewable Energy Agency (IRENA), the United Nations (UNDESA), the World Bank and the WHO
- 35 Takala, J. (2019), burden of injury due to occupational exposures
- 36 Abosede, S. et al. (2021), Spatial-temporal patterns of ambient fine particulate matter (PM2.5) and black carbon (BC) pollution in Accra, Environmental Research Letters
- 37 Fisher, S. et al. (2021), Air pollution and development in Africa: impacts on health, the economy, and human capital, The Lancet Planetary Health, October 2021,
- 38 Bachwenkizi, J. et al (2021), Fine particulate matter constituents and infant mortality in Africa: A multicountry study
- 39 African Union (2020), Biennial Report on the Programme of Action for the Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030 in Africa 2015–2018–2020
- 40 The Sustainable Development Goals Report 2021, Extended Report- Goal 13
- 41 United Nations Office on Drugs and Crime (2019), Global Study on homicide: Homicide trends, patterns and criminal justice response
- 42 Irene Pavesi (2017), Tracking Conflict-Related Deaths: A Preliminary Overview of Monitoring Systems; Briefing Paper March 2017, Swiss agency for Development and Cooperation (SDC)
- 43 United Nations Human Rights (2022), SDG Indicator 16.1.2 Conflict-related deaths of civilians
- 44 Dauphine Université (2018), Développement Institutions & Mondialisation, Institut de Recherche pour le Développement, SDG 16 on Governance and its measurement: Africa in the lead, Paris
- 45 End Violence Against Children (2021), New data shows violence against children is rising across the African continent, 29 July 2021
- 46 End Violence Against Children (2021) Annual Report
- 47 Obokata, T. (2019), Human trafficking in Africa: Opportunities and challenges for the African Court of justice and Human rights, 2 May 2019, Cambridge University Press
- 48 UNODC (2020), Global Report on trafficking in persons
- 49 UNODC (2020), Crime Research; The Global Report on Trafficking in Persons
- 50 African Sisters Education Collaborative, Human trafficking trends in sub-Saharan Africa (infographic)
- 51 UNICEF (2022), Sexual Violence

- 52 UNICEF (2022) Global databases based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2005–2020
- 53 Tuane-Nkhasi, M. (2019) Global Financing Facility- Tackling Low Birth Registration in Africa: Birth Certificates Are Key to Ensuring Health, Education, Safety, and Equal Opportunities
- 54 UNICEF (2020), A statistical profile of birth registration in Africa
- 55 United Nations Children’s Fund (2017), A snapshot of civil registration in sub-Saharan Africa, UNICEF, New York
- 56 World Bank Data base
- 57 UNICEF (2020), A statistical profile of birth registration in Africa