

## SECTION VI

# HEALTH OUTCOMES

- 6.1 Availability of essential services
- 6.2 Coverage of interventions
- 6.3 Risk factors and behaviours
- 6.4 Health security
- 6.5 Financial risk protection

## Section summary

Determination of outcomes in health takes into account the availability of health services for the populations, the coverage of the needs of the populations and the risk factors relating to the different environments and realities. Any action in public health has a significant economic and social cost, the risks of which must also be measured. The availability of essential health services throughout the life course is one of the pillars of the objective of universal health coverage (UHC). These services cover family planning, which addresses the goals of reducing child mortality, improving maternal health and promoting women's empowerment and gender equality by enabling greater participation in school, work and political life. In the WHO African Region, 79% of the facilities offer family planning services. The services related to pregnancy are critical for the future of child and mother. But there remains high variability among the countries in meeting the goal for pregnant women to have four or more antenatal care visits, with the levels in the countries ranging from 32% to 91%. It is essential to improve access to antenatal care services for pregnant women by raising awareness and improving community involvement in maternal, newborn, child and women's health programmes.

Particular attention must be paid to early childhood services such as vaccination, growth and development monitoring and curative care. In the Region, 68% of the health facilities have comprehensive emergency obstetric and neonatal care services. On average, fewer than one in two pregnant women in Africa give birth in the presence of skilled health personnel, and only 12% of those who need emergency care for themselves and their newborns actually receive it. In terms of availability of services in Africa, eight out of 10 facilities offer the three essential preventive and curative care services for children. Adolescents and youth, that is those aged 10 to 24 years, represent one third of the population in the Region, but the availability of adolescents' services is at 65% of their needs.

Services for adults prone to noncommunicable diseases (NCDs) must be accessible and adapted. The COVID-19 crisis disrupted the management of hypertension in 59% of the countries and management of diabetic complications in 56% of the countries. Closing or slowing down services for such groups is likely to worsen their underlying conditions, making the cases of NCDs more severe. It also exacerbates the susceptibility of people living with chronic diseases to COVID-19. Countries need to plan for more comprehensive essential health packages to ensure the availability of services for all.

Assessment of the coverage of interventions is concerned with the levels of utilisation for traditional health services including health promotion, communicable and noncommunicable disease prevention, and curative and rehabilitative services. The coverage is lowest for NCDs and health promotion services and highest for communicable disease control interventions.

It is undeniable that progress has been made in Africa in recent decades in the area of contraception. However, contraceptive use remains low in sub-Saharan Africa. Across the countries, the median contraceptive prevalence rate among women of reproductive age was just 28% in 2017. Recent evidence indicates that increasing the frequency of antenatal visits in the health system for women and adolescents is associated with a lower likelihood of stillbirths occurring, as these visits provide opportunities to detect and take care of any problems.

Only 57% of under-five children with symptoms of pneumonia were taken to a health facility for treatment in 2019 in the Region, an improvement from 47% four years before. And those taken to a health facility for treatment for any complaint increased from 57.2% to 60% in that period. The proportion of people living with HIV in the Region who knew their status in 2019 was 67%, with a large variation across the countries. Efforts are still needed to stop maternal transmission of HIV, in particular to reduce even more drastically the level of contamination through breastfeeding. The coverage of mother-to-child transmission in the Region is 87%.

In the prevention of malaria, 38 African countries have adopted intermittent preventive treatment during pregnancy (IPTp) to reduce the burden of malaria during pregnancy. Coverage with three doses of IPTp rose from 1% in 2010 to 16% in 2015 and to 32% in 2020, but it remains far below the target of at least 80%. In the Region, 31 countries had planned campaigns on insecticide-treated nets (ITNs) and indoor residual spraying (IRS). The coverage of these stood at 5.3% of the entire population at risk of malaria in the WHO African Region in 2020.

A risk factor is an element that values the probability of developing a disease or suffering a trauma. It can be innate or reversible by removing, decreasing or stopping exposure to this factor. Risk factors induce health-promoting behaviours and lifestyle changes in terms of diet, physical activity, etc.

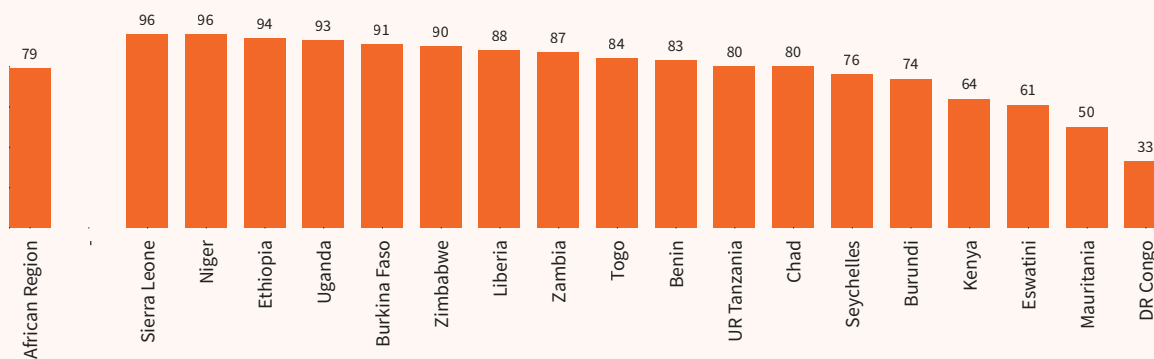
The prevalence of exclusive breastfeeding of children up to 6 months for the Region was 45.7%. This means that fewer than one in two children was exclusively breastfed in Africa between 2010 and 2018. Early breastfeeding, that is putting the newborn to the breast within the first hour of life, is essential for the survival of the newborn and for the establishment of long-term breastfeeding. Three out of five newborns are not breastfed within an hour of birth.

The prevalence of insufficient physical activity in adults aged 18 years or older has an overall average of 22.1%.

## 6.1 Availability of essential services

### Percentage of facilities offering family planning services

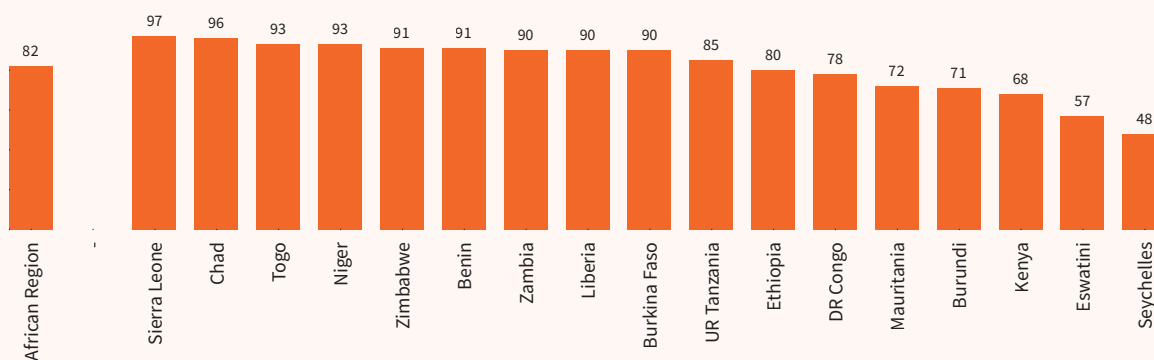
Figure 6.1.1. Percentage of health facilities offering family planning services in the WHO African Region, 2012–2019, WHO/AFRO



Of the health facilities in the Region, 79% offer family planning services. The availability of services are very disparate among the countries and range from 33% to 96%. Family planning directly addresses the goals of reducing child mortality, improving maternal health and promoting women’s empowerment and gender equality by enabling women’s greater participation in school, work and political life. The particularly high level of fertility in the WHO African Region calls for an improvement in the services dedicated to family planning. The low use of modern contraceptives partly explains the high rate of unplanned or too closely spaced pregnancies, with possible serious consequences.

### Percentage of facilities offering antenatal care service

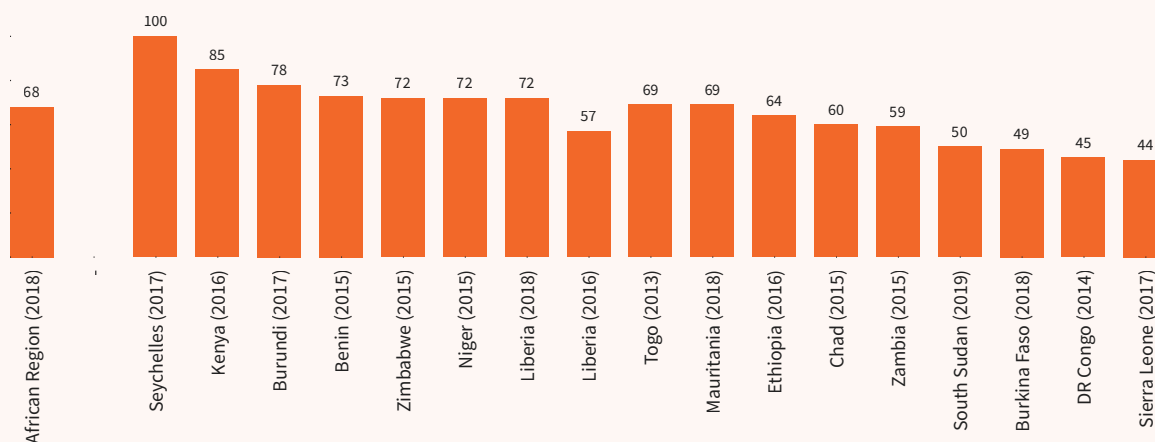
Figure 6.1.2. Percentage of health facilities offering antenatal care services in the WHO African Region, 2012–2019, WHO/AFRO



The services offered to pregnant women are in insufficient supply in African countries. For ANC, to save the lives of women and babies, WHO recommends a minimum of four visits at which essential evidence-based interventions, a package often referred to as targeted ANC, are provided. This includes identification and management of obstetric complications such as pre-eclampsia, immunisation at least against tetanus, preventive treatment of malaria in pregnancy, and identification and management of infections such as HIV, Syphilis and other STIs. Despite the available evidence on the key role of ANC in reducing maternal and neonatal mortality, millions of women in the WHO African Region countries do not participate in it, and there remains a high variability of 32%–91% among the countries for the proportion of pregnant women who make four or more ANC visits. It is essential to improve access to antenatal care services for pregnant women by raising awareness and improving community involvement in maternal, newborn, child and women’s health programmes.

## Percentage of facilities providing CEmONC

Figure 6.1.3. Percentage of health facilities with capacity to provide CEmONC services in the WHO African Region, 2012–2019, WHO/AFRO



The comprehensive emergency obstetric and newborn care services, more commonly known as CEmONC, are interventions provided to pregnant women and newborns with life-threatening complications, including severe haemorrhage, infection, prolonged or obstructed labour, eclampsia and newborn asphyxia. Only 34% of the countries in the Region have information on their CEmONC services. Among these countries, an average of 68% of the health facilities offer CEmONC services. However, there is wide range of differences in the numbers of CEmONC facilities in the countries, with Sierra Leone having the lowest level at 44% and Seychelles has CEmONC services in all its health facilities.

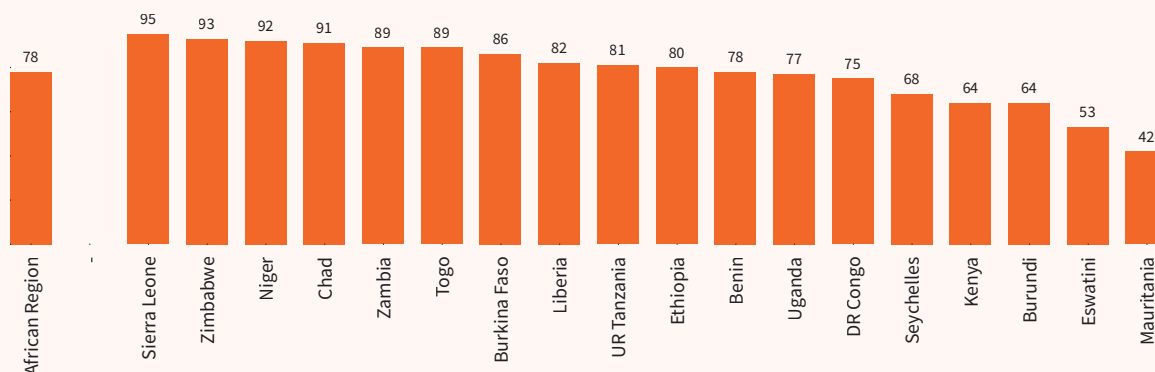
On average, fewer than one in two pregnant women in Africa give birth in the presence of skilled health personnel and only 12% of those who need emergency care for themselves or their newborns actually receive it.<sup>1</sup> The emergency interventions include safe blood transfusion, oxytocin and antibiotics, caesarean section, manual removal of the placenta, assisted vaginal delivery, abortion and newborn resuscitation. These services could save the lives of the 75% of women who die during pregnancy and delivery and the 25% who die after birth.<sup>2</sup> To address this very serious situation, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), WHO and the Averting Maternal Death and Disability (AMDD) programme have committed themselves to supporting countries in planning, financing and conducting emergency obstetric and neonatal care needs assessments and using the results to guide health policy decisions and reforms in the WHO African Region.

1 ONFPA (2016), Soins obstétricaux et néonataux d'urgence : Guide pour la réalisation des Enquêtes rapides

2 May, R. (2016), Comprehensive Emergency Obstetric and Newborn Care: The Proven Approach in Tanzania, White ribbon alliance for safe motherhood in Tanzania, Published October 28, 2016 <https://wraglobal.medium.com/comprehensive-emergency-obstetric-and-newborn-care-the-proven-approach-in-tanzania-4d7bb4542e3b> accessed 1 September, 2022

### Percentage of facilities offering routine immunisation services

Figure 6.1.4. Percentage of health facilities offering routine immunisation services in the WHO African Region, 2012–2019, WHO/AFRO



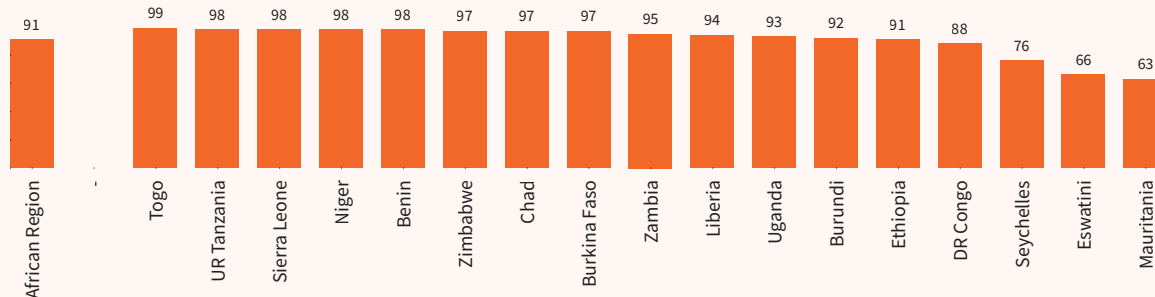
Immunisation is one of the important public health interventions and it prevents more than 4 million deaths in Africa each year. In addition to providing protection against preventable diseases, immunisation facilitates linkages with health systems that provide other basic services to populations to achieve UHC through PHC. Despite the many achievements in immunisation, about one in five African children do not receive all the necessary vaccines and more than 30 million under-five children still suffer from vaccine-preventable diseases in Africa each year. More than half a million of those children die each year from the diseases, accounting for about 58% of all vaccine-preventable deaths worldwide.

### Percentage of facilities offering vitamin A supplementation

Vitamin A deficiency (VAD) remains a pervasive problem in much of sub-Saharan Africa. Estimates suggest that 48% of the children in the Region suffer from this deficiency, which puts them at great risk of mortality. Vitamin A contributes to the normal metabolism of iron and has a role in the maintenance of normal vision, immune system function, etc. VAD issues are not homogeneous across the countries, which masks the areas with high mortality. Many countries have achieved more than 80% coverage in vitamin A supplementation and this has contributed to the recent reductions in the level of under-5 mortality, with vitamin A supplementation being responsible for lowering infant mortality by 12%–24% when given every 4 to 6 months to children aged 6–59 months in areas where vitamin A deficiency is a public health problem.

### Percentage of facilities offering preventive and curative care for under-five children

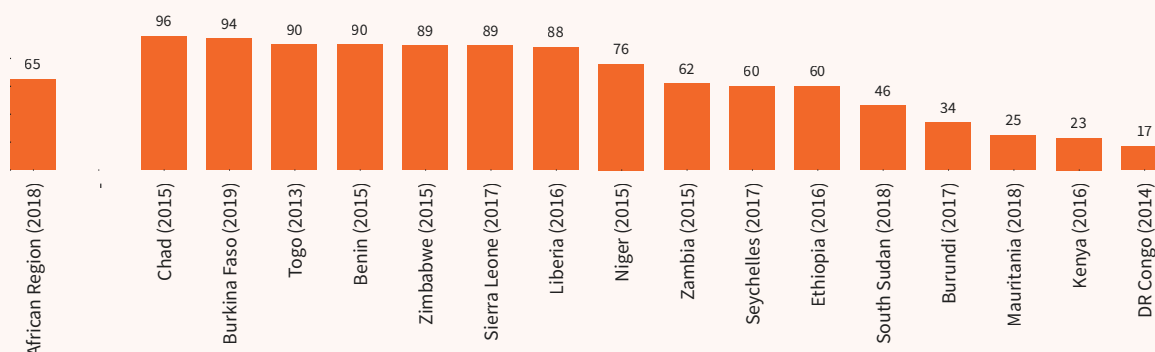
Figure 6.1.5. Percentage of health facilities offering preventive and curative care for under-five children in the WHO African Region, 2012–2019, WHO/AFRO



The integrated management of childhood illness strategy recommends that a comprehensive assessment of a child's health status be undertaken and latent problems be detected, if possible, plus preventive interventions be provided such as vaccination and growth monitoring, and prevention or reduction of progression of diseases. In the Region, eight out of 10 facilities offer the three essential preventive and curative care services for children.

### Percentage of facilities providing adolescent health services

Figure 6.1.6. Percentage of health facilities providing adolescent health services in the WHO African Region, 2012–2019, WHO/AFRO



Adolescents face a range of health and societal problems including dealing with STIs such as HIV, sexual violence, early and unwanted pregnancies and early marriage. About two thirds of the health facilities in the Region have services for adolescents. According to the Strategic plan for health and wellbeing for adolescents and youth (2021–2025), a third of the regional population is aged between 10 and 24 years. Many countries have up to 90% of their facilities offering specific and adapted health services for adolescents. However, there are some large countries that are lagging behind with less than 20% of their facilities offering services for adolescents.

### Percentage of facilities providing screening for major NCDs (hypertension, diabetes, cancer, cardiovascular diseases)

A WHO survey of 41 sub-Saharan African countries found only 22% of them to have emergency inpatient care for major NCDs, while for 37% of the countries' outpatient care was limited. The COVID-19 crisis disrupted the management of hypertension in 59% of the countries and management of diabetic complications in 56% of the countries. Closing or slowing down services is likely to worsen patients' underlying conditions, leading to more severe cases of the NCDs. It also exacerbates the susceptibility of people living with chronic diseases to COVID-19.

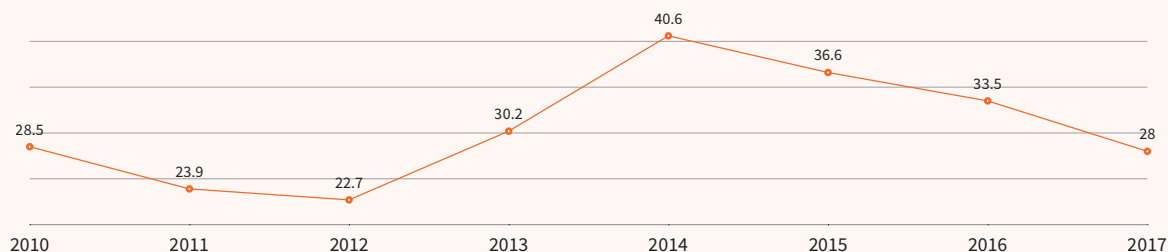
## 6.2 Coverage of interventions

### Demand for family planning satisfied with modern methods

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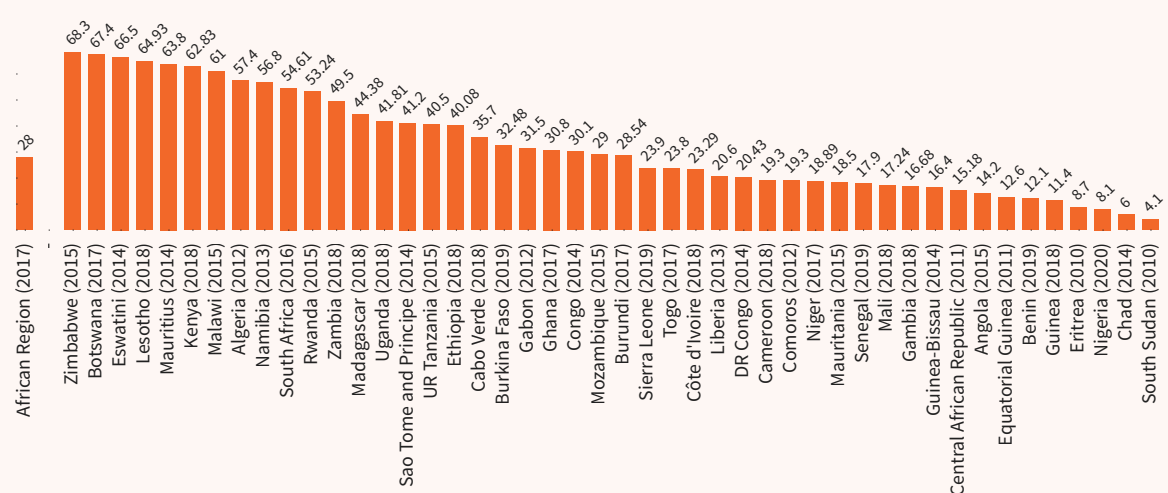
### Contraceptive prevalence rate

Figure 6.2.1. Contraceptive prevalence rate in the WHO African Region, 2010–2017, WHO



It is undeniable that progress has been made in Africa in recent decades in contraception. However, contraceptive use remains low in sub-Saharan Africa. Across the countries, the median contraceptive prevalence rate among women of reproductive age was just 28% in 2017. This rate has been falling after exceeding 40% in 2014. Family planning benefits maternal and child health, socioeconomic development and environmental sustainability.

Figure 6.2.2. Contraceptive prevalence in the WHO African Region, latest available year, WHO



Contraceptive prevalence varies widely across the countries. For example, in 2015 the prevalence was 64% in the Southern Africa subregion but only 17% in West Africa subregion.<sup>3</sup> These inequalities are frequently observed between regions, between rural and urban areas and between different socioeconomic groups. Three categories of factors contribute to inequalities in contraceptive practice.<sup>4</sup> The first one concerns women’s fertility preferences, knowledge and behaviour. The second category includes factors related to the health care system such as access to family planning services, which may be hampered by poverty and geographical distance. The third category relates to providers, whose role may be seen in their unequal treatment of women or the pressure they exert on women.

3 Ndaruhuye, M.D. and Mulindabigwi, R.C. (2019), Réduire l'écart de la pratique contraceptive entre pauvres et riches au Rwanda: en comprendre les mécanismes sous-jacents, In Perspectives Internationales sur la Santé Sexuelle et Génésique, numéro spécial de 2020, pp. 1–10

4 Kilbourne AM et al. (2006), Advancing health disparities research within the health care system: a conceptual framework, American Journal of Public Health, 96(12):2113–2121



**ANC coverage**

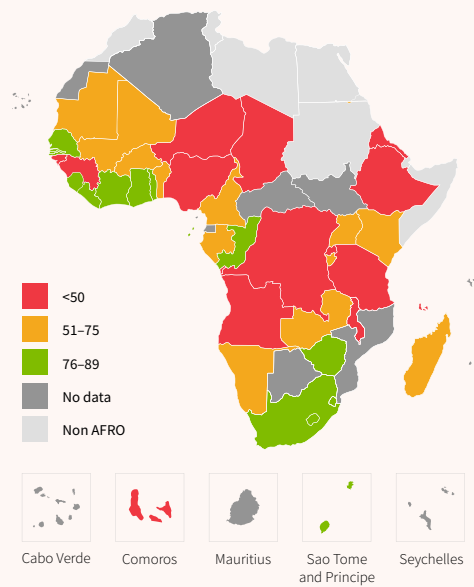
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**Births attended by skilled health personnel**

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**Postpartum care coverage – women**

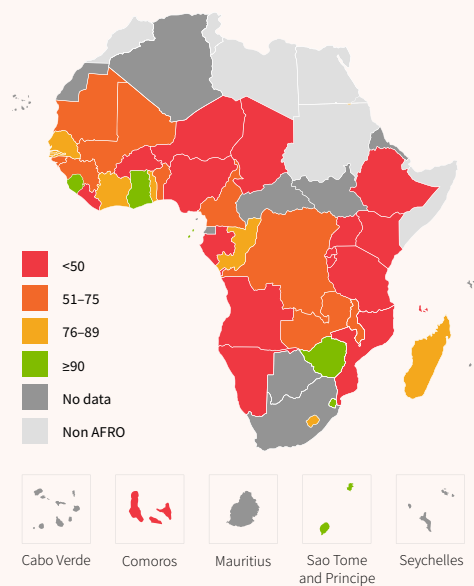
**Figure 6.2.3. Percentage of women who received postnatal (postpartum care) within 2 days of childbirth in the WHO African Region, 2015–2020, WHO/UNICEF**



The main postnatal complications that account for 75% of all maternal deaths are severe hemorrhage; infections; hypertension, that is pre-eclampsia or eclampsia; and complications of childbirth. To avoid these, prompt and professional postnatal follow-up in a safe environment is essential. The map shows great disparity between countries and within the regional economic communities. A striking feature is that the larger countries have less favourable coverage of women’s postnatal follow-up within 2 days of delivery. The early support should include essential care for physical and mental health for the woman and helping her to thrive by providing appropriate care for their child.

**Postnatal care coverage for the newborn**

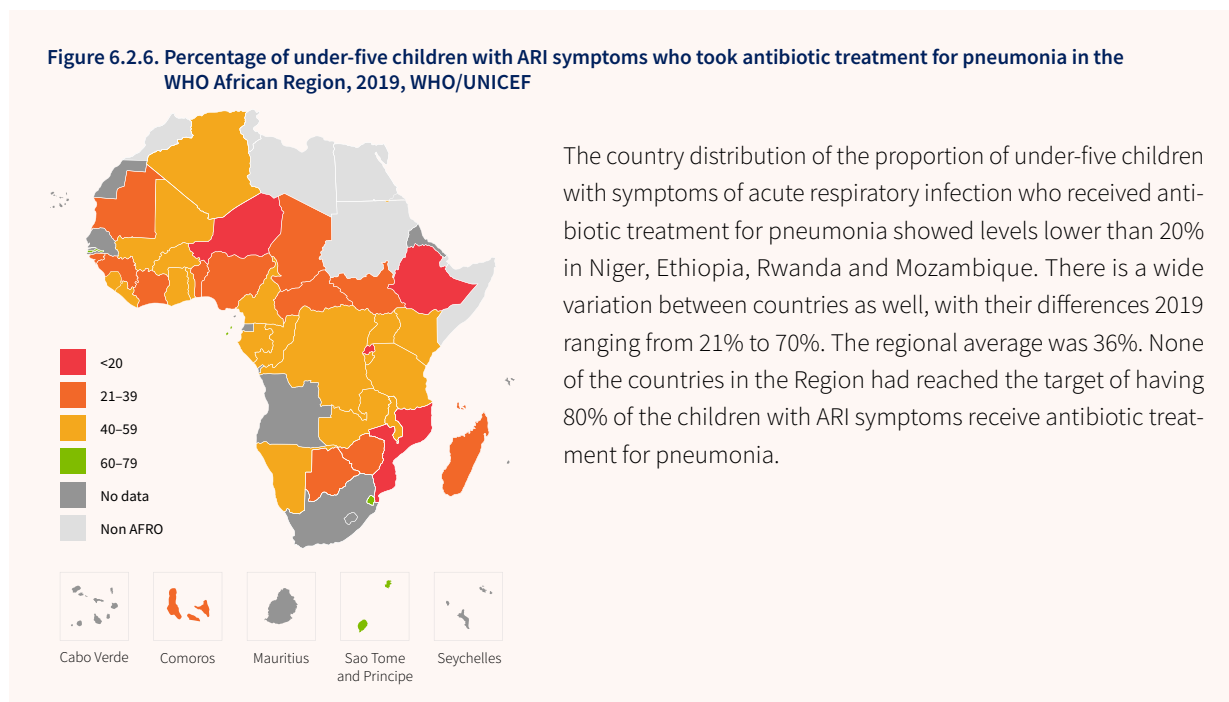
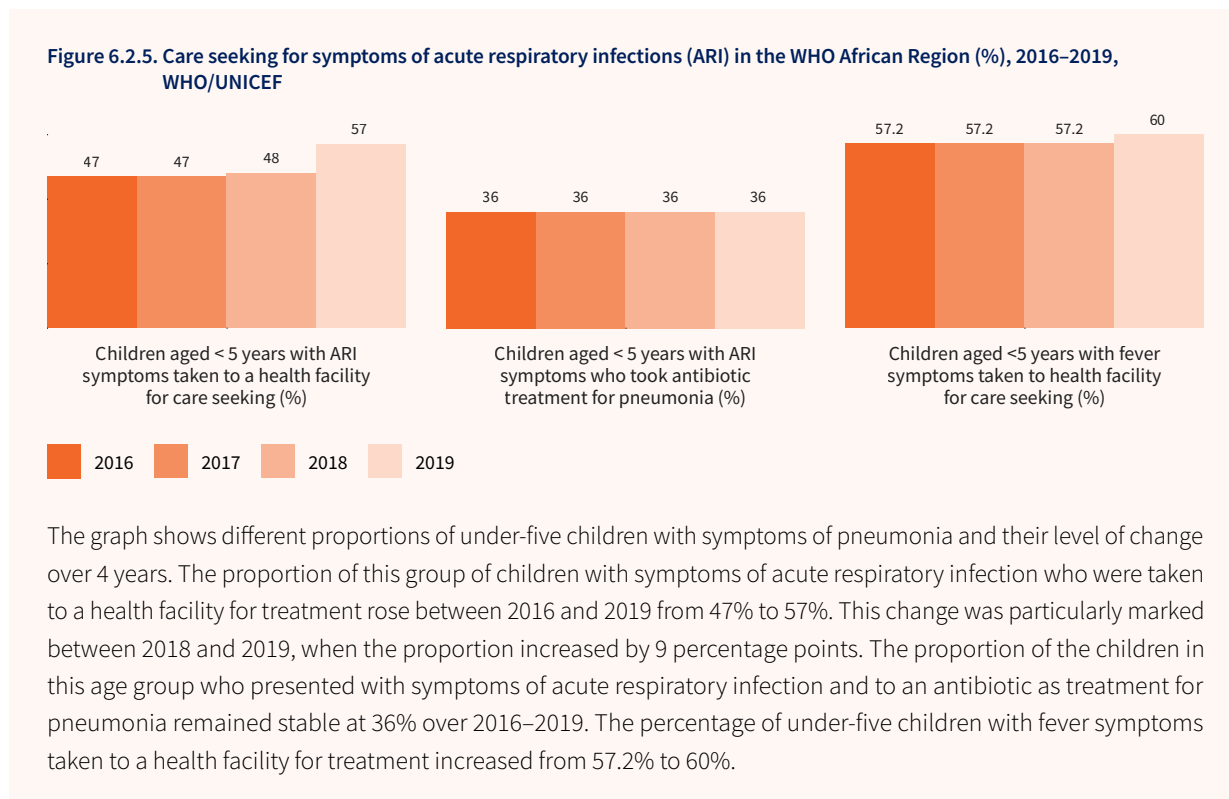
**Figure 6.2.4. Percentage of newborn babies who have postnatal care contact within 2 days of birth in the WHO African Region, 2015–2020, WHO/UNICEF**



It is essential that all births be attended by skilled health professionals, as prompt care and treatment can save the lives of the mother and the child. After an uncomplicated delivery, the mother and her healthy baby must be cared for in the maternity ward for at least 24 hours.<sup>5</sup> Coverage of care for newborns within 2 days of birth is better in some West African countries than in the countries in the other two subregions. It is low in the countries in eastern part of Africa.

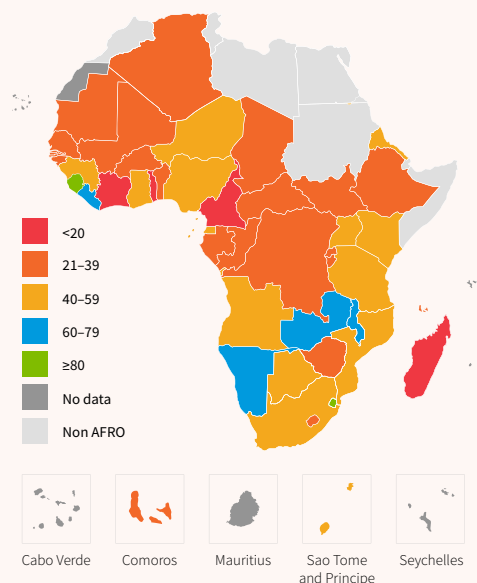
5 WHO (2017), Premiers soins essentiels au nouveau-né: Guide de poche de pratique clinique

Care seeking for symptoms of pneumonia



### Care seeking for children with symptoms of diarrhoea

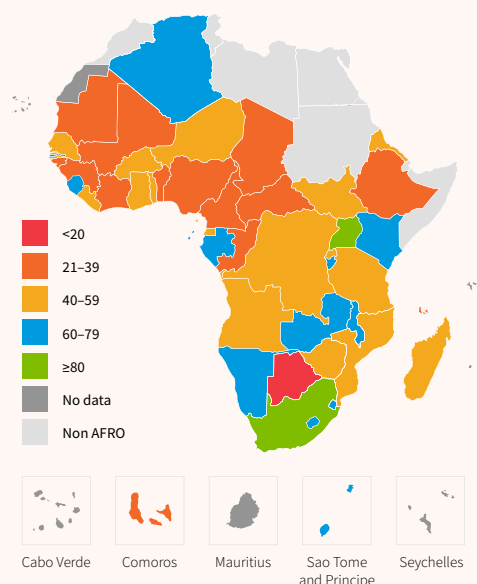
**Figure 6.2.7. Under-five children with symptoms of diarrhoea taken to a health facility for care seeking (%) in the WHO African Region, 2015–2020, WHO/UNICEF**



Diarrhoea is the second leading cause of death in under-five children. It is estimated to have killed 437 000 children in this age group in 2018, almost three times fewer than the 1.2 million killed in 2000.<sup>6</sup> Some of the main reasons for this improvement are access to safe water and adequate sanitation and hygiene. Treatment for diarrhoea consists of rehydration of the child with oral rehydration salts in cases of moderate dehydration or in the absence of signs of dehydration. This treatment is affordable. Intravenous rehydration is preferred for severe dehydration or shock. Zinc supplementation reduces the symptoms by 25% to 30%. A nutrient-rich diet such as breast milk can prevent diarrhoea. In 2017, 37% of under-five children in sub-Saharan Africa received diarrhoea treatment consisting of oral rehydration salts and continuous feeding (World Bank).

### Care seeking for children with fever symptoms taken to a health facility

**Figure 6.2.8. Under-five children with fever symptoms taken to a health facility for care seeking (%) in the WHO African Region, 2019, WHO/UNICEF**

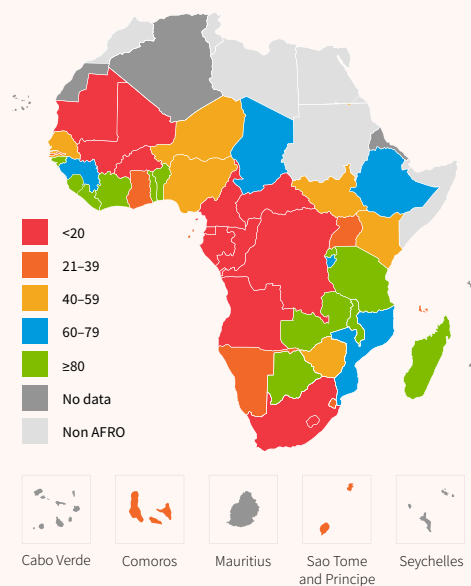


The percentage of under-five children with fever symptoms who are taken to a health facility for care is lower in West and Central Africa than in the East and Southern Africa subregion. There are large differences between countries in terms of the proportion of under-five children with fever who were taken to a health facility for care. From the available data, only Botswana did not reach the 20% level for febrile children receiving care in a health facility. Two countries, Uganda and South Africa, surpassed the 80% coverage mark for care for under-five children with fever symptom. The average for the Region was 57% for the under-five children with fever symptoms who were taken to a health facility for care.

<sup>6</sup> UNICEF (2020), *Fighting for Breath: Call to action – End childhood pneumonia*, Global Forum on Childhood Pneumonia, Save the Children, London, and UNICEF, New York.

Vitamin A supplementation coverage

Figure 6.2.9. Vitamin A supplementation coverage (%) in the WHO African Region, 2017, WHO/UNICEF



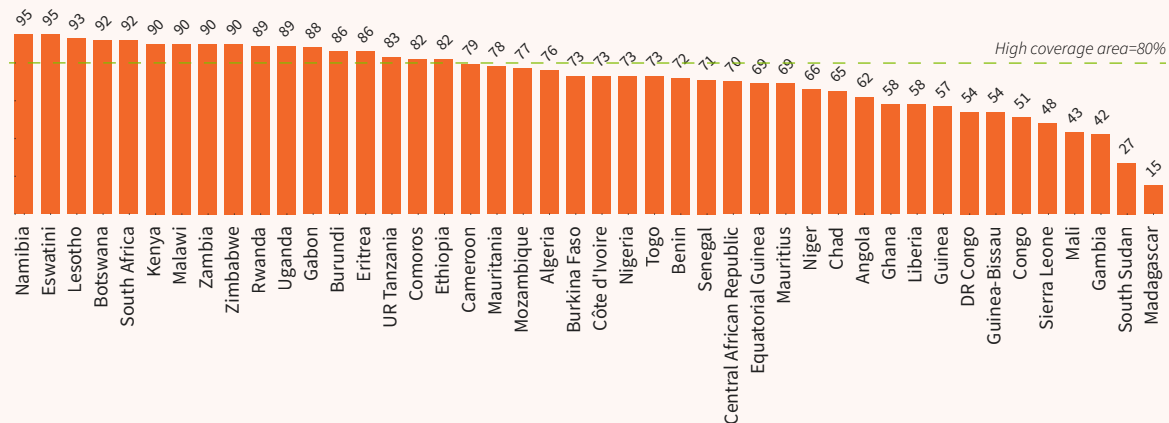
Vitamin A deficiency affects an estimated 19 million pregnant women and 190 million preschool children globally, but mainly in the African and the South-East Asia regions. Countries from Central Africa have the lowest coverage of vitamin A supplementation, which is below 20%. Most of the countries in East and Southern Africa subregions have very good coverage, and the coverage level among West African countries falls between these two. The average vitamin A supplementation coverage level for the Africa Region was 67.4% in 2017. Country coverage scores ranged from 0 to 99%. As noted above, apart from Chad, whose vitamin A supplementation coverage was average, there was high coverage in several countries, with seven in the West Africa subregion and six in the East and Southern Africa subregion achieving the target of 80% or higher.

Immunisation coverage rate by vaccine for each vaccine in the national schedule

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People living with HIV who know their status

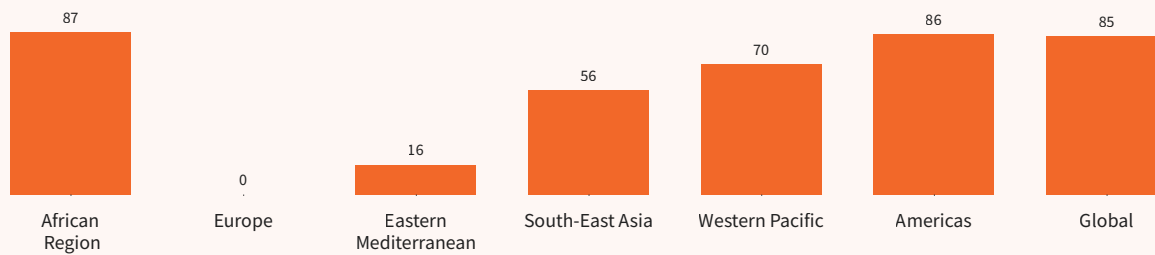
Figure 6.2.10. People living with HIV who know their status (%) in the WHO African Region, 2019, UNAIDS



The proportion of people living with HIV who know their status varies among the countries in the WHO African Region and goes from 15% in Madagascar to 95% in Namibia and Eswatini. Just under 40% of the countries in the Region had reached the target 80% by 2019. The average proportion of the people living with HIV in the Region and know their status was 67% in 2019. The earlier a person is diagnosed with HIV, the sooner he or she can start the life-saving treatment. And the earlier HIV treatment starts after infection, the better are the results.

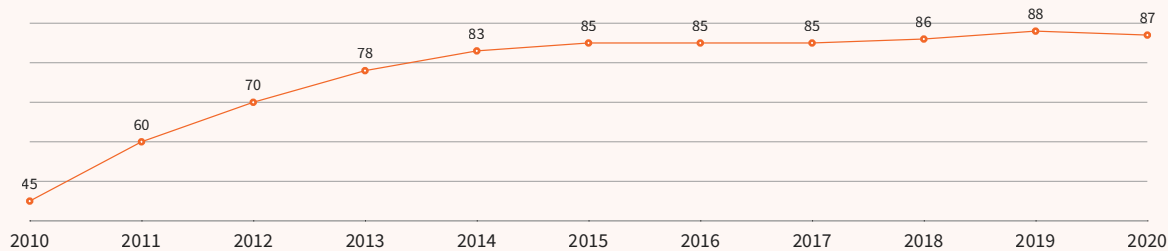
Prevention of mother-to-child transmission

Figure 6.2.11. Coverage of prevention of mother-to-child transmission, in the WHO regions, 2020, UNAIDS



Measures to prevent mother-to-child transmission of HIV averted 1.4 million infections between 2000 and 2015. Nevertheless, 160 000 paediatric HIV cases were reported in 2018 (UNAIDS). To stop maternal transmission of HIV, efforts are needed to reduce even more drastically the transmission of the disease through breastfeeding.<sup>7</sup> The WHO African Region’s coverage levels of interventions for prevention of mother-to-child transmission of HIV are the highest among the WHO the regions, and with its coverage of 87% in 2020, it outperformed even the Americas Region.

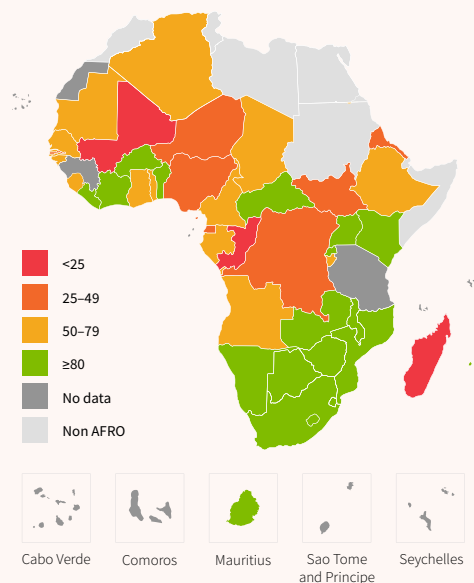
Figure 6.2.12. Coverage of prevention of mother-to-child transmission, in the WHO African Region, 2010–2020, WHO



The WHO African Region accounted for more than one third of new HIV infections among children worldwide in 2020 (UNAIDS, 2021), reflecting the persistent gaps in the efforts to prevent vertical transmission, including the low coverage of maternal and newborn health services. After a steady increase in coverage levels for prevention of mother-to-child of transmission of HIV, there was a flattening of the coverage from 2015. The slight coverage fluctuations of between 85% and 88% in recent years reflect the persistence of mother-to-child transmission in the Region, as women continue to acquire HIV during pregnancy and breastfeeding owing to the lack of appropriate combination of HIV prevention approaches.

<sup>7</sup> Van de Perre, P. et al. (2021), Eliminating postnatal HIV transmission in high incidence areas: need for complementary biomedical interventions, The Lancet, Health policy, vol. 397, Issue 10281, P1316–1324, 3 April, 2021

Figure 6.2.13. Coverage of prevention of mother-to-child transmission of HIV in the WHO African Region, 2019, UNAIDS



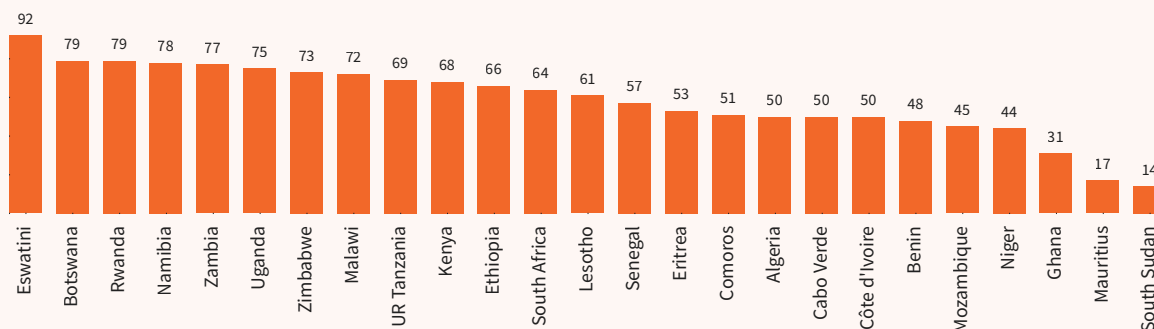
The prevention of mother-to-child transmission coverage is higher in the East and Southern Africa than in the other parts of the Region and lowest in Mali, Congo and Madagascar, whose levels are lower than 25%. With a few exceptions, all countries in the East and Southern African subregion exceeded 80% coverage of the prevention of mother-to-child transmission of HIV.

### Antiretroviral therapy (ART) coverage

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### HIV viral load suppression

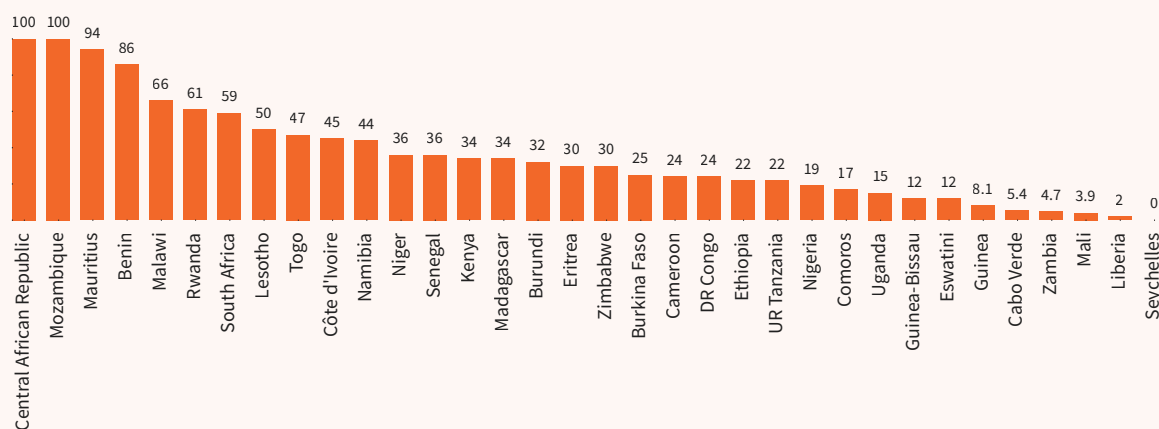
Figure 6.2.14. HIV viral load suppression (%) in the WHO African Region, 2019, UNAIDS



The higher the viral load of a person living with HIV, the higher his or her risk of transmitting the disease is. Taking an anti-HIV treatment that prevents HIV from multiplying blocks its evolution and thus lowers the viral load. The viral load can even become undetectable with current laboratory equipment. Among the countries for which information was available in 2019, South Sudan and Mauritius had viral load suppression levels below 20%, Ghana had a level between 30% and 40%, and Eswatini stood out from all the countries with its high score of 92%. The other countries had HIV viral load suppression levels ranging from 44% to 79%.

### Coverage of treatment for latent TB infection

Figure 6.2.15. Coverage of treatment for latent TB infection (%) in the WHO African Region, 2018, WHO



TB infection is said to be latent when a person infected with it is not ill, has no symptoms and is not contagious, but somehow harbours its mycobacteria. Treatment coverage for latent TB infections in 2019 was low for a third of the countries, which had a level of less than 20%. Another third had treatment coverage levels of between 20% and 40%. Among the rest of the countries, four had very high treatment coverage scores, that is Benin with 86%, Mauritius with 94% and the Central African Republic and Mozambique with 100%.

### HIV-positive new and relapse TB patients on ART during TB treatment

Figure 6.2.16. Number of HIV-positive new and relapse TB patients on ART during TB treatment, 2018, WHO



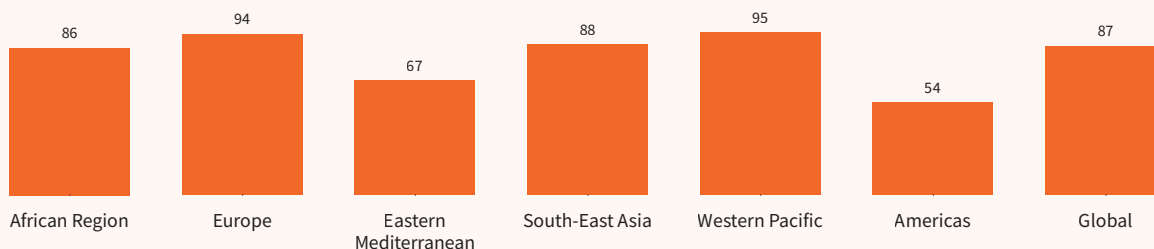
The number of new people with new HIV diagnosis and relapsed HIV patients with TB who are on ART during TB treatment is an indicator that the measures, whether or not they are country programmes, are effectively linking TB patients with HIV to the appropriate HIV treatment. The HIV status of TB patients is determined in TB hospitals, and often ART for TB cases is provided by the HIV programme. The number of TB patients on ART in the countries of the WHO Africa Region varies from country to country, and in 2018 it ranged from zero in Mauritania to over 100 000 in South Africa. Clearly, the links between the two programmes might not be effective enough in most countries.

### TB treatment coverage

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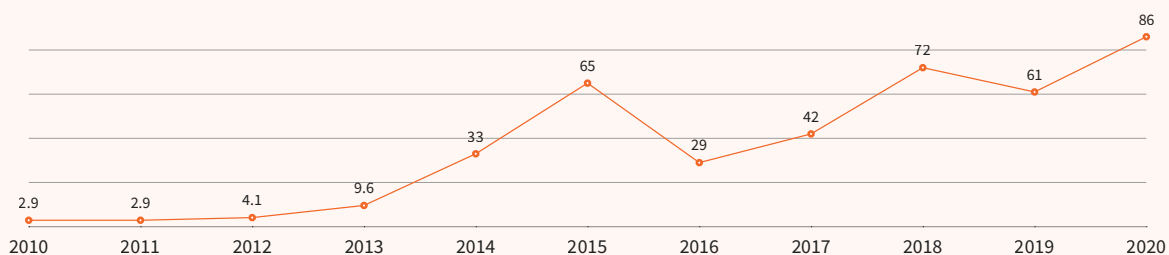
#### Treatment coverage for drug-resistant TB

Figure 6.2.17. Treatment coverage (%) for drug-resistant TB in the WHO regions, 2020, WHO



The treatment coverage for drug-resistant TB in the Region was almost equal to the global average of 87% in 2020. However, there is space for improvement to cover the gap and reach the performance of the leading regions.

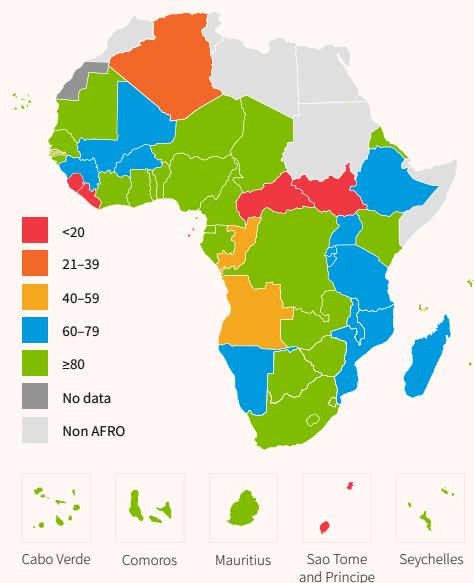
Figure 6.2.18. Treatment coverage (%) for drug-resistant TB in the WHO African Region, 2010–2020, WHO



In 2020, WHO recommended that patients with multidrug-resistant TB (MDR-TB) should be treated with a new and shorter oral regimen that would take 9–11 months. Studies have shown that patients are more successful in following this treatment than the 20-month type. By the end of 2020, 65 countries had started using the shorter regimen to treat MDR-TB and 109 had started using bedaquiline to improve the effectiveness of the new treatment.



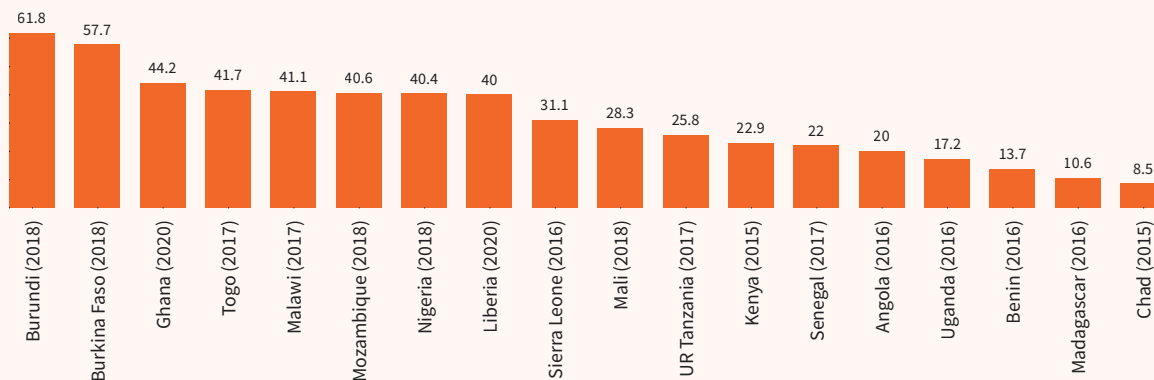
Figure 6.2.19. Treatment coverage (%) for drug-resistant TB in the WHO African Region, 2020, WHO



The situation in African countries in regard to drug-resistant TB is improving and more than half of the countries have coverage scores of above 80%. The lack of resources or the context of instability of some countries such as the Central African Republic and South Sudan could explain the low coverage in some of the countries.

Intermittent preventive therapy for malaria during pregnancy

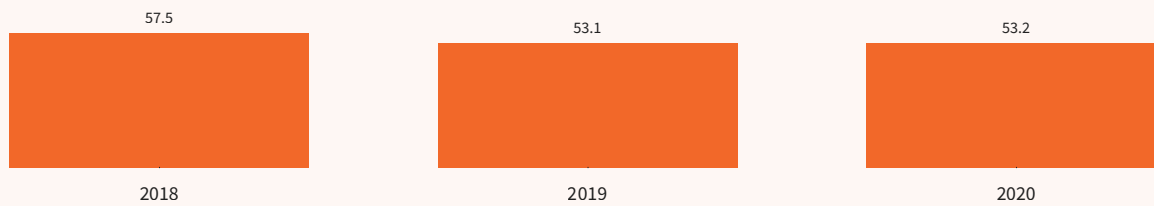
Figure 6.2.20. Percentage of pregnant women receiving intermittent preventive therapy for malaria (N=18), latest available year, DHS/MIS/NHMIS



WHO recommends three or more doses of the intermittent preventive treatment during pregnancy (IPTp) for malaria for women living in Africa in areas with moderate to high malaria transmission. To date, 38 African countries have adopted IPTp to reduce the burden of malaria during pregnancy. Coverage with three doses of IPTp rose from 1% in 2010 to 16% in 2015 and 32% in 2020, but it remains far below the target of at least 80%. The coverage level decreased slightly from 35% in 2019 to 32% in 2020.

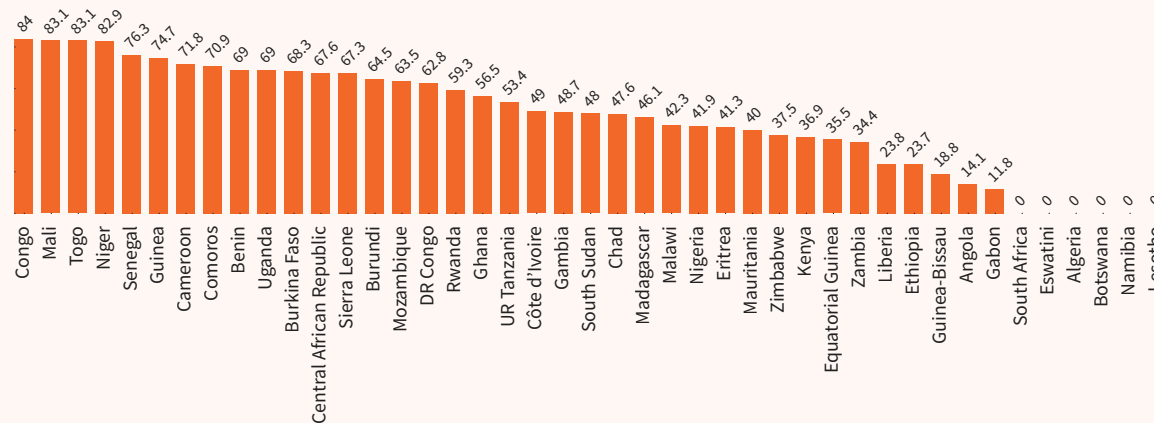
Use of insecticide-treated nets

Figure 6.2.21. Population with access to an ITN for malaria protection (%) in the WHO African Region, 2018–2020, WHO



By 2020, 31 countries had planned ITN campaigns and 18 of them had completed their campaigns in 2020, most of which were significantly behind schedule. Thirteen countries saw their campaigns spill over into 2021. Globally, 72% of all the ITNs scheduled for distribution in 2020 were distributed by the end of that year.

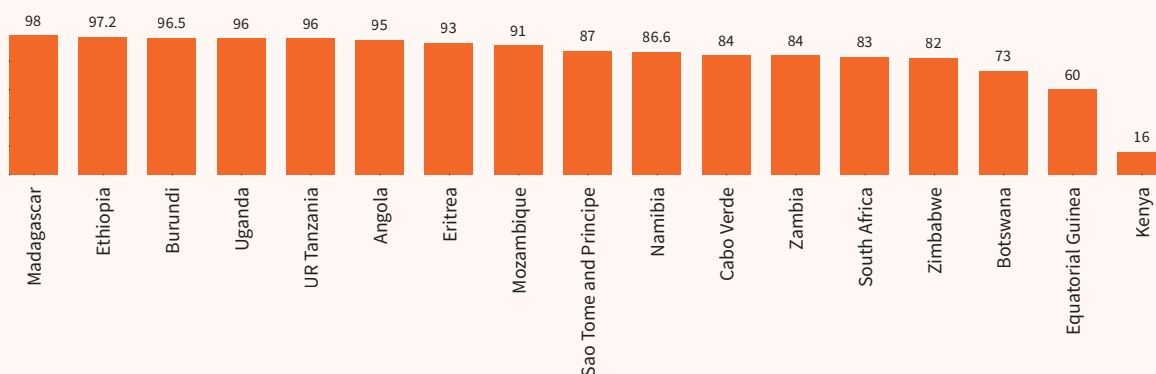
Figure 6.2.22. Population with access to an ITN for malaria protection (%) in the WHO African Region, 2020, WHO



The average for the Region of the population with access to an ITN for malaria protection in 2020 was 53.2%. Among the countries, the coverage levels varied from 11.8% in Gabon to 84% in Congo, two of the countries in the Central African subregion. Four countries had achieved the target of 80% for the population with access to an ITN. These were Congo, Togo, Mali and Niger. The countries with the very low coverage levels of less than 20% for access to an ITN were Gabon and Angola with 14.1% and Guinea-Bissau with 8.8%. Ten countries had coverage levels lower than 40%.

### Indoor residual spraying coverage

Figure 6.2.23. Indoor residual spraying coverage (N=17) in the WHO African Region, 2006–2007, National Malaria Control Programme



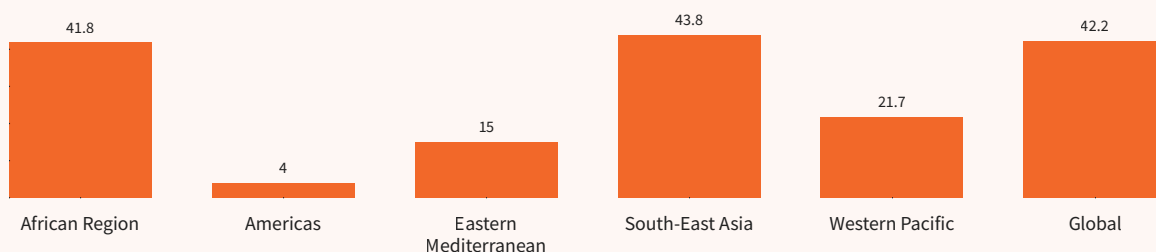
Indoor residual spraying coverage stood at 5.3% in the entire population at risk of malaria in the Africa Region in 2020. It fluctuated from 2014 but showed a downward trend from 2010. Among the 36% of the countries in the Region with reported data, 80% had high indoor residual spraying coverage rates and had reached the 80% target. They need to ensure that these rates are maintained or improved. There were still countries like Kenya where coverage remained very low at 16%.

### Number of people requiring interventions against neglected tropical diseases

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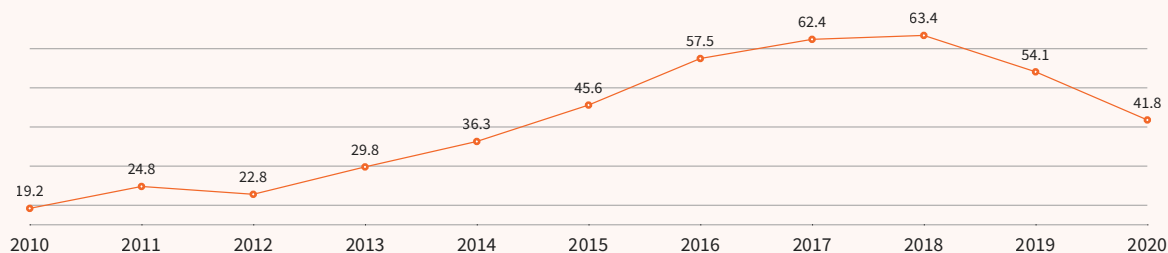
### Coverage of preventive chemotherapy for selected NTDs

Figure 6.2.24. Coverage of preventive chemotherapy for lymphatic filariasis in the WHO regions, 2020, WHO



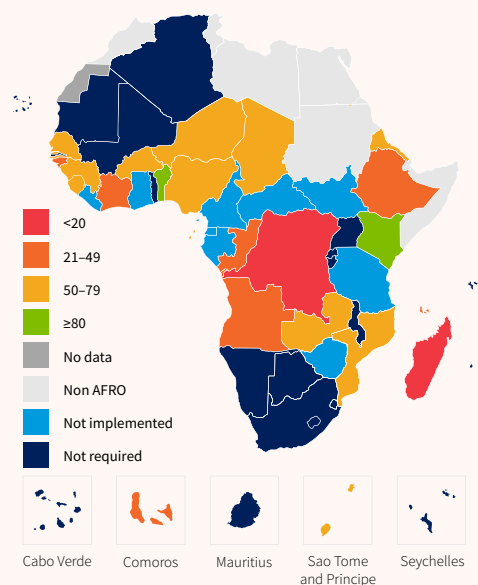
Integrated chemoprevention is an innovative WHO approach to combat and eliminate NTDs, which affect more than one billion people worldwide. Treatment of these infections is based on the use of drugs in varying combinations. In 2019, 67 countries reported implementing chemoprevention for at least one of the five major diseases, and 1.048 billion people received treatment for at least one disease. More than 1.562 billion treatments were distributed. The results from chemoprevention use are reflected in the WHO African Region in the elimination of lymphatic filariasis as a public health problem in Malawi and Togo.

Figure 6.2.25. Coverage of preventive chemotherapy for lymphatic filariasis in the WHO African Region, 2010–2020, WHO



Lymphatic filariasis poses a serious threat to approximately 406 million people in the WHO African Region. It is caused by a thread-like parasitic worm that is transmitted by mosquitoes. It is endemic in 13 countries and areas, two of which are African.<sup>8</sup> The coverage level for preventive chemotherapy for lymphatic filariasis in the Region was 41.8% in 2020, which was a decline from 63.4% in 2018. The decline was associated with the delayed supply of medicines, which was also accentuated by the COVID-19 crisis and its consequences. There are still challenges that must be overcome to see Africa free of lymphatic filariasis. Many countries, including those that are free of the disease, remain vulnerable.

Figure 6.2.26. Coverage of preventive chemotherapy for lymphatic filariasis in the WHO African Region, 2020, WHO

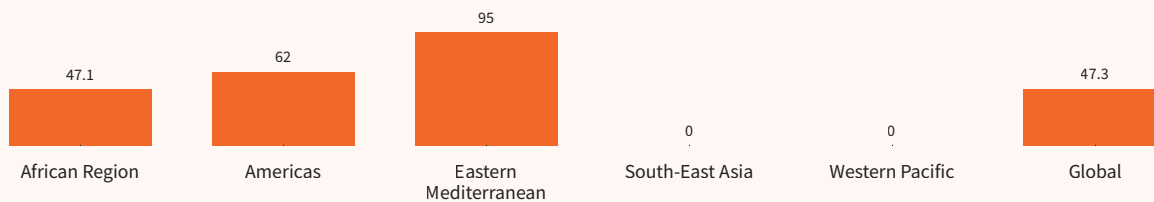


The coverage of preventive chemotherapy for lymphatic filariasis is at different levels among the countries. Lymphedema and of hydrocele, the symptoms related to the disease, and their adapted treatments were reported by the countries. The control of these symptoms and their effects depends on the ability of the countries to control the disease.

Geographically, the disease is found in the intertropical zone, and the lowest coverage of its treatment in 2020 was in the Democratic Republic of the Congo and Madagascar, with levels below 20%.

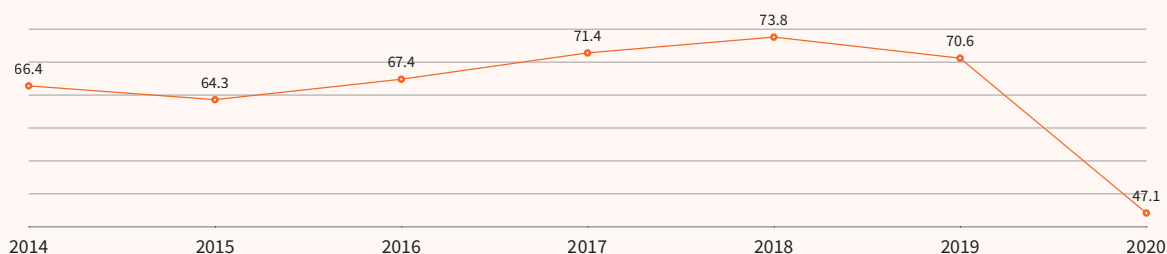
8 Deribe, K. et al. (2021), African Regional progress and status of the programme to eliminate lymphatic filariasis: 2000–2020, International Health 2021; 13, Suppl.1: S22–S27

Figure 6.2.27. Coverage of preventive chemotherapy for onchocerciasis in the WHO regions, 2020, WHO



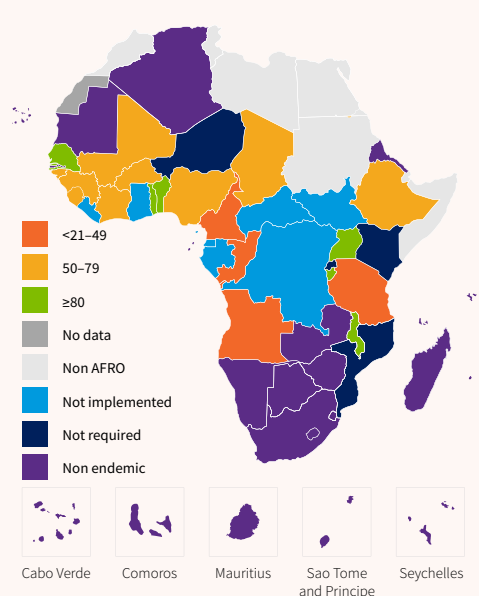
Onchocerciasis is a tropical parasitic disease that affects the eyes and the skin. It is transmitted by the repeated biting from infected blackflies. It is mainly found in remote rural areas. Eye infection associated with onchocerciasis can lead to blurred vision and even blindness. The global coverage of preventive chemotherapy for onchocerciasis is 47.13%. The coverage levels among the regions are 47.1% for the African, 62% for the Americas and 95% for Eastern Mediterranean regions.

Figure 6.2.28. Coverage of preventive chemotherapy for onchocerciasis in the WHO African Region, 2014–2020, WHO



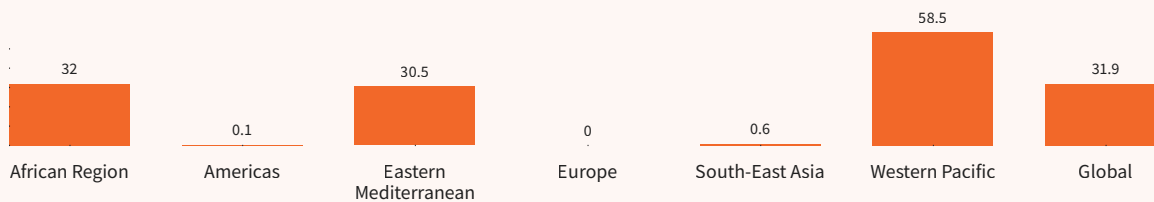
The coverage of preventive chemotherapy for onchocerciasis stood at 47.1% in 2020. It was on a climbing path between 2015 and 2018, going from 64.3% to 73.8%. It declined from then. The COVID-19 crisis and the associated diversion and prioritisation of resources for its tackling pushed this type of disease into the background.

Figure 6.2.29. Coverage of preventive chemotherapy for onchocerciasis in the WHO African Region, 2020, WHO



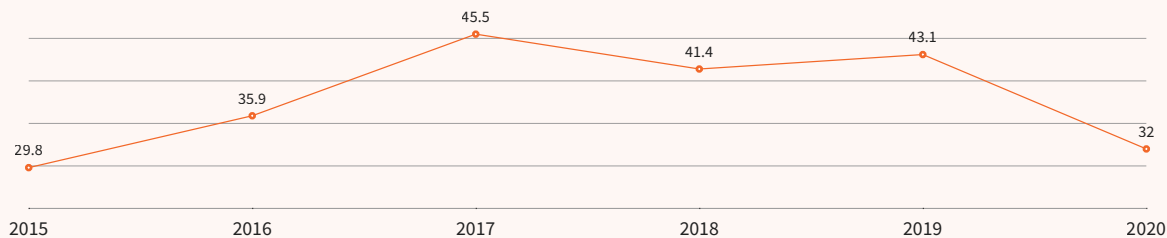
In the countries where the onchocerciasis programme is implemented, those in West Africa have better preventive chemotherapy coverage for the disease than the Central African countries. Coverage rates are low for most countries where the programme operates in Central Africa.

Figure 6.2.30. Coverage of preventive chemotherapy for schistosomiasis in the WHO regions, 2020, WHO



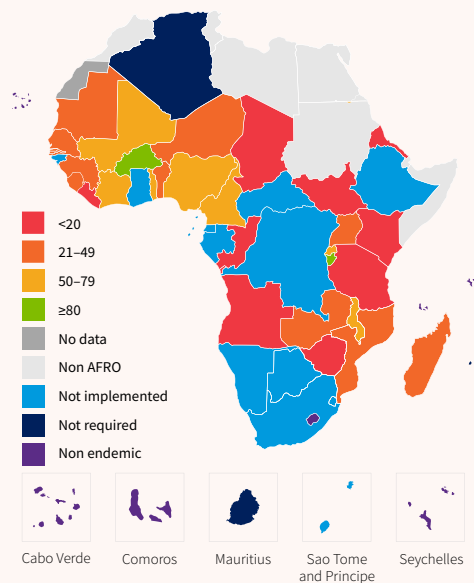
Schistosomiasis is an acute or chronic disease caused by parasites and is found in tropical and subtropical regions. The victims are infected with worms through activities that expose them to contaminated water. The coverage of preventive chemotherapy for schistosomiasis in 2020 was 31.9% globally, 32% in Africa, 30.5% in the Eastern Mediterranean and 58.5% in the Western Pacific. South-East Asia and the Americas had minimal coverage.

Figure 6.2.31. Coverage of preventive chemotherapy for schistosomiasis in the WHO African Region, 2015–2020, WHO



The coverage rates for chemotherapy for schistosomiasis in the WHO African Region have fluctuated in recent years and declined during 2019 to 2020 but they went back to their level of about 5 years before.

Figure 6.2.32. Coverage of preventive chemotherapy for schistosomiasis in the WHO African Region, 2020, WHO



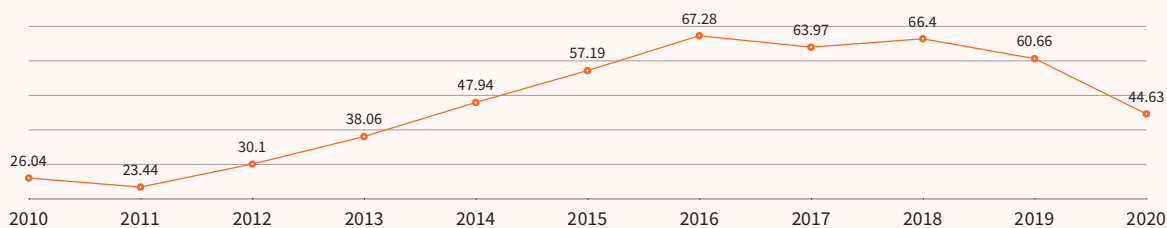
Countries in the West African subregion had better rates of prevention coverage against schistosomiasis in 2020 than did those in the other two parts of the Region.

**Figure 6.2.33. Coverage of preventive chemotherapy for soil-transmitted helminthiases in the WHO regions, 2020, WHO**



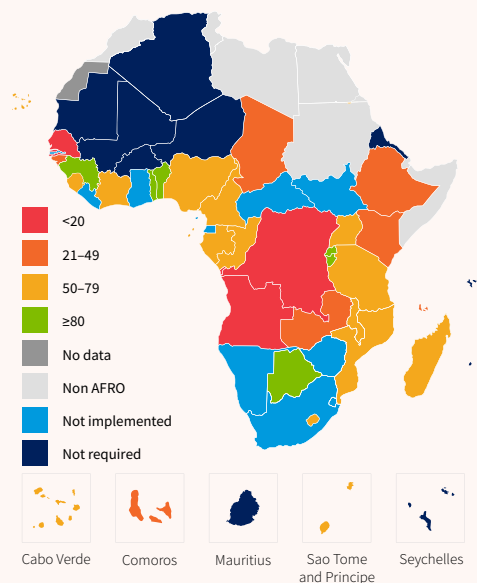
Soil-transmitted helminthiases constitute a group of parasitosis (hookworms, roundworms and whipworms) transmitted by oral or tactile contact with contaminated human faeces. They are especially frequent in hot and humid climates where sanitary conditions are insufficient. In rare cases, symptoms may occur such as abdominal pain, diarrhoea and rectal prolapse. The coverage of preventive chemotherapy for soil-transmitted helminthiases varies by region, but the overall average was 46.94% in 2020. Apart from the Americas and the Eastern Mediterranean regions, which had low coverage of 3.34% and 24.49%, respectively, the other regions had better prevention levels than the WHO African Region with its 44.63%. Europe had 49.63%, South-East Asia 53.1% and Western Pacific 53.24%.

**Figure 6.2.34. Coverage of preventive chemotherapy for soil-transmitted helminthiases in the WHO African Region, 2020, WHO**



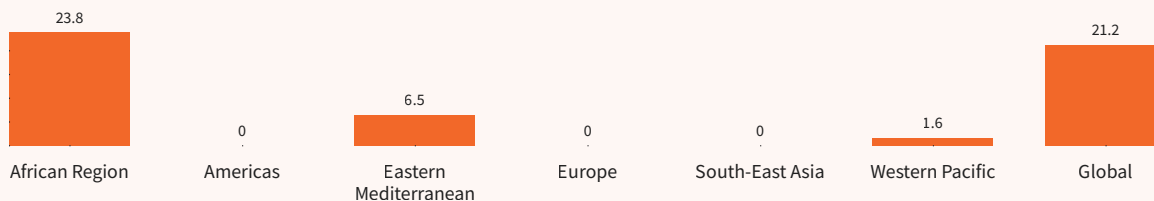
The coverage of prevention chemotherapy for helminthiases in the Region increased from 26% to 44.6% over the 10 years between 2011 and 2020. The major and continuous progression was from 2011 to 2016, when the coverage grew from 23.4% to 67.3%. Between 2018 and 2020 it declined from 66.4% to 44.6%.

**Figure 6.2.35. Coverage of preventive chemotherapy for soil-transmitted helminthiases in the WHO African Region, 2020, WHO**



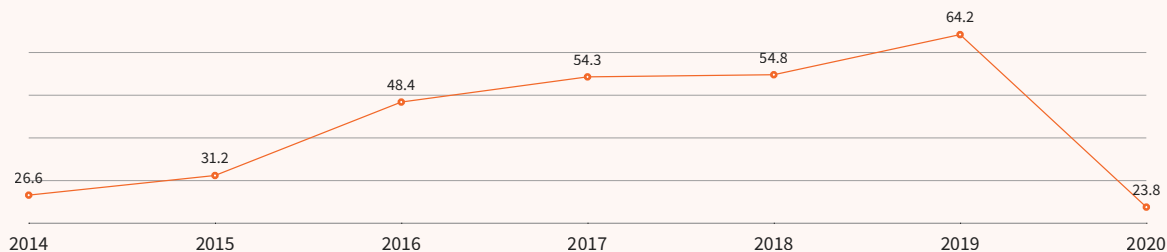
There are geographical or even territorial variations among the subregions in the coverage levels for preventive chemotherapy for helminthiases. Relative humidity mixing with poor hygiene conditions provide a good environment for helminthiases to thrive. The coverage variations of preventive chemotherapy are also influenced by the socioeconomic levels of the countries. In 2020, coverage levels for preventive chemotherapy helminthiases were lower than 40% in most countries, with 5% in Senegal, 19.5% in Angola and 39.5% in Chad. They were better in Guinea, with 80.8%, and Benin, with 86.2%.

**Figure 6.2.36. Coverage of preventive chemotherapy for trachoma in the WHO regions, 2020, WHO**



Trachoma is a highly contagious disease that affects the eyes and may require surgery. Access to clean water and adequate sanitary conditions are essential to prevent the disease. The coverage of preventive chemotherapy for its treatment was 21.2% globally in 2020, a level that was influenced by the WHO African Region, which had a coverage of 23.8%.

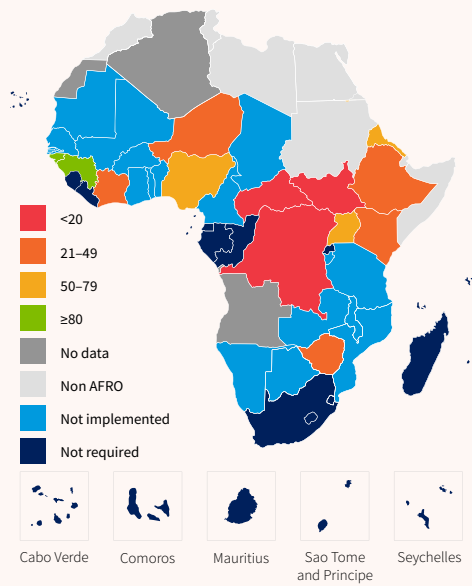
**Figure 6.2.37. Coverage of preventive chemotherapy for trachoma in the WHO African Region, 2014–2020, WHO**



Trachoma prevention coverage took a dizzying fall from 64.4% in 2019 to 23.8% in 2020. This followed a continuous rise between 2014, when the level was 26.6%, and 2019. In addition to the difficulties in accessing services at the height of the COVID-19 pandemic from 2020, the issue of water was crucial for a significant number of African countries. Water and hygiene conditions must remain priorities for Member States in their implementation of health policies.



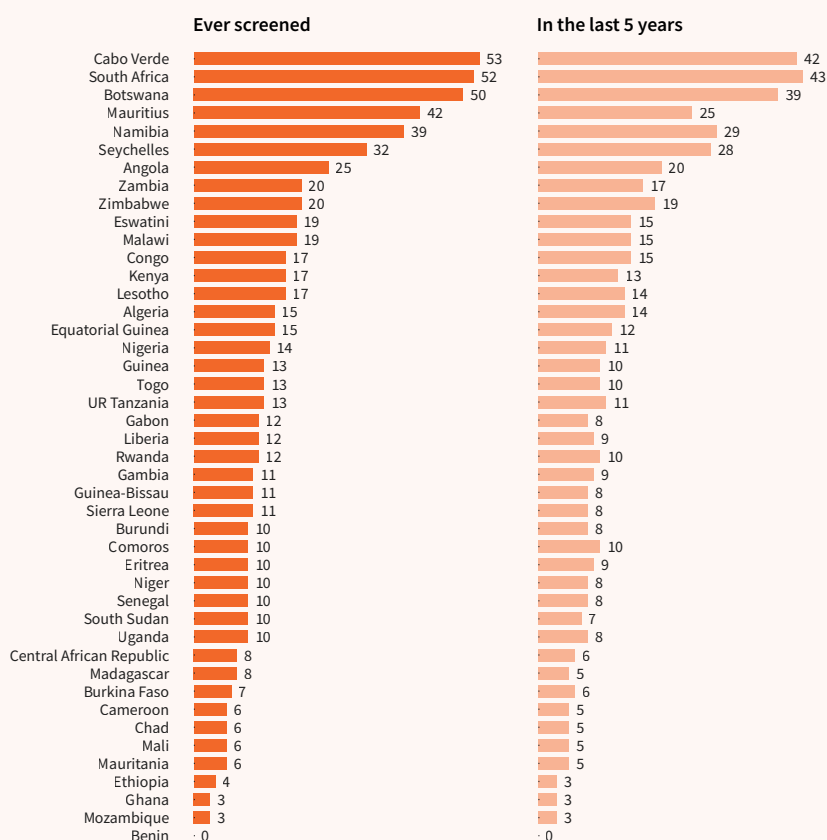
Figure 6.2.38. Coverage of preventive chemotherapy for trachoma in the WHO African Region, 2020, WHO



The lowest trachoma prevention rates in 2020 were observed in three countries in the heart of Africa, that is the Democratic Republic of the Congo, the Central African Republic and South Sudan, whose coverage levels were lower than 20%. These countries are marked by displacement of people fleeing insecurity in some of their areas through dusty roads that lack water.

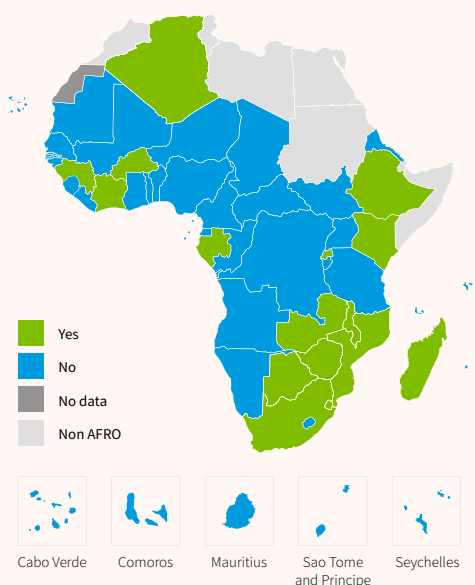
### Cervical cancer screening

Figure 6.2.39. Screening for cervical cancer (% of women aged 30–49 years) in the WHO African Region, 2019, WHO



Several factors hinder screening for cervical cancer, especially in sub-Saharan Africa, including the level of education, the sociofamilial situation, etc. An analysis of the risk factors in the sub-Saharan African population in 2019 showed that among the countries screening for cervical cancer, coverage among women aged 30–49 years ranged from zero to 50%. Only 12.5% of the women aged 30–49 years were screened the previous 5 years in the Region and only 15.7% had ever been screened.

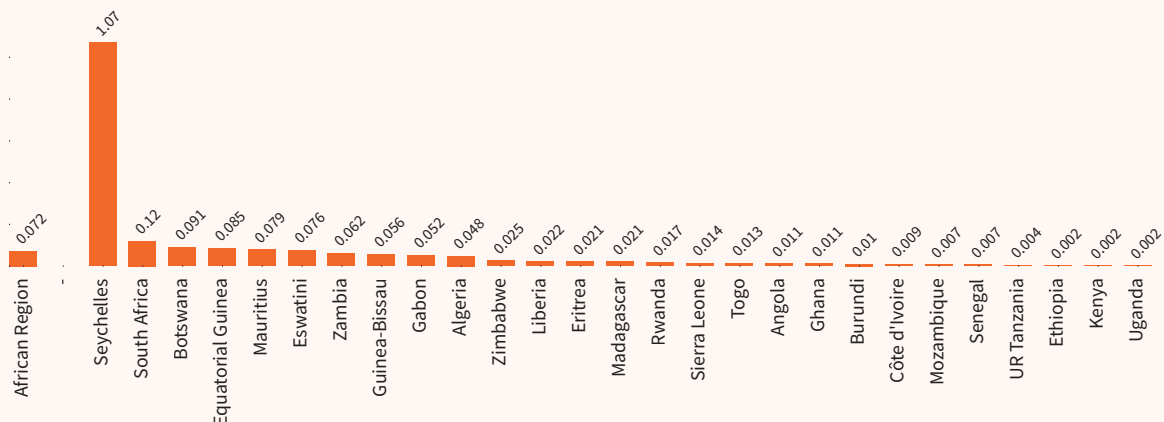
Figure 6.2.40. Existence of a national screening programme for cervical cancer in the WHO African Region, 2021, WHO



Cervical cancer screening programmes do not exist in every country or not at the national level. The countries with a national programme are mainly concentrated in the East and Southern Africa, apart from the island states. In fact, in this subregion, only Lesotho, Namibia, United Republic of Tanzania, Burundi and Eritrea do not have such a programme. In the Central African subregion, only Gabon has a screening programme for cervical cancer, and in the West Africa, only Guinea, Côte d'Ivoire and Burkina Faso have national cervical cancer screening programmes. Clearly, more attention to cervical cancer is needed from the countries in this subregion.

### Coverage of services for severe mental health disorders

Figure 6.2.41. Coverage of services for severe mental health disorders (per 100 000 population) in the WHO African Region, 2015–2017, WHO



The coverage of the services for severe mental health disorders per 100 000 population in the African was 0.072 per 100 000 population between 2015 and 2017. Also, less than 10% of the population had access to mental health care. This problem is exacerbated by the lack of adequate human resources. The countries in the Region have one psychiatrist for every 500 000 inhabitants, which is 100 times less than WHO’s recommended level.

The issue of mental health should have a prominent place in public health in Africa today more than ever before. The coronavirus pandemic has increased the isolation of some people and exposed others to violence. Approximately one in four people will be affected by a psychological disorder in their lifetime. The WHO African Region is not an exception, 10% of its population is affected by a mental disorder currently. The prevalence is even higher in conflict zones, where one in five people is said to suffer from disorders such as depression, anxiety, post-traumatic stress disorder, bipolar disorder and schizophrenia. Increasing suicide rates are markers, as is alcohol consumption, etc.

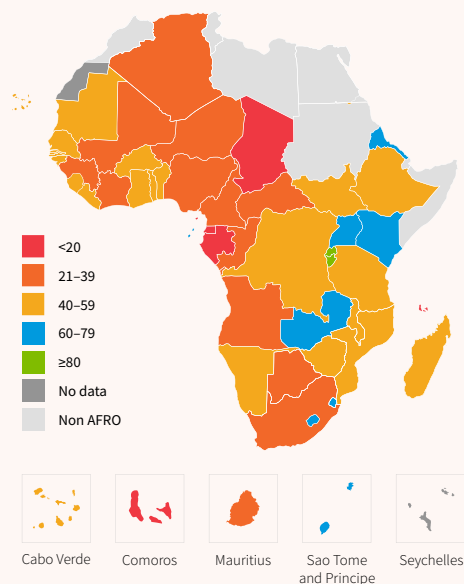
### Coverage of essential health services

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### 6.3 Risk factors and behaviours

#### Exclusive breastfeeding rate for infants for 0–5 months of age

**Figure 6.3.1. Prevalence of exclusive breastfeeding among infants aged 6 months or less in the WHO African Region, 2010–2018, WHO/UNICEF**

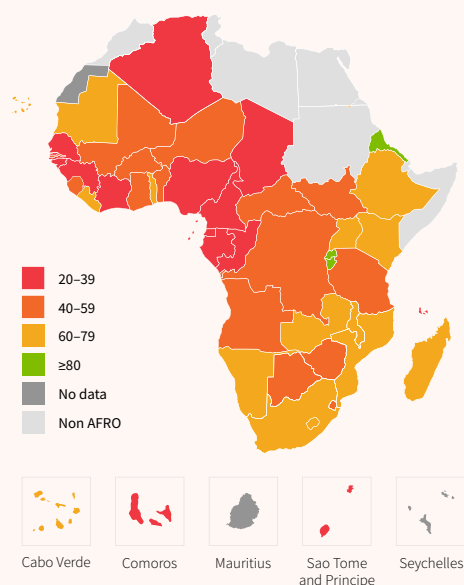


WHO and UNICEF recommend that children should start breastfeeding within 1 hour of birth and be exclusively breastfed for the first 6 months of life. Breastfeeding is crucial to a child’s nutrition, health and well-being throughout his or her life. It reduces costs for families and governments’ health facilities, it protects children from infection and saves lives. In addition to providing other mental health benefits for the child, it stimulates bonding between a mother and baby. Despite the recognition of the benefits of exclusive breastfeeding, very few children in the WHO African Region are breastfed until their 6th month. The countries in the East and Southern African subregion had the highest rates of exclusive breastfeeding between 2010 and 2018, the countries in the Central African subregion had the lowest rates.

The regional prevalence of exclusive breastfeeding of children up to 6 months is 45.7%. This means that fewer than one in two children are exclusively breastfed. Four countries had the extremely low rates ranging from 0.1 to 11.4%. Only Burundi and Rwanda have reached the target of 80% for exclusive breastfeeding in the first 6 months of life.

#### Early initiation of breastfeeding

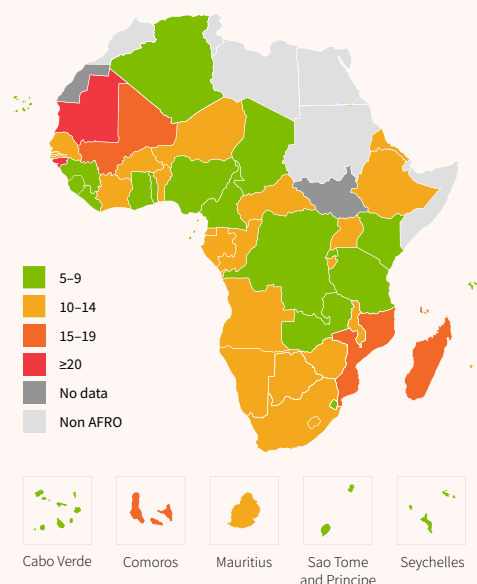
**Figure 6.3.2. Percentage of children benefiting from early initiation of breastfeeding (%) in the WHO African Region, 2010–2018, UNICEF**



Three out of five newborns are not breastfed within an hour of birth in the Region. Early breastfeeding, that is putting the newborn to the breast within the first hour of life, is essential for the survival of the newborn and for the establishment of long-term breastfeeding. Early breastfeeding also creates mother–infant bonding and contributes to the security of the relationship. In Africa, early initiation prevalence is similar to that of exclusive breastfeeding, and the highest levels for 2010–2018 were in the countries in the East and Southern Africa subregion, followed by the West African subregion and then, the Central Africa subregion. Eritrea, Burundi and Rwanda had exceeded the early initiation of breastfeeding target of 80% with levels higher than that. Thirteen countries did not reach the 40% level.

### Incidence of low birth weight among newborns

Figure 6.3.3. Incidence of low birth weight among newborns (%) in the WHO African Region, 2010–2018, UNICEF



The incidence of low birth weight in countries in the WHO African Region is likely to lie between 5% and 14%. Countries with high or extreme rates are rare. Mauritania and Guinea Bissau had incidence rates that exceeded 20% for newborns under 2500g.

Mauritania, with an incidence of 34.7% for low birth weight among newborns and Guinea Bissau with a 21.3% incidence, have peculiar situations and it is likely that the quality of their data and transcription errors are the primary explanations for their outlier incidence levels. In Mauritania,<sup>9</sup> for example, weight is known for only 16% of newborns, a reflection of fact there are various delivery channels and that rurality is an issue. The socio-demographic characteristics of the family, the rank of birth, etc. all affect whether the weight of the newborn is taken or known. No country meets the highly ambitious target of less than 5% for the incidence of low birth weight. A few countries do come close such as Cabo Verde, Rwanda and Algeria, which have low birth weight rates of less than 7%.

#### Children under 5 years who are stunted

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#### Children under 5 years who are wasted

Refer to page N° 65

#### Children aged under 5 years who are overweight

Refer to page N° 67

9 République Islamique de Mauritanie (2022), Enquête Démographique et de Santé de la Mauritanie (EDSM) 2019-2021

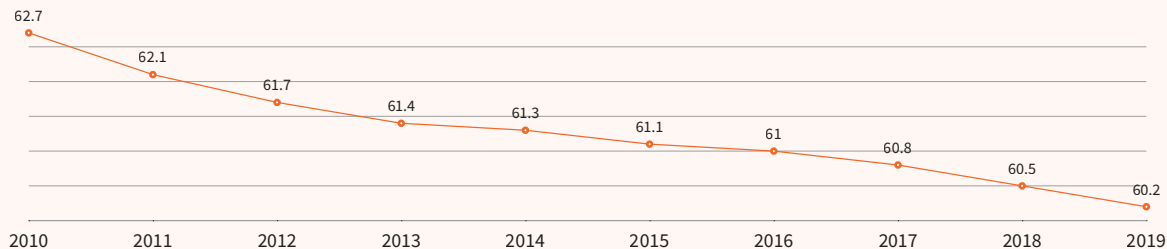
Anaemia prevalence in children

Figure 6.3.4. Prevalence of anaemia in children aged 6–59 months (%) in the WHO regions, 2019 UNICEF



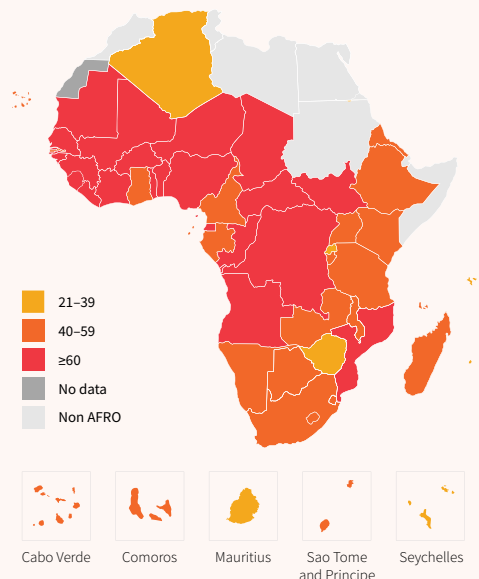
The prevalence of anaemia in children aged 6 months to 5 years varies widely among the countries. The Regional average is 60.2%, reflecting the fact that six out of 10 African children under the age of 5 years have abnormally low levels of haemoglobin, which plays the role of transporting oxygen in the blood. Compared with other WHO regions, the WHO African Region has the highest rates of anaemia in young children.

Figure 6.3.5. Prevalence of anaemia in children aged 6–59 months (%) in the WHO African Region, 2010–2019, UNICEF



The anaemia rate fell from 62.7% to 60.2% over the 10 years from 2010–2019. The decline was continuous. The iron status at birth, dietary intake, breast milk or foods consumed during the period of diversification help to reduce these deficiencies over time through awareness and health promotion.

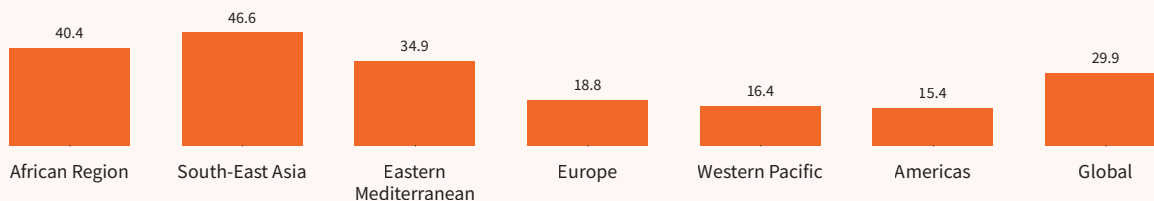
Figure 6.3.6. Prevalence of anaemia in children aged 6–59 months (%) in the WHO African Region, 2019, WHO/UNICEF



The prevalence of anaemia in children aged 6 months to 5 years was 60% or higher in 2019 for the majority in the West and Central African countries. The prevalence for the Region was 62%, three times higher than the less than 20% target set by the countries. With the exception of Seychelles, Mauritius, Algeria, Zimbabwe and Rwanda, all the other countries in the Region had prevalence levels that were more than double the target. Furthermore, 20 countries out of the 47 had levels that were triple the target.

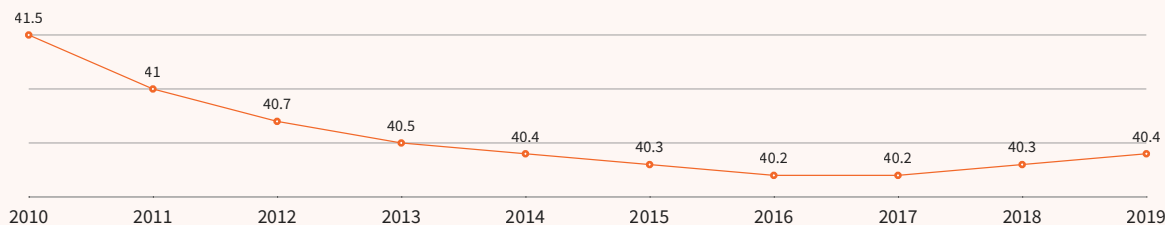
Anaemia prevalence in women of reproductive age

Figure 6.3.7. Prevalence of anaemia in women of reproductive age (15–49 years) (%) in the WHO regions, 2019, WHO



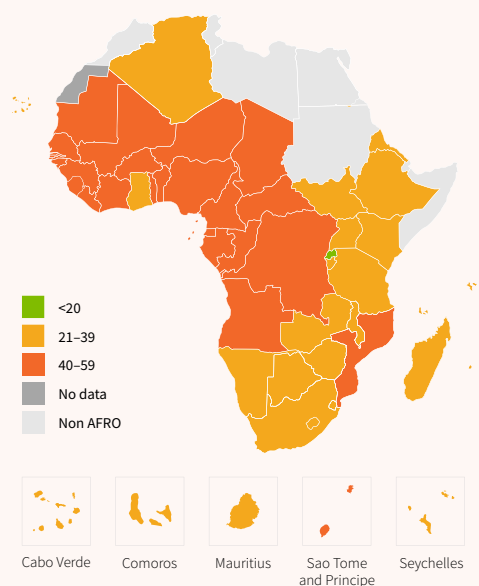
Among women of childbearing age, the prevalence of anaemia in the WHO African Region was 40.4% in 2019. This was the second highest rate in the world after the South-East Asian Region with 46.6%. Third was the Eastern Mediterranean Region with a prevalence of 29.9%. The European, Western Pacific and Americas regions all had prevalence levels for anaemia among women of childbearing age lower than 20% in 2019. The global average rate was 29.9%.

Figure 6.3.8. Prevalence of anaemia in women of reproductive age (15–49 years) (%) in the WHO African Region, 2010–2019, WHO



Over the decade of 2010–2019, after declining slightly but steadily from 2010 to 2016, the level of the proportion of women with anaemia stabilised, and it appears to be on an upward trend again, though a slight one, since 2018.

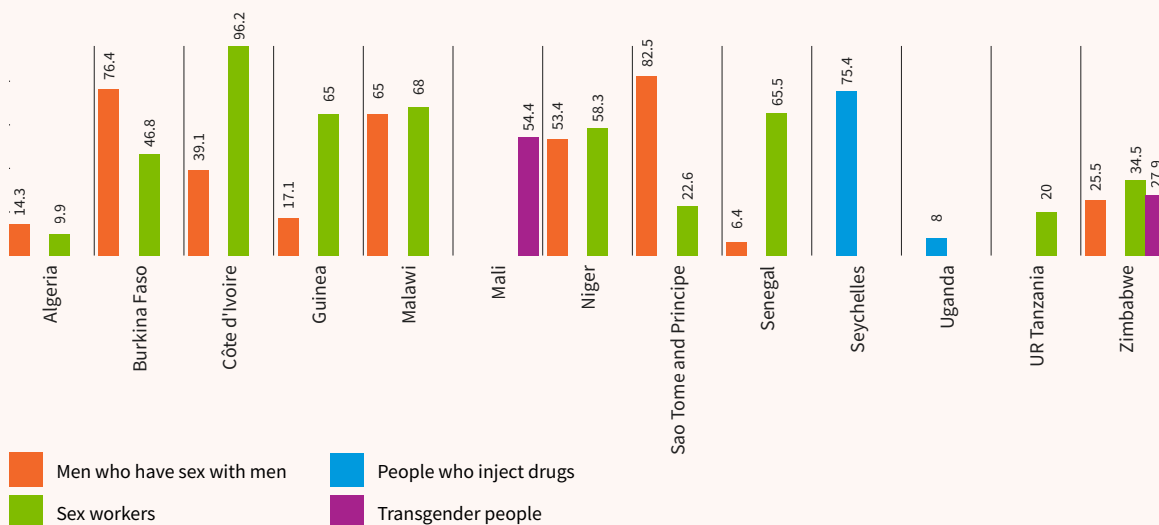
Figure 6.3.9. Prevalence of anaemia in women of reproductive age (15–49 years) (%) in the WHO African Region, 2019, WHO



Geographically, the West African and Central African subregions have higher prevalence of anaemia in women of reproductive age than the East and Southern Africa subregion.

### Prevention of HIV in key populations

Figure 6.3.10. Percentage of prevention of HIV in key populations, 2020, UNAIDS



HIV prevention measures should focus on the youth, women, girls and other vulnerable groups. Protecting and promoting human rights of all people, especially vulnerable groups and women and girls, is also a challenge to be tackled in HIV/AIDS prevention. Africa must take steps to break the taboos that foster the spread of HIV in the face of human losses such as those caused by HIV/AIDS in 2022. Data collection efforts still need to be enhanced in most countries.

### Population using safely managed drinking-water services

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### Population using safely managed sanitation services

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

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### Total alcohol per capita (age 15+ years) consumption

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### Tobacco use among persons aged 15+ years

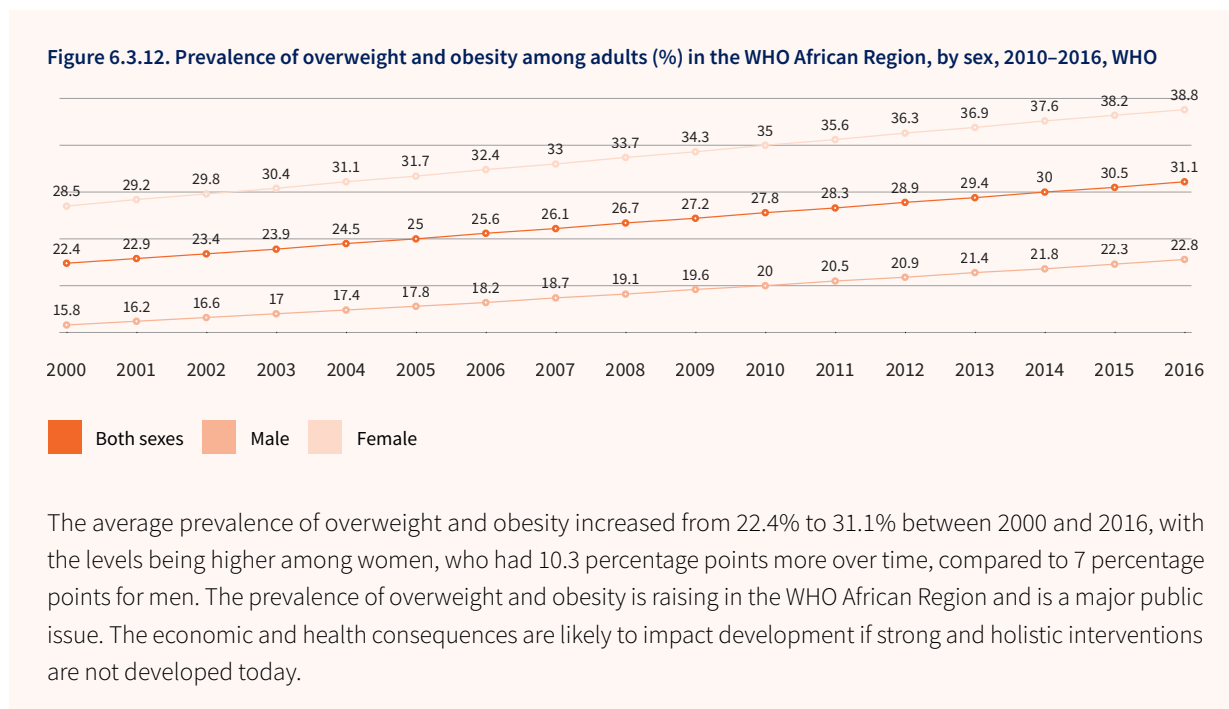
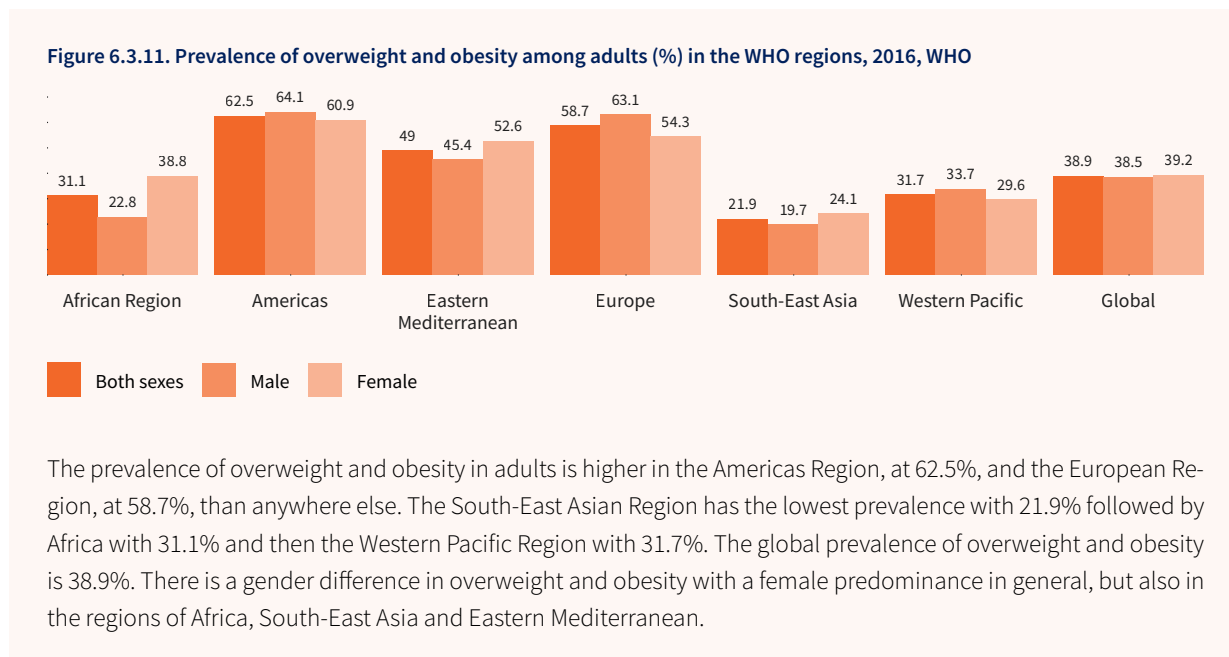
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### Raised blood pressure among adults

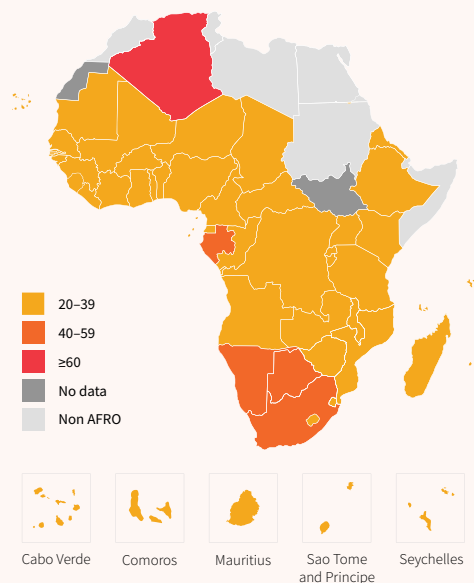
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### Overweight and obesity in adults



**Figure 6.3.13. Prevalence of overweight and obesity among adults (%) in the WHO African Region, 2016, WHO**



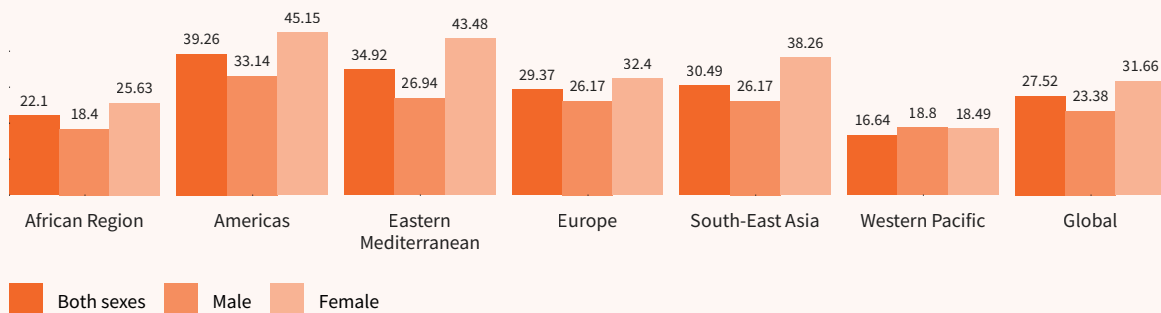
The distribution of overweight and obesity among the countries shows high rates in Algeria, Gabon, South Africa, Namibia and Botswana. The diet in Gabon is low in fruits, vegetables, fish and dairy products and high in alcohol, which is present in the diet from a relatively young age (FAO, 2021). Fifteen countries rank above the average for overweight and obesity in the Region. The countries with lower prevalence of overweight and obesity are mostly located in the east part of the continent.

### Raised blood glucose/diabetes among adults

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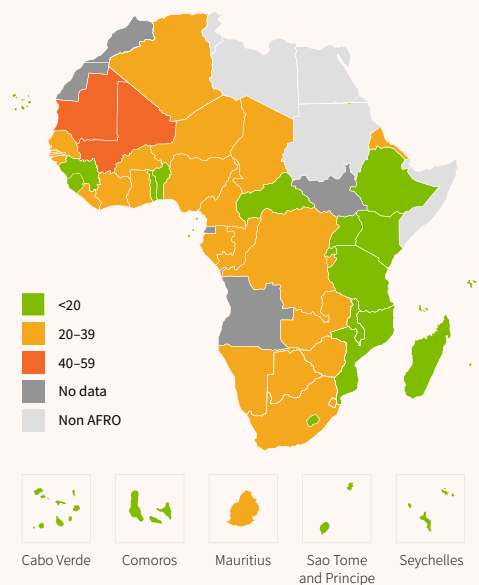
### Insufficient physical activity in adults

**Figure 6.3.14. Prevalence of insufficient physical activity among adults aged 18 years and older (%) in the WHO regions, 2016, WHO**



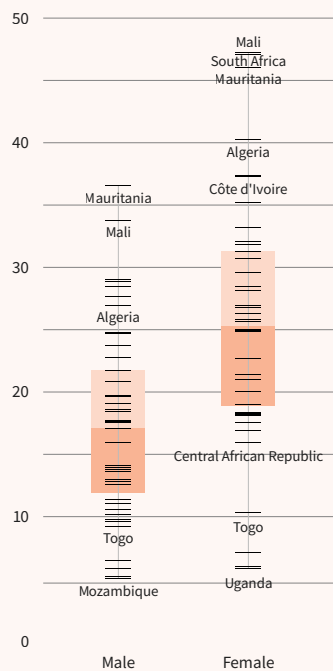
The prevalence of insufficient physical activity in adults over 18 years is 27.52% globally and is 22.10% in the WHO African Region. The Region is the second least active after the Western Pacific region. Other than in the Western Pacific where inactivity is relatively balanced between men and women, everywhere else women are more physically active than men.

**Figure 6.3.15. Prevalence of insufficient physical activity among adults aged 18 years and over (%) in the WHO African Region, 2016, WHO**



The prevalence of adults with insufficient physical activity is highest in Mali and Mauritania, countries in the West African sub-region. East Africa adults are more physically active in general. Mauritania and Mali stand out for this indicator, followed by South Africa, where also insufficient physical activity is significant. Fifteen countries seem to have ways of fostering regular physical activity.

**Figure 6.3.16. Prevalence of insufficient physical activity among adults aged 18 years and over (%), in the WHO African Region, 2016, WHO**



Gender comparisons show differences but these are lower than these were than for obesity (see Figure 6.3.12). The interquartile differences are smaller and the groups are much more homogeneous. The medians divide 50% of the population, both female and male, into two practically identical groups. There is more homogeneity, and the differences are not excessive.

### **Intimate partner violence prevalence**

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### **Non-partner sexual violence prevalence**

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### **Prevalence of female genital mutilation/cutting**

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### **Early marriage**

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## 6.4 Health security

### International Health Regulations (IHR) core capacity index

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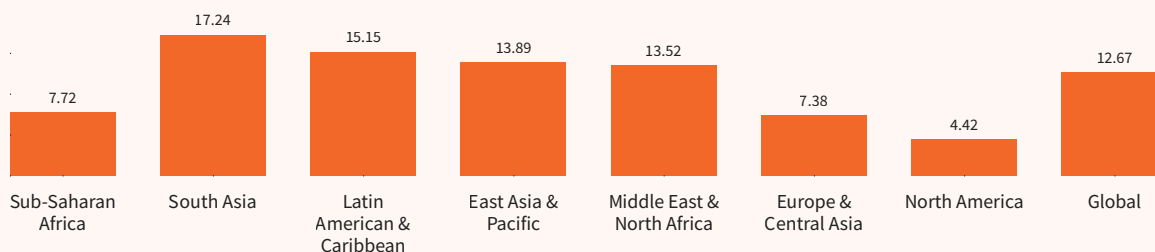
### Resilient health systems

Although IHR capacities are necessary, they are insufficient on their own to prevent, detect and respond to public health events. In many settings, health systems have not been at the centre of national efforts to implement IHR. The effectiveness of a mechanism such as IHR must be based on strong, resilient and responsive systems capable of implementing preventive measures, absorbing shocks, adapting to disturbances and of responding to changing needs and contexts of public health events, while ensuring the continuity of essential health services. For most countries in the Region, this is an almost insurmountable challenge, especially if governments do not work to develop a health system capable of providing a set of essential services and integrate it with other sectors. This requires going beyond looking at the return on investment to make significant investments that would ensure that trained human resources are deployed appropriately and quality equipment and adequate supplies are available. These investments may be made in sectors other than health but should be in support of it. This new dynamic will then bring about interactions between systems with a view to better prepare for emergency situations.

## 6.5 Financial risk protection

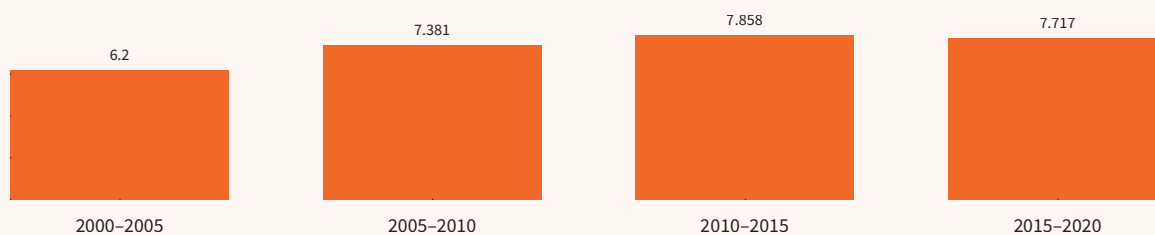
### Population with large or impoverishing household expenditure on health

**Figure 6.5.1. Proportion of population spending more than 10% of household consumption or income on out-of-pocket health care expenditure (%), 2015–2020, by WHO regions, World Bank**



In sub-Saharan Africa 7.72% of the population spends more than 10% of the household income on out-of-pocket health care expenditure. This level ranks the Region after North America and Europe and Central Asia. The global average is 12.67%.

**Figure 6.5.2. Proportion of the population spending more than 10% of household consumption or income on out-of-pocket health care expenditure (%) in sub-Saharan Africa, 2000–2020, World Bank**



The share of the population spending more than 10% of its consumption or household income on out-of-pocket health expenditure in sub-Saharan Africa has changed in recent years. It has progressed significantly since 2000 and tended to have stabilised with very little variation from 2015. Some countries have seen an increase in the population with high health care spending while others have seen a decline.

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

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