World Health Organization
African Region

Country Cooperation Strategy 2023-2027

South Africa

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ISBN: 9789290314257

Suggested citation. Country Cooperation Strategy 2023–2027, South Africa. Brazzaville: WHO African Region, 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Designed in Pretoria, South Africa

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Message from the Minister of Health

It is my great pleasure to present the CCS 2023–2027, developed in collaboration with the World Health Organization (WHO) Country Office in South Africa. This strategy outlines our shared vision and commitment to addressing the health needs of our population, strengthening health systems and ensuring the well-being of our people in the post-pandemic era.

South Africa, like many countries, has faced numerous health challenges, ranging from infectious diseases to noncommunicable diseases, with the added burden of socioeconomic disparities and the lingering effects of the COVID-19 pandemic.

However, we firmly believe that by working together, we can overcome these challenges and build a healthier future for all.

The CCS 2023–2027 is based on four strategic priorities that have been carefully identified based on our country's health needs and disease epidemiology. These priorities align with the global health agenda and consider the urgent need to strengthen health systems for universal health coverage (UHC) and health security.

We recognize that a strong and resilient health system is crucial for achieving UHC. By investing in health system strengthening, we aim to improve access to quality health services, ensure financial protection and reduce health inequalities. This priority emphasizes the importance of strengthening primary health care, promoting human resources for health and enhancing health governance and financing.

South Africa faces the challenge of a quadruple burden of diseases, comprising communicable diseases, noncommunicable diseases, injuries and mental health disorders. To tackle this complex burden, we will focus on prevention, early detection and comprehensive disease management, while promoting health and well-being across all life stages. Our goal is to achieve global targets, such as the Sustainable Development Goals (SDGs) and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases. The COVID-19 pandemic has highlighted the importance of preparedness and response capabilities in facing health emergencies.

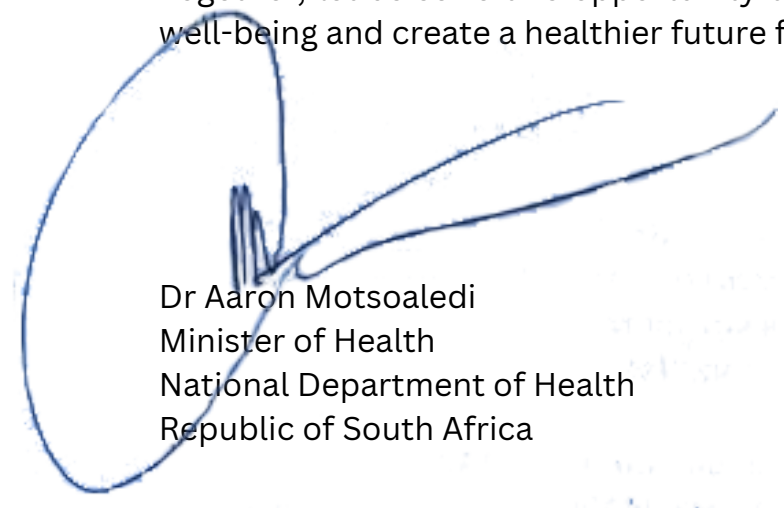
We are committed to enhancing our health system's resilience and ensuring its ability to withstand shocks and effectively respond to emergencies. This commitment involves strengthening surveillance systems, improving laboratory capacity, enhancing risk communication and developing robust emergency response plans.

Health is influenced by various social, economic and environmental factors. In recognition of this fact, we are dedicated to fostering multisectoral collaborations and global partnerships to address health determinants. By working across sectors and engaging with international partners, we can implement effective and sustainable interventions that promote health and well-being.

The CCS 2023–2027 represents a significant milestone in our journey towards achieving equitable, accessible and high-quality health care for all South Africans. It serves as a road map for collaboration and cooperation between the Government of South Africa and WHO, guiding our joint efforts to improve health outcomes and ensure the well-being of our people.

I would like to express my sincere appreciation to the World Health Organization for its support and partnership in developing this strategy. I also extend my gratitude to all stakeholders, including civil society organizations, academia and the private sector, for their valuable contributions in shaping this document.

Together, let us seize this opportunity to build resilient health systems, promote well-being and create a healthier future for the people of South Africa.



Dr Aaron Motsoaledi
Minister of Health
National Department of Health
Republic of South Africa

Message from the WHO Regional Director for Africa

The World Health Organization's (WHO) revised Third Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure its delivery is adapted to the needs of Member States. It reflects the Transformation Agenda of the WHO Secretariat in the African Region as well as the key principles of the Thirteenth General Programme of Work, 2019–2025 (GPW 13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's programme budget. It further highlights the role of different partners, including non-State actors, in supporting governments and communities.

The objective of the Country Cooperation Strategy is to make WHO more effective in its support to countries, with responses tailored to the needs of each country. The revised CCS builds on lessons learnt from the implementation of earlier generations, including countries' priorities as reflected in national policies, plans and priorities, and the United Nations Sustainable Development Cooperation Framework (UNSDCF). These CCSs must also align with the global, continental, and regional health context and facilitate the acceleration of investments towards universal health coverage (UHC). They incorporate the fundamental principles of alignment, harmonization and effectiveness, as formulated in the Rome (2003), Paris (2005), Accra (2008) and Busan (2011) Declarations on Aid Effectiveness. Their implementation will be measured using the regional key performance indicators, which reflect the country focus policy and the strengthening of the decision-making capacity of governments to improve the quality and equity of public health programmes.

The evaluation of the last Country Cooperation Strategy highlighted the progress made, the constraints and obstacles encountered, as well as the lessons learnt, and provided recommendations to improve the current Fourth Country Cooperation Strategy 2023–2027.

Progress towards universal health coverage requires an approach that improves the quality of services, ensures the integration of interventions, is people-centred and inclusive, and provides affordable health services. I commend South Africa's bold initiative on health reforms to address equity in access to health through the National Health Insurance and Presidential Health Compact. This is necessary to achieve universal health coverage for all South Africans. I particularly note the significant reductions in maternal and child mortality in the last decade and encourage actions to intensify the implementation of interventions that led to this progress, based on lessons learnt.

I recognize that increased efforts will be needed in the coming years, but I remain convinced that with the strong leadership demonstrated by the Government during the implementation of the previous Country Cooperation Strategies, and more resolute collaboration among all the stakeholders, we can together work towards the achievement of national, regional and continental health objectives.

I call on all WHO staff to redouble their efforts to ensure the effective implementation of the programmes described in this document in order to improve the health and well-being of the population, which are essential elements for the economic development of Africa. For my part, I would like to assure you of the full commitment of the WHO Regional Office for Africa in providing the necessary technical and strategic support for the achievement of the objectives of the CCS in respect of the "triple billion" targets and the health-related Sustainable Development Goals.

Dr Matshidiso Moeti
WHO Regional Director for Africa

Abbreviations

AAR	after-action review
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ART	antiretroviral therapy
BDQ	bedaquiline
BRICS	Brazil, Russia, India, China and South Africa
CCS	Country Cooperative Strategy
CEM	Contributor Engagement Management
CMS	Council for Medical Schemes
EPI	Expanded Programme on Immunization
COVID-19	coronavirus disease 2019
ESMOE	Essential Steps in Managing Obstetric Emergencies
GBV	gender-based violence
GDP	gross domestic product
GER	gender equity and human rights
GPW 13	Thirteenth General Programme of Work, 2019–2025
HRH	human resources for health
HSRC	Human Sciences Research Council
FASD	fetal alcohol spectrum disorder
HIV	human immunodeficiency virus
IAR	intra-action review
IHR	International Health Regulations (2005)
iVDPV	immunodeficiency-related vaccine-derived poliovirus
JEE	joint external evaluation
M&E	monitoring and evaluation
MDR	multidrug-resistant
MTSF	Medium-Term Strategic Framework
NAPHS	National Action Plan for Health Security
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCDs	noncommunicable diseases
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHSP	National Health Strategic Plan
NICD	National Institute for Communicable Diseases
NTDs	neglected tropical diseases
OHSC	Office of Health Standards Compliance
PrEP	pre-exposure prophylaxis
PHASA	Public Health Association of South Africa
PHEOC	public health emergency operational centres
PLHIV	people living with HIV
PMTCT	prevention of mother to child transmission
South Africa	South Africa
SADHS	South Africa Demographic and Health Survey
SAHPRA	South African Health Products Regulatory Authority
SAMRC	South African Medical Research Council
SANAC	South African National AIDS Council
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health rights
SRMNCHAN	sexual reproductive, maternal, neonatal, child and adolescent health and nutrition
STATS SA	Statistics South Africa

STIs	sexually transmitted infections
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UTT	universal test and treat
VMMC	voluntary medical male circumcision
VPD	vaccine-preventable disease
WCO	WHO country office
WHO	World Health Organization
XDR-TB	extremely drug-resistant tuberculosis

Executive Summary

The South African WHO Country Cooperative Strategy 2023–2027 elaborates how the World Health Organization (WHO) will collaborate with the South African Government towards achieving Sustainable Development Goal 3 (SDG-3) on health, and other health-related targets under the remaining 16 SDGs. This strategy is aligned with South Africa's National Development Plan 2030, and its Medium-Term Strategic Framework (MTSF) 2020–2025, and takes into account the National Health Strategic Plan (2020/21–2024/25) as well as the evolving health priorities related to the COVID-19 pandemic.

South Africa has initiated its most ambitious health reform ever undertaken to address inequality in access to health and geared towards achieving universal health coverage (UHC) for the 60 million population. The reform, which is being implemented through the National Health Insurance and Presidential Health Compact, is meant to provide access to affordable quality health care for all residents of South Africa. It is in line with the country's constitution, the National Health Act, and the National Development Plan 2030. Priority 3 of the National Development Plan on health focuses on improving the quality of life and productive capacity of South Africans by improving life expectancy, reducing maternal and child mortality, and improving health outcomes for women, youth and persons with disabilities. Life expectancy in the country has increased substantially, more so for women than for men.

Several interventions and initiatives, such as the antiretroviral programme and the Confidential Enquiry into Maternal Deaths (CEMD), resulted in an approximately 50% reduction in maternal mortality in the country between 2007 and 2020.

Noncommunicable diseases have become the leading cause of death and disability in South Africa, with their burden compounded by the increasing prevalence of multiple morbidities in people living with NCDs (PLWNCD). Without dedicated and focused health and development action, the consequences will be catastrophic.

South Africa is still struggling with the quadruple burden of diseases, namely: HIV/AIDS, tuberculosis (TB) and sexually transmitted infections (STIs); maternal and child morbidity and mortality; noncommunicable diseases mainly related to lifestyle and risk factors; and violence, injuries and trauma. The HIV incidence remains stubbornly high among young people, especially among adolescent girls and young women. The burden of TB is higher among males, people aged 35–44 years, and the elderly (aged

65 years and older) and has been found to be common in HIV-negative individuals.

This situation calls for innovative strategies to curb the HIV/AIDS and TB epidemics. The COVID-19 pandemic further challenged the health systems' emergency preparedness and response capacities, and many essential health services were disrupted for prolonged periods, resulting in exacerbated inequities, increased disease burden and outbreaks of vaccine-preventable diseases (VPDs).

Other challenges include a sluggish economy (growing at below 2% for the past 5 years) and high unemployment (which is much worse among young people aged 15–34 years old) at 33%. South Africa spent 8.25% of its gross domestic product (GDP) on health in 2020. However, major inefficiencies and inequities exist in health spending given that about 16% of the population covered by medical insurance consumes over half of the health budget. The focus is skewed towards high-end curative services, whereas health promotion and prevention do not receive adequate attention. Over-stretched public health systems, with maldistributed resources and a low patient-physician/nurse-worker ratio compared to the private sector, are perceived to provide low-quality of care, which also results in medicolegal litigations.

The WHO CCS 2023–2027 focuses on four key strategic priorities based on the country's health needs and disease epidemiology, while also considering the need for building resilient health systems for UHC and health security in the post-pandemic period.

These include:

- augment health systems strengthening reforms to accelerate progress towards universal health coverage;
- address the quadruple burden of diseases and promote well-being across the life course in view of achieving global targets;
- build health systems resilience and strengthen health emergency preparedness and response capacities;
- enhance multisectoral collaboration and global partnerships for concerted action on health and its determinants.

In order to harness its expertise across its three levels, namely: the WHO Country Office (WCO), WHO Regional Office for Africa, and WHO headquarters, WHO will work closely and collaboratively with the Government of South Africa to implement the 2023–2027 strategic priorities. As needed, WHO will also strive to mobilize additional financial and technical resources from within and outside the Organization. Regular joint monitoring and an annual review process will be institutionalized to assess progress and gaps in the CCS implementation, and necessary corrective actions will be taken to remove bottlenecks.

SUSTAINABLE DEVELOPMENT GOALS

1. Introduction

The Country Cooperation Strategy (CCS) 2023–2027 for South Africa outlines the key priority areas targeted for support by the World Health Organization over this period. The priorities are informed by South Africa's health needs, epidemiology and the health systems profile. It builds on the country's National Health Strategic plan 2020/21–2024/25, evaluation of the 2016–2020 CCS, health priorities identified in the United Nations Sustainable Development Cooperation Framework (UNSDCF, 2020–2025), global strategic priorities as set out in the Thirteenth General Programme of Work (GPW13, 2019–2025), regional health priorities and lessons learnt from the COVID-19 pandemic that has impacted the country and the world.

Serving as the strategic basis for WHO's entire work with the Republic of South Africa, including the results-based planning and programming processes, the CCS provides a high-level overview of WHO's role and areas of focus. It also presents an indicative high-level costing estimate that is required to implement these strategic priorities and associated focus areas.

The CCS formulation process was led by the WHO Representative and partners from the South African National Department of Health (NdoH). The writing and technical analysis were done by WHO staff in the Country Office, with the technical input of the WHO Regional Office for Africa and WHO headquarters. The CCS was developed and finalized through a consultative process. The feedback and recommendations of a wide array of partners and stakeholders were sought and collected during the evaluation of the CCS 2016–2020.

The implementation of the CCS is directly linked and contributes to the achievement of the Sustainable Development Goals (SDGs) in South Africa. Although SDG 3 is at the heart of what WHO does, the WHO mandate and its work in the country span about half of the goals. WHO's work indirectly influences, and is influenced by, the remaining SDGs. Therefore, successful delivery of the CCS will also help deliver on the SDG agenda in the country.

Central to the implementation of the CCS will be a coherent One-WHO approach whereby the three levels will work together to deliver on the strategic priorities. The WHO Country Office will be the key interface, interacting with the South African Government across relevant departments and provincial as well as district levels. Underpinning WHO's work is the focus on policy dialogue, strategic support, technical assistance and decentralized presence in selected provinces as needed.

As a signal of WHO's commitment to achieving impact in every country, the CCS provides a clear results framework for monitoring and evaluation that recognizes the joint responsibility and accountability of WHO and the Government to improve the health and well-being of 60.1 million residents of South Africa. Hence, the CCS will be monitored and evaluated jointly with the Government and other partners on a regular basis.

In conclusion, the CCS as a principal strategic instrument designates the main domains in which WHO will focus its efforts and resources over the next 5 years. The full range of WHO activities will, however, be articulated in detail through the biennium work plans. The CCS does not cast in stone WHO's cooperation with the Republic of South Africa. In this regard, WHO remains committed to responding to new needs as they arise.

From Left to Right: Dr Tedros Ghebreyesus, WHO Director-General and His Excellency Cyril Ramaphosa, President of the Republic of South Africa shaking hands upon discussing South Africa's hosting of the mRNA technology transfer hub to expand local production of vaccines and other medical solutions to help countries meet their health needs.

2. Country context

The South African Government has prioritized the following: eliminating poverty and inequality and creating decent employment through inclusive economic growth, building human capabilities, enhancing the capacity of the State and promoting leadership and active citizenship throughout society. The priorities are aligned with the global 2030 Agenda for Sustainable Development [1]. Access to affordable and quality health care is enshrined as a right under Section 27 of South Africa's Constitution [2]. Priority 3 of the National Development Plan 2030 covers education, skills and health. The focus of health is on improving the quality of life and productive capacity of South Africans. The expected key outcomes are universal health coverage for all South Africans, and improved life expectancy. Appropriate health system reforms undertaken result, among others, in a committed and competent health workforce and strong primary health care; reduced maternal and child mortality; reduced prevalence of NCDs as well as injury, accidents and violence; improved TB prevention and cure; and improved health outcomes for women, youth and persons with disabilities [3].

This CCS comes at a pertinent juncture when the country is about midway to the 2030 timeline for the NDP and SDG targets.

2.1 Political

South Africa is a constitutional democracy, with three arms of national government: the executive headed by the president, the legislative and the judiciary. There are nine provincial governments in the country, each led by a premier, and each province has its own legislature. There are eight metropolitan municipalities, 44 districts, and 226 local municipalities in South Africa. These structures are responsible for providing and maintaining infrastructure and providing services such as water, electricity and health to the people in their areas. Part of the national budget goes to provincial governments, which supplement these by collecting fees for various services such as water and electricity.

2.2 Demographic

South Africa's mid-year population estimates for 2021 stood at 60.1 million people with females accounting for 51.1% of this figure. Black Africans accounted for 80.9% (48.6 million), coloureds 8.8% (5.3 million), whites 7.8% (4.7 million), and Asians 2.6% (1.5 million) of the total population. The fertility rate in South Africa decreased from a high of 2.66 in 2008 to 2.31 children per woman in 2021. Due to declining birth rates and improving life

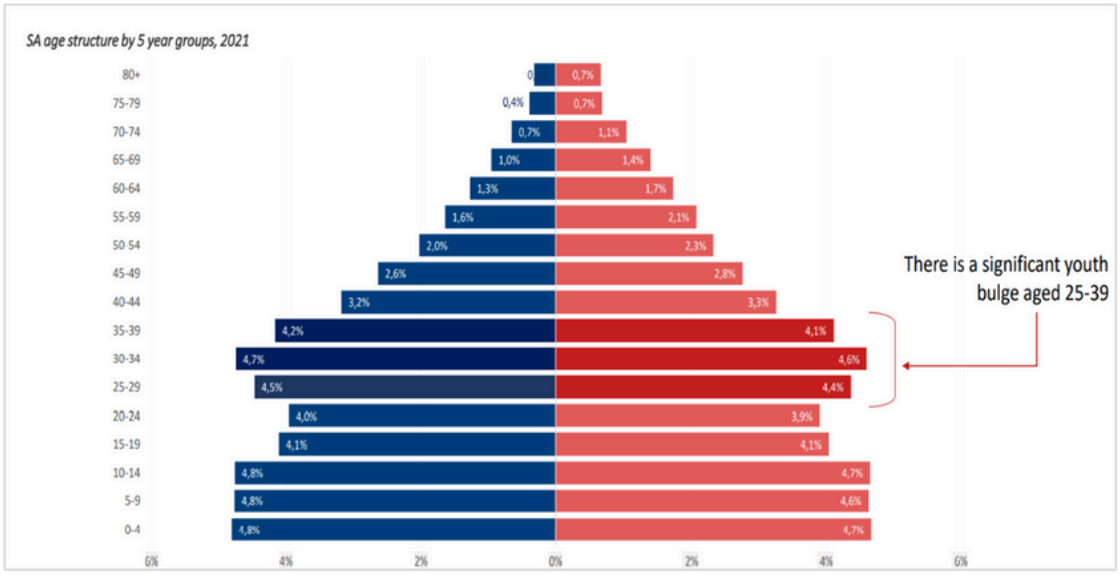


Figure 1. Population pyramid of South Africa–mid-year population estimates by sex and age, 2021

expectancy, the demography is fast changing with a bulge in the age group of 25–39-year olds, as the population pyramid (Figure 1) shows. This means that over the years, we may see a demographic transition akin to that observed in Europe and other Western countries with ageing populations and related health care needs. However, due to the COVID-19 epidemic, life expectancy was estimated to have dropped by 1 year and by about three quarters of a year between 2019 and 2020. Statistics South Africa estimated 1-year drops in life expectancy at birth of as much as 3.8 years from 68.4 to 64.6 for women and a 3.1-year drop from 62.4 to 59.3 for men between 2020 and 2021 when South Africa experienced two of her worst COVID-19 waves so far in the epidemic [4].

2.3 Social

South Africa is the most unequal country in the world, with a Gini coefficient of 0.67 [5]. There are persistent racial inequalities, reflected in health, education and economic opportunities and well-being. It is estimated that 55.5%, or 30.6 million South Africans, live below the upper-bound poverty line. According to Statistics South Africa, children under 17 years of age, women, black people and people living in rural areas as well as those living in water-scarce areas are the most vulnerable to poverty [6]. The provinces with a higher prevalence of poverty are the Eastern Cape, Limpopo and KwaZulu-Natal. Among these are 51% of children aged 0–17 years, 43.6% of young people (18 – 24 years), and 57.2% of women. Poverty also intersects with other causes of vulnerabilities, like the high rates of HIV/AIDS and TB.

According to the 2018 General Household Survey (GHS), 20.2% of South Africans had inadequate or severely inadequate access to food [7]. There are reported high levels of under-5-year old malnutrition at 16%, but at the same time, there was an increased incidence of adolescent girls' obesity. A total 27% of children under 5 were stunted in 2016, despite the child support grant which is set at below the food poverty line. Besides, a further 18% of eligible children do not benefit from the grant because they do not have birth certificates. South Africa is home to many migrants mostly from the Southern African subregion. This has created competition for limited unskilled/low-skill opportunities resulting in sometimes violent xenophobic clashes.

Although South Africa is the second largest economy in Africa, its economic growth has been sluggish, averaging below 2% for the past 5 years. The country has unique challenges that include frequent and prolonged strikes in the mining sector, electricity and water shortages, falling tax revenues and dwindling investor confidence in the political climate. This has contributed to the country having one of the highest unemployment rates in the world. Unemployment stood at 32.6% in 2021; that is, 34.0% among women and 31.4% among men. The unemployment rate was, however, worst among the youth (15–34 years, who make up 46.3% of the population) at 43.6%. This figure was even higher at 63.3% when the United Nations (UN) definition of youth (15-24 years) was used [8].

Total government expenditure for health in South Africa was R225 billion or 11% of the national government expenditure in the 2019/2020 financial year, pre-COVID-19 (Figure 2). South Africa's health expenditure per capita was US$ 526, which amounted to a 5.82% increase from the 2017 figure of US$ 496. This total health spending was 8.25% of the national GDP, which is high compared to an average of 5.82% for upper middle-income class countries and 5.61% for sub-Saharan countries.

The total expenditure for health, including private sector expenditure, totalled over R400 billion. However, there is a huge inequity in health spending whereby up to five times more is spent on about 16% of the population per capita who are covered by private health insurance. This segment of the population has access to high-end curative services largely catered to by the private sector hospitals and consume close to half of the total health expenditure in the country, whereas the remaining 84% have to rely on the remaining half of the total health expenditure. Out-of-pocket medical costs for South Africa were estimated at around 8% [9].

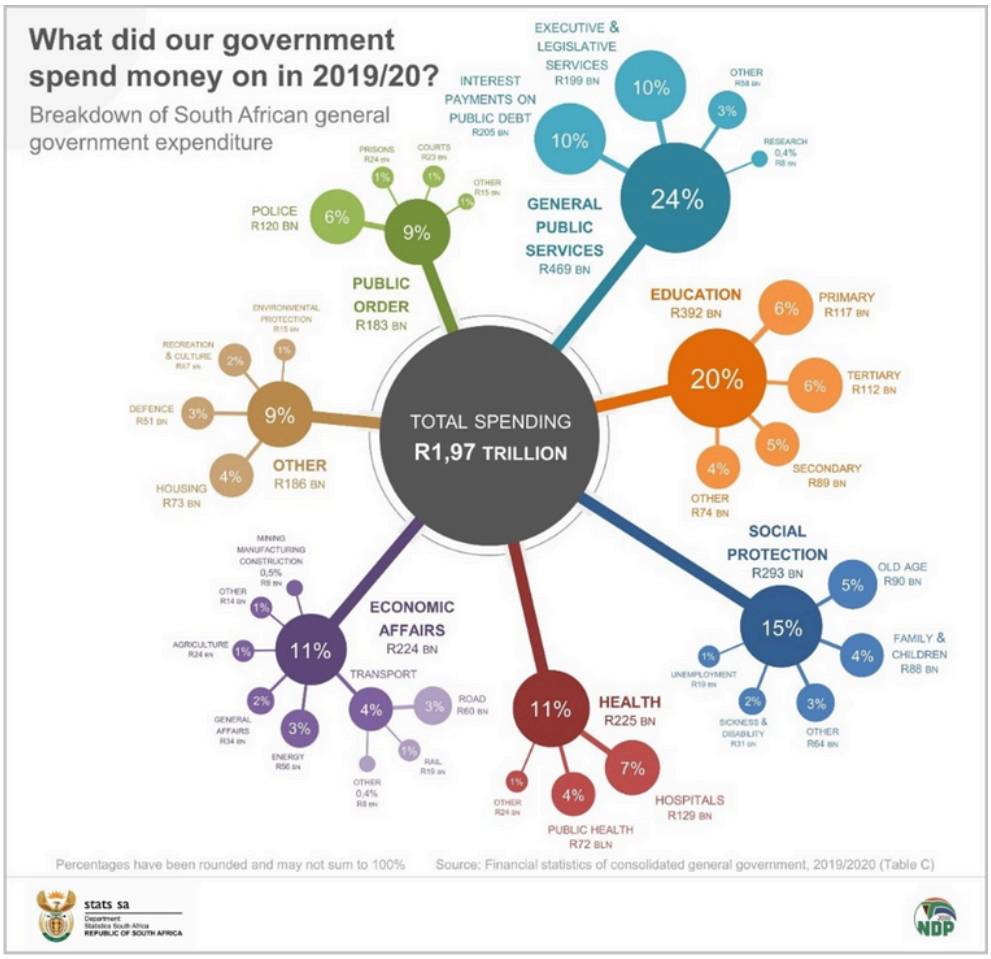


Figure 2. South Africa Government Expenditure 2019/2020

From Left to Right: Dr Tedros Ghebreyesus, WHO Director-General and Dr Owen Kaluwa, WHO Country Representative to South Africa

3. Health and equity in South Africa: progress and challenges

3.1 Quadruple burden of disease

South Africa faces the 'quadruple burden of disease', namely: HIV/AIDS and related diseases such as tuberculosis (TB) and sexually transmitted infections (STIs); maternal, neonatal, and child morbidity and mortality; noncommunicable diseases mainly related to lifestyle; and violence, injuries and trauma.

Communicable diseases

HIV/AIDS

South Africa has the largest burden of HIV in the world with an estimated 7.5 million (12.5% of the general population) people living with HIV (PLHIV), which accounts for 20% of the global AIDS epidemic. It is expected that this number will continue to increase because the rate of new HIV infections in South Africa remains significantly higher than the rate of HIV-related deaths.

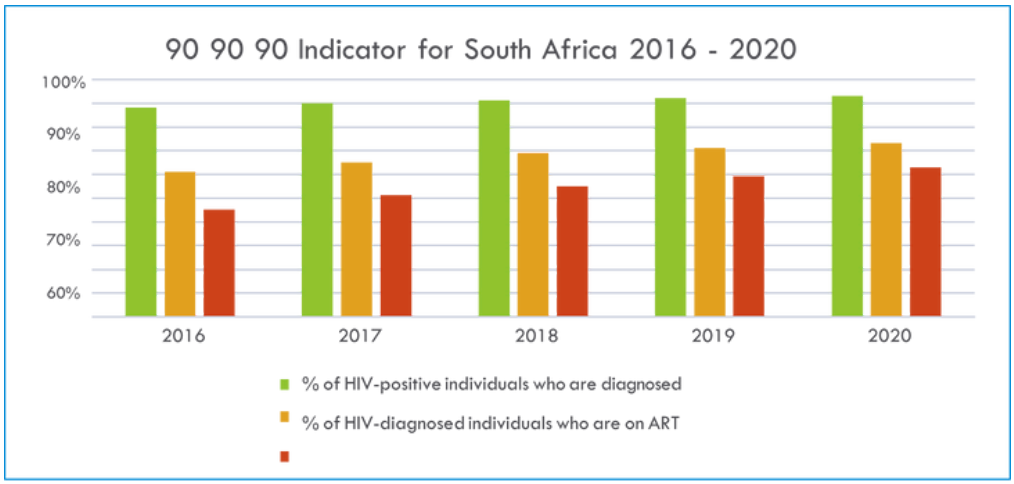


Figure 3. 90-90-90 indicators for South Africa 2016-2020

There were about 210 000 new HIV infections and 51 000 HIV-related deaths recorded in 2021, which was consistent with data over the past decade, where new infections were consistently higher than HIV-related deaths.

In December 2020, a new set of ambitious targets was released, proposing that 95% of all PLHIV would know their HIV status, 95% of all people with diagnosed HIV infection would receive sustained antiretroviral therapy (ART), and 95% of all people receiving ART would have viral suppression by 2025. These targets were adopted in June 2021 by Member States as part of the new Political Declaration on HIV and AIDS. South Africa has joined the global HIV community by transitioning to the 95-95-95 targets.

In 2021, a total of 7 million people had been diagnosed with HIV, of which 5.5 million were initiated on antiretrovirals, and 5.1 million were virally suppressed (94%, 74% and 67% of the 7.5 million, respectively). This remarkable success was made possible by the massive scale-up of HIV testing efforts in the past decade, the adoption of the HIV universal test and treat (UTT) approach in 2016, and the use of differentiated models of HIV care as well as the adoption of WHO-recommended tenofovir disoproxil fumarate-lamivudine-dolutegravir (TLD) as the first-line ART for both ART-naive and for some ART-experienced individuals.

Gauteng province and KwaZulu-Natal carry over half the caseload for PLHIV in South Africa, and the two provinces account for 40% and 15% of all HIV/AIDS-related deaths, respectively. Key populations still experience social barriers to accessing health care services. For example, access to ART among sex workers was reported to be lower than the general population in Gauteng, Durban and Cape Town [10].

WHO Country Office in South Africa at the World AIDS Day 2023 commemoration to mark the pivotal impact communities have had in shaping the HIV response and global health in Kwa-Zulu Natal. In this photo are local women showcasing their traditional dance, dawned in isiZulu traditional attire. This shows that AIDS can be ended as a public health threat by 2030, but only if communities on the frontlines get the full support they need from governments and donors. The theme for the World AIDS Day commemoration was "Let Communities Lead".

Tuberculosis

South Africa is one of the 30 high TB burden countries and remains on all three of the WHO global high burden country lists for TB, TB/HIV co-infection, and multidrug-resistant TB (MDR-TB). The COVID-19 pandemic has further disrupted the identification of people living with TB and the health system's capacity to provide diagnostic and treatment services.

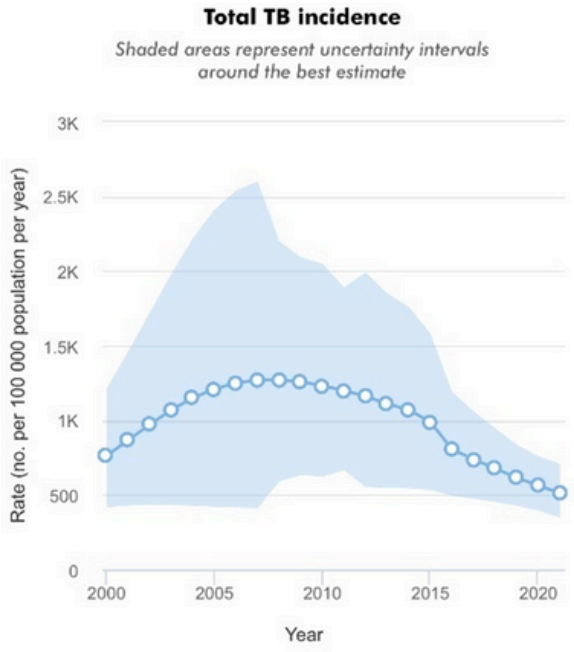


Figure 4. Total TB incidence trend in South Africa, 2000-2022 (Global TB Report)

In response to this, the National TB Control Programme (NTCP). developed the TB Recovery Plan to facilitate the recovery of the TB programme and accelerate efforts towards reaching the End TB Strategy targets. The overall downward trend in TB incidence has been sustained; however, there is a substantial gap between newly diagnosed TB cases and the estimated TB incidence. In 2021, the total TB incidence was estimated at 513 per 100 000 or 304 000 active cases, but 290 000 people newly diagnosed with TB were notified. With a treatment coverage of 57%, there are significant losses along the cascade of care, and concerted efforts are required to strengthen access to care and case detection.

TB has been the leading natural cause of death in the country, even before the COVID-19 pandemic. Globally, it is expected that TB will be second only to COVID-19 as the leading cause of death from a single infectious agent. The country has made significant gains in curbing TB mortality, with a notable 15% decline in TB mortality since 2015, when the End TB Strategy came into effect. In 2021, some 56 000 lives were lost due to TB, of which 59% were TB/HIV co-infected, highlighting its importance. In the same year, the proportion of patients with a known HIV status who were TB/HIV co-infected was 53%. HIV is the leading risk factor for TB disease, followed by undernutrition, alcohol use disorders, smoking and diabetes.

The TB prevalence survey also highlighted a higher prevalence of TB among males and in specific age groups (35–44 years, 65 years and older), the high proportion of TB in HIV-negative people and the high proportion of subclinical/ asymptomatic TB.

More than half (56%) of TB patients and their families face catastrophic costs due to TB. Improving access to care, mitigating risks and expanding social protection will require a multisectoral approach. The recently developed Multisectoral Accountability Framework for TB (MAF-TB) will assist in facilitating improved care.

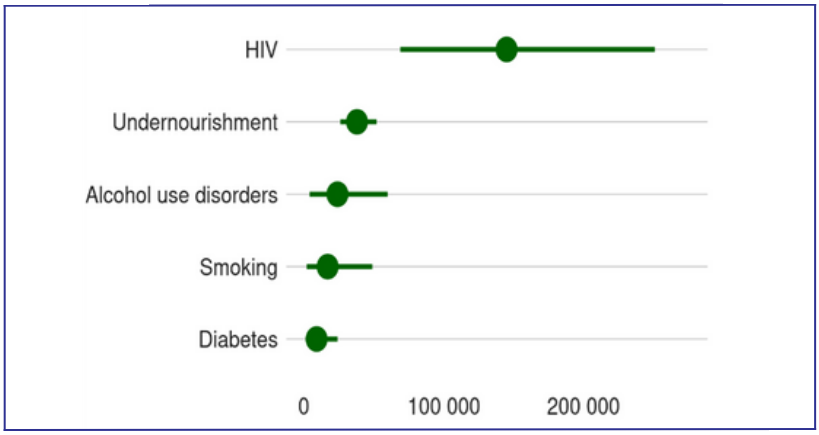


Figure 5. Number of TB cases attributable to five risk factors in South Africa in 2021 (Global TB Report 2021)

TB laboratory capacity in South Africa is good, and coverage of drug sensitivity testing (DST) is the highest in the African Region, with the WHO-recommended molecular technology, Xpert® MTB/RIF Ultra, being the primary diagnostic test. As a result, all pulmonary bacteriologically confirmed TB cases are tested for rifampicin resistance. Treatment outcomes for MDR/RR-TB have improved significantly over the years, with the treatment success rate increasing from 36% in 2010 to 66% in 2021.

Controlling the AIDS and TB epidemics remains a significant priority for the South African Government, as clearly articulated in the National Development Plan 2030, the National Strategic Plan on HIV, TB and STIs 2017–2022 and 2023–2028, and other key policy pronouncements. [11] [12].

YES! Cross-sector collaboration and accountability are vital to #EndTB!

Let's tackle the key drivers of the tuberculosis epidemic:

- Undernutrition
- HIV
- Tobacco
- Poverty
- Diabetes
- Alcohol use

Malaria, other communicable diseases and neglected tropical diseases

Malaria

Malaria is endemic in three of the nine provinces of South Africa (KwaZulu-Natal, Mpumalanga and Limpopo), with the rest of the country reporting imported cases. Approximately 12% of the national population is at risk. South Africa experiences local transmission, predominating in Limpopo Province, with imported cases reported in both the endemic and non-endemic provinces.

Despite the challenges posed by the COVID-19 pandemic, South Africa recorded a 64% reduction in local malaria incidence per 1000 population at risk in 2021 (0.1) compared to 2020 (0.28), with the mortality rate remaining around 1 per 100 000 population at risk. The annual malaria cases for South Africa can be seen in Figure 6, where the total case numbers have been below 10 000 for 2020 and 2021. Malaria vector control, a key strategy in the South African malaria elimination strategy, declined in the 2021/2022 malaria season (78%) when compared to the 2020/2021 season 98%). Malaria elimination is a priority for South Africa. The country's malaria elimination target of 2023 will be reviewed and revised after a programmatic review for which WHO will provide technical support.

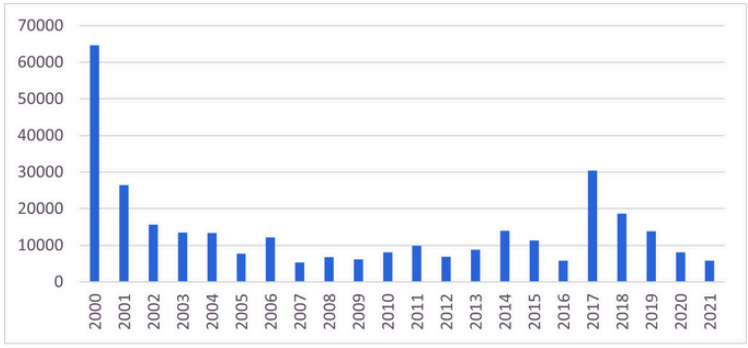


Figure 6. National Annual Malaria cases in South Africa 2000-2021

Neglected tropical diseases

South Africa bears a high burden of neglected tropical diseases (NTDs) that mainly affect poor and marginalized communities.

Schistosomiasis, soil-transmitted helminths (STH), rabies and leprosy are the neglected tropical diseases (NTDs) of importance in South Africa. Mapping the distribution of Schistosomiasis and STHs on a large scale started in 2016. As of December 2022, six of the nine provinces have been mapped. Most of the provinces are endemic for STHs, while schistosomiasis is focal with low prevalence in some local areas. According to the surveys, the overall prevalence for both schistosomiasis and STHs is less than 50%, with the upper confidence interval in three districts (Amajuba, uMungundlovu, and uThukela) going above 50%. However, there are sites/focal areas that have STH prevalence of >50%, mostly in KwaZulu-Natal, Eastern Cape, Limpopo and North West provinces (Figures 7-8).

An integrated multi-year national strategic plan to eliminate NTDs (NTD Master Plan) is being finalized. WHO will provide technical support for the implementation of the strategies therein.

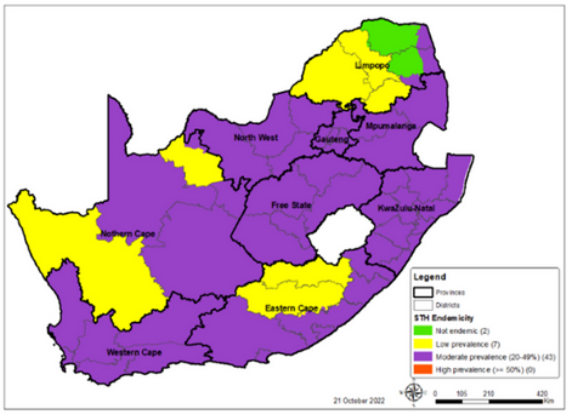


Figure 7. Point prevalence for soil-transmitted helminths (2021)

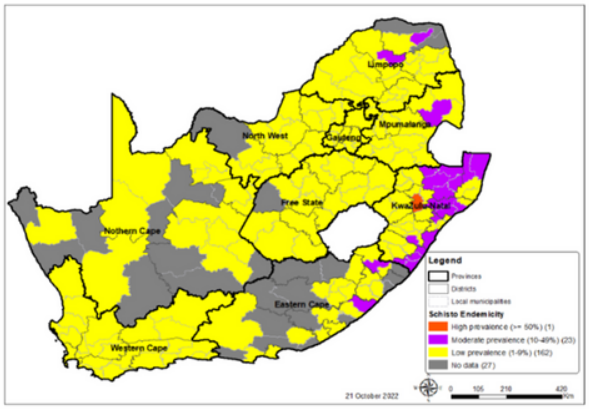


Figure 8. Distribution of schistosomiasis (implementation at municipality level) 2022

Immunisation and vaccine-preventable diseases

South Africa's fully vaccinated age-appropriate rates recommended by WHO stood at 61%, which increased to 84% in 2021 (Figure 9). There was good vaccination uptake for the year 2021 compared to 2020; however, the measles vaccination coverage was still below the target of 95%, and the recent outbreaks of measles are an indication of this challenge. The last national measles campaign was conducted in 2017, and the country is planning for one in February 2023.

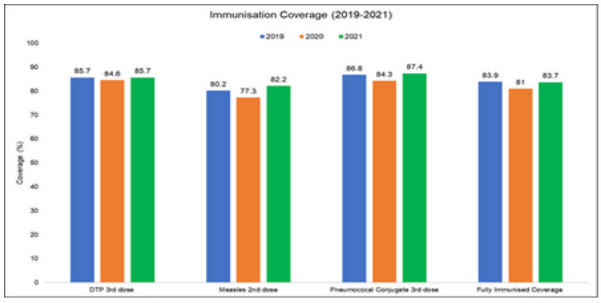


Figure 9. Proportion of the target population covered by all vaccines included in their national programme

South Africa has maintained its polio-free certification status, which was initially granted in 2006, but due to routine surveillance system challenges, was rescinded in 2017. This led to the strengthening of surveillance for polio and the establishment of 18 environmental surveillance sites across five provinces, namely, in Eastern Cape, Free State, Gauteng, KwaZulu-Natal and Western Cape. As such, the polio-free status was regained and is maintained. South Africa remains on high alert for polio following outbreaks in neighbouring countries.

Despite the 11 diseases immunized against through the childhood immunization programme, there have been sporadic cases of pertussis and rotavirus in several provinces; however, the proportion of fully vaccinated children has been greater than the target of 80%.

Dr Simangele Mthethwa, National Professional Officer (Vaccine Preventable Disease Surveillance) at WHO Country Office in South Africa captured during the 2023 measles vaccination campaign. Her earnest expression reflects a commitment to eliminating measles in South Africa.

Maternal, infant and child health

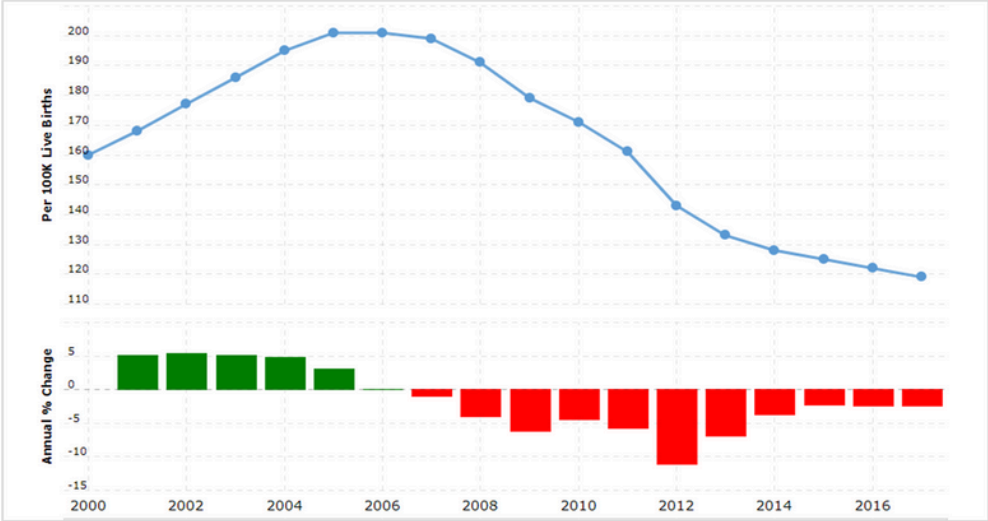


Figure 10. Maternal mortality ratio (per 100 000 live births), South Africa 2000-2017

Maternal mortality in South Africa decreased by close to 50% between 2007 and 2017 from 276 per 100 000 to 119 per 100 000 live births (Figure 10). These improvements were the result of the implementation of a monitoring system for the Confidential Enquiry into Maternal Deaths, increased coverage of highly active antiretroviral therapy (HAART) at the population level, and the Essential Steps in Managing Obstetric Emergencies (ESMOE). The number of women delivering in health facilities attended by a skilled health professional increased from 83% in 1998 to 96% in 2016. Deaths from obstetric haemorrhages decreased from 25% in 2011 to 20.3% in 2017 [13]. The initiation of breastfeeding within the first hour of delivery resulted in 74% of public health facilities with maternity beds being certified as mother and baby friendly. Access to postnatal care for mothers in a facility, 6 days after delivery, also increased from 52.4% in 2011 to 70.6% in 2017.
There is increased access to and the availability of modern contraceptives, including long-acting reversible contraceptive (LARC) methods. Despite efforts to increase the method mix of approved methods in South Africa, 1.8 million women aged 15–49 years old have an unmet need for contraception, and 36% of these pregnancies end in abortion. The teenage pregnancy rate in South Africa is on the rise, with a 16.8% (from 117 055 to 138 320) increase in deliveries for ages 10–19 years between 2017/2018 and 2020/2021 [14].

The under-5 mortality rate and infant mortality rate declined from 12.9 to 9.5, and from 36.5 to 27.5 per 1000 live births respectively between 2009 and 2019, as depicted in Figure 11. These improvements were due to an increase in deliveries by skilled health personnel and high antenatal care coverage (92.9%). However, neonatal deaths rose to 12% in 2015 from 11% in 2012. Black-African children face a risk of dying before their first birthday that is five times higher than that of white children. Children living in informal settlements, without their parents, or those

From Left to Right: Snapshot of Dr Owen Kaluwa, WHO Country Representative to South Africa and Dr Sibongiseni Dhlomo, Honorable Deputy Minister of Health of the Republic of South Africa at the International Maternal Newborn Health Conference held in Cape Town, May 2023. The conference was aimed at accelerating solutions to improve maternal and newborn survival and prevent stillbirths.

with a primary caregiver with little or no education, are the most vulnerable to health risks. The Free State province reported an under-5 mortality rate of 49.1 per 1000 live births, double that of the Western Cape province, which had 24 per 1000 live births. The leading causes of perinatal deaths in South Africa include complications from preterm birth, followed by intrapartum-related complications such as birth asphyxia, infectious, congenital abnormalities and stillbirths [15].

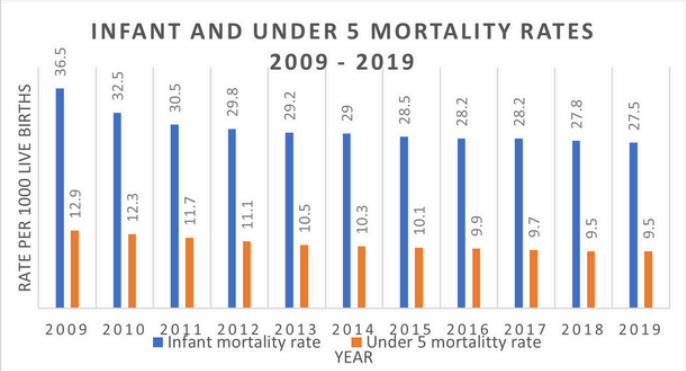


Figure 11. Infant and under-5 mortality rate, South Africa (2009-2019)

Noncommunicable diseases

Noncommunicable diseases (NCDs), including mental health disorders and disability, are among the most significant global threats to health and development, especially in low and middle-income countries. In South Africa, the burden of NCDs is exacerbated by inadequate action on the risk factors, rising prevalence of multi-morbidities,

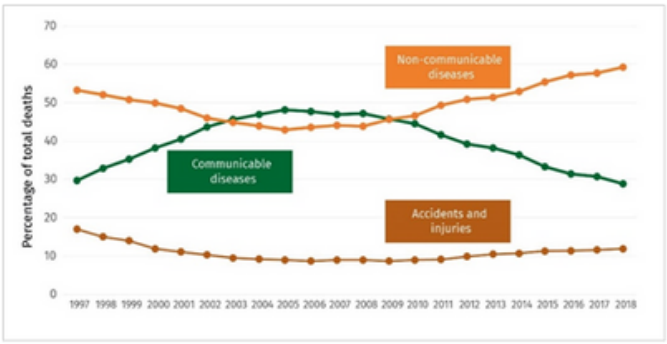


Figure 12. Cause of mortality in South Africa by disease grouping (1997 -2018)

and insufficient systems to address NCDs at the primary care level. The WHO 2018 country profile indicates that premature mortality due to NCDs in South Africa stands at 26%. The latest Statistics South Africa's Mortality and Causes of Death in South Africa (2018) report suggests that deaths due to NCDs increased from 43.8% in 2008 to 59.3% in 2018.

Overall, diabetes mellitus remained the second leading underlying cause of death but increased from 5.5% in 2016 to 5.9% in 2018. Cerebrovascular diseases were the third leading underlying cause of death in 2018, accounting for 5.1% of deaths, followed by other forms of heart diseases as the fourth leading underlying cause of death.

Among the NCD risk factors, tobacco use increased from 21.6% in 2016 to 29.4% by 2021. South Africa is one of the countries with the highest obesity prevalence, with 68% of women and 23.3% of men classified as either overweight or obese, and this trend is projected to increase by more than 40% by 2025. The hazardous alcohol consumption in South Africa is one of the highest in the world, reaching levels of 7.27 litres per capita per year in 2017. The country also has a high prevalence of foetal alcohol spectrum disorders (FASD) at 111.1 per 1000

population, reaching rates of 196–276 per 1000 or 20–28% of children in specific rural communities. This has resulted in high mortality and morbidity associated with alcohol use. Blood pressure is controlled in fewer than 10% of treated hypertensive patients. Fewer than 10% of treated diabetes patients have glucose, cholesterol and blood pressure levels under control (Figure 13).

People with mental disorders experience disproportionately higher rates of disability and mortality. Mental disorders often affect, and are affected by, other diseases such as cancer, cardiovascular disease and HIV infection/AIDS. As such, they require common services and resource mobilization efforts. Often, mental disorders lead individuals and families into poverty. Homelessness and inappropriate incarceration are far more common for people with mental disorders than for the general population, exacerbating their marginalization and vulnerability. Because of stigmatization, and discrimination persons with mental disorders often have their human rights violated, and many are denied economic, social and cultural rights, with restrictions placed on their rights to work and education, reproductive rights and the right to the highest attainable standard of health [16].

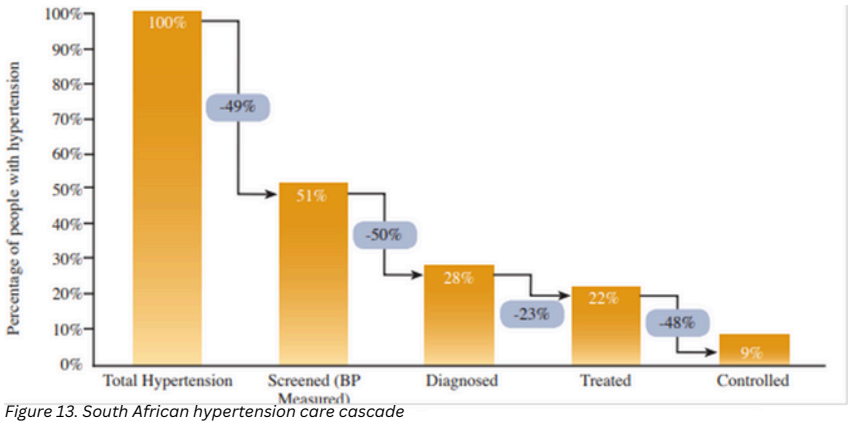


Figure 13. South African hypertension care cascade

Violence and injuries

The 2030 Agenda for Sustainable Development includes targets to reduce road traffic deaths and injuries by 50% by 2020 (target 3.6), to end violence against women and children (target 5.2) and to significantly reduce all forms of violence and related deaths (target 16.1). Outcome three of the South African Government Service Level Agreement commits to ensuring that “All people in South Africa feel safe”. To deliver on this agreement, key government departments and agencies have been identified, some in primary roles and others in secondary and supporting roles.

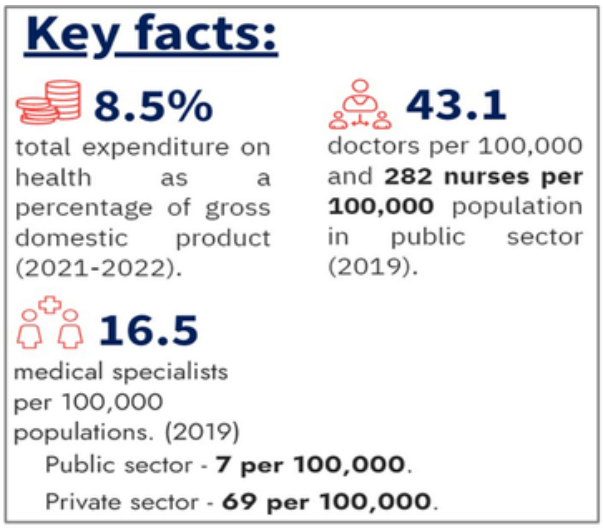
Over the past few years, South Africa has seen rising levels of crime. Statistics South Africa’s 2022 Victims of Crime report extracted from the Governance, Public Safety and Justice Survey also showed that experience of crime in South Africa increased over the 2021/2022 period and that the general feeling of safety has declined [17]. Strengthening of concerted effort is required to address interpersonal violence and injuries against women, girls and children by adopting measures beyond the health sector.

A tour of Madadeni Hospital including a psychiatry ward visit where NDoH, WHO and partners interacted with mental health patients and assessed the hospital facilities.

On October 10, 2023, WHO South Africa attended the World Mental Health Day (WMHD) commemoration hosted by the National Department of Health. The event took place at Madadeni Hospital in Newcastle within the KwaZulu-Natal Province to mark World Mental Health Day under the theme "Mental Health is a Universal Human Right. Our minds. Our rights".

4. Country health systems: features and facts

South Africa's health system in the public sector is anchored on a primary health care approach, with referrals up to district hospitals, provincial hospitals and specialized tertiary facilities. Private health establishments, which range from laboratories and general practices to large hospitals, have as primary focus the provision of high-end curative services, but the costs are exorbitant and rising rapidly. Thus, the essential public health functions must be led by the departments of health at the national and provincial levels. Health is on the concurrent list of the constitution, which grants provinces significant autonomy in setting health investment priorities and implementing various government policies and strategies.



Box 1: Key facts on the South African Health Systems

4.1 Universal health coverage

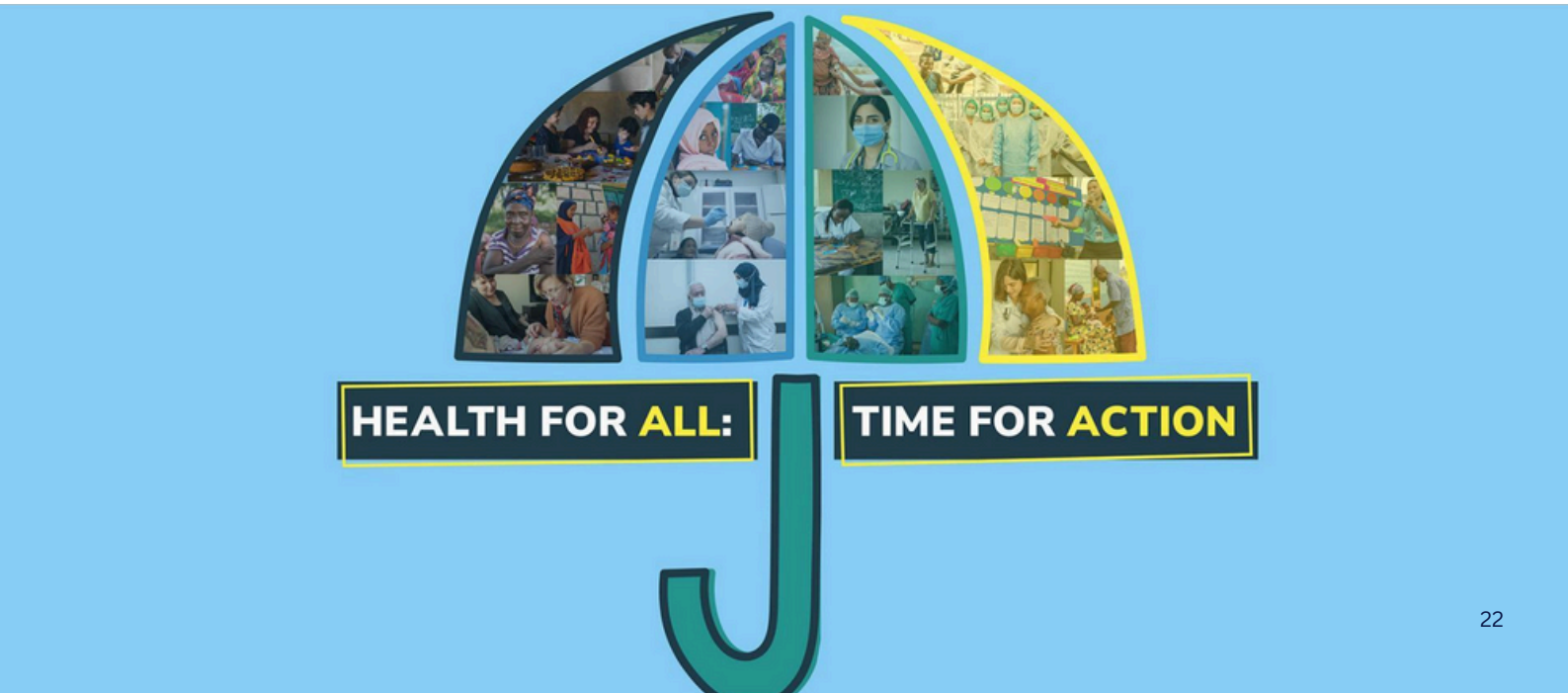
South Africa's quadruple burden of diseases is unmatched by the public health system, as it grapples with balancing various evolving priorities–including the fragmented planning and delivery of several vertical programmes, antimicrobial resistance (AMR), climate change, globalization and immigration, evolving health technologies, rising health care costs, citizen demands and the undue burden of health litigation.

While access to health care is enshrined as a right in South Africa's constitution, and over 8.5% of the GDP is spent on health, the realization of the right to health care remains far from reality. This is partly due to inequitable health financing and dual health systems (the public and private sectors), which are legacies of the apartheid era and continue to exacerbate inequalities, clearly demarcating 'the haves' and 'have nots'. The inequitable financing is evident from the fact that over 50% of the total health expenditure is spent on providing health services to around 16% of the population working in the formal sector who are covered by private health insurance under medical schemes, many of which are subsidized by the Government. On the other hand, the remaining 84%, generally a poorer population, is left to cater to their own health needs largely through public sector facilities, which are often overcrowded, understaffed and under-resourced.

The knock-on effect of inequitable financing is also evident in the maldistribution of the health workforce. For instance, there are seven specialists employed per 100 000 population in the public sector in comparison to 69 per 100 000 in the private sector (2019) – a similar situation exists with nursing and other cadres. According to the latest estimates, the coverage of the essential basket of health services in South Africa is <70%, indicating that a large number of people either lack access or forgo health services.

In recognition of these health challenges, the South African Government has initiated the process for establishing the National Health Insurance (NHI). The National Health Insurance (NHI, 2019) Bill is currently being debated in parliament. After the due legal process, it will be enacted as law. It aims to accelerate progress towards universal health coverage (UHC) in South Africa by establishing a more efficient, equitable and sustainable health system. This aligns with the target of the Sustainable Development Goal (SDG) 3 and the National Development Plan 2030 of South Africa. The NHI reform seeks to bridge the current two-tiered health system in the country by pooling financial resources under a single fund (called the NHI Fund) and strategically purchasing health services from both public and private sectors. It is envisaged that people in South Africa will be able to access comprehensive health care services free of charge at any accredited health facility, including clinics, hospitals and private health practitioners. Two key objectives of the Government are to contain the high costs of medical care in the private sector and improve health systems and quality of care in the public sector.

The NHI reforms will require well-functioning health systems, including a fit-for-purpose and future-ready health workforce in adequate numbers, well-distributed and with appropriate skills and competencies.



They will also require health systems that are underpinned by strong governance and accountability mechanisms, interventions for improving the quality of care with people-centred integrated primary health care as the main interlocutor, infrastructural investments, and access to effective and affordable medicines and medical products. Robust integrated health information system research and ongoing monitoring and evaluation will guide course corrections while ensuring evidence-informed policies and strategies that consider the whole-of-society and systems approach.

4.2 Addressing the determinants of health, gender inequities and nutritional conditions

As in other countries, the health and well-being of every person living in South Africa are influenced by the environment in which they are born, grow up, live and work [18]. Societal risk conditions such as poverty, social isolation and exclusion, polluted environments, inadequate housing, poor sanitation and limited community resources are as important as the individual ones in the spread of a disease [19]. Health in South Africa is shaped by multiple epidemics, as well as powerful historical and social forces, such as vast income inequalities, unemployment, racial and gender discrimination, the migrant labour system, the disruption of family life and extreme violence. South Africa's health system is also influenced by societal risk conditions, characterized by the quadruple burden of disease disproportionately affecting lower socio-economic groups, compounded by lower health service utilization rates [20].

WHO acknowledges that addressing the determinants of health, gender inequities and nutrition challenges through health promotion and disease prevention will form an important aspect of contributing to the reduction in the burden of disease and the rising costs of health care[21].

In line with the National Development Plan 2030 captioned: Our Future - make it work, WHO sees promoting health and wellness as critical to preventing and managing diseases of lifestyle, which are likely to pose a major threat over the next three decades [22] [23]. WHO will work with partners in supporting the Government to address the risk factors that contribute to diseases of lifestyle.

From Left to Right: Dr Charles Mugero, Dr Owen Kaluwa and Dr Sally-Anne Ohene responding to the cholera outbreak 2023 at the Kanana Treatment Center in Hammanskraal.

4.3 Health emergencies

Public health events have been rising globally since 2013, with Africa being the most affected. Infectious diseases account for most events, followed by climate-related disasters and zoonotic diseases [24]. In South Africa, a wide range of public health emergencies manifest on a year-to-year basis. Therefore, as part of proactive and evidence-led emergency management, South Africa conducted a risk profiling of hazards in 2022 to facilitate hazard prioritization and allocation of resources. The high-risk hazards identified are a priority for preparedness to avoid catastrophic public health outcomes (Table 1).

Table 1 Health hazard risk profile for South Africa, 2022

Risk Level	No.	Hazards
Very high	0	None
High	7	Civil unrest, flood, storm, fire, cholera, COVID-19 emergence of new variants and transportation accidents
Moderate	4	Typhoid fever, cyberattack, infrastructure disruption (water and electricity) and violence
Low	7	Cold wave, influenza A–emergence of novel strain, listeriosis, plague, Rift Valley fever, nuclear agents and chemical agents
Very low	8	Mudflow, drought, monkeypox, zika, rabies, anthrax, Ebola, Marburg, Lassa and Lujo fever, and yellow fever

Among the high-risk hazards, the COVID-19 pandemic stands out for having demonstrated the unprecedented impact of emerging infectious diseases. The lessons documented from the country's COVID-19 response reviews have underscored the need to enhance emergency preparedness and response, emphasizing sustainable capacity for surveillance, emergency coordination and clinical management of infectious diseases. With over 4 million confirmed COVID-19 cases (as of December 2022), South Africa experienced one of the largest outbreaks on the African continent with at least five waves of transmission. The COVID-19 pandemic impacted all segments of society and demonstrated health security gaps more apparently than any other event. The COVID-19 intra-action and after-action reviews have further emphasized the need for health security investments to improve coordination and governance of health emergencies,

Partners meeting at the Kanana Treatment Centre in Hammanskraal.

integrated disease surveillance and response (IDSR), establishing functional public health emergency operational centers (PHEOCs), strengthening one-health, updating the pandemic preparedness plan and optimizing universal health coverage (UHC).

Before the emergence of COVID-19, the top five causes of epidemics in the country were cholera, typhoid fever, influenza A, listeriosis and rabies. Additionally, the country also experiences cross-border movements that are opportunities for spreading several infectious diseases from the subregion, including cholera, wild poliovirus, monkeypox (mpox), measles, COVID-19 and other potential public health emergencies of international concern (PHEICs). These cross-border health risks thus emphasize the need for robust port health and border health capacities in the country.

WHO Emergency Response Team during the cholera outbreak 2023 in South Africa.

From Left to Right: Dr Sandile Buthelezi, Director-General of the NDoH and Dr Owen Kaluwa, WHO Country Representative to South Africa discussing strategies to contain the cholera outbreak in Hammanskraal.

As a WHO Member State, South Africa is mandated to optimize health security through the implementation of the International Health Regulations (IHR) (2005). The 2021 State Parties Self-Assessment Annual Report (SPAR) demonstrated that South Africa has made substantial progress in the implementation of the IHR (2005), with an average capacity score of 68%, which is higher than the African Region average of 48% and the global average of 64% (Figure 14).

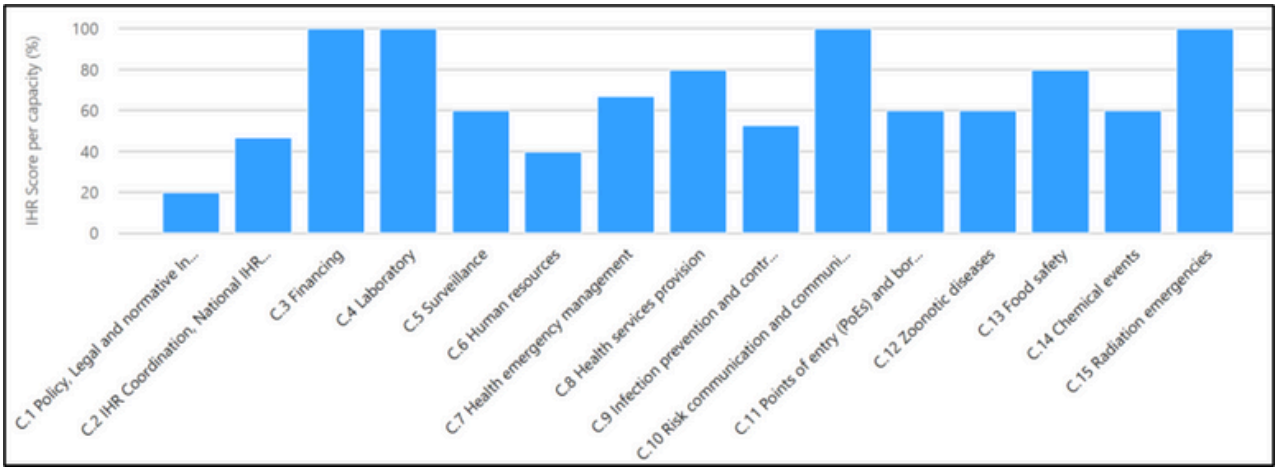


Figure 14. South Africa's IHR indicator scores from the SPAR 2021

Further highlighting the current capacity strengths, the 2017 Joint External Evaluation (JEE) scores were highest – at sustainable capacity – for the national laboratory system. This system currently boasts the continent's only biosafety level 4 (BSL-4) laboratory and supports proficiency testing nationwide as well as in a network of at least 10 countries in Africa. The assessment further revealed that for most other technical areas, the country has developed or demonstrated capacities with documented best practices in one-health, points of entry and border health, IHR coordination, real-time surveillance and immunization. The JEE also pinpointed several technical areas for improvement, including AMR, national legislation reforms for smooth IHR implementation, interoperable interconnected electronic real-time reporting systems, the development of a workforce strategy, multi-hazard public health emergency planning, improvements in emergency response operations, the development of a national surge and medical countermeasures strategy, and strengthening capacities for preventing and responding to radiation emergencies. To address these identified gaps, South Africa developed the National Action Plan for Health Security (NAPHS) in 2019 and is currently revising the document. It has the potential to significantly enhance health security and propel the country to meet the IHR (2005) core capacity requirements if implemented fully and effectively under the Country Cooperation Strategy.

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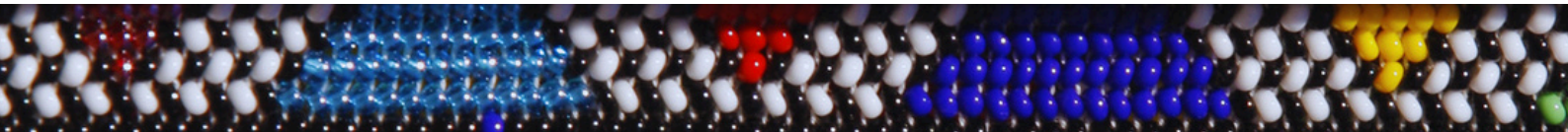

From Left to Right: Dr Matshidiso Moeti, WHO Regional Director for Africa and His Excellency Dr Jean Kaseya, Director General of the Africa Centres for Disease Control and Prevention.

5. Development partners

While contributing to the implementation of the health and development agenda in South Africa, WHO works in lockstep with the Government and a wide range of stakeholders, including development partners, civil society, nongovernmental organizations, academia and research institutions.

WHO will continue to leverage its strong partnership capital, built assiduously over many years, with public and private actors as well as the international community, including UN agencies in South Africa. Maintaining and further expanding the collaborative network and relationships with existing and new partners will be key for WHO in translating the present Country Cooperation Strategy into action.

Engaging with a diverse pool of partners will enable WHO to make a more significant and more sustainable impact in the country's health sector, and contribute to robust health systems. While forging new partnerships, WHO will work with institutions and entities that have an in-country presence. This will be achieved by implementing an approach of direct engagement with locally based donors and partners. WHO will also actively pursue more direct interaction, as appropriate, with non-resident or regionally based entities, particularly those whose coverage extends to South Africa but may physically be based in neighbouring countries. The WCO will also seek greater engagement with selected partners within the private sector. The engagement with private entities will be subject to rigorous due diligence to ensure that partnerships do not create reputational risk, exert undue influence on WHO, or compromise the organization's integrity, independence and credibility.

As an integral member of the extended UN family in South Africa, WHO will continue to align its programmes and operations with the ongoing UN reform agenda through the adoption of appropriate tools and strategies that link the work of WHO with the Sustainable Development Goals and the UNSDCF 2020–2025 in South Africa.

WHO maintains proactive participation in the South African UN Country Team, including initiatives and platforms that advance the UN reform agenda.

As the lead agency in the health sector among the UN Country Team, WHO has been using its coordinating and convening role to inform, facilitate technical and policy dialogues, and collaborate with other UN sister agencies, working as 'One UN' at the country level to support South Africa towards the achievement of the SDGs. This engagement provides an avenue through which WHO can leverage its strategic position and promote health by coordinating with relevant UN agencies in setting the UN health agenda for South Africa. Through the partnership with the extended UN family in South Africa and its vast network of technical skills, expertise and resources, WHO will bring additional value while delivering on the health priorities of the CCS strategic framework.

WHO is the co-chair of the Health Partners Forum in South Africa. The Forum brings together over 30 development partners and is a key health coordination mechanism in the country. WHO will continue to engage development partners in the country to better align planning and action with health priorities and ensure stronger synergy and collaboration.

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Table 2. Some of the development partners in South Africa with their areas of support in the health sector

Partners	Areas of support
Bill and Melinda Gates Foundation	HIV; maternal, newborn and child health
European Union	Health systems strengthening; universal health coverage
France	Access to essential health services Improved access to essential medicines, vaccines, diagnostics, and devices
Germany	Health emergency response Epidemic and pandemic prevention Access to essential health services Polio eradication and transition plan
High Commission of Canada in South Africa	Health emergency response Health risks and vulnerability
Joint United Nations Programme on HIV and AIDS (UNAIDS)	HIV and AIDS
The Global Fund to Fight AIDS, Tuberculosis and Malaria	HIV/AIDS; tuberculosis; malaria
World Bank	Results-based financing, health financing Pandemic preparedness, emergency medical services
United Nations Development Programme (UNDP)	HIV national response Access to and delivery of health technology Health care waste management
United Nations Population Fund (UNFPA)	Reproductive, maternal, newborn, child and adolescent health Human resources for health/midwifery workforce Gender-based violence and data generation and use
United Nations Children's Fund (UNICEF)	Maternal, newborn and child health Health Basket Fund
United States Agency for International Development (USAID)	Emergency preparedness, human resources for health Health systems strengthening HIV/AIDS, tuberculosis
United States Centers for Disease Control and Prevention (CDC)	HIV, global health security Maternal, neonatal and child health Health systems strengthening, including human resources for health, institutional capacity building, monitoring and evaluation, surveillance Health information systems
United States President's Emergency Plan for AIDS Relief (PEPFAR)	HIV, tuberculosis, malaria and health systems strengthening

From Left to Right: Dr Owen Kaluwa, WHO Country Representative to South Africa, Dr Tedros Ghebreyesus, WHO Director-General, His Excellency Cyril Ramaphosa, the President of the Republic of South Africa and Dr Joe Phaahla, the Honorable Minister of Health pose for a photo after discussing South Africa's hosting of the mRNA technology transfer hub to expand local production of vaccines and other medical solutions to help countries meet their health needs.

6. WHO and South Africa's cooperation over the last CCS cycle (2016–2020)

6.1 Key areas of WHO support

WHO provided policy advice, technical assistance and operational support for various priority health issues and health systems strengthening towards accelerating progress on universal health coverage. Key areas include support for legislation and the rollout of the National Health Insurance, facilitating the nine work streams of the Presidential Health Compact, development of the health workforce strategy and health care standards for quality improvement. It supported emergency work on several disease outbreaks, including the listeriosis outbreak in 2017 and the COVID-19 outbreak in 2020.

WHO supported the HIV programme with the development and implementation of guidance for HIV testing, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis, HIV testing, treatment guidelines development and rollout, voluntary medical male circumcision (VMMC), and the men's health strategy. Additionally, WHO extensively supported the TB programme, the highlights of which included the TB prevalence survey, TB costing study, and drug-resistant TB treatment. WHO was instrumental in supporting road safety campaigns and legislation on sugar, salt, tobacco and alcohol.

The work of WHO in South Africa has been well documented and acknowledged, as summarized in the evaluation report of the 2016–2020 CCS. Table 3 below highlights some of the areas of collaboration between WHO, the South African Government and other partners, focusing on the last CCS period.

Table 3. Summary of WHO's cooperation over the past CCS cycle (2016–2020)

Strategic priorities	Key Contributions
Strengthening national efforts to attain universal health coverage	• Updating of the NHI Bill and Medical Schemes Amendment Bill. • Technical inputs to Health Market Inquiry report. • National Stakeholders Consultation summit on NHI organized. • Presidential Health Summit conducted. • Presidential Health Compact produced and implementation supported. • National Human Resources for Health Strategy 2030 developed. • South Africa's Civil Society Engagement Mechanism for UHC steering meeting held. • Health Standards and Regulations supported. • National Health Quality Improvement Plan rollout. • National Infection prevention and Control Strategy and Implementation Plan developed and rolled out. • National Health Accounts produced for 2014/2015, 2015/2016 and 2016/2017.
Contribute towards reduction of the disease burden for communicable diseases, especially HIV, TB, STIs, hepatitis and VPD	• First PrEP programme in the Region to vulnerable populations implemented in South Africa in 2016, and being scaled up nationally to benefit all individuals at substantial risk of HIV, including pregnant and breastfeeding women. • Development and dissemination of PrEP guidelines, job aids and clinical tools to all 3 501 public health facilities nationally. • Training of over 7 000 health care workers in the safe delivery of PrEP nationally. • Development of the dapivirine ring guidelines to support rollout for women at substantial risk of HIV. • National consolidated HIV testing services guidelines developed and rolled out nationally. • Development, dissemination and roll-out of the national consolidated antiretroviral therapy guidelines. • Antenatal care (ANC) sentinel surveys conducted. • External quality assurance assessment for voluntary medical male circumcision sites and development of National Integrated Men's Health Strategy, 2020–2025. • First national TB prevalence survey conducted in South Africa. • The first national TB patient cost survey conducted. • Development of the new National Guidelines on the Treatment of Latent TB Infection. • Introduction and scale-up of new shorter TB preventive therapy regimen (3HP). • Shorter regimens and newer drugs (bedaquiline and delaminid) for drug-resistant (DR) TB were scaled up, significantly improving outcomes. • Revision of the DR-TB guidelines for the management of rifampicin-resistant tuberculosis. • Revision of the Policy Framework on Decentralised and Deinstitutionalised Management for South Africa. • Introduction of the lateral flow urine lipoarabinomannan assay (u-LAM) for the diagnosis of active tuberculosis in people living with HIV, with supporting guidance. • Development of the TB Recovery Plan to mitigate the impact of the COVID-19 pandemic. • Development of the first Multisectoral Accountability Framework for TB (MAF-TB) to facilitate engagement and contribution of other sectors to TB response. • Joint review of the HIV, STI, TB, prevention of mother to child transmission (PMTCT) and hepatitis programmes conducted. • Programmatic review of the Malaria Programme and development of the National Malaria Elimination Strategy for South Africa 2019–2023. • Supported the establishment and expansion of environmental surveillance sites across five provinces. • Response to immunodeficiency-related vaccine-derived poliovirus (iVDPV) events in three provinces. • Supported the introduction of the integrated supportive supervision tool on Open Data Kit (ODK). • Supported South Africa to successfully participate in the globally synchronized switch from trivalent oral poliovirus vaccine (tOPV) to bivalent oral polio vaccine (bOPV). • Establishment and capacity-building of the National Immunisation Safety Expert Committee (NISEC).
Support the prevention and control of noncommunicable diseases, mental health disorders, violence and injuries	• Salt, sugar, tobacco and alcohol legislations, and road safety campaigns. • Development of NCD strategic plan, and guidelines for prostate and lung cancer as well as for hypertension.
Support South Africa in meeting its global health obligations while contributing to international health and development	• Joint external evaluation of IHR core capacities and development of the NAPHS. • Listeriosis outbreak investigation, origin, characterization and containment. • Ongoing technical support in responding to the COVID-19 outbreak at national and sub-national levels with deployment of staff and a consultant. • Development of a number of policy and guideline documents on sexual reproductive, maternal, neonatal, child and adolescent health and nutrition (SRMNCHAN) that included the revised PMTCT guideline; maternal, perinatal and neonatal health policy; draft malnutrition guidelines; National Integrated Sexual and Reproductive Health and Rights (SRHR) policy guidelines; revised National Contraception Clinical Guidelines; National Clinical Guideline for Implementation of the Choice of Termination of Pregnancy Act; and Clinical Guidelines for Genetics Services. • For polio and vaccine-preventable diseases, WHO was highly commended for the employment of surveillance officers in the provinces and for its role in South Africa's regaining of the polio-free status.

6.2 CCS 2016–2020 evaluation: lessons and opportunities

Amid the above achievements, there were, however, certain challenges encountered during the process, and lessons were learnt from them. Some of the challenges and lessons learnt are mentioned below.

1. Human resources. Inadequate staffing and high turnover within NDoH and WHO hampered the implementation of planned activities, especially in child health, hepatitis, NTDs and health emergencies. This also resulted in suboptimal representation of WHO in some of the critical programmes of NDoH.
2. Delay in NHI legislation process. Although NHI was planned to be implemented in three phases (Phase-I 2012–2013 to 2016–2017, Phase-II 2017–2018 to 2019–2021, and Phase-III 2021–2022 to 2024–2025) with distinct activities; the delay in its legislation had a knock-on effect on some planned activities. More agility in preparing the groundwork for NHI may be taken up in the next cycle in case of further unforeseen delays.
3. Impact of COVID-19. Although this largely fell out of the CCS cycle, COVID-19 highlighted major gaps in health systems and health security, which need to be considered for the next CCS cycle.
4. Need for better support from WHO. A need was identified for enhanced support in areas related to evidence generation and use, including disease and procedure classification coding systems, the Health Information System (HIS) and monitoring and evaluation (M&E), NCD surveillance, and monitoring systems as well as various other health programmes and systems.
5. Disruption in WHO support for polio. There was concern about the WCO Expanded Programme on Immunization (EPI) unit's status since the polio funding was ending. The unit had been commended for providing invaluable technical support that was still needed in the country for immunization and disease surveillance.
6. Community and multisectoral engagement. It was suggested that WHO could play a stronger role in emphasizing the need for Health in All Policies and the importance of a multisectoral approach to addressing the determinants of health.
7. Ongoing review of CCS. One shortcoming of the CCS was the inadequate mechanisms to monitor the implementation and progress of CCS. It was suggested that joint regular reviews should be undertaken with the Government using the results framework.

7. Setting the health agenda: strategic priorities for 2023–2027

The strategic priorities of the CCS 2023–2027 are informed by the epidemiology, health needs and health systems profile of South Africa. The agenda builds on the National Health Strategic Plan 2020/2021–2024/2025, outcomes of the 2016–2020 CCS evaluation report, WHO's GPW13 priorities 2019–2025, and the UNSDCF 2020–2025. These have been further deliberated with NDoH and the key stakeholders.

The overarching strategic objective of the CCS 2023–2027 is that
"All people in South Africa, particularly vulnerable and marginalized populations, enjoy improved health and well-being by 2027".

The CCS (2023–2027) has four strategic priorities that articulate key areas of WHO focus over the 5-year period. The idea is to also ensure continuity and consolidation of activities from the last CCS period, while focusing on emerging priorities. The key priority areas are as follows:

Figure 16. Strategic priorities of the CCS 2023–2027

7.1 Strategic priority 1. Health systems for UHC

Focus area 1a. Support legislation and implementation of NHI Bill and other systems strengthening interventions including financing and governance reforms

WHO will provide technical support and expert advice for **accelerating South Africa's progress towards UHC** and building stronger and more resilient health systems. Taking into consideration the challenges, lessons and opportunities provided by COVID-19, WHO will work with the national and provincial departments of health, key agencies and stakeholders to **assess the health impact and support the implementation of the NHSP 2020–2025.** Based on global best practices and UHC experiences, WHO will **support the process for legislation of the NHI Bill**, as well as the setting up and **operationalization of a NHI unit and NHI fund** to facilitate health financing and governance reforms towards UHC. WHO will also **work with the Office of the President on the implementation and M&E of the Presidential Health Compact** as well as the NHI unit particularly on strategic purchasing, accreditation, provider payment mechanisms and IT systems for NHI. WHO will convene key stakeholders in government, academia, civil society, the United Nations and other development partners to **advocate for UHC** and generate support and consensus on major health systems issues.

To inform health policy and strategy development, implementation, and M&E, WHO will strive to **strengthen integrated health information systems and research and knowledge platforms, including the scale-up of the national health observatory and digital health platforms**. WHO will collaborate with academia and partners to generate evidence for **fostering efficiency and equity in health service coverage and financial protection** to measure progress towards UHC and other SDG targets. Depending on the context and needs, WHO through regional and global partnerships, will seek to **build capacity of the key government and nongovernment stakeholders in various health systems components** for fast-tracking progress on UHC.

Focus area 1b. Ensure safe, effective, and integrated people-centred service delivery across different levels of care

WHO will **support the implementation of the 2030 Human Resources for Health Strategy** guided by the following five goals: effective HRH planning; institutionalize HRH data, research and information; augment education/training; strengthen leadership and management; and produce an empowered and motivated workforce, as outlined in the strategy. WHO will engage with all key

stakeholders and **provide policy and strategic advice for strengthening the key workforce cadres,** particularly in district health systems and primary health care, including community health workers and ward-based outreach teams. WHO will **provide tools, norms and standards for the development of a comprehensive health benefit package** for various levels of health facilities covering conditions as per the population's health needs. **Innovative strategies are planned to be developed within a continuum** of essential health services based on the life course approach, in the context of COVID-19 and beyond.

WHO will **facilitate the rollout and implementation of the national quality improvement, and infection prevention and control strategies and implementation plans** for the provision of safe and effective health service delivery. WHO will also **lead technical advice on scaling up digital health and innovations** for strengthening health information, knowledge sharing, community engagement and service delivery.

Focus area 1c. Promote access to safe, effective, and affordable essential medicines, vaccines and medical products

In line with national priorities on access to safe and effective health services and medical products for all, WHO will work to **strengthen the regulatory capacity of the South African Health Products Regulatory Authority (SAHPRA)**, including the recommendations of **WHO benchmarking of SAHPRA to attain higher 'maturity levels'.**

WHO will work with NDoH, academia and the private sector to **facilitate technical support and policy dialogues to promote access to safe, effective and affordable essential medicines, vaccines and medical products.** The AMR **national action plan will be supported to enhance data, norms and stewardship for AMR.**

7.2 Strategic priority 2. Addressing burden of disease

Focus area 2a. Support the development of norms and standards, and strengthen health systems capacity to implement strategies for prevention, treatment and management of HIV, TB, hepatitis, STI, malaria and NTDs

WHO will **provide technical support to NDoH to help South Africa to achieve the 95-95-95 targets**, and encourage the approach that reduces inequalities. WHO will also **strengthen integration of the HIV response with efforts to achieve UHC and the SDGs**. This includes **supporting HIV testing services, initiating ART treatment, ensuring retention in care and supporting preventive efforts** that contribute to

lowering new HIV infection rates. WHO will **promote the use of HIV differentiated care models**. WHO will **support the uptake and scale-up of HIV testing services (HTS), PMTCT, PrEP, post-exposure prophylaxis (PEP), VMMC and other high-impact prevention options** to reduce new HIV infections in key and priority populations. WHO will **provide technical support in the harm-reduction programme among people who have substance use disorders**.

WHO will **provide technical support to the PMTCT programme** to move South Africa on the path to the elimination of HIV, and achieving zero paediatric HIV infections, congenital syphilis and viral hepatitis B. WHO will also **support other non-biomedical interventions** such as the reduction of stigma and discrimination as well as **support HIV research and rigorous evaluations** of some of the high-impact interventions to drive an efficient and effective national HIV response. WHO will **provide technical support to the reduction of the incidence and prevalence of sexually transmitted infections**.

WHO will **support the National TB Programme** as it intensifies efforts towards the End TB Strategy targets and United National High Level Meeting (UNHLM) commitments. To this end, **technical support will be provided for the implementation of the TB Recovery Plan and the new Joint (HIV, TB and STIs) Strategic Plan and the TB-specific Strategic Plan for 2023–2028**. One of the key components for this support will be a multisectoral approach to TB response through the finalization and implementation of the Multisectoral Accountability Framework for TB (MAF-TB). Efforts will be made towards increased case detection, improving TB treatment outcomes, strengthening retention in care and scaling up TB prevention strategies, through the adoption of newer regimens and diagnostic approaches. WHO will also **support the development of targeted interventions and revised policies** based on the translation of findings from evidence generated through TB prevalence surveys, the TB inventory study, the TB patient cost survey and TB epidemiological and programme reviews. WHO will **further strengthen communication, education and advocacy on TB and social protection mechanisms** available to TB patients. WHO also will **work with the South African Government, UN agencies and other stakeholders on regional TB issues**.

WHO will **provide technical support for the implementation review of the 2019–2023 Malaria Elimination Strategy for South Africa and development of the Malaria Elimination Strategic Plan 2024–2028**. Technical support will be provided in the development, costing and implementation of the neglected tropical diseases (NTD) roadmap, focusing on strengthening programme management, surveillance, case management, health promotion and vector control.

Focus area 2b. Improve access to quality NCD services through a primary health care approach

WHO will **support the management and control of major NCDs** (cancers, diabetes, cardiovascular diseases (CVDs), chronic obstructive pulmonary diseases (COPD) and mental health disorders) as prioritized in the National Strategic Plan (NSP) for NCDs. This will be done through a targeted reduction in behavioural risk factors for NCDs–tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and air pollution; prevention and management of the key biological risk factors for NCDs (intermediary states)–overweight and obesity, raised blood pressure, raised blood lipids and raised blood glucose; prompt management and control of the main NCDs (cancers, diabetes type 2, CVDs, COPD and mental health and psychosocial issues) as well other NCDs prioritized by the South African NCDs NSP.

To **improve the monitoring, reporting and surveillance systems and to generate appropriate evidence that can inform and streamline policy and practice on NCDs**, a cascading strategy will be used, similar to the 90-90-90 approach for HIV/AIDS and TB, initially designed to address the burden of diabetes and hypertension, and to be refined and updated progressively to include other NCDs. This proposed 90-60-50 cascade is the first step towards improving early detection and treatment of NCDs and entails making sure that 90% of all people over 18 know whether they have raised blood pressure and/or raised blood glucose, 60% of people with raised blood pressure or blood glucose receive comprehensive treatment and 50% of people receiving interventions are controlled.

WHO will also support the promotion of good health and wellness across the life course by using a whole-of-government multisectoral approach in line with the diverse distribution of NCD determinants and actors across the sectors.

Focus area 2c. Achieve universal access to comprehensive SRMNCAH care services to reduce maternal and under 5 mortality

WHO will **support in adapting global and regional guidelines and recommendations on sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH)** to the country context and support their implementation and monitoring. This will also include the SRHR agenda, a regional accelerated plan of action for ending preventable maternal deaths and the accompanying quality of care standards, the integration of SRMNCAH with other programmes such as HIV and STIs, as well as with emergency preparedness and

response plans and assessments of continuity of essential SRMNCAH services. WHO will **support national coordination platforms, including technical working groups,** to strengthen the successful rollout of policy, guidelines, capacity-building, monitoring, evaluation and research, as well as the identification, documentation and dissemination of best practices. WHO will **support capacity-building by reviewing and updating training modules and materials and using innovative approaches to training**, such as e-learning for both pre-service and in-service training, as well as telemedicine, in line with WHO recommendations on the key elements of comprehensive SRMNCAH. Support will be provided for further **development of key information systems to include SRMNCAH indicators and strengthening the capacity of relevant stakeholders** through collaboration to generate and utilize data for decision-making.

WHO will **support the implementation, monitoring and review of the national Expanded Programme on Immunisation** to improve quality and coverage of immunization services in line with the Immunization Agenda 2030. **Support will be provided for the development, implementation and M&E of the National Immunization Strategy (NIS) 2023–2027** to improve routine immunization coverage and achieve equity in coverage. WHO will continue to **support the implementation of national policies and guidelines to improve access to and utilization of existing products and the introduction of new vaccines.** WHO will **support strengthening of VPD surveillance for prevention of and response to outbreaks, and reduction of mortality and morbidity due to VPDs** and to sustain the elimination and eradication targets.

7.3 Strategic priority 3. Emergency preparedness and response

Focus area 3a. Use results from intra-action and after-action reviews (IAR/AAR) and other multisectoral reviews to inform evidence-led planning and sustained investment in health system strengthening

Guided by the IHR monitoring and evaluation framework (IHR-MEF), WHO will **continue supporting NDoH and relevant multisectoral stakeholders to conduct universal health and preparedness reviews, risk profiling and mapping, scoping missions and other relevant assessments**, including health system resilience assessments as the basis for planning and identifying national health security priorities. Hence, based on IAR/AAR COVID-19 priority actions and recommendations in South Africa, WHO will **implement the COVID-19 transition strategy from broader WHO engagement to more focused and strategic support**.

Thus, WHO will **advocate for and support the adaptation and implementation of the recommendations in the position paper titled: Building health system resilience towards universal health coverage and health security during COVID-19 and beyond**. The focus will be on developing all-hazards emergency risk management capacity along with health systems at all levels to engender resiliency through the establishment of capacities for emergency coordination, collaborative surveillance, community protection, clinical care and access to countermeasures for effective response to all health emergencies.

Focus area 3b. Improve country preparedness and response capacities in line with IHR 2005 and Sendai Framework 2015–2030

WHO will **support South Africa to build IHR 2005 core capacities, regularly assess and report to the IHR Secretariat** on an annual basis. WHO will **assist in strengthening the country's disaster risk management and response capacities in line with the Sendai Framework**, as well as build IHR core capacities, support risk profiling, and vulnerability risk assessment and mapping using the WHO STAR tool. The information from these assessments and the IHR-MEF will inform the **development and/or updating of One Health and comprehensive multi-hazard preparedness and response plans, in addition to the NAPHS and annual operational plans (AOPs)** along with the financing strategy or investment case and plan to mobilize the required resources. WHO will **provide technical support to implement the IDSR and strengthen health information management at the national and provincial levels**. WHO will support training of the surveillance workforce in IDSR and multisectoral pandemic preparedness and response planning in the country.

Focus area 3c. Effective management and coordination of response and intervention to health emergencies, epidemics and any other public health events

WHO will **assist with the effective management and coordination of response and intervention to health emergencies, epidemics and other public health emergencies** by supporting the establishment, operationalization and maintenance of fully functional national and provincial public health emergency operations centres (PHEOC) to improve readiness and response coordination.

PHEOC capacities will be regularly tested to ensure functionality. To establish surge response capacities, WHO will **support NDoH to train, conduct periodic drills and simulations and maintain a database of trained multidisciplinary health emergency response** teams at national and subnational levels to facilitate timely and efficient deployments during health emergencies.

WHO will work with the Department of Health and partners like the United Nations Children's Fund (UNICEF) to **develop Risk Communication and Community Engagement (RCCE) strategies and plans with coordination mechanisms, tools and guidelines** to effectively engage communities during peace and crisis time. WHO will **engage the Department of Health to strengthen capacity to ensure timely and equitable distribution of essential supplies during health emergencies** through an approved strategy for emergency procurement, purchasing, expedited supply chain procedures in emergencies, and recruiting ample qualified logisticians and supply chain specialists in national and provincial departments of health.
WHO will also **support the Department of Health to conduct periodic multisectoral reviews** to assess preparedness capacities, conduct after-action reviews (AARs) and simulation exercises (SimEx), strengthen community based systems to prevent, detect and respond to outbreaks (through community-based IDSR), and harness national capacities for innovation and research and the development of life-saving countermeasures such as vaccines, diagnostics and therapeutics working with various WHO collaborating centres in the country.

7.4 Strategic priority 4. Partnerships, research and innovation

Focus area 4a. Mainstreaming equity, gender, human rights and social determinants of health into WHO programmes and into the design and implementation of health strategies, policies, programmes and health information systems of the Government

WHO will **strengthen leadership capacity, accountability and multisectoral collaboration to implement strategies to reduce health risk factors and the underlying determinants of health.**

The work under this stream will also focus on s**trengthening cross-sectoral collaboration to improve the environmental and social determinants of health** including economic inequities, education, housing, clean air, water and sanitation, chemicals and health.

Group photo taken after the site visit to the mRNA hub. The objective of the visit was to learn progress made by local scientists in ensuring the sustainability of vaccine manufacturing, which is key to address local, regional and global vaccine needs for low and middle-income countries.

WHO will also **provide technical support in the strengthening of laws, policies, strategies, plans and programmes that promote equity** with an aim to ensuring that no one is left behind.

Support will be provided to establish and update national guidelines and recommendations on healthy diets, and legislation, regulations and programmes on nutrition by adapting global standards and guidelines to the South African context.

WHO will work with the Government and partners to **continue to raise the profile of violence and of injuries, and the potential for their prevention.** The focus will be on **strengthening the intersectoral implementation of the country's policies, programmes and laws.** The following will be advocated for: activities set out in the Decade of Action for Road Safety (2021–2030), the National Road Safety Strategy 2016–2030, and the global action plan to strengthen the role of the health system in addressing interpersonal violence, including through the implementation of INSPIRE: seven strategies for ending violence against children.

Focus area 4b. Promote a culture of research, evaluation and innovation in partnership with research institutes, academia and WHO collaborating centres

WHO will **support the Government in strengthening evidence and research to guide policy development and planning.**

The work around research, evaluation, and innovation will also benefit from partnership with research institutions, academia and collaborating centres. WHO will **facilitate the convening of research institutions and experts to define the research agenda towards achieving national and regional health objectives**.

Focus area 4c. Contribute, strengthen and sustain partnerships through effective external relations with government partners, UN agencies and non-State actors to deliver results and drive impact benefiting public health

WHO will strive to **develop strategic networks, coalitions and partnerships with key development partners, donors, the private sector and communities.** Special emphasis will be given to ensuring donor confidence, mobilization of resources and leveraging partnerships to fill the funding gap.

WHO will continue to provide technical assistance to the NDoH and engage closely with non-State actors as well as development partners in support of the implementation of health sector programmes. WHO will **support the NDoH to work effectively with donor partners to ensure that national health development goals and strategies are achieved** through alignment of donor support with government priorities and responsiveness to the Sustainable Development Goals. Special attention will be given to supporting the leadership role of the NDoH in health sector coordination in South Africa. WHO will **facilitate positive dialogues among health development partners to identify areas of mutual interest and priorities that promote positive changes and drive impact in the public health** domain in South Africa.

To enhance its internal resource mobilization at the country level, WHO will **continue to take steps to make the resource mobilization and partnership-building and management an organization-wide effort** whereby all staff members will collectively contribute to identifying leads, securing requisite funding and engaging donors to ensure strong and sustained relationships.

WHO will seek to **increase its partnerships with non-State actors in terms of both quantity and quality, while complying with the Framework of Engagement with Non-State Actors (FENSA) principles**, which ensure that WHO enters into formal partnerships with non-State actors only when the benefits for public health are much greater than any possible risk of engagement.

7.5 Cross-cutting themes of the CCS

Gender, equity, and human rights (GER)

WHO's work will be underpinned by GER, including the critical review of national plans, strategies and related documents using the GER approach. WHO will **engage in capacity-building on health systems response to gender-based violence (GBV), intimate partner violence (IPV) and GBV survivors**. WHO will **promote development, implementation and M&E of the key national health policies and strategies that focus on the needs of the most vulnerable** sections. Advocacy, partner engagement and evidence generation using disaggregated indicators will be central to WHO's approach for highlighting inequities in financial protection, access and coverage of essential services. **Tailored strategies and interventions will be provided in all programme areas to ensure minimization of the equity gap** over the CCS period.

Data and evidence

Effective stewardship of health systems requires robust health intelligence. WHO will strive to **strengthen mechanisms to ensure the availability and use of appropriate data and evidence for policy formulation, mapping health resources, planning of public health programmes and evaluating their effectiveness** in addressing health challenges. Integration of disparate information systems, promoting metadata and data standards, data quality assurance and the development and dissemination of key knowledge and research products should be facilitated using national, regional and global platforms and initiatives.

Value for money

Linked to data and evidence, **WHO will place emphasis on programmes that are impactful, thus bringing value to the people of South Africa**. The impact value is expected to be demonstrated in appropriately defined terms of well-being, including quantifiable ways. WHO will also use the value for money approach in its procurement processes.

Integration of programmes and decentralization of support

Programmes implemented in silos create inefficiencies and duplications. **WHO will strive to integrate its activities across different programmes**, for instance, the school health programmes covering immunization, deworming, nutrition, activity and adolescent sexual reproductive health; or strengthening the primary health care platform for integrated delivery of various services as per people's needs.

Skills transfer and sustainability

To ensure the continuity and sustainability of programmes/activities, WHO will **facilitate capacity building and skills transfer to the national and provincial counterparts**. WHO, working with the departments of health, academic institutions, the WHO Regional Office and headquarters will **continue to provide capacity-building and skills transfer to the key health workforce–particularly in areas pertaining to the four strategic priorities of the CCS.**

8. CCS 2023–2027: Resources, implementation modalities, and progress tracking

The implementation of the Country Cooperation Strategy 2023–27 will be done in close coordination with NDoH leadership and the technical programmes. As needed, WHO will mobilize additional financial and technical resources from within and outside the Organization.

8.1 Policy advice and technical assistance

The vast expertise of WHO across the three levels comprising the WHO Country Office (WCO), WHO Regional Office for Africa (AFRO) and WHO headquarters have been demonstrated and will be put to use during the implementation of this new CCS. The WCO will continue to act as the day-to-day partner of the Government of South Africa and provide policy advice on matters pertaining to the four strategic priorities including the development of norms, standards, policies and strategies. WHO will also provide direct technical support, joint monitoring, learning and evaluation of the programmes to ensure the implementation of defined programmes, and to assess if defined outcomes and impacts are being achieved as desired. In specific areas such as outbreak response, the WCO may consider providing implementation support depending on country needs.

The WCO may call on both AFRO and headquarters to provide specific technical and financial support as needed in-country. The Regional Office will provide support on regionalizing global tools and coordinate regional activities to support UHC and other regional commitments. WHO headquarters will provide global evidence on best practices, and support access to appropriate technologies and medicines including guidelines for their adaptation and adoption.

8.2 Resources and partnerships

The funding for WHO work usually comes from the Regional Office and WHO headquarters, based on the programme budget in 2 biennial cycles; there also are additional international donors that provide funds for specific areas. It is not always possible for the WCO to get adequate funding and the workforce to deliver on its agenda. To address the gaps, WHO will strive to

engage with national and international stakeholders to build strategic partnerships and mobilize additional resources. The overall external relations and partnership work of WHO will be underpinned by the elements outlined below.

- **Mobilization of resources and leveraging**. South Africa's status as an upper middle-income country and its continuous development makes the prospects of access to funding for development programmes challenging. This requires that WCO South Africa actively seek ways to ensure that changing health needs are adequately met in a timely manner. In addition to direct funding contributions to WHO through assessed contributions and voluntary contributions, WCO will continue to advocate with donors and partners and leverage and reinforce relationships with UN sister agencies and non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions) to ensure that adequate human and material resources are allocated towards achieving the shared priorities and goals for health.
- **Ensuring donor confidence**. Maintaining and improving the status of a trustworthy and valued partner will remain among the priories for WHO in South Africa. WCO in South Africa will achieve this through a number of initiatives that will include accurate and timely expenditure of funds, monitoring of reporting deadlines and high-quality reporting. Donor confidence will also be built through the effective marketing of WHO presence in South Africa and the impact visibility of the work supported by donors.
- **Addressing key gaps in programmes and initiatives**. WHO will pursue the funding discussion and monitoring as part of its regular programme and technical meetings. The updates and presentations on resource mobilization will prompt a review of funding levels to identify and flag underfunded programmes. To address the funding gap, WHO will use direct advocacy during interaction with key resource partners and maintain capacity and readiness to tap into solicited and unsolicited funding opportunities.

WHO Country Office in South Africa's collaboration with development partners in response to the cholera outbreak at Kanana treatment facility, Hammanskraal.

8.3 Monitoring and evaluation

Implementation of the CCS will be translated through the biennial operational workplans over the 5-year period. The workplans will have costed activities and timelines. These biennial operational plans will be monitored semi-annually with a mid and end-term evaluation as per existing WHO processes. In addition, a mid-term review of the CCS will be carried out to assess if various activities have been conducted as planned, on time, with the right intensity and to assess if there is need for a change in priorities or focus areas. The review will measure progress on WHO's contributions as planned with support from AFRO and headquarters, the availability of a workforce and funding to implement the CCS, and the availability of data to report on indicators and their actual progress. The CCS results framework (Annex 1) will serve as baseline during the review and evaluation process. The review will also analyse impediments and risks associated with the CCS and recommend mitigation measures. An end of CCS evaluation (2027) will be undertaken in the final year to assess achievements, gaps, challenges and lessons learnt and to provide recommendations and inform the next CCS. Joint annual monitoring with the Government counterparts and other partners will be done over the period of the CCS implementation.

8.4 Financing the strategic priorities

The estimated cost for implementing the CCS during its 5-year lifespan is US$ 47 144 373. The costing was developed based on the existing programme budget allocation for WHO South Africa, the allocated budget envelop for 2024–2025, and projection for 2026–2027. The cost of the CCS may change depending on the circumstances and evolving health needs in the country during the implementation of the strategy.

Table 4. Funding estimate for the CCS 2023–2027

Estimated 5-year cost (2023–2027) * in US$			
Strategic priorities	**Estimated cost**	**Available funding****	**Funding gap**
SP 1. Augment health systems strengthening reforms to accelerate progress towards universal health coverage	22 101 481	4 531 706	17 569 775
SP 2. Address the quadruple burden of diseases and promote well-being across the life course towards achieving global targets	3 914 546	1 388 994	2 525 552
SP 3. Build health systems resilience and strengthen health emergency preparedness and response capacities	4 926 704	485 310	4 441 394
SP 4. Enhance multisectoral collaborations and global partnerships for concerted action on health and its determinants	16 201 642	2 617 544	13 584 098
TOTAL	**47 144 373**	**9 023 554**	**38 120 819**

* The estimate reflects WHO South Africa's base budget segment only
**Available funds are as of March 2023

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Annex 1. Results framework

Strategic Priority Areas	Indicators	Baseline	Target	Means of verification
Strategic priority 1. Augment health systems strengthening reforms to accelerate progress towards Universal Health Coverage	Percentage of the population who spent at least 10% of their household budget (total household expenditure or income) paying for health services (disaggregated information required)	Not available	Stop the rise in the percentage of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services	Household budget surveys (HBS), household income and expenditure surveys (HIES), socio-economic or living standards surveys, national health accounts
	Coverage of essential health services	61.8 (2019)	To be increased	South African Health Review
Strategic priority 2. Address the quadruple burden of diseases and promote well-being across the life course towards achieving global targets	95-95-95 targets, disaggregated by sex, age and region	Not available	1st 95: 7 576 953 2nd 95: 7 198 105 3rd 95: 6 838 200	Government reports
	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	4.94 (2018)	Reduce by 73%	National estimates based on Thembisa model
	Percentage of people living with HIV that are receiving ART	Total: 66%; Children 0–14: 55%; Adult males 15+: 60%; Adult females 15: 69%);	95% coverage of HIV services	Thembisa/spectrum; District Health Information System (DHIS)
	TB incidence rate per 100 000 population	513/100 000		Global TB reports WHO
	TB treatment coverage	57%	70%	Global TB reports WHO
	Maternal mortality ratio	134 maternal deaths per 100 000 live births (2016)	<100 maternal deaths per 100 000 live births	Medium Term Strategic Framework 2019–2024)
	Under 5 mortality rate	32 child deaths per 1 000 live births (2017)	<25 per 1 000 live births	Medium Term Strategic Framework 2019–2024)
	Percentage of the target children who received the third dose of diphtheria, tetanus and pertussis (DTP) containing vaccine (DTPCV3): DTP3 Coverage	87% (October 2022)	80%	District Health Information System
	Percentage of the target children who received the first dose of measles-containing vaccine (MCV1): MCV1 coverage	88% (October 2022)	95%	District Health Information System
	Percentage of children fully immunized	88% (October 2022)	80%	National immunization records
	Percentage of all people over 18 who know whether they have raised blood pressure/glucose	51%	90% of all people over 18 years old	NDoH and DoH reports as well as clinical audits/surveys
	Percentage of people with raised blood pressure or blood glucose receiving comprehensive treatment	22%	60%	NDoH and DoH reports as well as clinical audits/surveys
	Percentage of people on treatment for raised blood pressure or blood glucose who are controlled.	9%	50%	NDoH and DoH reports as well as clinical audits/surveys
Strategic priority 3. Build health systems resilience and strengthen health emergency preparedness and response capacities	All-hazards emergency preparedness capacities assessed and reported	SPAR done for 2022	Annual SPAR	SPAR for South Africa
	Number of IHR core capacities that are at least at level 3 (developing capacity) based on the IHR annual reporting	17 capacities	35	SPAR reports

Strategic Priority Areas	Indicators	Baseline	Target	Means of verification
	All capacity average IHR score from the annual SPAR	68% (2021);	90%	SPAR reports (available on the Global Health Observatory); Strategic Partnership for IHR (2005) and Health Security
	Percentage of districts (3rd subnational level) that are implementing IDSR	80% IDSR	80%	National Institute for Communicable Diseases (NICD) Notifiable Medical Condition Surveillance System (NMCSS) reports
	Percentage of public health events detected and responded to in 48 hours	50%	80%	Annual NDoH IDSR programme review reports
	Percentage of districts with an all-hazard contingency plan	0%	80%	NDoH and DoH reports
	Percentage of potential public health emergencies with risks assessed and communicated	50%	80%	Annual NDoH IDSR programme review reports
Strategic priority 4. Enhance multisectoral collaborations and global partnerships for concerted action on health and its determinants	Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age)	27%	Reduce by 30%	South African National Health and Nutrition Examination Survey (SANHANES-1), Human Sciences Research Council (HSRC) and South Africa Demographic and Health Survey (SADHS) 2016, DoH, Stats SA, South African Medical Research Council (SAMRC) and International Classification of Functioning, Disability and Health (ICF));
	Percentage of targeted subnational areas implementing best buy policies in the MPOWE package for tobacco control	50% (of 9 provinces)	60%	Government Reports, surveys and studies
	Percentage of target subnational areas implementing Best Buys interventions in the SAFER package to reduce harmful use of alcohol	100% (9 provinces)	100%	Government Reports, surveys and studies
	Death rate due to road traffic injuries	12 545 (2021)	7931	Department of Statistics reports
	Number of funding and partnership agreements signed by the WCO	0	14	Records of the Contributor Engagement Management (CEM) System
	Percentage funding of the planned cost from diversified sources excluding assessed contribution	0%	30%	WCO South Africa programme budget financial dashboard
	Number of concept notes/ proposals/funding applications aubmitted to new donors	0	6	Records of the CEM
	Number of grant agreements signed with new donors by WCO	0	3	Records of the CEM
	Number of technical and financial reports to donors	0	0	WHO AFRO donor Reports tracking dashboard
	Percentage pf communication material for the public that enhances visibility of donors/partners	50%	100%	Outreach/advocacy materials produced and distributed

Annex 2. Theory of change

More people benefitting from universal health coverage	More people better protected from emergencies	More people enjoying better health and wellbeing

Contribute to

"All people in South Africa, particularly vulnerable and marginalized populations, enjoy improved health and well-being by 2021"

Contribute to

Strategic Priority 1	Strategic Priority 1	Strategic Priority 3	Strategic Priority 4	
Augment health systems strengthening reforms to accelerate programs towards UHC	Adress the quadruple burden of diseases and promote wellbeing across the life course towards achieving global targets	Build health systems resilience and strengthen health emergency preparedness and response capacities	Enhance multi-sectoral collaborations and global partnerships for concerted action on health and its determinants	
• Support legislation and implementation of NHI Bill and other systems strengthening interventions including financing and governance reforms • Ensure safe, effective, and integrated people cantered service delivery across different levels of care • Promote access to safe, effective, and affordable essential medicines, vaccines, and medical products	• Support development of norms and standards, and strengthen health systems capacity to implement strategies for prevention, treatment and management of HIV, TB, Hepatitis, STI, Malaria and NTDs • Improve access to quality NCDs services through a primary health care approach • Achieve universal access to comprehensive SRMNCAH care services to reduce maternal and under-five mortality	• Use results from IAR/AAR and other multisectoral reviews to inform evidence-led planning and sustained investment in health system strengthening • Improve country preparedness and response capacities in line with IHR 2005 and 2015–2030 Sendai Framework • Effective management and coordination of response and intervention to health emergencies, epidemics, and any other public health events	• Mainstreaming GER and social determinants of health into policies, programmes and health information systems of the Government • Promote a culture of research, evaluation, and innovation in partnership with research institutes, academia and WHO CCs • Contribute, strengthen, and sustain partnerships through effective external relations with government partners, UN agencies, and NSAs	Focus areas

Lead to

• Support the legislation of NHI Bill, including the operationalization of NHI unit and NHI Fund • Work with the office of President on implementation and M&E of the Presidential Health Compact • Strengthen integrated HIS, research and knowledge platforms including scale up of national health observatory and digital health platforms • Build capacity of the key government and non-government stakeholders in various health systems components • Support the implementation of the 2030 National Health Workforce Strategy, including strategic advice on key workforce cadres • Provide tools, norms and standards for development of Comprehensive Health Benefit package • Facilitate rollout and implementation of national quality improvement and IPC strategy • Lead technical advice on scaling up of digital health and innovations • Strengthen the regulatory capacity of SAHPRA to attain higher 'maturity levels' • Technical support to promote access to safe, effective and affordable essential medicines, vaccines and medical products. • Enhance data, norms and stewardship for AMR.	• Support to the NDoH to achieve 95-95-95 targets and strengthen integration of the HIV response • Support the implementation of the TB Recovery Plan and the new Joint (HIV, TB and STIs) Strategic Plan and the TB specific Strategic Plan for 2023-2028 • Support implementation of the 2019-2023 Malaria Elimination Strategy for South Africa and development of the 2024-2028 Malaria Elimination Strategic plan • Support on development, costing and implementation of Neglected Tropical Diseases (NTD) Roadmap • Improve surveillance systems for NCDs, including support on management and control of major NCDs • Support promotion of good health and wellness across the life course • Support in adapting SRMNCAH norms and guidance, including capacity building of providers • Support the implementation, monitoring and review of the National Immunization Strategy (NIS) 2023 – 2027. Strengthen VPD surveillance.	• Support NDoH to conduct UHPR, risk profiling & mapping, scoping missions, and other relevant assessments • Build IHR 2005 core capacities, including capacities for disaster risk management and response • Develop and/or update multi-hazard preparedness and response plans; the NAPHS and annual operational plans • Technical support to implement the IDSR and strengthen health information management • Support management and coordination of response to public health emergencies • Conduct periodic drills and simulations and maintain a database of trained multidisciplinary HERT • Develop RCCE strategies and plans • Strengthen capacity for timely distribution of essential supplies during health emergencies	• Strengthen leadership capacity and cross-sectoral collaboration to reduce health risk factors and the underlying determinants of health • Strengthen legal and policy framework for promoting equity • Continue to raise the profile of violence and of injuries, including its prevention • Strengthen evidence and research to guide policy development and planning and help define the research agenda • Develop strategic networks, coalitions and partnerships with key development partners, donors, private sector and communities	Strategic deliverables

Support

Gender, Equity, and Human Rights	Data and evidence	Value for money	Integration of Programmes and Decentralization of support	Skills Transfer and Sustainability	Cross cutting themes
Policy advice and technical assistance	Resources and partnerships	Monitoring and Evaluation			Enablers

The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

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