CAR – Country Context

- **Landlocked** country with an estimated population of 5.4 million
- Per capita income is one of the lowest in the world
- Protracted **humanitarian and security crisis**
- **Tropical climate with high risk of infectious diseases**
  - Maternal Mortality rate 829/100,000
  - Malaria mortality rate 72/100,000
  - UHC index 32
CAR – UHPR: History and Rationale

- Proposed in 2020 by the Central African Republic and Benin as then-Chairs of the African Union
- Original idea: adaptation to the health of the Universal Periodic Review
- **CAR** was the first country to volunteer for a UHPR pilot mission

Unlike other health assessment mechanisms with the UHPR, CAR sought to:

- Seek high-level national and **international commitment: enhance global solidarity for national capacity building.**
- Strengthen the **framework for coordination** with partners, multi-sectoral collaboration and community engagement;
- Review the **effectiveness of development assistance** in the area of public health;
- **Strengthen strategic planning** for the implementation of the **Sustainable Development Goals**;
- Strength **health systems and health security** and promote **UHC**
- Strengthen **human rights-based/people-centered approach** to health.
### Political leadership (70%)

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<tr>
<td><strong>Crisis committee:</strong> Head of State</td>
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<td><strong>Technical committee:</strong> Prime Minister</td>
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<td><strong>Strategy and Methodology Group (MoH)</strong></td>
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<td><strong>UHPR National Secretariat (decree of the Prime Minister)</strong></td>
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<td><strong>Community dialogue</strong></td>
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UHPR national review in Central African Republic

Technical (30%)

- Launch Ceremony chaired by Prime Minister (PM) and ADG (120 participants)
- Crisis Committee chaired by the President: report approval
- Technical Workshops & SimEx (700 participants)
- High-level Meeting with H.E. the President, Speaker of Parliament
- High-Level SimEx that gathered over 30 ministers
- High-level Meeting with the Hon. Ministers of Health, Finance, Cooperation...
- Engagement meetings and individual interviews (28)
UHPR national review in Central African Republic

Technical: Relevant Reviews considered

- Strategic Risk Assessments 2019
- Service Availability & Readiness Assessment 2020
- One Health Joint Risk Assessments
- One Health National Bridging Workshops 2023
- NAPHS Implementation
- Joint External Evaluation 2018
- Simulation Exercises 2021
- Intra-Action Reviews 2017-2021
- Health Resource & Availability Mapping System 2020
- SARA
- SPAR
- STAR VRAM&
- One Health
- JEE
- IAR/ARR
- HeRAMS
Summary: lessons learned from the UHPR national review

- Highest level commitment – President’s and Prime Minister level engagement
- Engagement of stakeholders – private, Civil Society, national and international
- Emphasis on vulnerability factors and social determinants of health
- Interlinkage between health security, development, health and peace
- Linkages between Public Health emergency, risk mitigation, preparedness, response, recovery, and development
Best practices in Central African Republic: Governance

- Political will displayed at the highest level of the State in favor of health through the "Ten Areas of Presidential Impulse for Universal Health Coverage (UHC)" and Governing bodies for Covid-19 with a multisectoral approach.

- Adoption of a National Health Policy (2019-2030)

- A section on strengthening the health system’s resilience exists in the National Health Development Plan (PNDS) 2022-2026.

- Involvement and empowerment of community leaders in decision-making in health-related issues
Best practices in Central African Republic: Systems

- Demonstrated ability to use the results of local scientific studies for decision-making by the Ministry of Health
- Collaboration with Pasteur Institute of Bangui for health security (Mongoumba)
- The partnership between the Ministry of Health and Population, UN organizations, and INGOs for strengthening cross-border health activities with the Democratic Republic of Congo (DRC), the Republic of Congo, Tchad, and Cameroon
- Active coordination between the ministries “One Health” and relevant technical and financial partners
Best practices in Central African Republic: Finance

- Implementation of the targeted free care policy for pregnant/breastfeeding women, children under 5, and other programs (HIV, TB, etc.)

- Commitment by the Central African government to increase domestic resources for investment in the pillars of the health system,

- Existence of a high-level resource committee co-chaired by the Ministers of Health and Finance

- Flexibility of World Bank and Global Fund for Health Security
Gaps & Challenges in Central African Republic: Governance

- Weaknesses aligning international partners with national priorities
- Lack of integration of humanitarian and national health development plan
- Weak accountability of humanitarian actors
- Weak monitoring and evaluation system
Gaps & Challenges in Central African Republic: Systems

- Lack of an integrated system for the supply and distribution of medicines and quality health products

- Poorly functional or non-functional health structures due to numerous attacks and looting of health centers and recurrent violence perpetrated on staff.

- Poor geographic coverage of health care and services (32%)

- Lack of qualified human resources (6/10000 habitants)
Gaps & Challenges in Central African Republic: Finance

- Health financing is heavily dependent on external aid
- Weak aid effectiveness
- Absence of a financial mechanism for health coverage
- Weak capacity of the national budget to fund health emergency
Priority areas for focused cooperation with and support from other Member States

Governance
- Management of public health emergencies
- Coordination, especially with humanitarian actors
- Aid effectiveness monitoring and evaluation

Systems
- Production of human resources for health system resilience
- Acceleration of health for peace initiative to stabilize the health system in the country
- Strengthen primary health care to UHC, including community engagement
- Use of technology to fill the gap in human resources, diagnosis, and healthcare provision
- Drug supply and management
Priority areas for focused cooperation with and support from other Member States

*Financing*

- Establish a mechanism for health coverage
- Strategic purchasing
- Development of the Health Financing Strategy
Actions taken since the UHPR national review

- Frontline Field Epidemiology Training programme: August 2022
- WHO AFRO emergency capacity strengthening projects: September 2022
- Application to pandemic preparedness fund: Dec 2022
- Evaluation of human resource landscape and production: 2023
- Organizational and institutional audit over Ministry of Health: Ongoing
Actions taken since the UHPR national review

- Report signed by the Head of State and submitted to WHO: Dec 2022
- Mainstreaming of UHPR recommendations into the National Health Development Plan: November 2022
- Community engagement for health and well-being policy: April 2023
- National Alignment Strategy: one plan, one budget, one report (WB/GFF)
- Community engagement for health and well-being policy: April 2023
- Regular review and planning meetings between the Ministry of Health and the Ministry of Finance
Conclusion and recommendations

- The UHPR galvanized political commitment, multi-sectoral mobilization, and community involvement for a systemic approach to preparing for and responding to public health emergencies in the Central African Republic.

- It highlighted the complex link between health, security, peace, the environment and development.

- The UHPR has enabled the Central African Republic to integrate emergency preparedness and response into its health development plan and build its capacity to anticipate, prepare for and respond effectively to public health emergencies.
Conclusion and recommendations

▪ To this end, it has enabled the country to identify areas for international cooperation. The UHPR is an instrument for changing the paradigm to bring our health system up to the challenges and make it more resilient. This requires states to recognize their health systems’ weaknesses and show the will to change.

▪ In most cases, the healthcare system is marked by inequity so that preventive, curative, and rehabilitative care are disconnected from each other and the population. The UHPR, therefore, appears to be an instrument of transformation that will enable countries to achieve the same level of respect for the values of equity, both nationally and globally.

▪ UHPR is a tool that can be used in all socio-economic contexts.
Thank you