UNIVERSAL HEALTH AND PREPAREDNESS REVIEW (UHPR)

NATIONAL REPORT OF

CENTRAL AFRICAN REPUBLIC

DECEMBER 2021

Note: Please be informed that the extended version of the UHPR National Report for the Central African Republic, bearing the signature of His Excellency Professor Faustin Archange Touadera, President of the Central African Republic, is accessible via the provided link: Examen Universel de l'Etat de Preparation (UHPR): Rapport National de la Republique Centrafricaine

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I. EXECUTIVE SUMMARY

The Universal Health and Readiness Review (UHPR) is a intergovernmental mechanism led by Member States, with the support of the WHO, in which countries volunteer for a regular and transparent peer-to-peer review of their national capacities for emergency preparedness.

The Central African Republic was the first country to host a UHPR pilot mission, which identified strengths and weaknesses and priorities for improvement. The UHPR promoted multisectoral action, international solidarity, and capacity building for peace and development. It includes periodic reviews and sustainable resources to keep health emergency preparedness a priority.

Methodology

During the pilot mission, which was held from 8th to 13th December 2021, 19 international experts worked with hundreds of Central African experts and partners. The entire work was placed under the high patronage of His Excellency Professor Faustin Archange Touadera, President of the Central African Republic.

The UHPR was officially launched by the Prime Minister, Head of Government, Mr. Henri Marie Dondra. The technical work was supervised by the Minister of Health and Population, Dr. Pierre Somse.

The review process focused on aspects relevant to Governance, Systems and Financing.

Outcome

As an outcome of this pilot, the Central African Republic put forward key priorities to improve the health emergency preparedness capacities in the country, which includes:

1. Multisectoral coordination
   - Extend the mandate of the crisis committee (COVID-19) to other public health issues (for example, universal health coverage and health financing), by the end of 2022.
   - Draft and adopt a decree establishing a coordination committee for the mobilization of resources and monitoring of the management of public health emergencies, at the highest level of the State, by the end of 2023.

2. Coordination of partners
   - Establish, by the end of 2022, a mechanism for prior accreditation by the sectoral Ministries before final authorization by the Ministry of Planning for all NGOs wishing to be accredited in the country,
   - Create a permanent coordination mechanism between international, national, and local NGOs and the Ministry of Public Health, by the end of 2022.

3. Human resources
   - Organize the Estates General of Health Human Resources by the end of 2022,

- Strengthening the resilience of the health system,
- Develop and implement a national strategy for universal health coverage, in line with the 10 areas of presidential impetus, in order to exploit the potential of the health sector to contribute to social cohesion and peace, by the end of the year 2023,
- Finalize the development of a public health code and implement it by the end of 2023.

4. One Health
   - Put in place a joint response plan as part of the One Health strategy, by the end of 2023.
   - Response to health emergencies,
   - Establish a coordination mechanism to respond effectively to emergency situations by the end of 2023,
   - Develop procedures for the creation of emergency funds in the form of cash advances with a decision-making framework to simplify their activation and access, by the end of 2023.

5. Surveillance
   - Expand event-based surveillance and community-based surveillance to all districts,
   - Strengthen the capacities of the districts on the new guide for Integrated Epidemiological Surveillance of Disease and Response (SIMR) 3rd edition.

6. Disaster risk management
   - Validate and implement the national risk and disaster reduction strategy by the end of 2022.

7. Resilience of health systems to achieve UHC and health security
   - Ensure political commitment at the highest level in the implementation of the IHR.

The Central African Republic identified the following best practices in terms of health emergency preparedness:

- Political will displayed at the highest level of the State in favour of health, in particular through the ten areas of presidential impetus for universal health coverage,
- Strong involvement of local authorities and community structures for community-based surveillance of public health threats or events,
- Good coordination and involvement of national and local authorities in the fight against Covid-19; developed based on a “one health” approach and involving the whole of society.

Conversely, the following main challenges were documented:

- Tropical ecosystem marked by specific health challenges at the interface between human, animal, and environmental health,
- Precarious political, social, economic and security context marked by a long military-political, economic, humanitarian and security crisis,
- Difficulties in multi-sectoral and multi-stakeholder coordination, at all levels,
- Difficulties in coordinating the whole of society for the management of health emergencies,
- Limits in qualified human resources and poor geographical distribution,
- Little or no functional health structures due to numerous attacks and looting of health centers and recurrent violence perpetrated on staff,
- Low financing capacity of the health sector,
- Difficulty in coordinating international partners involved in supporting health activities throughout the country,
- Difficulties in aligning aid with the national health strategy (aid effectiveness).

II. COUNTRY CONTEXT

1. Country background

The Central African Republic (CAR) is a landlocked country, located in the center of Africa and has an estimated population of 5,464,907 million as of 2020. Pre-existing structural challenges to its economy, such as low economic diversification, a small private sector, low productivity and a lack of fiscal reserves, have made the CAR particularly vulnerable to the COVID-19 epidemic, with a high risk of over-indebtedness. Poverty remains high and it is estimated that approximately 71% of the population will live below the international poverty line (1.90 dollars per day, in purchasing power parity) in 2020 (World Bank)[1]. According to the latest report for the UNDP Human Development Index (HDI) for 2020, the CAR is ranked 188th out of 189 countries[2].

The state of health of the Central African population remains worrying despite the Central African State's commitments to improve it. Life expectancy at birth is 53.3 years. In 2018, maternal mortality was 829 deaths per 100,000 live births; infant mortality is 65 deaths per 1,000 live births; neonatal mortality is 28 deaths per 1,000 live births. These three indicators are far from the SDG targets (respectively, 70 deaths per 100,000 live births, 25 deaths per 1,000 live births and 12 per 1,000 live births). Regarding access to care and other essential health services, the universal health coverage index in CAR is 33 on a scale of 100, well below the acceptable threshold of 65. Armed violence and the recession of the Central African economy have plunged 3.1 million people (i.e., 63% of the population) into a precarious situation requiring humanitarian aid and protection, and, for 2.2 million between them, urgently.

The socio-economic and health context in the CAR as well as the public health emergencies that the country has experienced, make capacity building in the prevention, preparation and response to epidemics, disasters and other public health emergencies a major priority. This reinforcement must take into consideration the ecosystem and the environment of the country and thus consider the links between human health, animal health and environmental health (“One Health” approach). Capacity building for the management of public health emergencies is one of the priorities of the National Health Development Plan III.

[1] Banque Mondiale 2020
[2] ’Indice de Développement Humain (IDH) de 2020 du PNUD, la RCA est classée 188ème sur 189 pays

2. Country risks

The Central African Republic is a politically unstable country, economically weak, and in which the level of insecurity remains a source of concern. The poor state of health of the population is largely due to the multiple politico-military crises that have affected the country in recent decades. Indeed, following the 2013 crisis, out of approximately 1,012 health facilities identified in 2019, 40 were destroyed and 236 were partially destroyed. Only 68% of health facilities were functional and able to provide basic health care services to the population. Health centers have been the target of multiple attacks by armed men, looting and their medical staff have been subjected to psychological and physical violence.

According to the Strategic Tool for Assessing Risk (STAR) report from 2016, the CAR has a high-risk profile due to several factors, which include political instability and conflict, inadequate infrastructure, limited access to basic services, and weak governance. In addition, the CAR has a fragile health system with limited resources and a shortage of trained healthcare workers. The country has also experienced outbreaks of diseases such as cholera and measles, which further strain the healthcare system. The STAR report emphasizes the urgent need for increased investment in health systems, infrastructure, and governance in the CAR to improve preparedness and response to public health emergencies.

The Dynamic Preparedness Metric (DPM) revealed an overall score of 3.1 indicating a lower level of preparedness. This score indicates capacity gaps with respect to hazards and vulnerabilities and threats. For CAR, the gap of respiratory preparedness is -4.2; the negative readiness gap indicates a lack of capabilities needed to offset the potential threat load in the context of a respiratory epidemic.

3. Most relevant and innovative actions during the COVID-19 and other recent emergencies

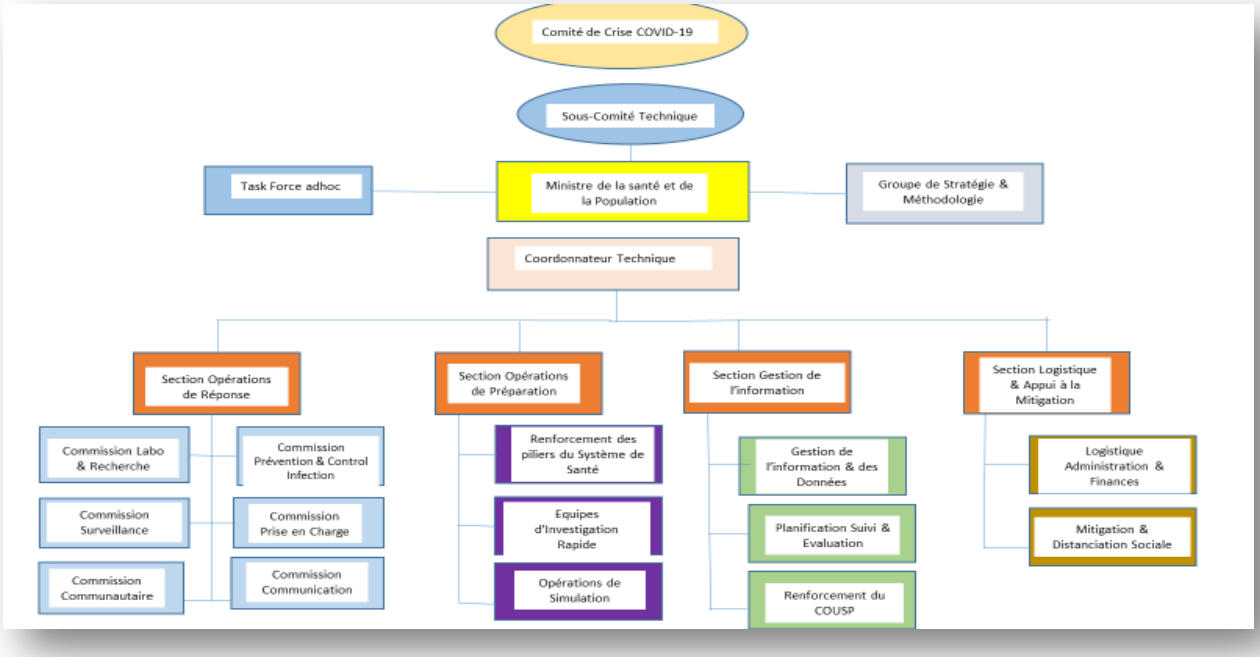
The COVID-19 pandemic has revealed the weak capacity of the system to provide essential services in times of health crisis. Some of these functions were put in place or reinforced during the health emergencies that the country experienced in particular during the COVID-19 pandemic. The effectiveness of these measures contributed to the prevention and control of emergency situations and can be measured through the prevalence of cases, or the number of people affected. For instance, training of multidisciplinary teams was implemented for border police, gendarmerie, and health services officers at points of entry as part of the response to the COVID-19 pandemic in 2020 and 2021.

The CAR has put in place functional mechanisms for intersectoral collaboration, particularly in the field of epidemiological surveillance, collaboration between laboratories and animal and human health surveillance units. Moreover, mechanisms for collaboration at the national level

were established, which included civil society, community leaders, private sector, universities, parliament. However, initiatives that involve civil society need to be expanded.

Another relevant action was the elaboration and adoption of community-based surveillance strategy and guidelines for the effective involvement of communities in the response to COVID-19.

A particular aspect in the Covid-19 management in the Central African Republic is the strong government leadership articulated through technical, strategic, and political platforms at Minister of health, Prime Minister and Head of State levels. A scientific advisory group is also set up to review all strategies and technical documents before dissemination (figure 1).



III. HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

The UHPR Pilot mission was conducted from 06th to 08th December 2021 under the guidance & support of WHO, led by Dr. Jaouad Mahjour, Assistant Director-General, Dr. Ngoy Nsenga, WHO Representative in CAR and Dr. Stella Chungong, Director for Health Security Preparedness. 19 international experts worked with hundreds of Central African experts and partners. The entire work was placed under the high patronage of His Excellency Professor Faustin Archange Touadera, President of the Central African Republic.

The UHPR was officially launched by the Prime Minister, Head of Government, Mr. Henri Marie Dondra. The technical work was supervised by the Minister of Health and Population, Dr. Pierre Somse.

The review process focused on aspects relevant to Governance, Systems and Financing.

The exercise involved multiple stakeholders, partners from different sectors and disciplines, from all regions within the country, as well as academics, community representatives, civil society, parliamentarians and the private sector. Further information on the agenda can be found in Annex 5.

1. Methodology of the UHPR in the country

The UHPR national review followed an inclusive and participatory process and in line with WHO guidance documents. In general, the methodology adopted has complied with the guidelines of the UHPR pilot protocol project and consisted of:

- Meetings with national politico-administrative and legislative authorities at the top of the State.
- Simulation exercises to assess capacities at national and sub-national level.
- Review of the national UHPR report prepared by the national experts during the preliminary work for the mission.
- Review of reference documents shared by the country, including legal texts and other subsequent texts, plans, procedures, reports and other scientific studies.
- Interviews with target informants.
- Field visits.
- Presentation of preliminary results and priorities.

These activities made it possible to identify good practices and challenges and key priorities in the CAR.

The UHPR process reviewed various areas related to health and emergency preparedness, including UHC, health emergency capacities, healthier populations, preparedness metrics, and contextual indicators. This analysis included a quantitative assessment of predefined health metrics, which identified "red" and "green" flags in the country.

The qualitative component involved reviewing previous assessments, reports, and interviews. Priority areas were further analysed to collect additional data, which informed the design of simulation exercises, interviews, meetings, and field visits. A consultative workshop with experts was also held to consolidate the information.

Two tabletop simulation exercises aimed at evaluating the functionality of the Central African Republic's (CAR) emergency preparedness and response system. The exercises were designed to assess the functionality of national and global emergency systems, and identify strengths, weaknesses, and causal factors in emergency planning.
The simulation exercises involved over 80 multi-sectoral participants, including representatives from various ministries, local government bodies, the Red Cross, and private medical and paramedical sectors. The first exercise focused on concurrent health crises in the country, while the second aimed to test the interoperability between national and sub-national medical and administrative structures. The exercises provided valuable data and insights that can be used to improve the country's emergency preparedness and response systems in the future.

2. UHPR multisectoral high-level platforms (national commission & secretariat)

The organizational structures that were established to tackle COVID-19 were maintained and leveraged for the UHPR. The crisis committee and the technical committee served as basis for the UHPR by taking into account the relevant sectors for the realization of the review.

A UHPR National Secretariat, chaired by the Minister of Health and Population was set up and worked in close collaboration with WHO representatives. This secretariat led the organization of the UHPR, as well as collected and prepared all relevant documents for the implementation of the UHPR. It is composed of members of the Ministry of Health and Population, UHPR consultants, members of governmental and non-governmental agencies and relevant sectors.

The UHPR National Secretariat is coordinated by the Minister of Health and Population, the National Secretariat of the UHPR has as deputy coordinator, the Representative of the WHO Office in CAR.

The full list of committee and secretariat members is included as Annex 1.

IV. OUTCOMES OF THE UHPR

The UHPR revealed that multisectoral coordination, coordination of partners, human resources, and strengthening the resilience of the healthcare system is required for an improvement in health emergency preparedness capacities:

- With regards to multisectoral coordination, expanding the mandate of the COVID-19 crisis committee to include other public health issues, creating a committee for coordinating resource mobilization and emergency health management, and defining

a partnership framework between the Ministry of Health and the Ministry of Hydraulics for prioritizing the supply of clean water to healthcare facilities.

- For the coordination of partners establishing a mechanism for accrediting NGOs seeking to work in the country, creating a permanent coordination mechanism between international, national, and local NGOs and the Ministry of Public Health, increasing the alignment of international partners with national health priorities and strategies, and establishing a mechanism for accountability and reporting by NGOs.

- Under human resources, the review indicated that the following activities would be beneficial, such as: organizing a national conference on healthcare personnel, updating a regular map of human resources by specialty, expanding the capacity of medical and paramedical training institutions, creating training programs in all areas of public health, increasing scholarships for biomedical students from rural areas, and creating incentive measures for healthcare workers in remote or high-risk areas.

- Finally, it is suggested to strengthen the resilience of the healthcare system by developing a national strategy for universal health coverage, conducting an organizational and functional audit of the Ministry of Health, finalizing a public health code, and strengthening the role and responsibilities of the Ministry of Health as the RSI focal point.

The summary of priorities, best practices and challenges for the three categories of Governance, Systems and Financing is described in the tables below.

Category 1: Governance

Priorities	• Create a performance tracking table for health governance based on indicators developed by the CAR as part of the UHPR process, while following the recommendations of the Paris Declaration on Aid Effectiveness, by the end of 2022. • Adopt a decree establishing a resource mobilization and monitoring coordination committee at the highest level of the State by the end of 2023. • Improve the health governance system and coordination with technical and financial partners. • Establish a monitoring and evaluation committee for the implementation of PNDS III by the end of 2022.

	• Strengthen the role of different strategic governance bodies for more transparency and accountability of all actors involved in the management of public health emergencies. • Increase the presence of women in leadership and management positions to reach the recommended 30% in political documents, by the end of 2023. • Take into account the place and role of women in developing preparedness and response strategies. • Establish, within the Ministry of Health and Population, with full participation of the gender focal point, a commission to monitor and promote gender issues in health strategies, by the end of 2023. • Invite the parliamentarians of the health commission to attend the crisis committee meetings by the end of 2022, in order to leverage their powers as representatives of the people to express the needs and concerns of the most vulnerable. • Establish a mechanism to monitor the implementation of recommendations and measures adopted in response to parliamentarians' inquiries by the end of 2023.
Best Practices	• Existence of a governance body bringing together the highest authorities in the context of the fight against COVID-19 with a multisectoral approach. • Existence of a section on strengthening the resilience of the health system in the draft PNDS 2022-2026. • Existence of a single and functional Steering Committee (COPIL) bringing together the Technical and Financial Partners (PTFs), • 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)", • Adoption of a National Health Policy (2019-2030). • Existence of a parliamentary health committee enabling parliamentarians to exchange ideas, establish political will, strengthen capacities, and foster collaboration to achieve sustainable health action in CAR. • Regular questioning of the Minister of Health and Population by the National Assembly during the COVID-19 pandemic (parliamentary questions). • Integration of the gender dimension in public policies and strategies, • Existence and involvement of women's associations such as the Central African Women's Organization (OFCA) for the promotion of gender and the protection of women's rights.
Gaps and challenges	• Insufficient performance indicators for monitoring governance and alignment of all actors in the health sector,

	• Absence of an institutionalized and permanent interface between the government and the technical and financial partners (TFPs), • Weak follow-up of the implementation of the priorities at the level of the various actors of strategic governance, • Weak health governance in the context of post-conflict countries with a multitude of humanitarian actors, • Absence of legislative provisions on socio-sanitary protection, • Lack of integration between emergency plans and health plans, • Non-optimal organizational structure of the Ministry of Health and Population (MSP) (lack of integration of the General and Technical Directorates, absence of job descriptions for the Technical Directorates and Services, conflict of assignment of functions between the different structures of the Ministry, strong centralization of the management of the sector and absence at the level of the Regional Directorates of Health of the relay structures of the General and Technical Directorates of the central level). • Insufficient representation of women in decision-making structures, • Failure to take gender into account in preparedness and response. • Sporadic involvement of parliamentarians in public health emergency management activities • Lack of mechanism for monitoring the implementation of recommendations and measures adopted in response to parliamentary interpellations.

Category 2: Systems

Priorities	• Define the role of healthcare services in preparing for and responding to emergencies and maintain essential services in the national plan for health emergencies by the end of 2023. • Integrate the response to health emergencies into the primary healthcare system by the end of 2023. • Strengthen the capacity of human resources, infrastructure and equipment, medicines and health products, reliable data production, resource mobilization, and strategic procurement, and support research for the resilience of the healthcare system.

	• Improve the protection of healthcare facilities and personnel against attacks and promote them to the population as vectors of peace and development. • Conduct an organizational and functional audit of the Ministry of Health to propose strategic options with a better cost-effectiveness ratio by the end of 2022.Formulate a request for the CAR to join international mechanisms for emergency support, by the end of 2023. • Develop a mapping and resource management plan for emergency situations to improve the mechanisms for mobilizing these resources during crises, by the end of 2023. • Adapt and finalize the strategic plan for the development of health research. • Establish a National Council for Health Research in CAR (bringing together all national and international stakeholders involved in health research), by the end of 2023. Develop and organize training in research methodology for researchers/agents from academic institutions, laboratories, and hospitals likely to be involved in research and development, by the end of 2023. • Equip the COUPS (renovated) with a dedicated research, innovation, and development center by the end of 2024. • Establish partnerships with international universities and research institutes associated with exchange programs to allow Central African researchers to undergo training abroad and receive trainees, by the end of 2024. Develop and implement multi-risk and multi-hazard action plans by the end of 2023. • Develop an intersectoral contingency plan for risk management based on the "One Health" approach by the end of 2023. • Regularly organize simulation exercises to test the various emergency plans, starting by the end of 2022. • Conduct a public health risk assessment at entry points in order to formally designate and install RSI entry points by the relevant ministries, by the end of 2023. • Engage the Government in establishing a framework for collaboration in emergency management at borders with other countries. • Finalize transborder collaboration agreements for epidemiological surveillance by the end of 2023. • Revitalize the collaboration between SPONG/Ministry of Planning and the Ministry of Health to improve coordination at national, regional, and district levels.

	• Train civil society actors and NGO workers involved in public health issues on best practices in managing their activities. • Establish a mechanism for monitoring and verifying the activities and financial accounts of NGOs by the end of 2022.
Best Practices	• Existence of relevant government structures: Direction of Integrated Epidemiological Surveillance and that of Prevention through Vaccination. • Existence of an order establishing the national committee for the fight against Avian Flu. • Existence of the National Federation of Central African Breeders (FNEC). • Academic research activities carried out by the Faculty of Health Sciences of Bangui, • Demonstrated ability to use the results of local scientific studies for decision-making by the Ministry of Health (example of the age of vaccination against hepatitis B for infants, brought to 4 weeks following local studies), • Demonstrated ability in the implementation of medical anthropology studies (attitudes, practices, behaviors). • Collaboration between the national laboratory and the pasteur institute for certain research activities • Existence of a network of laboratories (Central Veterinary Laboratory, Pasteur Institute of Bangui, National Laboratory of Clinical Biology and Public Health) capable of making a diagnosis in real time, • Active coordination between the ministries involved and the technical and financial partners active in the fields of human, animal, and environmental health, • Existence of commissions chaired by the Ministry of Health and Population on health emergency response themes (care, laboratory, communication, WASH, and logistics, etc.), • Existence of the sector coordination committee chaired by the Ministry in charge of Energy and Hydraulics, • Existence of a map of international and national NGOs (238 NGOs for the year 2020), • Existence of national and international NGOs registered with the Permanent Secretariat of Non-Governmental Organizations (SPONG), • Development of an annual roadmap by the national multisectoral food security and nutrition committee, • Integration and collaboration of actors involved in food security and nutrition.

	• Partnership between the Ministry of Health and Population and the Central African Red Cross, the World Food Program (WFP), the International Organization for Migration (IOM) for the construction of rooms for the isolation and temporary care of cases of infectious diseases detected at border posts with the Democratic Republic of Congo (DRC), the Republic of Congo (Mongoumba, Bangassou) and Cameroon (Corridor Bangui-Garoua boulaï), • Existence of strategic documents on the implementation of the IHR in the CAR, • Existence of bills awaiting validation. • Collaboration across sectors in the process of developing the NAPHS.
Gaps and challenges	• Lack of a national zoonoses surveillance plan. • Weak collaboration and involvement of sectors in surveillance and response to zoonotic diseases. • Significant staff turnover and departure of qualified experts in the field of zoonoses (often to international NGOs) difficult to replace. • Absence of a formalized interface platform between the Ministry of Health and Population and the other sectoral Ministries involved in the management of the social determinants of health, • Absence of mapping of NGOs working in the field of health, • Insufficient coordination between SPONG and the Ministry of Health and Population, • Insufficient training of National NGO staff. • Low resilience of the health system (dilapidation and non-compliance of infrastructure and equipment), • Poor geographic coverage of health care and services, • Mismatch between supply and demand for health care and services, lack of integration and interconnection of health care structures and services, • Poorly functional or non-functional health structures due to numerous attacks and looting of health centers and recurrent violence perpetrated on staff, • Absence of an integrated system for the modernized supply and distribution of medicines and quality health products with dismemberments at the level of the health pyramid, • Weak capacity to respond to public health events, • Lack of funding mechanism to encourage research, • Weak collaboration between research centers in the Central African Republic and international research institutions. Recommendations

	• Non-existence of a multi-risk and multi-hazard action plan. • Lack of multi-hazard simulation exercises. • Absence of a designated point of entry meeting the IHR standards. • Porous borders. • Delay in formalizing protocols and cross-border collaboration agreements for the management of public health emergencies at entry points (with Cameroon, DRC, and Congo). • Limited collaboration between NGOs and local authorities. • Inadequate coordination between the National Platform of NGOs for Health (SPONG) and the Ministry of Health and Population, as well as other administrative levels.

Category 3: Financing

Priorities	• Establish a mechanism for health coverage (mutual insurance and/or mandatory health insurance) for a minimum package of care accessible to the entire population, by the end of 2024. • Review the pricing system (switch from flat-rate pricing to fee-for-service), by the end of 2023. • Strengthen collaboration between the Ministry of Health and the Ministry of Finance to improve resource mobilization for health. • Strengthen fund mobilization, pool financial resources, and organize strategic purchasing strategies. • Establish a mechanism for financing research within the Ministry of Health and Population to encourage and support universities, laboratories, and other research institutions, by the end of 2023.
Best Practices	• Implementation of the targeted free care policy for pregnant/breastfeeding women, children under 5 and in other programs (HIV, TB, etc.), • Commitment by the Central African government to increase domestic resources for investment in the pillars of the health system, • Third generation health development plan. • Development and validation of the NAPHS (PANSS) 2022-2030. • Existence of a high-level crisis committee for the management, particularly financial, of the COVID-19 pandemic,

Gaps and challenges	• Flexibility of World Bank funds dedicated to REDISSE IV which can also be used as part of the response to health emergencies. • Lack of funding mechanism to encourage research, • Absence of a financial mechanism for health coverage (health mutuals or compulsory health insurance), • High costs of private insurance, • Fee-for-service system very costly for the population. • Increase the mobilization of domestic resources for the health system, • Health financing heavily dependent on external aid, • Volatile security situation making long-term investments difficult, • Budgetary pressure making it difficult to mobilize sufficient funds, • Strong dependence of the response on external funding sources, • Dependence of funding the budget line for the response to health emergencies on the availability of revenue from the Public Treasury (permanent cash pressure, lack of transparency).

V. HIGHEST NATIONAL PRIORITIES & ACTIONS

1. Implementation of relevant international and regional commitments

International Health Regulations (2005)

In line with the IHR monitoring and evaluation framework (IHR MEF), CAR designated the National Focal Points for each area and conducted the Joint External Evaluation (JEE) of IHR capacities in December 2018. CAR regularly completes and submits its mandatory annual self-assessment reports on the level of minimum required capacity implementation of IHR 2005 (SPAR 2019, 2020). CAR produced a risk map in 2019 which made it possible to define the risk profile and potential threats in the country (biological, chemical, radiological, and nuclear). The JEE 2018 revealed that more 74% of IHR minimum required capacities were not in place. The National Action Plan for Health Security (NAPHS and PANSS in French) drawn up in 2021[3] takes into account 638 actions for the preparation and response to emergencies

[3] Enquête Nutrition des Jeunes Enfants en RCA, novembre 2015.

related to the different sectors within the framework of the "one health" approach. The country committed to conduct resource mapping, NAPHS priorities and investment case for health security in 2022.

The CAR has undertaken a COVI-19 Intra Action Review in 2021, a After Action Review on Cholera in 2017 and a workshop for the development of a National Action Plan for Health Security in 2021, as well as a Risk profiling workshop in 2016.

Regional commitments

CAR has demonstrated its commitment to improving public health and well-being through its engagement with various international commitments. Regarding regional commitments signed by the Central African Republic, we can highlight:

1. **African Union (AU) Declaration on Accelerating IHR Implementation in Africa (2017):** CAR was part of the countries that committed during the Heads of State and Government meeting held in Addis Ababa on July 4th, 2017, to accelerate the implementation of the IHR[4]. This initiative aims to mobilize the necessary resources and put in place multi-sectorial mechanisms to accelerate the implementation of IHR at national, provincial, and local levels with a clear road map and monitoring mechanisms. By aligning with the principles of the declaration, CAR has worked towards strengthening its disease surveillance systems, improving laboratory capabilities, enhancing risk assessment and early detection of potential health threats, and fostering international collaboration.

2. **The Integrated Disease Surveillance and Response (IDSR) Strategy 3rd Edition, 2020-2030:** CAR adopted the regional strategy for IDSR 2020–2030. The integration of the strategy into CAR's public health framework reflects its commitment to enhancing disease surveillance and response capabilities[5]. The strategy's emphasis on early detection, rapid response, and data-driven decision-making aligns with CAR's efforts to minimize the impact of infectious diseases. CAR's dedication to strengthening surveillance systems contributes to better health security and outbreak management. This commitment underscores CAR's proactive approach to disease control and its determination to safeguard the health of its population.

3. **Africa Centres for Disease Control and Prevention (Africa CDC) and its Regional Commitments:** CAR has been an active participant in the Africa CDC since its establishment. CAR's engagement with Africa CDC has contributed significantly to the

[4] https://africacdc.org/download/declaration-on-accelerating-implementation-of-international-health-regulations-in-africa/

[5] https://www.afro.who.int/sites/default/files/2019-08/AFR-RC69-6%20Regional%20Strategy%20for%20IDSR%202020-2030.pdf

country's ability to respond to health emergencies. The collaboration includes improving disease surveillance, strengthening laboratory systems, and enhancing public health workforce capacity. CAR actively participates in regional disease outbreak preparedness and response exercises, reflecting its commitment to bolstering health security across the continent. This commitment underscores CAR's dedication to regional collaboration and its role in enhancing the collective health security of African nations.

4. **Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001**)[6]: CAR signed the Abuja Declaration in 2001. CAR has taken measures to implement the Abuja Declaration by strengthening its healthcare systems to address HIV/AIDS, tuberculosis, and other infectious diseases. The country has worked on increasing access to testing, treatment, and prevention services for these diseases, and has collaborated with international partners to ensure the availability of necessary resources and medications. The Abuja Declaration's goal of allocating at least 15% of the national budget to the health sector remains an ongoing challenge for Central African Republic (CAR). Despite the commitment to this target, CAR has faced various obstacles that have impacted its ability to consistently achieve the recommended allocation. Economic constraints, political instability, and competing demands on the national budget have posed challenges to reaching the 15% benchmark.

5. **Libreville Declaration on Health and Environment in Africa (2008)**: CAR signed the Libreville Declaration on Health and Environment in Africa in 2008[7]. CAR has made efforts to align its health and environmental policies with the principles of the Libreville Declaration. The country has been working to address environmental factors that impact public health, such as promoting clean water and sanitation, controlling pollution, and ensuring proper waste management. This commitment highlights CAR's recognition of the interconnectedness between environmental health and overall well-being.

6. **Maputo Declaration on Strengthening of Laboratory Systems (2008):** CAR endorsed the Maputo Declaration in 2008[8]. The country has invested in upgrading laboratory infrastructure, enhancing the quality of diagnostic services, and building the capacity of laboratory professionals. These efforts contribute to more accurate disease diagnosis, surveillance, and response, showcasing CAR's dedication to improving healthcare infrastructure and readiness.

[6] https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf

[7] https://climhealthafrica.org/wp-content/uploads/2020/05/2018-IMCHE3-THE-LIBREVILLE-DECLARATION-ON-HEALTH-AND-ENVIRONMENT-IN-AFRICA-10-Years-On-2008-2018.pdf

[8] https://www.who.int/publications/m/item/the-maputo-declaration-on-strengthening-of-laboratory-systems

7. **African Health Strategy (2016-2030)[9]:** CAR embraced the African Health Strategy (2016-2030) in 2016. CAR has integrated the objectives of the African Health Strategy into its national health policies. The country has been prioritizing primary healthcare, disease prevention, and health promotion. Efforts have also been directed towards building resilient health systems that can effectively respond to health emergencies. This commitment showcases CAR's dedication to comprehensive healthcare planning and its goal of enhancing overall health outcomes for its citizens.

8. **The Protocol Relating to the Establishment of the Peace and Security Council of the African Union (2002)[10]:** CAR became a signatory to the Protocol in 2002. The commitment to the Protocol underscores CAR's commitment to peace and security, which is inherently linked to public health. Stable political environments contribute to better health outcomes, as they facilitate the effective functioning of healthcare systems and delivery of essential services. CAR's participation in the Peace and Security Council initiatives demonstrates its dedication to maintaining stability and mitigating factors that could adversely affect the health of its population.

9. **The Economic Community of Central African States (ECCAS)[11]:** CAR was part of the countries that established the ECCAS that promotes sub-regional integration, cooperation, and development across various sectors, including public health. CAR's alignment with the charter encourages collaboration with neighboring countries to address health challenges that transcend national boundaries. This collaboration enhances disease surveillance, response, and resource-sharing during health emergencies, ultimately contributing to improved health security in the region.

Sustainable Development Goals

The Central African Republic (CAR) has committed to implementing the Sustainable Development Goals (SDGs) by 2030. The country has made some progress in achieving the SDGs, particularly in the areas of education and gender equality. However, the country still faces significant challenges in achieving the SDGs, particularly in the areas of health, poverty reduction, and infrastructure development. The government of CAR has developed a national development plan that prioritizes the implementation of the SDGs and has also been working closely with international partners to mobilize resources and expertise for their achievement. The country has recognized the importance of partnerships with civil society, the private sector, and international organizations in implementing the SDGs, and is committed to building a broad-based and inclusive approach to development that leaves no one behind.

[9] https://au.int/sites/default/files/documents/24098-au_ahs_strategy_clean.pdf

[10] https://au.int/en/treaties/protocol-relating-establishment-peace-and-security-council-african-union

[11] https://investmentpolicy.unctad.org/international-investment-agreements/treaty-files/2401/download

Despite the challenges, the government of CAR remains optimistic about the country's prospects for achieving the SDGs and is committed to working towards a sustainable and prosperous future for all Central Africans.
Prenatal care is a tracer indicator of the country's capacity in terms of reproductive and maternal health according to target 3.8 of the SDGs (Universal Health Coverage). According to data from the 2018-2019 MICS survey, 41.4% of women aged 15-49 with a live birth received antenatal care from a health care provider at least four times. This result is lower than the regional data (62%) and global (79%). Moreover, at the national level, this rate conceals disparities between urban areas (62.1%) and rural areas (32.4%).

Other commitments related to health emergency preparedness

Regarding other commitments related to health emergency preparedness signed by the Central African Republic, we can highlight:

1. **WHO Constitution of 1946:** CAR accepted the WHO Constitution on 20 Sep 1960[12]. CAR's adherence to the WHO Constitution underscores its commitment to global health collaboration. CAR engages in WHO's initiatives, adhering to the organization's norms and standards. The country benefits from technical support, capacity-building, and access to international expertise in public health, which contributes to improved health policies, healthcare services, and emergency preparedness.

2. **Alma Ata Declaration on Primary Health Care (1978):** CAR endorsed the Alma Ata Declaration in 1978. The country has worked to strengthen its primary healthcare system, focusing on preventive and basic curative services. CAR's efforts include training community health workers, expanding healthcare infrastructure, and ensuring essential services reach underserved populations.

3. **Sendai Framework for Disaster Risk Reduction (2015–2030):** The Sendai Framework for Disaster Risk Reduction was adopted the United Nations member states, including CAR, between 14 and 18 March 2015 and endorsed by the UN General Assembly in June 2015[13]. The framework has provided a valuable framework for shaping CAR's disaster resilience strategies and enhancing coordination among stakeholders, focusing on disaster preparedness, risk assessment, and resilience-building. However, progress has been hindered by factors such as resource constraints, and ongoing conflict situations. While CAR faces challenges in fully implementing the Sendai Framework, its commitment to disaster risk reduction remains evident.

[12] https://treaties.un.org/Pages/ShowMTDSGDetails.aspx?src=UNTSONLINE&tabid=2&mtdsg_no=IX-1&chapter=9&lang=en

[13] https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030

4. **Paris Agreement on Climate Change (2016):** CAR ratified the Paris Agreement on 11 October 2016[14]. CAR recognizes the link between climate change and public health and has taken steps to align its policies with the goals of the Paris Agreement. The country is working to enhance its climate resilience to minimize the health risks associated with changing climatic conditions, such as vector-borne diseases and natural disasters.

5. **Convention on the Rights of the Child (1989):** The Convention on the Rights of the Child was signed by CAR on 10 July 1090 and ratified on 23 Apr 1992[15]. CAR has taken steps to ensure child healthcare, education, and protection. The country's policies prioritize child immunization, maternal and child health services, and access to quality education, aligning with the convention's objectives.

2. National priorities and actions on the path to health security and sustainable development

National priorities for health security

The CAR has various national priorities that contributes to health security in the country; these include:

- Improving the protection of healthcare facilities and personnel against attacks and promoting them to the population as vectors of peace and development.
- Finalizing the strategic plan for the development of health research.
- Establishing a National Council for Health Research in CAR (bringing together all national and international stakeholders involved in health research), by the end of 2023.
- Defining the role of healthcare services in preparing for and responding to emergencies and maintain essential services in the national plan for health emergencies.
- Integrating the response to health emergencies into the primary healthcare system by the.
- Strengthening the capacities for human resources, infrastructure and equipment, medicines and health products, reliable data production, resource mobilization, and strategic procurement; and support research for the resilience of the healthcare system.
- Joining international mechanisms for emergency support.
- Developing a mapping and resource management plan for emergency situations to improve the mechanisms for mobilizing these resources during crises, by the end of 2023.
- Developing an intersectoral contingency plan for risk management based on the "One Health" approach.

[14] https://unfccc.int/node/61035

[15] https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&clang=_en

- Establishing a framework for collaboration in emergency management at borders with other countries.

Domestic actions for health security capacity strengthening

The Ministry of Health and Population has drawn up a national health policy which will serve as a compass for health actions in the period from 2019 to 2030. A National Health Development Plan (2022-2026) has also been drawn up covering the strategic objectives for which priority actions targeting prevention, detection, preparedness and response have been developed. Long-term national plans for health security and sustainable development

Legislation, policies, regulations, executive orders (e.g. under IHR, evidence-related policies)
In order to strengthen the implementation of the International Health Regulations (IHR) 2005, policies and regulations with regards to vaccination and medicines, is required. A legal monitoring framework involving the highest authorities of the country will be developed by CAR.

Responsible leadership - national leaders, heads of international organizations and other stakeholders
The various emergency situations of recent years have generated strong political commitment. For example, in response to the COVID-19 pandemic, strong leadership resulted in the establishment of strategic governance bodies, namely: a crisis committee chaired by the Head of State, a technical and operational coordination placed under the authority of the Prime Minister, a method and strategy group under the coordination of the Minister of Health and Population. This structure has facilitated the involvement and support of leaders of international organizations and other stakeholders in the various pillars of the response to the COVID-19 pandemic. The achievements of this organization will be maintained and strengthened with a view to capitalization for the management of all future public health emergencies.

Governance – Government Effectiveness
Regarding the control of the policies and development strategies of the health sector by the government, the elaboration of the Recovery and Consolidation plan of Peace in the Central African Republic (RCPCA)[16], the National Health Policy (2020-2030) and the draft National Plan for Health Development III7 have shown to contribute to good governance for health security. However, the effectiveness of the development action coordination frameworks put in place remains a concern given the fragile context of the country in a post-conflict situation.

[16] Relèvement et de Consolidation de la Paix en Centrafrique

VI. ANNEXES

Annex 1: Composition of the UHPR national commission and secretariat

President: Prime Minister, Head of Government;

Technical Coordinator: The Minister of Health and Population;

1st Rapporteur: The Director of Epidemiological Surveillance and Public Health Emergency Management;

2nd Rapporteur: The Coordinator of the Public Health Emergency Operations Center (COUSP);

Members:

The Minister of National Defense and Army Reconstruction,

The Minister of Transport and Civil Aviation,

The Minister of Foreign Affairs and Central Africans Abroad,

The Minister of the Interior in charge of Public Security,

The Minister of Territorial Administration and Decentralization,

The Minister of Posts and Telecommunications,

The Minister of Primary and Secondary Education,

The Minister of Humanitarian Action, Solidarity and National Reconciliation,

The Minister of Scientific Research and Technological Innovation,

The Minister for the Promotion of Women, the Family and the Protection of Children,

The Special Representative Secretary General of the United Nations,

Representatives of United Nations System Agencies: WHO, UNICEF, WB,

OCHA, UNAIDS,

A Representative of the French Embassy,

A Representative of the Chinese Embassy,

The Representative of the Delegation of the European Union,

The Representative of the International Italian Cooperation Agency,

The Dean of the FACSS,

The nine (09) Presidents of the Technical Working Commissions on Covid-19,

The Scientific Director of the Pasteur Institute of Bangui,

The Director General of the Armed Forces Health Service,

The Director General of Police,

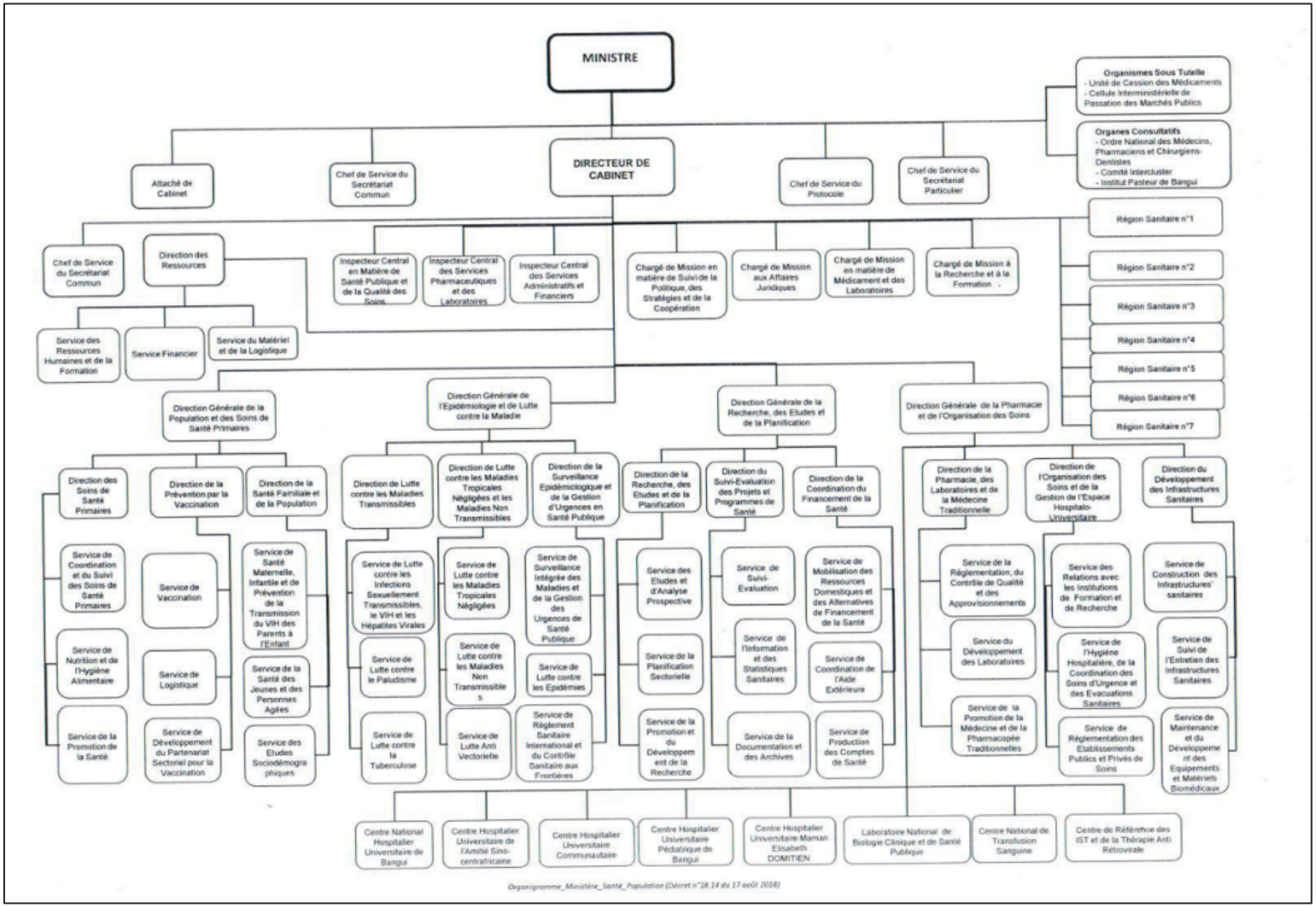
The Director of Airport Security at Bangui M'POKO' Airport,

The Director General of Customs,

The Director General of ANAC,

Two (02) Representatives of the Council of the Order of Doctors, Pharmacists and Dental Surgeons (01 Doctor and 01 Pharmacist),

Annex 2: Organigram of the country governing bodies



Annex 3: References and main documents provided by the country

1.	Analyse des paquets des soins en RCA
2.	Analyse rapide et stratégique de la Réponse Covid-19 RCA
3.	Cadre Stratégique National de Lutte contre le VIH et le Sida 2012-2016
4.	Cartographie de ressources de Santé de Reproduction RCA 2016-2020
5.	Catalogue des indicateurs nationaux de sante-RCA
6.	Constitution RCA 2016
7.	Directives Nationales de lutte contre le Paludisme
8.	Directives Nationales de lutte contre le Paludisme version finale
9.	Directives PEC MNT
10.	Directives PNS PNDS AFRO HPS HSS
11.	Dix Domaines Impulsions Présidentielle RCA
12.	Dossier d'Investissement pour la réduction de la MMI 2020-2023
13.	Enquête Nutrition des Jeunes Enfants en RCA
14.	Enquête Rapide SONU RCA
15.	Feuille de route de l'accélération de la couverture sanitaire à Pissa
16.	Feuille de Route de Renforcement du SNIS
17.	Feuille de route Lutte anti-fraude et corruption MSP
18.	GPW13_WHO
19.	Guide des soins obstétricaux et néonatals d'urgence dans les formations sanitaires SONU-B et SONU-C
20.	Loi N°20 012 du 11 juin 2020 portant sur le médicament, les autres produits de santé et l'exercice de la pharmacie en République Centrafricaine
21.	Manuel Référence et Contre Référence RCA
22.	MICS 2010 RCA
23.	MICS 6-RCA_Rapport final des résultats de l'enquête
24.	Normes des Districts Sanitaires RCA VF
25.	Normes et Procédures Cliniques en SRMNIA_RCA
26.	Organigramme et Attributions_ Ministère de la Santé et de la Population_2018
27.	PANSS RCA 2021
28.	Plan d'Amélioration de la Qualité des données PEV

29.	Plan de couverture médicale pendant la période de couvre-feu 2020
30.	Plan de relance de la vaccination de routine en RCA
31.	Plan de Transition du Secteur de Santé PTSS RCA 2015-2017
32.	Plan de travail annuel du Ministère de la Santé et de la Population 2019
33.	Plan d'Interventions d'urgence contre la COVID-19 RCA _ Rev. Aout 2020
34.	Plan Directeur LMTN 19-23 RCA
35.	Plan d'urgence pour réduction mortalité maternelle et infantile _2018_2020
36.	Plan Intérimaire du Secteur de Santé PISS RCA 2018_2019
37.	Plan Pluri Annuel Complet du PEV en RC 2018-2022
38.	Plan Réhabilitation Infrastructures Final MSP
39.	Plan stratégique de la sante des adolescents et jeunes 2020-2024_
40.	Plan Stratégique MNT 2018 2022 RCA
41.	Plan Stratégique National de lutte contre la Tuberculose 2017-2023
42.	Plan Stratégique National de lutte contre le Paludisme 2018-2022 étendu 2023
43.	Plan Stratégique National des Laboratoires en RCA
44.	Plan Stratégique National VIH 2021-2025
45.	Plan stratégique renforcement système sante 2007 RCA
46.	Plan stratégique santé mentale 2019-2021
47.	Plan stratégique SPSR 2013-201
48.	Plan stratégique SVA et déparasitage RCA-REVU
49.	Plan Suivi Evaluation Plan Intérimaire de Santé 2018-2019
50.	Politique Nationale de Lutte Contre le Paludisme_PNLP_RCA_version_finale_30 05 2021
51.	Politique nationale de maintenance en RCA-Provisoire en cours de validation
52.	Politique Nationale de Santé Communautaire _ (en élaboration)
53.	Politique nationale de santé mentale du 11.02.2016
54.	Politique nationale de sante RCA 2019-2030
55.	Politique Nationale de Sécurité Alimentaire et de Nutrition 2017
56.	Politique Nationale de vaccination _ RCA
57.	Politique Nationale des Laboratoires RCA 2020-2030
58.	Politique nationale RCA MNT version finale COVID-19

59.	Politique Qualité Soins Services RCA _ En cours de validation
60.	Profil Pays RCA
61.	Proposition technique audit de performance PEV RCA
62.	Questionnaire Règlement Sanitaire International _ RSI_ 2015
63.	Rapport Comptes de la santé _RCA 2015-2018 Provisoire-2020
64.	Rapport Cartographie Offre des Services de Santé RCA 2006
65.	Rapport d'analyse du système d'approvisionnement de la RCA
66.	Rapport de l'Examen Stratégique National Faim Zéro en RCA
67.	Rapport RCA de revue 2019 programme VIH-TB-PALU
68.	Rapport RCA d'information Sanitaire 2000
69.	Rapport DQR 2019
70.	Rapport du Développement humain 2020
71.	Rapport enquête répercussion Covid sur les 3 résultats transformateurs de l'UNFPA en RCA 2020
72.	Rapport Evaluation Externe Conjointe des Principales Capacités RSI de la RCA_2019
73.	Rapport Evaluation Mission PBF-Urgence
74.	Rapport final enquête SMART RCA 2016
75.	Rapport HERAMS 2016
76.	Rapport mission sur le tabac sante_2019
77.	Rapport plan stratégique système national information sanitaire 2020
78.	Rapport SARA _ 2019
79.	Rapport STEPS RCA 2017
80.	Rapport_annuel_des_statistiques_vbg_de_2019_rca_final
81.	Rapport_final_enquête nutritionnelle_RCA_2019
82.	RCA Covid-19 Plan d'engagement environnemental et social (PEES) (P173832) 29 Mars 2020 final
83.	RCA-PNDS-2006-2015
84.	RCPCA _ Plan de Relèvement et de Consolidation de la Paix en Centrafrique 2017-2021
85.	RSI _ Evaluation Externe Conjointe des Différentes Capacités RSI de la RCA_2018
86.	Stratégie de Dépistage au Laboratoire Covid-19 en RCA
87.	Stratégie de Mise en Œuvre de la Gratuité Ciblée dans 7 districts Budget l'état
88.	Two pages Synthèse SARA RCA 2019

Annex 4: Abbreviations and acronyms

AAR	**After action review**
CAR	Central African Republic
IAR	Intra action review
JEE	Joint external evaluation
NAPHS	National action plan for health security
SDGs	Sustainable Development Goals
SimEx	Simulation exercise
SOPs	Standard operating procedures
SPAR	State Party Self-Assessment Annual Report
STAR	Strategic Tool for Assessing Risks
TTX	Tabletop exercise
UHC	Universal health coverage
UHPR	Universal Health and Preparedness Review
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Annex 5: Agenda of the UHPR mission

Time & Date	Activity	Responsible
Monday		
15:25	Arrival of ADG WCO CAR	
15:40	Meeting with the WHO Representative and Minister of Health. Discussion on advocacy meetings	Minister of Health and WR
	Location: Diplomatic Lounge of Bangui M'Poko Airport	
16:30	Meeting with His Excellency Pr Faustin Archange TOUADERA, Head of State	MSP
	Location: Palace of the Renaissance	
17:30	Security briefing	OMS/FSO
18:00	Return to OMS Hotel	
Tuesday		
11:00	Meeting with the Minister of Health and the Ambassador of CAR in Geneva	MSP
12:00-12:30	Meeting with the Minister of Finance	MSP
13:30-13:45	ADG meeting with SRSG WR	
14:00-14:15	Meeting with the Minister of Planning	MSP

14:30-15:00	ADG meeting with DSRSG WR	
15:30	Meeting with the President of the General Assembly	MSP
18:00-21:00	ADG dinner with UNCT team leaders, members, UHPR Secretariat, and CAR Ambassador in Geneva	OMS
	Location: Restaurant M	
Wednesday		
08:30-09:00	Debriefing meeting with the WHO WR	OMS
09:00-10:00	Meeting with WHO technical staff	OMS
10:00-11:00	Meeting with donors and key partners	OMS
11:30-12:40	Participation in the opening ceremony of the review	OMS
13:00-13:45	Debriefing lunch with the Minister of Health	MSP
14:00	Travel to the airport	OMS
15:00	Departure	