



World Health
Organization

REGIONAL OFFICE FOR

Africa

The Africa Health Transformation Programme 2015–2020

A Vision for **Universal Health Coverage**





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1 OUR VISION AND COMMITMENT



The World Health Organization (WHO) Regional Office for Africa is determined to play a transformational role in Africa's once-in-a-generation opportunity and effort to change the continent's future by working towards strengthened global health and economic security and achieving the goals of a new era of sustainable development.

The new five-year agenda of WHO in Africa, *The Africa Health Transformation Programme, 2015–2020: a vision for universal health coverage*, is the strategic framework that will guide WHO's contribution to the emerging sustainable development platform in Africa. It articulates a vision for health and development that aims to address the unacceptable inequalities and inequities that have kept our region lagging far behind others in terms of health indices and enjoyment of the highest attainable standard of life. For example, in 2013, child mortality in the region was almost double the global average (90 vs 46 per 1000 live births respectively)¹ while life expectancy at birth was 13 years lower than the global average (58 vs 71 years respectively).

WHO's Regional Office for Africa will provide leadership in the transformation of the health and wellbeing of the African people, with a clear set of priorities and a renewed and expanded commitment to accountability for results, and the values of equity, transparency, integrity, professionalism and openness. The transformation programme is based on the principle of an Africa speaking out for itself, assuming ownership and engaging in joint leadership to effect change at a critical moment.

¹ World Health Statistics 2015. World Health Organization: Geneva; 2015.

The WHO Regional Office for Africa has recognized the commendable global solidarity that emerged in response to the 2014-2015 Ebola virus disease (EVD) epidemic in West Africa, and how the outbreak spotlighted the central role that health plays in economic and social development. This global solidarity presents a unique opportunity to contribute towards achievement of the Sustainable Development Goals (SDGs), by transforming the health of the people in Africa.

The proposed Programme is underpinned by the commitment of WHO in the African Region to help ensure that the dividends of unprecedented economic growth, an improving and stable political environment, the emergence of a vibrant and innovative young generation, the birth of a new middle class, and the enormous possibilities presented by new technologies, are all translated into tangible human development benefits for the African people, and for global health and economic security.

2 BACKGROUND



The new WHO Regional Director for Africa assumed office on 1 February 2015 – in the target year for the attainment of the Millennium Development Goals (MDGs) and the adoption of the new Sustainable Development Goals (SDGs).

The current context is such that many countries in the African Region face several challenges arising from their national, regional and global socioeconomic and public health environments. These include the global financial crisis; rapid population growth;^{2,3} sprawling urbanization; the persistently high burden of communicable diseases; and an upsurge in noncommunicable diseases and injuries that have exacerbated social and economic inequalities and slowed down progress to good health. National capacities for policy development and implementation to address the high disease burden remain weak with reduced ability to take advantage of opportunities. This is compounded by other complex emerging health challenges caused by disease outbreaks of international concern as well as emergencies resulting from natural disasters or internal conflicts. Health systems in most countries remain weak – with gaps in leadership and stewardship, financing, the health workforce, availability of medical products, vaccines and equipment and unequal distribution and access to health services.

². World Health Statistics 2015. World Health Organization: Geneva; 2015.

³. The state of demographic transition in Africa. Economic Commission for Africa (ECA): Addis Ababa; 2001

Weaknesses in national health systems were indeed exposed by the 2014/2015 Ebola Virus Disease epidemic in West Africa, the worst in history in terms of magnitude, geographical scope and duration. The epidemic revealed major gaps in the capacity and preparedness for effective responses to critical health events in the affected countries. There was widespread criticism of the response of the WHO Regional Office for Africa to the EVD epidemic. Many stakeholders expressed the view that WHO, in Africa and globally, lacked the capacity or organizational culture to deliver a full emergency public health response, and that significant changes were required for it to be able to respond rapidly and effectively whenever and wherever a public health emergency arises that outstrips national capacity. Regional and global stakeholders would like to see an appropriately resourced and equipped WHO that is responsive and effective in performing its core functions (Box 1).

Box 1: World Health Organization - Core Functions

WHO is the United Nations' specialized agency for health. Its work is founded on the concept of health as a fundamental human right, and the notion that everyone is entitled to the highest possible level of health. Its primary role is to direct and coordinate international health through six core functions:

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards, and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalysing change and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.

These include strengthening national health systems, coordinating disease prevention and control, including epidemic preparedness and response, and launching regional actions to support global health security. Member States and partners will also need to do more. The commitments made at global and regional fora by African Member States, and the pledges of partners, need to be better matched by their actions.

The world has reached a consensus on the post-2015 global development agenda, articulated in the United Nations document entitled, *Transforming our world: the 2030 Agenda for Sustainable Development*⁴. This 15-year programme of work has health as Goal 3

⁴. UN Document A/70/L.1. Transforming our world: the 2030 Agenda for Sustainable Development. September 2015.

(i.e. Ensure healthy lives and promote wellbeing for all at all ages) of the 17 Sustainable Development Goals (SDGs). Nine of the 169 proposed SDG targets concern health: three of which relate to the unfinished MDGs; three to noncommunicable diseases and injuries; and the remaining three to cross-cutting areas including attaining universal health coverage (UHC). African countries have defined their priorities for the post-2015 era in the continental agenda "Africa 2063- the Africa we want."⁵

The new leadership in the WHO African Region assumed office at a time of complex contextual challenges which have required a rethinking of the way the region prioritizes and approaches health development programmes and services. Building on past successes and taking advantage of the ongoing WHO global reforms,⁶ *the Africa Health Transformation Programme 2015–2020: a vision for Universal Health Coverage* seeks to strengthen capacity and reorient WHO's work in the African Region towards a more effective, efficient and results-driven approach (Box 2).

Box 2: WHO in the African Region

The main role of the WHO Secretariat in the African Region is to support Member States to build capacities for health stewardship, health systems strengthening, essential services delivery and for protection of public health security through:

- Disseminating evidence on the effectiveness of different health sector interventions and good practice for service delivery, mainly through WHO guidelines;
- Providing guidance and support for the development/updating of national policies, strategies, guidelines and plans for scaling-up equitable, quality and evidence-based interventions for prevention, treatment, care and support;
- Strengthening procurement and supply management systems to promote equitable and sustainable access to essential and affordable HIV/medicines and other commodities;
- Strengthening laboratory capacity for provision of quality-assured laboratory results for provision of priority health interventions,
- Strengthening surveillance, monitoring and evaluation systems, including programme reviews, in order to report on programme performance, coverage and impact;
- Supporting operational research and documenting and sharing 'best practice' for decision-making;
- Supporting countries to mobilize resources using existing mechanisms.

5. The African Union Commission, Africa Agenda 2063 – the Africa we want, draft document, 2014.

6. The expected outcomes of the managerial reforms include effective technical and policy support for all Member States; staffing matched to needs at all levels of the organization; financing and resource allocation aligned with priorities; managerial accountability, transparency and risk management; strengthened culture of evaluation; and improved strategic communication.

The programme proposes to refine the use of WHO's financial resources and expertise, in ways that respond directly to the priorities and needs of Member States in the African Region. It sets the agenda and articulates key deliverables for the five-year mandate of the WHO Regional Director for Africa (February 2015 to January 2020).

In implementing this programme, it is acknowledged that achieving health transformation in Africa will require the active involvement of all Member States, development partners and stakeholders. Many countries are reforming their health sectors to make them more responsive and efficient; new advances have been made in health technologies; and new health initiatives and stakeholders have come on board. All the above have generated additional enthusiasm and resources that can be harnessed to raise the health status of the people in Africa.

Consequently, WHO in Africa will work closely with the African Union Commission, the Regional Economic Communities, the United Nations system, bilateral, multilateral and other partners, to lead a multi-stakeholder platform that will develop, implement, monitor and evaluate the Africa Health Transformation Programme.

3 CONTEXT



Africa is currently the second most populous continent in the world, with an estimated population of 1 billion, predicted to rise to 4 billion by the end of the century, at which time the continent will hold more than one third of the world's people. This population growth, coupled with a growing economy, has fuelled urbanization and the emergence of a growing middle class with expectations of better social benefits and greater wellbeing. Africa's recent and projected rapid uptake of mobile phone technology provides an opportunity for new and innovative applications, including in health. This is the reason behind the new vision of Africa termed "*Africa rising*".

The African Region has achieved marked improvements in disease burden and health outcomes in the past decade. There has been a substantial decrease in the burden of communicable diseases and impressive progress made in reducing under-five child mortality from 176 to 90 per 1000 live births between 1990 and 2013. The maternal death rate also declined by 48% during the same period.⁷ Meanwhile, the Region struggled with – but has started to overcome – a devastating HIV epidemic with a significant reduction in deaths and new cases.⁸ Despite the progress made, many health challenges remain, such as the limited capacity in several countries of the Region to address the multiple epidemics and the double burden of communicable and noncommunicable diseases, including injuries. Other challenges relate to health systems strengthening; finishing the

⁷. World Health Statistics 2015. World Health Organization: Geneva; 2015.

⁸. "15 by 15": A Global Target Achieved. UNAIDS: Geneva; 2015

MDG agenda while addressing the Sustainable Development Goals; and addressing the social determinants of health. While the region has up to 24% of the global burden of disease, it has only 3% of the global health workforce, and 36 of the 47 countries are deemed to be experiencing human resources for health crises.⁹

3.1 Public Health Security and Emergencies

Public health security is “the provision and maintenance of measures aimed at preserving and protecting the health of the population”¹⁰ The EVD epidemic in West Africa was a sad reminder of the catastrophe that can result when public health security is not assured. This could lead to loss of human life and the disruption of families and communities, livelihoods, and socioeconomic development in the severely affected countries. The epidemic was first notified to WHO by the government of Guinea in March 2014. It then spread rapidly to Liberia, Sierra Leone, Nigeria, Senegal, Mali and, subsequently, beyond the African continent. This extensive scope of the epidemic was attributed to late detection, rapid spread in densely populated urban areas, and unsafe patient care and burial practices prevalent in the affected communities.

The affected countries had major health system weaknesses and no cross-border control measures to slow the spread of the epidemic. On the other hand, the epidemic was successfully controlled in Nigeria, Senegal and Mali, thanks to enhanced preparedness and sensitization, which are the prerequisites for early detection and response. Similarly, a separate outbreak in the Democratic Republic of Congo was quickly brought under control.

Armed conflicts created health emergencies in the Region and affected parts of Cameroon and Niger, the Central Africa Republic, the Democratic Republic of the Congo, Mali, Nigeria, and South Sudan. Population displacement and the destruction of health infrastructure adversely affected health services in the countries concerned, with human and financial resources being diverted away from priority health programmes towards the humanitarian needs generated.

⁹ World Health Report 2006 – Working together for health. World Health Organization: Geneva; 2006.

¹⁰ Foreign policy and health security. In: Trade, foreign policy, diplomacy and health [website]. World Health Organization: Geneva; (<http://www.who.int/trade/glossary/story030/en/>, accessed 7 May 2015).

Natural disasters account for the other health and humanitarian crises, with droughts and floods occurring in parts of the region. In the past, the Sahel drought and the ensuing food crisis, and the floods in Southern Africa, have had public health consequences. These include outbreaks of water- and vector-borne diseases such as cholera and malaria, population displacement and disruption of health services. Since May 2015, East and Southern Africa have been experiencing an intense drought that is driven by one of the strongest El Nino episodes on record. At the same time heavy rains have been reported in eastern parts of the region.

The WHO Secretariat in the African Region has worked with Member States to start building the core capacities required for the legally-binding International Health Regulations (IHR, 2005) and the 2012 resolution of the WHO Regional Committee (RC) for Africa on Disaster Risk Management (Box 3). However, to date, no country in the region has put in place all the IHR core capacity requirements and none has achieved the objectives of the RC resolution on Disaster Risk Management.

Box 3: IHR (2005):

Member States are required to develop, strengthen and maintain minimum national public health core capacities to detect, assess, notify and report public health events, risks and emergencies of international concern, and respond promptly and effectively to same.

Furthermore, the Regional Committee resolution on Disaster Risk Management (DRM) requires countries to:

- Identify and assign responsibility to and equip a unit in the ministry of health to coordinate the implementation of DRM interventions for the health sector;
- Establish functional health sector subcommittees within national multisectoral coordination committees on DRM;
- Incorporate DRM into their national health legislation, national health policies and health sector strategic plans; and
- Conduct health disaster risk analysis and mapping through a multisectoral approach.

In 2012, Member States agreed to improve the response to public health emergencies, and established the African Public Health Emergency Fund (APHEF) as a solidarity mechanism to ensure the immediate availability of funds and early response to countries affected by public health emergencies. As of July 2015, only 11 of the Region's 47 Member States had contributed to the APHEF. Yet, the demands for urgent and immediate assistance have so far surpassed available funds in a region that regularly experiences emergencies.

There is clearly an urgent need for greater focus on health security and emergencies in the region. Consequently, the WHO Regional Director has created a new Health Security and Emergencies (HSE) Cluster in order to achieve better integration and effectiveness in addressing disease surveillance, epidemic and pandemic alert and response, emergency risk, and crisis management. The HSE Cluster shall rely on a network (to be established) of partners, experts and institutions from within and outside Member States. The Regional Office has contributed actively to the reform of WHO's work and programme on emergencies and outbreaks.

3.2 Strengthening Health Systems

Attainment of universal health coverage depends on efficient and effective national health systems. WHO has defined six health systems building blocks¹¹ – Leadership and Governance; the Health Workforce; Medical Products, Vaccines and Technologies; Health Financing (and Social Protection); Information Systems; and Service Delivery. When these elements are implemented together and coherently, they create health systems that are responsive to the needs of the people and guarantee the delivery of integrated health packages that assure equitable access for individuals, families and communities. They also serve as vehicles for the delivery of programme interventions that will complete the MDG agenda while addressing the SDGs and enable the health sector to play its role of addressing the social determinants of health.

For too long, the African Region has suffered from deficiencies in each of these “building blocks”. This situation has undermined the Region's ability to meet its health goals in a comprehensive, efficient and sustainable way. Only about 50% of the Region's population has access to essential medicines,¹² and the situation is worsened by the weak regulatory capacity and poor governance prevalent in the region which has fuelled the circulation of counterfeit and poor quality medicines. There are substantial weaknesses in health information systems, gaps in the use of information and communication technologies for health, and an inability to translate new evidence from research into public health policies and programmes.

Investments in the health sector by governments and health partners have not been optimal. Only 21 countries in the region have met or exceeded the recommendation made by the High Level Taskforce on Innovative Financing for Health Systems for a

11. WHO: Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization: Geneva; 2007.

12. WHO medicines strategy 2004-2007: countries at the core. World Health Organization: Geneva; 2004.

minimum of US\$ 60 per person in 2015.¹³ Only eight countries have attained the Abuja Declaration target of allocating 15% of national budgets to the health sector and in 77% of Member States, out-of-pocket payments by patients remain higher than 20% of total health expenditure - a level which indicates the existence of financial barriers to accessing services.¹⁴

This level of health systems performance determines the ability of countries to improve health outcomes. Only a few countries in the region achieved the health-related MDGs as well as those indirectly linked to health. In spite of recent progress, the African region still has the highest child and maternal mortality rates in the world and some 52% of newborns are still delivered without the assistance of skilled health personnel. Immunization coverage with three doses of the diphtheria-tetanus-pertussis vaccine (DTP3) and the first dose of measles-containing vaccine (MCV1), are at 75% and 74% respectively - both below the global target of 90%. The prevalence of HIV/AIDS, tuberculosis and malaria has declined but coverage with interventions is still below expectations. The region also bears the highest burden of neglected tropical diseases (NTDs), which contributes to its high level of poverty.

The African Region has not escaped the global epidemic of noncommunicable diseases (NCDs). It is estimated that NCD deaths are likely to increase globally by 17% over the next 10 years with the African region disproportionately experiencing a 27% increase. The unfortunate reality is that unless urgent action is taken to prevent and control NCDs, they will become the leading cause of ill health, disability and premature death in the region. Consequently, it is crucial to address the four main risk factors for the major NCDs in the region (tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets) and reconfigure health services to deal with chronic care and rehabilitation. There is also the need to address some infectious causes of cancer such as hepatitis virus and the Human Papilloma Virus.

The high double burden of communicable and noncommunicable disease in the region has been aggravated by the influence of the social and economic determinants of health, with countries facing enormous challenges of poverty, food insecurity, environmental degradation, and unemployment. There are dramatic differences in access to health services and outcomes between rich and poor, male and female, rural and urban dwellers, etc., and these gaps continue to widen in some countries. Addressing the negative impact of these inequalities and inequities on social, economic and health development requires society-wide actions.

13. The World Health Report 2010: "Health Systems Financing – The path to universal coverage." World Health Organization: Geneva; 2010

14. Global Health Observatory. World health Organization. URL: http://www.who.int/gho/health_financing/en/ Accessed on 1st August 2015 at 23h00.

A key limitation to health development in the region has been inadequate and inequitable investment of resources, resulting in inequality in access to life-saving interventions for maternal, newborn and child health including nutrition and immunization services, as well as services for the control and/or elimination of HIV/AIDS, tuberculosis and malaria. WHO in the African region shall continue to emphasize the need to address the influence of social factors on health, and to advocate for multi-sectoral action on health issues beyond SDG 3.

3.3 Ongoing WHO reforms

3.3.1 A programme of reform

WHO in the African region is prepared to lead a multi-stakeholder drive towards a vision for transforming health in Africa with universal health coverage as the common goal. The ongoing WHO reform is being accelerated in the region in order to improve alignment of the organizational structure and technical capacity of the Secretariat with the Organization's mandate. The Transformation Agenda is also intended to improve recruitment, human resources management and operations.

Furthermore, WHO in the African region is designing a more coherent and measurable results chain to positively illustrate its contributions to health development in the region. This accelerated implementation of the WHO reform agenda in the African region is expected to yield much more effective technical and policy support to Member States, with staff skills and competencies better matched to needs, and resource allocations better aligned with the main priorities. The WHO Secretariat in the African region is investing in increasing the accountability of its staff; enhancing transparency and risk management; and strengthening its evaluation culture to assure and communicate its excellence.

3.3.2 Addressing WHO's capacity constraints in the African Region

WHO in the African region requires the appropriate human resource capacity in order to be effective. However, there are constraints to attracting and retaining appropriately qualified experts in critical programme areas. The funding model of WHO's workforce – assessed and voluntary contributions – affects its size and stability. During the 2014–2015 period, 80% of the budget of the Regional Office was earmarked voluntary contributions without the flexibility and predictability to plan and implement human resource strategies that respond best to the region's needs. This problem needs to be addressed together with the persistent staff gender imbalance, highlighted by the fact that more than 76.5% of the professional staff in the region are male.

For the 2016-2017 biennium, the African Region was allocated a budget of US\$1,162,300,000, representing 27% of the overall WHO budget. However, 35% of this budget (US\$ 411,600,000) is earmarked for Polio Eradication (US\$ 372,300,000) and Outbreak and Crisis Response (US\$ 39,300,000) leaving 65% (US\$ 750,700,000) for all other programmes. This 65% is itself earmarked for disease-specific programmes, with limited flexibility and an imbalance in funding across categories and programmes.

With regard to Information and Communication Technology, there is need for better infrastructure in some countries to facilitate speedy communication and cooperation between the WHO secretariat and Member States in the African region. The use of the computerized Global Management System (GSM) has highlighted challenges in IT connectivity, although the system still offers vast possibilities for improving operational performance.

4 THE AFRICA HEALTH TRANSFORMATION PROGRAMME: A Vision For Universal Health Coverage



The goal of the *Africa Health Transformation Programme* is to ensure universal access to a basic package of essential health services in all Member States of the Region and thus achieve universal health coverage with minimal financial, geographic and social obstacles to services. The health status of adolescent girls will serve as the flagship indicator of the impact of the work of WHO on health development in the region. To that end, WHO will focus on five strategic priority areas, namely:

- (i) Improving health security by tackling epidemic-prone diseases, emergencies and new health threats;
- (ii) Driving progress towards equity and universal health coverage through health systems strengthening;
- (iii) Pursuing the post -2015 development agenda while ensuring that the MDGs are completed;
- (iv) Tackling the social and economic determinants of health; and
- (v) Building a responsive and results-driven WHO secretariat.

However, in order to achieve these objectives, Member States shall be required to make concrete political and financial commitments and investments towards building more robust and resilient national health systems.

4.1 Improving health security by tackling epidemic-prone diseases, emergencies and new health threats

4.1.1 Strategic importance

Health security is central to health development, while prompt and effective responses to breaches are crucial to sustaining community health and economic development. Indeed, the occurrence of numerous and recurrent health emergencies and public health events compromises health security, social cohesion and economic development in Africa and impacts the entire world.

In order to strengthen health security, it is critical for the WHO Regional Office for Africa to rapidly expand its capacity to detect health-related incidents and coordinate responses at national and regional levels, while remaining connected to global mechanisms. There is an urgent need to build the core capacities of Member States to fulfil their obligations to WHO's International Health Regulations (IHR) and improve their systems for integrated disease surveillance and response (IDSR). This will be done through reform of WHO's emergency and epidemic response work.

The expected country health outcomes and impact targets are as follows:

- (i). The Ebola epidemic in the three most affected countries in West Africa shall reach and stay at zero cases with routine health services restored by December 2016.
- (ii). A health outbreaks risk mapping shall be conducted by the end of 2016.
- (iii). At least 35 of the countries in the African region shall have the minimum IHR (2005) core capacities established by 2020.
- (iv). Each of the 30 high priority countries shall develop and implement national health preparedness and response plans for public health emergencies by the end of 2017.
- (v). Transmission of all wild and vaccine-derived polio viruses shall be interrupted in the region

4.1.2 Strategic actions

WHO in Africa shall continue to contribute to maintaining zero Ebola cases and rebuilding national health systems in the three severely affected countries of West Africa through: high-level advocacy missions and engagement with the relevant national, continental

and regional stakeholders, including the African Union Commission (AUC), the United Nations Economic Commission for Africa and the Economic Community of West African States (ECOWAS). WHO shall support the mobilization of additional resources from partners and donors, and provide the required technical assistance in support of countries' response, recovery and preparedness efforts and shall strengthen cross-border collaboration mechanisms.

A regional strategic plan for EVD response, recovery and restoration of health services will be prepared to guide the work of WHO in the African region. This plan shall be developed through collective United Nations and WHO efforts and shall define the roles, responsibilities and resource implications for WHO in the African region. This will be done through the WHO Executive Board Special Session Resolution on Ebola, adopted in January 2015.¹⁵ A broader regional strategic plan on health security and emergencies will subsequently be developed by 2016.

In all 47 Member States, WHO will help to build countries' capacities to prepare for and respond to epidemics, emergencies and humanitarian crises through the following actions:

High-level advocacy and dialogue on the development and implementation of IHR core capacities: The aim will be to increase government ownership of IHR implementation, rally stakeholders, build partnerships and ensure multi-sectoral alignment to national plans, including the participation of health, foreign affairs, transport, agriculture and security sectors and ministries, in IHR capacity strengthening.

Enhancing the capacity of countries to prepare for and respond to epidemics, emergencies and humanitarian crises: This will be achieved by establishing standards and norms and providing technical support to countries to establish and run Emergency Operations Centres (EOCs), based on the use of an event management system (EMS). Disaster risk management activities will be implemented and a comprehensive programme built to support countries' capacity to prepare and respond to public health emergencies. WHO will strive to foster the integration of health emergency preparedness and response activities into existing country "basic packages of care."¹⁶ WHO will work with countries to improve logistical capacity at the national and sub-national levels with improved supplies coordination as well as fully trained and equipped logisticians.

¹⁵. World Health Organization Executive Board Resolution EBSS3.R1 on Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences. Geneva: 25 January 2015.

¹⁶. The minimum package includes: (i) Effective service delivery through public, private and community systems – integrating providers from these sectors; (ii) Safe services in line with updated Infection Prevention and Control guidance; and (iii) Maintenance of essential health services during crisis situations.

Enhancing regional level capacity to respond to emergencies: This will include technical support and collaboration with the AUC to establish an Africa Centre for Disease Control and Prevention. WHO, in consultation with Member States, Regional Economic Communities, the AUC and other relevant institutions, will establish a multidisciplinary African Health Corps to serve as a continental rapid response platform and as part of the global public health reserve workforce (recommended by the WHO Executive Board Special Session Resolution EBSS3.R1).¹⁷ The use of the Strategic Health Operations Centre (SHOC) in the WHO Regional Office for Africa will be enhanced to facilitate regional and international coordination for preparedness and response to public health events.

Improving resource allocation for health security and emergencies: WHO shall advocate for and explore with countries, ways to allocate resources through their budgets for health security and to meet their commitments to APHEF. WHO will also pursue innovative ways of engaging with African and international philanthropists and foundations to generate resources for health security actions including APHEF and the response workforce.

Regular monitoring of antimicrobial resistance in the region: Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. WHO will support countries to strengthen AMR surveillance in the region in order to generate evidence for informing global and regional strategies, monitoring the effectiveness of public health interventions and detecting new trends and threats.

WHO will take joint action with countries to prevent infections from occurring in the first place. This will be done through better hygiene, access to clean water, infection control in healthcare facilities, and vaccination to reduce the need for antibiotics. WHO will also advocate for the development of new diagnostics, antibiotics and other tools to allow healthcare professionals to stay ahead of emerging resistance.

The actions outlined above shall require a regional WHO secretariat that has the resources and capacity needed to deliver results. The capacity investments required shall include a significant increase in staff numbers to ensure the organization of a prompt and effective response to outbreaks and emergencies; ready funding for urgent emergency response; and expanded technical capacity for strategic information management including data collection, validation, analysis and use at all levels of the Organization for quick evidence-based decisions and actions.

¹⁷. Ibid.

4.1.3 WHO deliverables

- (i) The three severely EVD-affected countries reach and remain at zero cases and have restored routine health services by 31 December 2016;
- (ii) Implementation of the regional plan for the EVD recovery phase in the three severely affected countries initiated by September 2015;
- (iii) Regional outbreak and emergency risk mapping conducted by the end of 2015;
- (iv) Regional strategic plan for health security and emergencies developed by the end of 2016;
- (v) Not less than 85% of the human and financial resource requirements for the Health Security and Emergencies Cluster are met by the end of December 2016 through budget re-allocation;
- (vi) The multidisciplinary Regional Health Corps is established by December 2016; and
- (vii) Some 25% of countries shall be supported to reach the minimum IHR core capacities by 2017 with 75% reaching this minimum by the end of 2020.

4.2 Driving progress towards equity and universal health coverage

4.2.1 Strategic importance

A health system attains UHC when all people receive quality and equitable health services (promotion, prevention, treatment, rehabilitative and palliative) without financial and other barriers. A well-functioning health system can therefore be the vehicle for implementing all disease and life course programmes that will result in anticipated MDG and SDG achievements, including addressing the social determinants of health. Indeed strong health systems will contribute to sustained health results, poverty reduction and equality of human rights, as articulated in the SDGs.

In order to achieve UHC, each country needs to have certain core elements of a health system in place. These include:

- (i) Comprehensive and coherent health sector policies, strategies and plans as the basis for investment that is agreed and assessed with stakeholders;
- (ii) Established and sustained integrated district/local health services with active community engagement with the health sector;
- (iii) Strengthened mechanisms which remove geographic, social and financial barriers that impede access to care;
- (iv) Expanded information, data, analysis and knowledge generation and management capacity at the national, sub-regional, and regional levels; and
- (v) Detailed plans and investments to expand and retain human resources for health across the various cadres, skills and competences needed to provide services.

WHO in Africa will support Member States to develop, implement and monitor health policies and plans, and work with development partners to align both internal and external resources with domestic priorities.

The expected country health outcomes /impact targets of these investments will be as follows:

- (i) A reduction in the number of countries with high (more than 20%) out-of-pocket payments as a percentage of total health expenditure, from 37 to 18 (out of 47 Member States) by 2020;
- (ii) An increase in the number of countries where access to skilled birth attendants is over 75%, from 11 to 35, by 2020;
- (iii) An increase in the number of countries having an adolescent birth rate that is below 45/1000, from 5 to 30 by 2020;
- (iv) An increase in the number of countries where the rate of first postnatal visits within two days of delivery is above 60%, from 7 to 35 by 2020;
- (v) An increase in DTP3 vaccine coverage in all 47 countries from 75% to 90% by 2020;
- (vi) A 75% reduction in new HIV infections in all 47 countries by 2020;

- (vii) A 20% reduction (relative to 2015) in TB incidence in all 47 countries by 20% by 2020;
- (viii) A malaria incidence reduction of at least 40% in all 43 malaria-endemic countries by 2020;
- (ix) Complete elimination of morbidity due to schistosomiasis, soil transmitted helminthiasis and trachoma by 2020;
- (x) A 10% reduction in the prevalence of raised blood pressure, relative to the 2014 WHO estimates, in the 29 high burden countries in the Region by 2020; and
- (xi) All Member States have comprehensive, coherent national health policies and plans jointly assessed with partners and coordinated with overall national development plans.

4.2.2 Strategic actions

The following strategic actions will be the focus of WHO in its pursuit of equitable access to health and attainment of UHC:

Support countries to translate health-related SDGs into relevant national goals and targets by providing technical assistance for:

- (i) Revising national health policies as well as strategic and investment plans;
- (ii) conducting a baseline assessment of health systems and UHC in the region to be able to monitor health trends towards 2030;
- (iii) Developing an investment case for an integrated health systems approach to health strategies, and its linkage with disease-specific and healthy life course programmes;
- (iv) Strengthening evidence-based targeting and scale-up of interventions to reduce the burden of HIV/AIDS, viral hepatitis, TB, malaria, neglected tropical diseases and noncommunicable diseases;
- (v) Integrating prevention and control of noncommunicable diseases into all government and sector policies and promoting interventions to reduce the main risk factors; and
- (vi) Increasing access to and improving the quality of maternal, child and adolescent health services and managing the social and environmental determinants of health.

Support the development of a regional roadmap *for the implementation of UHC by:*

- (i) Building on the AUC/WHO commitment on UHC to develop a regional roadmap to accelerate implementation of UHC in the African Region and reducing geographical, social and financial barriers to accessing services; and
- (ii) Providing technical assistance and capacity to implement the regional UHC roadmap with WHO support structured to the different country contexts (in terms of income, size and complexity; level of health system development; internal capacity; conflict or post-conflict) thus avoiding a “one size fits all” approach.

Invest in the expansion of knowledge generation, utilization and management capacity by:

- (i) Developing a regional health research strategy aimed at strengthening national health research systems and deploying tools for monitoring its implementation; and supporting the translation of research results into services;
- (ii) Expanding and optimizing the use of WHO collaborating centres in the Region to undertake research relevant to regional priorities;
- (iii) Enhancing the scope and analytical role of the Africa Health Observatory in support of the monitoring of results within countries; and
- (iv) Supporting the translation of evidence from research into health policies and implementation strategies.

Strengthen and coordinate partnerships for the achievement of SDGs by:

- (i) Reviewing and refocusing the “Harmonization for Health in Africa” (HHA) partnership;
- (ii) Creating the framework for strengthening and supporting health sector partnerships at country level; and
- (iii) Establishing the Africa Health Forum for a broader engagement with all stakeholders.

4.2.3 WHO deliverables

- (i) Baseline assessment on universal health coverage in the African Region conducted and the data published by the end of 2016;
- (ii) Regional Strategy on an integrated health systems approach to universal health coverage developed and approved by Ministers of Health by 2017;
- (iii) African National Health Research Systems Barometer developed to track progress on knowledge generation and management in the Region by 2017;
- (iv) All Member States supported to establish routine monitoring systems that include the collection of disaggregated data and health equity analysis by 2020;
- (v) An investment case prepared with a benefits analysis of a coordinated approach to universal health coverage that incorporates the expertise and resources of all WHO technical programmes by the end of 2016;
- (vi) A framework for implementing the Global Strategy for Women's, Children's and Adolescents' Health in the African Region endorsed by the Regional Committee by 2016 and at least 15 Member States implementing the Global Strategy by 2017;
- (vii) At least 35 countries supported to use reproductive, maternal, neonatal and child health (RMNCH) score cards to monitor programs performance by 2020;
- (viii) Three frameworks for action (HIV/AIDS; Prevention and Control of Sexually Transmitted Infections; and Prevention, Care and Treatment of Viral Hepatitis) in the African Region, 2016 – 2021, developed, adopted by Member States and implementation commenced by 2017;
- (ix) A regional framework for implementation of the global "End TB Strategy" in the African region developed and implementation commenced in 2016;
- (x) Africa malaria strategy as framework for implementation of the Global Technical Strategy for Malaria (GTS) 2016-2030, developed and adopted by Ministers of Health, and implementation commenced in 2016;
- (xi) All three Guinea Worm disease endemic countries (Chad, Ethiopia and Mali) supported to interrupt transmission by the end of 2016; and
- (xii) The African Health Report on Noncommunicable diseases published by December 2017.

4.3 Strengthening the capacity of WHO in the African Region

4.3.1 *Strategic importance*

The ultimate goal of the Africa Health Transformation Programme is for all Member States of WHO in the African region to make significant progress towards attaining the SDGs and achieving UHC. The WHO Secretariat in the African region shall require programmatic and organizational changes in order to contribute effectively to this transformation. WHO in Africa must become appropriately resourced and equipped to effectively perform its role as the region's health organization. It shall recreate an organizational culture defined by the values of excellence, team work, accountability, integrity, equity, innovation and openness. It shall earn its position as the clear leader in health in the region and meet the needs and expectations of its stakeholders. Communication and interactions with stakeholders will be expanded and conducted in an open manner.

The focus of managerial reforms shall be based on certain core values and changes in organizational culture that emphasize results, expertise, efficient operations, strict accountability and compliance with rules, procedures and ethics, while expanding partnership and communicating more effectively with all stakeholders.

Individuals and teams working in the Africa region shall be held accountable for well-articulated and attained results or lack thereof. The behaviour of all staff members of all ranks shall be guided by the highest ethical standards. Efficiency and accountability shall be improved in measurable ways in the areas of finance, procurement and general management. Overall, the human, financial and material resources available to the region shall be aligned with agreed regional and country priorities and made more efficient through better use of existing WHO technologies and tools such as the GSM and Business Intelligence dashboards.

4.3.2 *Strategic actions*

Mainstreaming WHO reforms:

WHO in the African regional will establish training and monitoring mechanisms to ensure accountability, ethical standards and excellence among its staff; strengthen systems for enhanced efficiency and accountability on finance, procurement and general management; improve value for money in operations within the region; maximize the use of available e-business platforms and tools; strengthen information-sharing among staff and teams; and strengthen WHO communication. There shall be zero tolerance for unethical practices.

The governance functions of Member States shall be enhanced through the establishment of a stronger oversight role for the Regional Committee's "Programme Sub-Committee" (PSC) and improving communications with Member States on the reforms.

Enhancing human resource capacity at all levels:

Staff recruitment processes will be strengthened with new mechanisms that are more transparent in ensuring that the best qualified candidates are recruited into the relevant positions. Special efforts shall be made to attract a wider talent pool and address gender and language imbalances in the workforce while ensuring excellence.

A structured and harmonized human resource functional review will be organized across all of the offices of WHO in the Africa region. The aim of the functional review shall be to identify and establish the specific functions that are critical for meeting the strategic goals, priorities, and mandates of the Organization in the region. An appropriate organizational structure with optimal staffing will be defined followed by the development of a strategic human resource plan to achieve appropriate staffing levels, skill requirements, and training needs.

A capacity-building plan shall be developed based on the results of the functional review in order to implement a new staff career development and progression approach. The performance management and development system will be strengthened and linked to policies on recognition and rewards to address underperformance.

Improving efficiency, compliance and accountability in operations:

A review of the business processes of WHO in the African region will be conducted in order to identify and improve the enabling functions (human resources, procurement, finance and logistics), ameliorate the services expected of the secretariat, and enhance compliance and accountability.

Alternative service function models and staffing profiles shall be explored and, if necessary, certain regional functions may be relocated to other venues within the region for improved efficiency in WHO operations.

A mandatory end-term evaluation shall be conducted for all donor-supported projects and grants managed by the WHO secretariat in Africa.

Strengthening country focus:

The leadership of country offices shall be improved with enhanced processes for identifying and deploying WHO Representatives in ways that ensure optimal fit of their profiles with the needs of the countries. There will be a review and revision of WHO's technical and structural capacity to deliver at country level in order to tailor the composition of WHO country teams to the typology and needs of countries (based on income, disease burden, systems strength etc.). Each country office shall be expected to engage with other sectors that impact health and with non-state actors.

The African Region shall also review and strengthen its sub-regional hubs in innovative ways to provide targeted technical support that closely matches country types and needs.

Strengthening partnerships for health:

The WHO Secretariat in Africa shall engage regularly with the AUC to ensure synergy in the roles and functions of both organizations, and to support implementation of the AUC "Agenda 2063." Other priority partnerships include engagement with sub-regional economic communities; bilateral, multilateral and UN agencies, including the United Nations Economic Commission for Africa; the African Development Bank; academic, professional and research institutions; and associations functioning in the region.

The Africa Health Forum will be established to engage with NGOs, CSOs and other non-state actors (including external and regional private philanthropies) to exchange ideas and coordinate efforts towards transforming health in Africa.

Enhancing Strategic communication:

The WHO Secretariat in Africa will establish a new strategic approach to all communications and foster a more responsive and interactive organization. Actions will include strengthening systems for both internal communication among staff and external communication with stakeholders.

A communication strategy will be developed that shall actively utilize social media, with accounts for the Regional Office as well as for the leadership. The strategy shall also identify and ensure the presence of the WHO secretariat in Africa at all significant and strategic health and development events and build a global network of partners and advocates. An Independent Advisory Group has been established by the Regional Director as part of this network.

Media engagement will be significantly enhanced with regular media briefings and slots utilized on key regional and global television and radio channels to boost information on health in the African region. This will require a presence in the major communication hubs in the region.

Internal communication will be enhanced through scheduled town hall and cluster meetings; an online forum for staff suggestions and ideas will be developed. Furthermore, the Senior Management Team shall be required to provide regular updates on the events they are engaged in. Other methods of staff networking will be stimulated to encourage knowledge and experience-sharing, joint problem-solving and mutual support. All technical staff will be expected to regularly publish peer reviewed articles on their work.

4.3.3 *WHO Deliverables*

- (i) External functional and operational assessments of the WHO in the African region conducted by the end of December 2015;
- (ii) A revised system for assignment of WHO Representatives and assessment of country office performance introduced by the end 2016;
- (iii) A regional communications strategy developed by the end of December 2016;
- (iv) A regional human resource capacity-building plan developed by the end of December 2016; and
- (v) "Africa Health Forum" initiated and conducted in 2016 and 2018.

5 IMPLEMENTATION AND ACCOUNTABILITY FRAMEWORK



The Africa Health Transformation Programme is the commitment of WHO in the African region to a renewal that sets a new health agenda to guide progress towards universal health coverage in Africa. The secretariat in the African region will work through political platforms offered by the AUC and the Summit of Heads of State and Governments to develop, implement, monitor and evaluate a 'business plan' to transform health in Africa.

Within the WHO secretariat, the Africa Health Transformation Programme will be implemented through a fundamental shift in organizational culture and systems to improve engagement with the WHO programme budget and program of work across the 2014–2015, 2016–2017 and 2018–2019 biennia.

The Regional Director will prepare progress reports on the status of implementation of the health transformation programme at the end of each biennium. This will be in addition to the existing statutory, semi-annual monitoring and mid-term review mechanisms of WHO's work. A final report on the implementation of the transformation programme will be published in July 2019 and submitted to the 69th Session of the WHO Regional Committee for Africa – the final Regional Committee meeting of the 5-year mandate of the Regional Director.

The Regional Director will also provide a progress report on the Africa Health Transformation Programme at the biennial AUC-WHO Joint Ministers of Health Forum and will work with countries to develop health performance scorecards for ensuring countries' accountability for relevant resolutions and decisions adopted at meetings of the AU and WHO governing bodies. These scorecards will be presented to the Assembly of African Heads of States and Governments every two years as part of a peer review mechanism.

6 CONCLUSION



The complex and emerging health challenges of the 21st century demand a more proactive and innovative approach to health development. Africa has specific issues of poverty and inequality that influence the burden of disease and remains highly dependent on development assistance. This requires a rethinking of WHO's operations in the African region and how it should support countries to plan and implement health programmes. The Africa Health Transformation Programme presents the vision for this change; a vision for a health and development approach that will address the unacceptable inequalities in health in a region that lags behind others in all health indices and quality of life.

The African Health Transformation Programme seeks to engage with Member States and stakeholders to build better and more resilient health systems that promote health, prevent and manage disease and assure health security.

WHO in the African region is committed to working with its Member States and partners to implement the Africa Health Transformation Programme, and to attain the highest possible level of health for Africa's people by achieving the Sustainable Development Goals and universal health coverage.

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