THE TRANSFORMATION AGENDA
OF THE WORLD HEALTH ORGANIZATION
IN THE AFRICAN REGION:

DELIVERING RESULTS AND MAKING AN IMPACT

World Health Organization
REGIONAL OFFICE FOR Africa

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The Transformation Agenda of the World Health Organization in the African Region: Delivering Achievements and Making an Impact

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A message from the Regional Director

The Regional Director is pleased to present this report on the achievements of the African Region in the first phase of the Transformation Agenda. The report reflects on the ongoing organizational reform that has delivered successful results and strengthened the Organization's ability to carry out its mandate. This is especially relevant as 2018 also marks the 70th anniversary of the World Health Organization and the 40th anniversary of the Declaration of Alma Ata on Health for All.

“As we embark on the second phase of this journey, I reflect on the progress and some remarkable successes we have had over the past three years. I am filled with pride in the people who make up our Organization. I am humbled to work with colleagues who share the vision of an Organization that is proactive, results-driven, accountable and appropriately resourced to deliver on its mandate. In the same vein, we would like to extend our appreciation to our Member States and partners for their unwavering support to this initiative.”

Dr Matshidiso Moeti,
WHO Regional Director for Africa

The report outlines progress made in the four work areas of the Agenda, namely fostering pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships.

1. Pro-results Values

Strong alignment by senior leadership in the change process
Recognizing that change requires ownership and time commitments, WHO AFRO has sought to ensure that leadership acts as one team to guarantee alignment on everything from aspirations and direction to the design and implementation of the Transformation Agenda.

Greater staff awareness of accountability, transparency, ethical behaviour, and producing results
Through an online survey as well as numerous group and individual interviews it was observed that a stronger culture of accountability is emerging and that there is a change in the way staff are working together.

Better staff engagement and ownership leading to a clearer vision of expected results
Sustainable change can only happen if staff at all levels understand, own and take leadership of the process. Staff must be at the centre of change, to continue and deepen the transformation. There has been a broad use of communication channels to engage and inform staff.

Improved partner recognition
The organizational culture change that is emerging under the Transformation Agenda has been recognized and welcomed by partners and donors.

2. Smart Technical Focus

Strengthened regional capacity for health security
The reform of WHO AFRO's work in emergencies was triggered by the unprecedented Ebola virus disease outbreak in West Africa. This led to the establishment of the WHO Health Emergencies Programme in the African Region (WHE).WHO AFRO detects and confirms outbreaks and public health events every day, with reports of new outbreaks published in a weekly online bulletin. The WHO African Region responded to 152 emergencies across the continent in 39 countries in 2017 alone, including 134 outbreaks and 18 humanitarian crises. In the report we present theeffective control of the May 2017 Ebola outbreak in the Democratic Republic of the Congo.In addition the Organization has also provided strengthened emergency risk assessments and preparedness activities. In 2016, WHO AFRO also compiled an inventory of all epidemics reported in Africa from 1970 to 2016 to have a greater understanding of risk and distribution of epidemics in the WHO African Region. This will be used as a foundation for tracking epidemics subnationally within the Region.

Prioritized actions towards Polio eradication
In 2015, the 'unfinished agenda' of Polio eradication was prioritized as part of strengthening regional health security in the African Region. After almost two years without any reported case of wild poliovirus (WPV), four new cases were reported in security-compromised areas in northern Nigeria in 2016. No further wild poliovirus cases have been reported since August 2016.The restructuring of polio teams, the development of polio dashboards, and the use of GIS/GPS to support micro-planning and monitoring of vaccination teams has ensured that progress continues to be made towards the certification of the Region as being polio-free.

Implementation of Framework of Actions towards UHC: a cross-cutting systems approach
At the Sixty-seventh session of the Regional Committee which took place in August 2017, Ministers of Health adopted the framework as a working tool to be used by WHO Member States to strengthen health systems to achieve Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) 3. It suggests operational actions to assist countries in determining and phasing in priorities when planning, implementing and monitoring their national health strategies.

Creation of the Adolescent Health Flagship Programme - leveraging Africa's demographics for health
There are a quarter of a billion 10- to 19-year olds in Africa. Adolescents in the African Region have extremely high HIV infection, early pregnancy and maternal mortality rates. In recognition of these considerations, the health of adolescents was prioritized as a Flagship Programme for the Region for the period 2015-2020. The overall aim of the programme is to guide and support countries and partners in the implementation of evidence-based and effective interventions to improve the health and well-being of adolescents in the African Region.

For the first time, more than half of all people living with HIV in the Region have access to life saving HIV treatment, reaching 14 million people by the end of 2016.

Creation of the Expanded Special Project for Elimination of Neglected Tropical Diseases (NTDs)

The five-year Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) was launched in May 2016 to accelerate the control and elimination of the five NTDs that generate the greatest burden in the African Region: onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis and trachoma. Key achievements in 2017 included provision of direct operational and technical support to 32 countries; development of annual national plans of action by 14 countries; recovery of 132 million tablets worth an estimated US$ 6 million; mapping of targeted preventive chemotherapy neglected tropical diseases (PC-NTDs); and the launch of an online open access data portal.

Marked progress in curbing communicable and noncommunicable diseases, and promoting health through the life course

There has been significant progress in improving the health of people affected by HIV/AIDS, tuberculosis, and malaria For the first time, more than half of all people living with HIV in the Region have access to life saving HIV treatment, reaching 14 million people by the end of 2016. New TB medicines and shorter treatments for multi-drug resistant TB are being rolled out in 21 countries, with the Xpert rapid testing now available in 40 Member States. Over half the people at risk of malaria across the Region have been sleeping under insecticide-treated nets for the past five years, indicating some success in behaviour change and outreach campaigns and a malaria vaccine pilot project is being rolled out to test the RTS,S vaccine in children. With regard to noncommunicable diseases (NCDs), WHO AFRO has helped over half of Member States to develop national NCD plans. WHO's work on tabacco control is yielding significant results with the African Region leading in the adoption of the Protocol to Eliminate Illicit Trade in Tobacco Products. Results have also been seen in reproductive, maternal, newborn, child and adolescent health. WHO's support for the Rapid Access Expansion (RAcE) project has led to policy change in countries for scaling up community-case management of malaria, diarrhoea and pneumonia in children. Adolescent health has been prioritized with a newly launched flagship programme that is already delivering improvements.

3. Responsive Strategic Operations

Improved managerial accountability, transparency and risk management

The Accountability and Internal Control Strengthening Initiative (AICS), launched in 2015, has resulted in the implementation of a number of activities to support the Transformation Agenda that have led to considerable improvements. Some successes include: reducing to zero the number of unsatisfactory internal audit reports issued during the period 2016 and 2017 - all internal audits during this period were either rated fully or partially satisfactory; Country Offices have been supported through 'Programme Management and Administrative' reviews and compliance reviews in 27 Member States; and a framework of Key Performance Indicators (KPIs) has been developed and is being implemented. Managerial KPIs were introduced in 2015 and linked to performance management of Country Office leadership and the administrative staff. Best performing Country Offices were rewarded in 2017 based on 2016 performance. Managerial KPIs have now been rolled out in the Regional Office. On the other hand, the technical KPIs will assist in measuring WHO's performance in contributing to prioritized health goals. A total of 44 indicators were defined and incorporated into a Results Framework. This Framework will highlight neglected programme areas and suggest where WHO should prioritize funding.

Following an external review, a significant realignment of human resources with health priority needs has been completed both at Regional and Inter-country Support Team (IST) level.

Realignment of human resources at Regional and Inter-country Support Team level

Following an external review, a significant realignment of human resources with health priority needs has been completed both at Regional and Inter-country Support Team (IST) level. This has been a major achievement of the Transformation Agenda, with new organograms developed and all position descriptions revised. WHO has sought to increase the number of female staff in the organization as part of its efforts to achieve gender balance. Currently, around a third of international staff at the WHO African Regional Office is female. Between 2015 and December 2017, female staff occupying long term international positions increased by 4.5%. AFRO has implemented outreach activities to increase the number of female staff.

Realignment of human resources at country office level: The functional review process

In line with the country-focus approach, the Regional Office developed a country-level functional review model

that is being used to assess human resource needs and country priorities. By the end of 2017, a total of 14 country offices had been reviewed. A categorization of countries was carried out based on health system performance towards universal health coverage and four groups of countries were proposed.The functional review has achieved better alignment with the ongoing organizational processes in determining country structures. A total of 32 country offices are scheduled to be reviewed in 2018.

Setting up of emergency hubs in Dakar and Nairobi
To effectively and efficiently manage health emergencies, the Regional Office has decentralized emergency management through the creation of two operational hubs in Dakar and Nairobi and one liaison office in Addis Ababa.

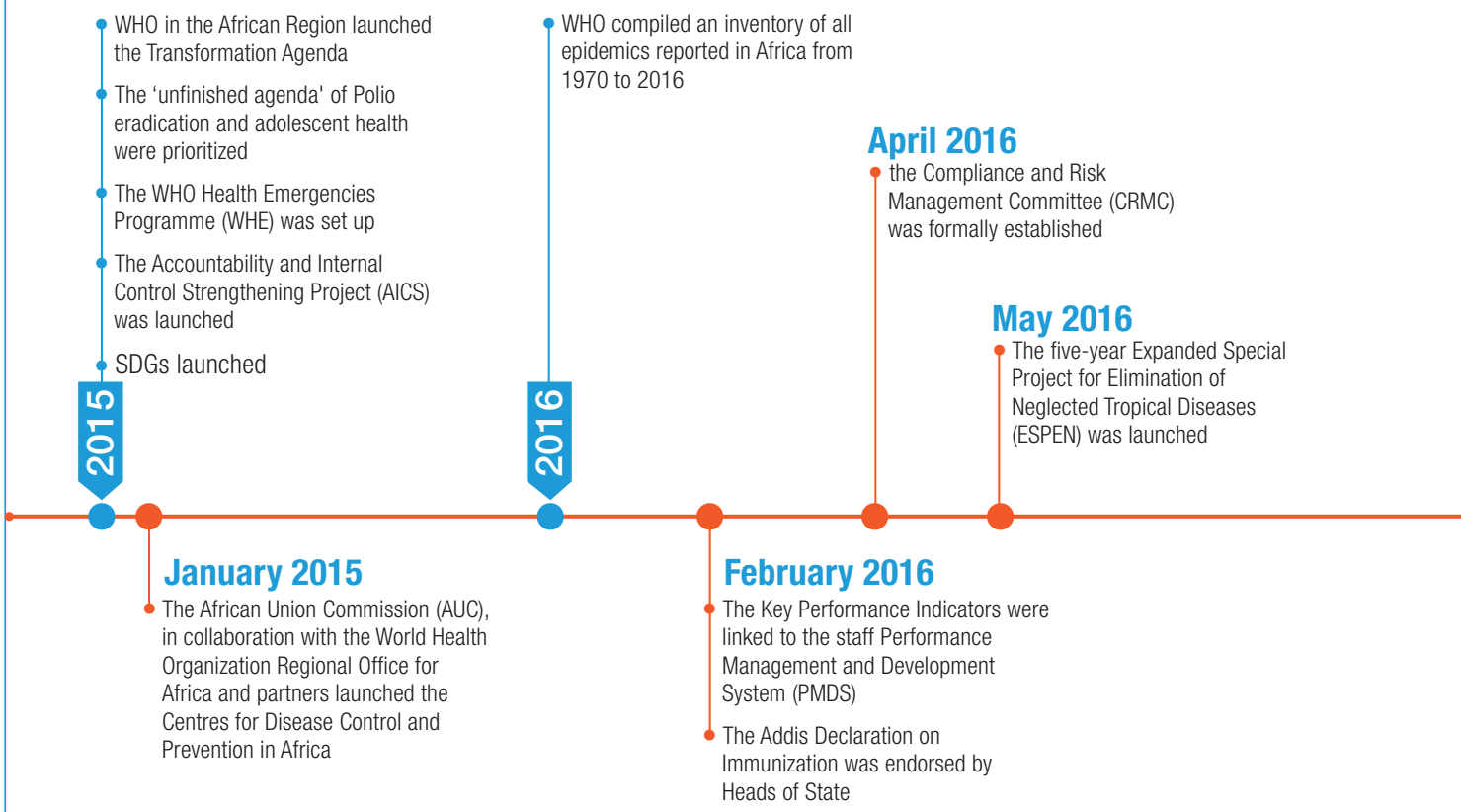
Better value for money in the procurement of goods and services
The procurement of goods and services is the second largest expense item after staffing costs.WHO AFRO has therefore looked at innovative ways of saving money and efficiently allocating funds and resources using a best-value-for-money approach. In 2017, a sample of 19 transactions was assessed for value-for-money. It was found that cost savings of US$ 1.4 million had been made.

4. Communications and Partnerships

Enhanced internal communications
The Communications Programme has regularly and in a timely manner, provided briefings on the Transformation Agenda and mission reports. Senior Regional Office staff now receive media training and online communication platforms have been created to encourage staff to freely contribute ideas. Work across the three levels of the Organization (Headquarters, Regional Office, and Country Offices) has been strengthened as well.

Reinforced external communications
Proactive engagement of strategic regional and global media and stakeholders has resulted in increased awareness of health issues in Member States and showcased WHO AFRO's wide-ranging roles. Social media activity has also improved significantly, and the

A snapshot of key events and achievements since the launch of the Transformation Agenda



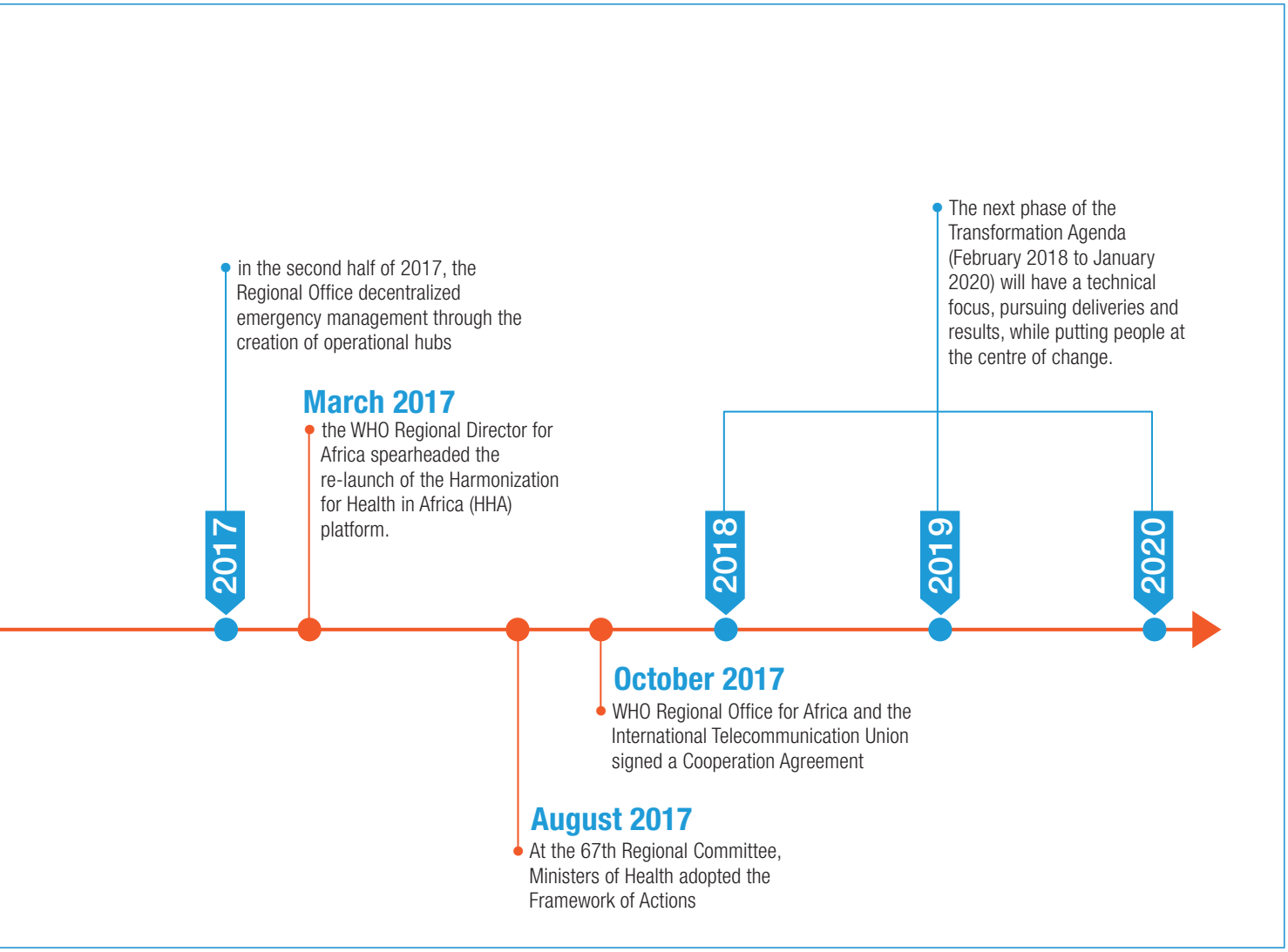
Organization launched a new, professional and easy-to-use website allowing greater access to information. WHO AFRO publishes weekly online bulletins on emergencies and there have been improvements to the tracking of donor technical and financial reports.

Strengthened strategic partnerships

AFRO has participated in a number of efforts to strengthen partnerships in a range of areas. The following are some of the main initiatives: the Africa Centre for Disease Control and Prevention; the Addis Declaration on Immunization; the Harmonization for Health in Africa platform; the Africa Health Forum; and the World Health Organization-International TelecommunicationUnion Cooperation Agreement.

5. Conclusion

The next phase of the Transformation Agenda (February 2018 to January 2020) will have a technical focus, pursuing deliverables and results, while putting people at the centre of change. The Transformation Agenda has been aligned with the strategic prioritiesof the Global Transformation Plan and Architecture. WHO AFRO will strive to effectively implement the change management process. The regional realignment process will continue in WHO country offices and decisions will be made on transitioning the existing polio infrastructure. The Key Performance Indicators will be further implemented. The considerable accomplishments of the emergency team will continue, and avenues to integrate health emergency activities into universal health coverage and health systems strengthening- in particular community level health systems - will be explored. The implementation of the SDGs/UHC framework for action will be strengthened. The significant improvements made in communicable, noncommunicable, maternal, adolescent, and child health will be further built upon. The Region will expand on the progress that has been made in its internal and external communication strategy. The Harmonization for Health in Africa platform and the African Health Forum have provided a solid foundation for developing partnerships in the Region. To continue this progress, participation will be broadened. WHO AFRO will continue to advocate for Member States to increase allocations to their health budgets and to mobilize external funding to accelerate the scale-up and implementation of proven health interventions.



1. Introduction

The goal of the World Health Organization (WHO) is to build a better, healthier future for people all over the world. Working through offices in more than 150 countries, the Secretariat staff engage with governments and other partners to ensure the highest attainable level of health for all people[1].

In recent years, WHO has undergone a profound reform process. The aim is the emergence of an organization that pursues a higher degree of excellence, contributes to greater coherence in global health and, most important of all, achieves better health outcomes.

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. Meanwhile, the Region struggled with, but has started to overcome, devastating HIV epidemic with a significant reduction in deaths and new cases. Despite the progress made, many health challenges remain, such as multiple epidemics and humanitarian emergencies, the double burden of communicable and noncommunicable diseases, and challenges to health systems and maternal, adolescent and child health.

Achieving a 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.

WHO in the African Region launched the Transformation Agenda in 2015 to ensure that it was in the best possible position to address the heath challenges the continent faces. The reform programme is a vision and a strategy for change aimed at facilitating the emergence of "the WHO that the staff and stakeholders want": more transparent, responsive and results-driven. The Agenda

WHO African region

also aims to strengthen WHO's leadership in the African Region, its ability to deliver on priority technical areas at country level, its internal and external communications, and to expand its resource base through innovative financing mechanisms.

The 'unfinished' agenda of the Millennium Development Goals (MDGs) and the introduction of the Sustainable Development Goals helped shape the Transformation Agenda. WHO AFRO has prioritized work on improving women and children's health, communicable diseases – predominantly HIV/AIDs, TB, Malaria and NTDs – and noncommunicable diseases. The launching of the Adolescent Health Flagship Programme (see section 2.2.4.) and the Expanded Special Project for Elimination of Neglected Tropical Diseases (see section 2.2.5.) supports these efforts. Through a realignment of staff and monitoring Key Performance Indicators of effective management and producing results, WHO AFRO is improving its prioritization of health needs at country level.

The ultimate goal of the Africa Health Transformation Programme is for all WHO Member States in the African Region to make significant progress towards attaining the SDGs and achieving UHC.

1 The Global Guardian of Public Health. World Health Organization: Geneva; 2016

2. Progress Made

2.1 Pro-results values

Objectives:
An organizational culture that is defined by the values of excellence, teamwork, accountability, integrity, equity, innovation and openness

Some achievements are:
1. Collective support of senior leadership
2. Improved staff awareness
3. Better staff engagement and ownership
4. Improved partner recognitiont

2.2 Smart technical focus

Objectives:
An organization providing effective technical and policy support for all Member States, and WHO's priorities defined, addressed and financed in alignment with agreed priorities

Some achievements are:
1. Strengthened health security with improved prevention, detection, and response
2. Progress towards polio-freecertificationand good polio transition planning
3. Strengthening of health systems and the UHC/SDGs Framework of Actions
4. Creation of the Adolescent Flagship Programme and Expanded Special Project for Elimination of Neglected Tropical Diseases
5. Progress in communicable and noncommunicable disease, and health through the life course

2.3 Responsive strategic operations

Objectives:
An organization with enabling functions that efficiently support the delivery of programmes

Some achievements are:
1. Improved internal controls, performance of individual staff and budget centres, and mechanisms to measure, monitor and report on progress and trends (for example through Key Performance Indicators)
2. Realignment of human resources at Regional, Intercountry Support Team, and Country Office level
3. Setting up of emergency hubs in Dakar and Nairobi
4. Better value for money in the procurement of goods and services

2.4 Effective communications and partnerships

Objectives:
A more responsive and interactive organization, internally among staff members and externally with stakeholders

Some achievements are:
1. Enhanced internal communications through a regional communications strategy
2. Reinforced external communications through engagement of strategic regional and global media and stakeholders
3. Strengthened strategic partnerships for example through the Harmonization for Health in Africa platform and Africa Health Forum

2.1

PRO-RESULTS VALUES

OBJECTIVE

The purpose of this focus area is to foster the emergence of an organizational culture that is defined by the values of excellence, teamwork, accountability, integrity, equity, innovation and openness. It supports the Agenda through “accountability and transparency” and “strengthened culture of evaluation”.

Achievements

2.1.1. Strong alignment by senior leadership in the change process

Recognizing that change requires ownership and time commitments, WHO AFRO has sought to ensure that leadership acts as one team for alignment on everything from aspirations and direction to the design and implementation of the Transformation Agenda. This applies to leadership across the board, from Regional Office clusters to WHO Country Office Representatives (WRs) and the coordinators and managers who are critical to WHO's day-to-day work and impact. In the first phase of the Transformation Agenda, a special Regional Programme Meeting was held with senior leadership to engender buy-in, ownership, and joint implementation. With renewed commitment to make the Organization fit for purpose, the leadership has actively focused on quality improvement initiatives aimed at demonstrating the impact of WHO's work in Member States. Among the initiatives are improved country-level resource mobilization, improved partnerships to strengthen district health systems, and strengthened cross-sectoral dialogue. Most recently, at the 56th Regional Programme Meeting held from 26 to 28 April 2018 in Accra, Ghana, discussions focused on progress madesofar, and the launch of the second phase of the Transformation Agenda.

This observed strengthened culture of accountability in WHO AFRO was further supported by a WHO-wide global organizational culture survey conducted in November 2017.

The WHO Regional Director for Africa also continues to benefit from the valuable strategic direction and policy advice of the Independent Advisory Group (IAG) on improving capacity and strengthening the work of WHO in the Region. Several strategic recommendations emerged from IAG meetings in May 2015 and October 2016 that were incorporated into the development of the Transformation Programme.[1] At its third meeting in Magaliesburg, South Africa, from 20 to 21 March 2018, the IAG commended the ongoing drive by WHO AFRO to effectively position itself for the forthcoming 13th Global Programme of Work, focusing on universal health coverage (UHC), health emergencies and healthier populations as well as the noticeable improvements inthe performance of the Organization through the Transformation Agenda (TA).

2.1.2. Greater staff awareness of accountability, transparency, ethical behaviour, and producing results

To review progress in the implementation of the Transformation Agenda, an independent mid-term evaluation was conducted in April 2017.[2] Through an online survey as well as numerous group and individual interviews, it was found that a stronger culture of accountability is emerging and that there is a change in the way staff are working together. In fact, 81% of staff in the survey said they were moderately to very actively involved in the values of the Transformation Agenda, and 65% of respondents agreed that they had seen tangible changes in their day-to-day work. Work practices have improved with 87% of staff reporting that they have a clear idea of what their tasks and responsibilities are and how they will be held accountable. Over 70% agreed that managers are held accountable for the authority delegated to them and felt that the Performance Management and Development System (PMDS) assesses staff performance with regard to agreed objectives in a transparent and fair manner. Staff felt there was an increased focus on results, enhanced teamwork, a strengthened culture of accountability, and a good linkage made between Key Performance Indictors and the Performance Management and Development System (see Section 2.3.1.).

This observed strengthened culture of accountability in WHO AFRO was further supported by a WHO-wide global organizational culture survey conducted in November 2017. The survey measured employees' perceptions of organizational effectiveness and found that the African Region had higher scores than WHO overall, with management practice in particular scoring highly.

To ensure transparency, accountability, and ethical behaviour and to provide support to staff, a full-time Ombudsperson is now installed at the Regional Office. Furthermore, a list of WHO and UN policy documents related to this area has been compiled and shared with staff.

2.1.3. Better staff engagement and ownership leading to a clearer vision of expected results

Sustainable change can only happen if staff at all levels understand, own and take leadership of the process. Staff must be at the centre of change, to continue and deepen the transformation.

1 Second Meeting of the Independent Advisory Group (IAG) to the Regional Director for Africa. World Health Organization: Geneva; 2017

2 Report of the Mid-Term Evaluation of the Transformation Agenda of the WHO Secretariat in the African Region. World Health Organization, Evaluation Office: Geneva; 2017

There has been a broad use of communication channels to engage and inform staff. Town hall meetings, the intranet, and the Regional Director's mission reports have been useful for sharing information on the Transformation Agenda and its progress with staff. The Regional Director's early communiqués provided a foundation for the restructuring and transformation process.

Staff were consulted at the beginning of the transformation process and asked to reflect on their contribution to the transformation of the Organization over the next five years. The Regional Staff Association expressed support for the Transformation Agenda. Since then, staff have received regular briefings on the work of WHO AFRO. Additionally, a web-based, collaborative platform called SharePoint has increased staff networking by allowing for online knowledge and experience-sharing and support.These have encouraged a more open environment where change can be communicated and discussed.

Another key step has been the appointment of a staff welfare officer and the conduct of staff welfare activities. Staff retreats and cluster/Country Office/IST meetings about the transformation process have been a positive way of actively engaging staff to discuss the changes occurring in their work and to ensure full understanding and participation of staff in the reform process. Furthermore, activities have been held for staff and their families to encourage a sense of organizational unity.

To encourage staff development, training sessions have been conducted, with nearly 500 staff participating in 2017 and 2018. These range in scope from training in management and administration to human resources. As part of ethical behaviour training, in 2018 a Sexual Harassment, Exploitation and Abuse course was initiated. Furthermore, over the last two years, a comprehensive induction programme has been held for over 100 new staff. This programme includes orientation, support to find accommodation and city tours to help staff to settle into the Regional Office in Brazzaville.

2.1.4. Improved partner recognition

The organizational culture change that is emerging under the Transformation Agenda has been recognized and welcomed by partners and donors. This was noted during the mid-term review in April 2017, which found that key partners and donors demonstrated significant awareness of the Agenda and the assiduous work of the Regional Director in engaging with them over the previous two years. The upstream strategic alignment of WHO's work with national priorities has generated noticeable shifts by partners for better alignment with governments at the district and national levels. Considering that WHO AFRO is a key player in the United Nations Country Team and health partners' forums, partners feel that the Transformation Agenda, including the Country Office functional reviews, will result in a WHO in the African Region that delivers better results.

Pro-results Values: Summary

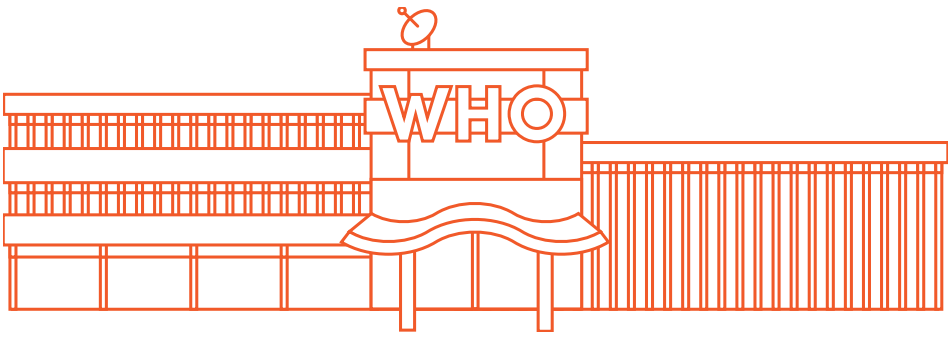
1 Senior **leadership** are aligned and proactively and collectively leading the change effort

- Recognizing that change requires ownership and time commitments, WHO AFRO has sought to ensure that leadership acts as one team

- In the first phase of the Transformation Agenda, a special Regional Programme Meeting was held with senior leadership to engender buy-in

- The WHO Regional Director for Africa continues to benefit from the valuable strategic direction and policy advice of the Independent Advisory Group (IAG)

- Several strategic recommendations emerged from previous IAG meetings in May 2015 and October 2016 that were incorporated into the development of the Transformation Programme.

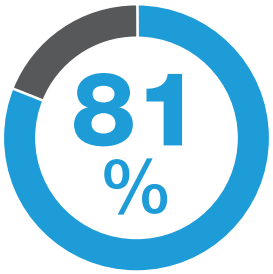


- Most recently, at the 56th Regional Programme Meeting held from 26 to 28 April 2018 in Accra, Ghana, discussions focused on progress made so far, and the launch of the second phase of the Transformation Agenda.

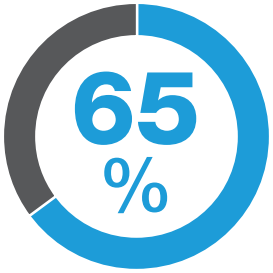
- At its third meeting in Magaliesburg, South Africa, from 20 to 21 March 2018, the IAG commended the ongoing drive by WHO AFRO to effectively position itself for the forthcoming 13th Global Programme of Work, focusing on universal health coverage (UHC), health emergencies and healthier populations as well as the noticeable improvements in the performance of the Organization through the Transformation Agenda (TA).

2 **Staff** have an improved awareness of accountability, transparency, ethical behaviour, and producing results

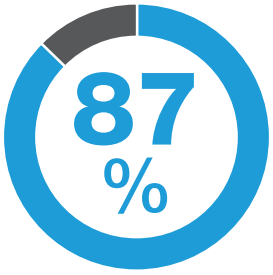
A full time Ombudsperson is now installed at the Regional Office.



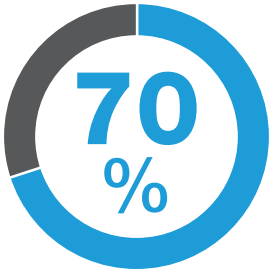
of staff in the survey said they were **moderately to very actively involved** in the values of the Transformation Agenda



of respondents agreed that they had seen **tangible changes in their day-to-day work**



of staff report that they have a **clear idea of what their tasks and responsibilities** are and how they will be held accountable



agreed that managers are held accountable for the authority delegated to them and felt that the Performance Management and Development System (PMDS) assesses staff performance with regard to agreed objectives in a transparent and fair manner

3 A clearer **vision** of expected results for change is leading to better staff engagement and ownership

There has been a broad use of communication channels to engage and inform staff:

- Town hall meetings
- Intranet
- Regional Director's mission reports
- Web-based, collaborative platform (SharePoint)

- A staff welfare officer has been appointed
- Staff retreats and cluster/Country Office/IST meetings about the transformation process have been held.

- Training sessions have been conducted with nearly **500 staff** participating in 2017 and 2018.
- In 2018 a Sexual Harassment, Exploitation and Abuse course was initiated.
- Over the last two years, a comprehensive induction programme has been held for **over 100 new staff.**

4 **Partner** recognition has improved

The organizational culture change that is emerging under the Transformation Agenda has been recognized and welcomed by partners and donors.

2.2

SMART TECHNICAL FOCUS

OBJECTIVE

The Smart Technical Focus area is aimed at directing the technical work of the Organization on regional priorities and commitments, and aligning it with evidence-based priorities and lessons learned from experience. This focus area will contribute to WHO's programmatic reform through the outcome on "WHO's priorities which are defined, addressed and financed in alignment with agreed country priorities" and managerial reform through the outcome on "effective technical and policy support for all Member States".

Achievements

2.2.1. Strengthened regional capacity for health security

1. The creation of a unified Health Emergencies Programme

The reform of WHO's work in emergencies was triggered by the unprecedented Ebola virus disease outbreak in West Africa. This led to the establishment of the WHO Health Emergencies Programme (WHE) in accordance with resolution EBSS3.R1 (2015)[3] and decision WHA68(10) (2015).[4] The WHE complements WHO's technical and normative role, but it is also endowed with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. It is designed to bring speed and preparedness to WHO's response to emergencies, using an all-hazards approach, promoting collective action and early recovery activities in line with the Regional Strategy for Health Security and Emergencies 2016–2020.[5]

The programme is aligned with the principles of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.[6] The programme is delivered through five technical and operational programme areas that work closely and in support of one another: Country Health Emergency Preparedness and the International Health Regulations; Emergency Operations; Health Emergency Information and Risk Assessments; Infectious Hazards Management; and Management and Administration.

2. Ebola virus disease (EVD) epidemic in West Africa ended

Control of the Ebola Virus Disease epidemic in West Africa was an expected result of the Smart Technical focus area of the first phase of the Transformation Agenda. The longest and most severe EVD epidemic in known human history was stopped in West Africa after an intensive and sustained response by governments, civil society and development partners, including the WHO and the broader UN system. At the height of the epidemic between August and September 2014, an average of 150-200 cases were reported per week. By the end of 2015, only a few cases were reported, with that plateau continuing into 2016. By March 2016, a total of 28616 confirmed, probable and suspected cases had been reported in Guinea, Liberia and Sierra Leone, with 11310 deaths. The end of the last flare-up of EVD in Liberia was declared on 9 June 2016 with no subsequent cases.

The World Health Organization Regional Office for Africa helped bring the Ebola outbreak to an end through scaling up the response to the Ebola outbreak in collaboration with partners and affected countries by increasing its field presence. The focus was on enhanced capacities for case finding, contract tracing, and community engagement before moving to the last phase with the strategy of breaking each and every chain of Ebola virus transmission and starting recovery work to achieve and sustain a 'resilient zero'. This last phase of the response built upon the rapid scale-up of treatment beds, safe and dignified burial teams, and behaviour change capacities during the initial phase. Strong national leadership, functional partner coordination mechanisms, strong community engagement and the successful implementation of comprehensive public health interventions greatly and timeously contributed in stemming the spread of the Ebola outbreak.

Vigilance continues to be maintained and WHO and partners continue to work with the Governments of Guinea, Liberia and Sierra Leone to help ensure that survivors have access to medical and psychosocial care and screening for persistence of the virus, as well as counselling and education to help them reintegrate into family and community life, reduce stigma and minimize the risk of Ebola virus transmission.

3. Ebola epidemic in the Democratic Republic of the Congo successfully controlled

In the first Ebola outbreak since the endof the West African outbreak, WHO's newly created WHE Programme was put to the test to respond to anew Ebola outbreak notified on 11 May 2017. It occurred in the remote,densely forested Likati Health Zone in the north of the Democratic Republic of the Congo.

WHO and partners initiated an immediate coordinated response, including the deployment of interagency rapid response teams, which investigated the outbreak and established key pillars of the response at its epicentre. Samples were collected from the original cases and analysed at the Institut National de Recherche Biomédicale (INRB) laboratory in Kinshasa, testing positive for Zaire Ebola virus. Between 22 April 2017 and 8 June 2017, there were eight cases (three probable and five confirmed) and four deaths. The outbreak was effectively controlled and declared over on 2 July 2017.

WHO AFRO recognizes that emergencies, whether disease outbreaks or humanitarian crises, will continue to occur and therefore require the constant vigilance of

3 World Health Organization Executive Board Resolution EBSS3.R1. 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

4 Sixty-eighth World Health Assembly decision WHA68(10). 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on the Ebola Emergency. Geneva: 18-26 May 2015

5 Sixty-sixth Regional Committee for Africa: Document AFR/RC66/6 Regional strategy for health security and emergencies 2016–2020. Addis Ababa: 19–23 August 2016

6 Sixty-sixth Regional Committee for Africa: Information Document AFR/RC66/INF.DOC/8. Reform of WHO's work in health emergency management. WHO Health Emergencies Programme. Addis Ababa: 19–23 August 2016.

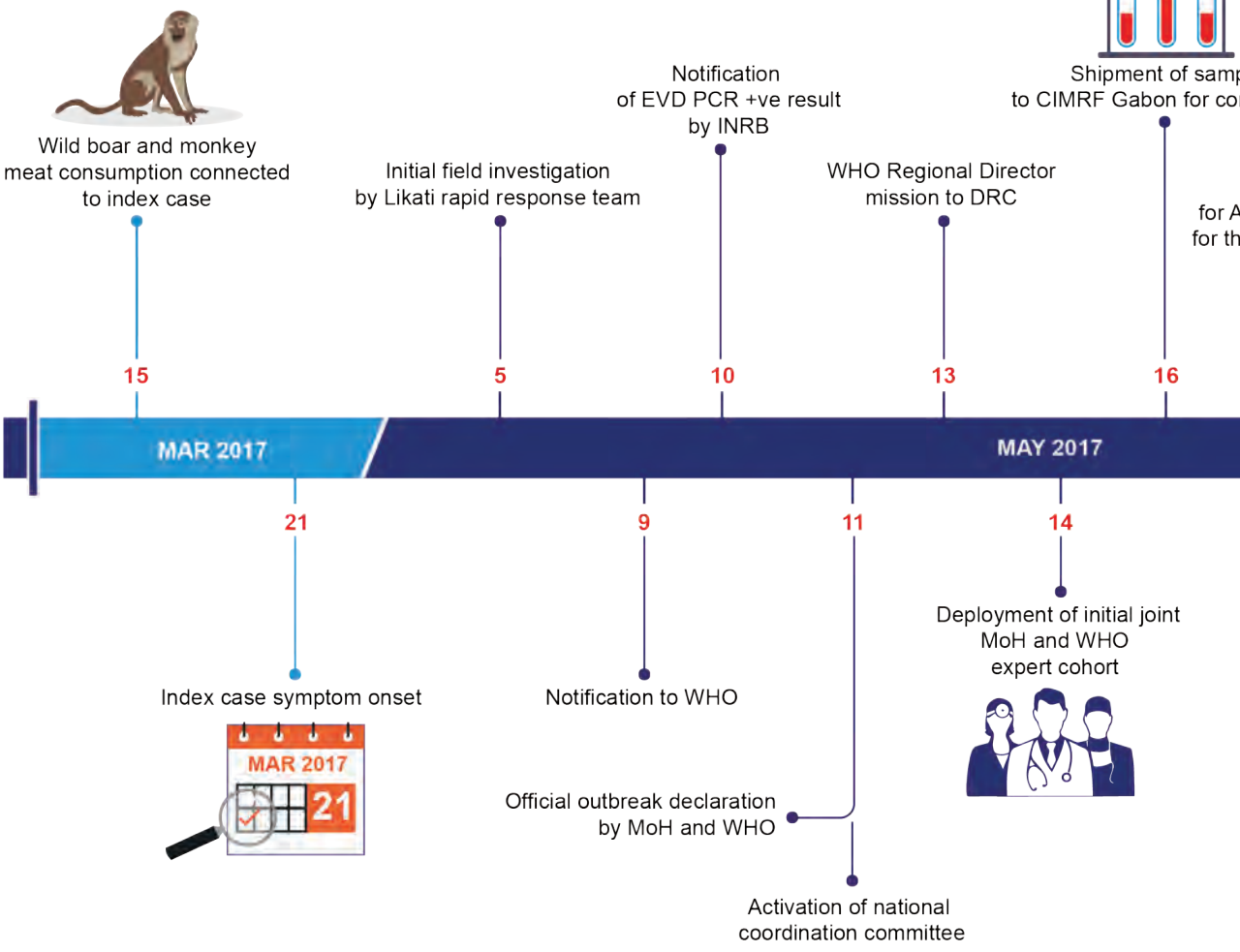
the international community, Member States, the United Nations including WHO, and partners and stakeholders to prevent, prepare for, detect and respond to the constant threat that they pose to public health.

4.Other WHO AFRO emergency response successes

The successful conclusion of the Ebola outbreak in the Democratic Republic of the Congo is only one of many successes the WHE Programme has achieved. The WHO African Region responded to152 emergencies across the continent in 39 countries in 2017 alone, including 134 outbreaks and 18 humanitarian crises.

In 2017, WHO deployed 1292 technical experts to support response operations, including for leadership, coordination, epidemiology, data management, laboratory strengthening, case management, communication, staff well-being, planning, logistics and administration, while WHO country offices repurposed staff to accelerate response efforts. As over 80% of emergencies require laboratory confirmation for identification for appropriate case management and control, the Regional Office is implementing a comprehensive strategy on laboratory strengthening across the Region.
In terms of resource mobilization, the Contingency Fund for Emergencies (CFE) has been designed as a fast, flexible

Timeline of reported events during the ebola virus disease outbreak in Democratic Republic of the Congo, 15 March - 2 July 2017



Source: 2016-2017 Compendium of Short Reports on Selected Outbreaks in the WHO African Region. World Health Organization: Brazzaville; 2017

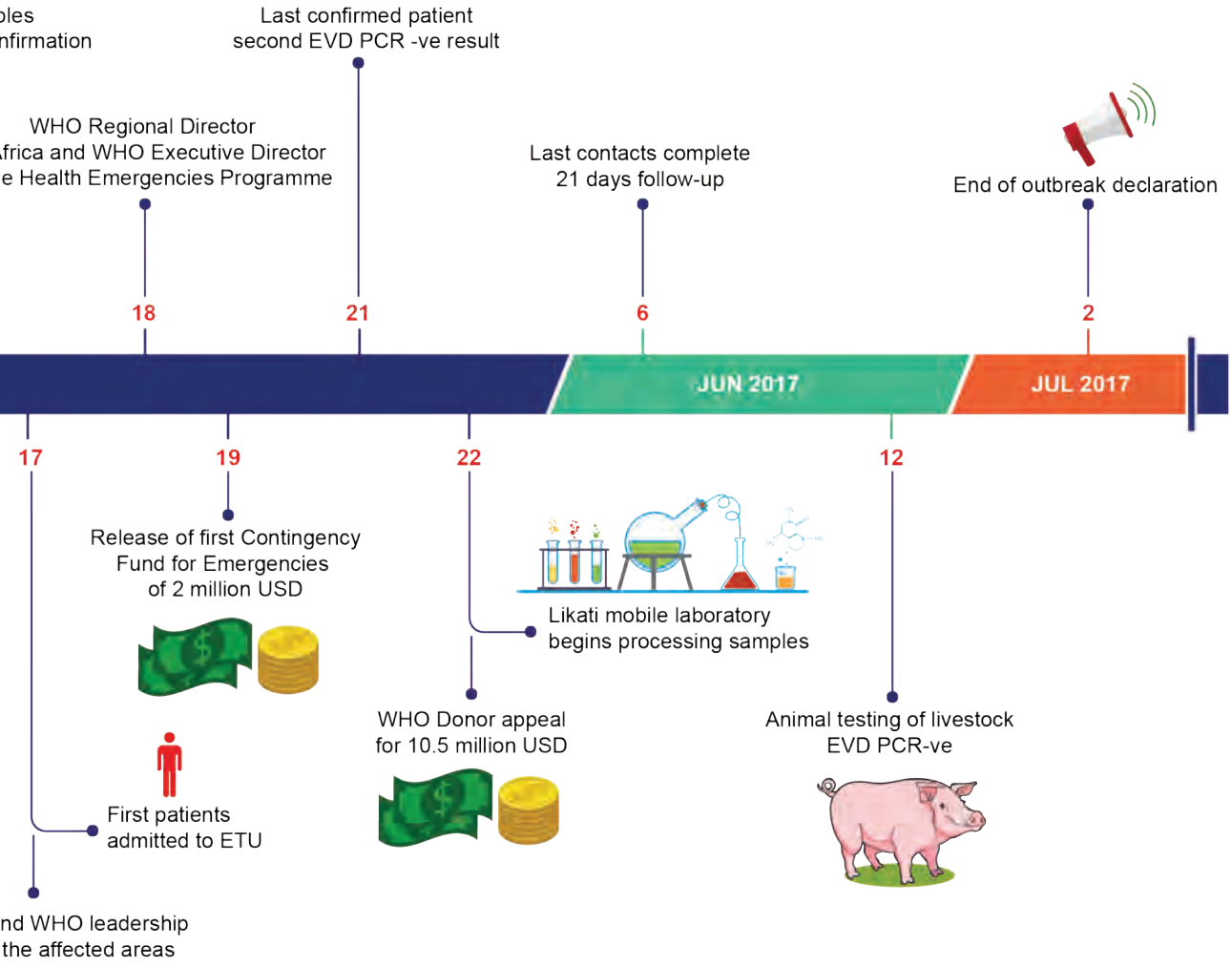
financing instrument that provides immediate funding for WHO to respond quickly. In 2017, WHO used US$ 11.6 million on the regional crisis in the Horn of Africa and in 13 countries with graded emergencies. This represented 60% of the total global CFE allocation in 2017.

WHO in the African Region detects and confirms outbreaks and public health events every day, with reports of new outbreaks published in a weekly online bulletin. WHO actively investigates and responds appropriately to all of these emergencies, including the meningococcal septicaemia outbreak in Liberia, cholera in Malawi, meningitis in Nigeria, Crimean-Congo haemorrhagic fever in Namibia, Rift Valley fever in Niger, and yellow fever in Uganda. Further success stories can be found in the 2016 Annual Report of the Emergencies Programme,[7] the 2016-2017 Compendium of Short Reports,[8] and the WHO AFRO Emergencies Programme Webpages.[9]

7 WHO Health Emergencies Programme in the African Region: Annual Report 2016. World Health Organization: Geneva; 2017

8 2016-2017 Compendium of Short Reports on Selected Outbreaks in the WHO African Region. World Health Organization: Brazzaville; 2017

9 Emergencies, World Health Organization Regional Office for Africa, http://www.afro.who.int/health-topics/emergencies



HOW JOINT EXTERNAL EVALUATIONS ARE STRENGTHENING HEALTH SECURITY IN AFRICA

WHO has also conducted Joint External Evaluations (JEEs) using a voluntary, collaborative process to assess country capacity under the International Health Regulations (IHR,2005) to prevent, detect, and rapidly respond to public health threats. They are a component of the WHO IHR Monitoring and Evaluation Framework and are implemented in full concordance and collaboration with the Global Health Security Agenda and the World Organization for Animal Health. The recommendations of the JEEs inform the development of national action plans for the attainment of all IHR core capacities, thus contributing to strengthened regional health security.As of May 2018, 34 countries in the Region had conducted JEEs with WHO AFROs support. WHO has also trained over 150 regional experts on how to conduct JEEs and seven Member States have completed national action plans for health security. For the first time since the adoption of the IHR in 2005, all 47 countries in the African Region have submitted IHR annual reports.

5. Improved emergency risk assessment for evidence-based preparedness and prevention

In addition to WHO's improved response to public health events, WHO has also provided strengthened support to Member States on emergency risk assessments and preparedness activities. Risk profiling has been conducted in 24 countries to assess epidemic risk vulnerability. Following emergencies, WHO AFRO has conducted after-action reviews in 13 countries to assist with future planning. Thirty-two simulation exercises have been conducted in 17 countries to test emergency response capabilities and identify areas for improvement.

6. Improved emergency detection and grading

In 2017, over 2500 unverified reports on health threats in the African Region were screened using the Hazard Detection and Risk Assessment System. Following an internal verification process, 562 signals of potential health threats were detected in 42 countries and requests for verification sent to the respective WHO country offices. Of these, 152 were substantiated and recorded in the WHO Event Management System (EMS). Nearly a third of all outbreaks were viral haemorrhagic fevers, followed by cholera and measles. Rapid risk assessments for 74 of the events in the EMS showed that 29 represented a high risk at the national level; eight were high-risk at the regional level, while none was a high risk at the global level. This led to the grading of 37 events in 26 countries in 2017.

WHO activates its incident management system (IMS) for all graded emergencies within 24-48 hours. To ensure effective coordination, incident management support teams have been established at global and regional levels to support the IMS at country level for all graded emergencies. Major outbreaks that were graded and controlled rapidly through the IMS in 2017 included the Ebola outbreak in the Democratic Republic of the Congo, Lassa fever in Nigeria, plague in Madagascar, Marburg in Uganda, malaria outbreaks in Cabo Verde and Burundi, and meningitis in Niger and Nigeria.

In 2016, WHO also compiled an inventory of all epidemics reported in Africa from 1970 to 2016 to have a greater understanding of risk and distribution of epidemics in the WHO African Region. This in turn supports the epidemic risk vulnerability analysis necessary for prioritizing country support. The databases and maps in a report on this inventory, entitled 'Mapping the risk and distribution of epidemics in the WHO African Region'[10] are the foundation for tracking epidemics sub-nationally within the Region. WHE produces various information products including weekly online bulletins which are reliable sources of current emergency information, distributed regularly to national authorities, partners and the media.

2.2.2. Prioritized actions towards Polio eradication

In 1988, when WHO and partners established the Global Polio Eradication Initiative, aiming to eradicate polio, the disease was paralysing over 1000 children per day and was active in all countries of the Region.

In 2015, the "unfinished agenda" of Polio eradication was prioritized as part of strengthening regional health security in the African Region. The "unfinished agenda" refers to maintaining momentum until Polio is certified as eradicated in the African Region, including the transition period during which polio eradication assets such as staff, equipment, knowledge and approaches can be transferred efficiently to other priority health programmes. In order to work more closely with other clusters to effect transition, and also to facilitate the administrative processes for the programme as an emergency programme, the Polio Eradication Programme was moved to the Office of the Regional Director.

The WHO Global Policy Group[11] has commended WHO AFRO as a good example among regions for polio transition planning. A detailed strategic action plan on polio transition, aligned with the priorities and strategic approaches of the draft Thirteenth General

10 Mapping the risk and distribution of epidemics in the WHO African Region: a technical report. World Health Organization Regional Office for Africa: Brazzaville; 2016

11 Global Policy Group, World Health Organization, http://www.who.int/dg/global-policy/en/

HOW WHO AFRO HAS WORKED TO ERADICATE POLIO

After almost two years without any reported case of wild poliovirus (WPV), four new cases were reported in security-compromised areas in northern Nigeria in 2016. Nigeria is one of only three countries in the world with ongoing wild poliovirus transmission, alongside Afghanistan and Pakistan.[1] *The sub-regional response in the Lake Chad Basin is an example of best practice, as the full engagement of political and community leaders was critical to the success of campaigns. In addition, to avoid spread to other* countries, the largest ever polio campaign in Africa was conducted, with over 190 000 polio vaccinators immunizing more than 116 million under-five children in 13 countries in West and Central Africa. This has averted new cases of wild poliovirus. Surveillance is being strengthened in all countries as the world counts down to polio eradication, and polio resources are being transitioned to support other public health programmes.

1 Global Polio Eradication Initiative, World Health Organization, 2018, Nigeria, Accessed on 05/05/2018 [http://polioeradication.org/where-we-work/nigeria/]

Programme of Work 2019–2023 is being prepared for the Seventy-first World Health Assembly.

Polio eradication has remained a priority in the Region and high-level advocacy has been maintained. The restructuring of polio teams, the development of polio dashboards, and the use of GIS/GPS to support micro-planning and monitoring of vaccination teams has ensured that progress continues to be made towards the certification of the Region as being polio-free.

2.2.3. Implementation of Framework of Actions towards UHC:a cross-cutting systems approach

The Transformation Agenda has contributed in building synergies and promoting joint work, interconnectedness and dialogue to address cross-cutting issues. The First Regional Forum linking the SDGs and UHC was held in December 2016 and led to a draft action framework. This was later modified and tailored to address the countries varying contexts while adopting a cross-cutting systems approach. At the Sixty-seventh Regional Committee which took place in August 2017,

WHO acknowledges the following health systems investment areas as fundamental action areas for health strengthening towards UHC and SDG 3:

AREA	ACTION IDENTIFIED
Health workforce	Motivated, productive and fit-for-purpose health workers are available
Health infrastructure	Appropriate infrastructure and logistics base exists
Medical products and health technologies	Appropriate quality and quantity of medical products
Service delivery	Appropriate system for rational and effective delivery of essential interventions to improve and maintain health
Health governance	Facilitative mechanisms are in place for making policies, managing the sector and its units, and producing and accounting for results from interventions
Health information, research and innovation	Interventions are based on appropriate information and evidence and utilize the most appropriate technology to improve health
Health Financing	Interventions are appropriately financed for optimum provision of essential services and efficiently managed.

Ministers of Health adopted the framework[12] as a working tool to be used by WHO Member States to strengthen health systems to achieve UHC and SDG3.
The Sustainable Development Goals (SDGs) have placed health at the centre of sustainable development. Regionally, the WHO Regional Director has pushed for a results-driven culture, calling for increased focus on alignment of health system strengthening efforts, including scaling up actions on health security, noncommunicable diseases (NCDs), NTDs and other relatively under-focused priorities.
The SDG and UHC framework highlights the interconnectedness between the return on investment in health within the context of UHC and health security issues (such as antimicrobial resistance). It suggests operational actions to assist countries in determining and phasing in priorities when planning, implementing and monitoring their national health strategies. Choices must be made to identify the most important impact, outcome, output and input/process actions needed to strengthen health systems for UHC. The different actions may take precedence at different points in the planning, implementation and review processes.
The framework gives countries a comprehensive option of integrating health services and system needs and priorities. The targets and milestones for Member States by which the implementation of this framework will be monitored are also outlined.

12 Leave no one behind: strengthening health systems for UHC and the SDGs in Africa: Framework of Actions. World Health Organization Regional Office for Africa: Brtazzaville; 2017

HOW WHO AFRO IS STRENGTHENING COUNTRY HEALTH SYSTEMS

In line with SDG 3 which is underpinned by UHC (SDG 3, target 8), WHO contributes to the attainment of health for all by helping countries to develop responsive, resilient health systems that are centred on people's needs and circumstances, giving them access to quality health services without enduring financial hardship. Apart from the Action Framework, some of the other achievements WHO AFRO has made under the Transformation Agenda include the following:

> *Assisted countries to produce National Health Accounts reports and 16 countries to produce health expenditure data for two consecutive years;*
> *Assisted 17 countries to establish health workforce observatories;*
> *Trained 296 nationals from 44 countries in 2017 to develop national action plans for antimicrobial resistance using the 'One Health approach';*
> *Submitted three times as many manuscripts by Regional Office staff for uploading to the website (from 27 in 2015 to 79 in 2016); and*
> *WHO has worked closely with partners and other sectors, through Ministries of Health, to support the improvement of civil registration and vital statistics systems. In particular, Kenya, Ghana, and Namibia have been assisted in the use of mobile-based applications for better tracking and cause of death* data quality verification, as well as real-time death notification.[1]

1 The Work of WHO in the African Region 2016–2017: Biennial Report of the Regional Director, World Health Organization Regional Office for Africa: Brazzaville; 2017

Framework on HSS towards UHC and the SDGs

INPUTS/ PROCESSES
Health system building block investments

NATIONAL AND SUB-NATIONAL SERVICE DELIVERY SYSTEMS

- Health financing
- Health Infrastructure
- Medicines, products & supplies
- Health workforce
- Health governance
- Health information

OUTPUTS
Health system performance

- Access to Essential Services
- Quality of Essential Services
- Demand for Essential Services
- Resilience in Essential Services Provision

OUTCOMES
Essential services utilization

- Health security
- Universal Health coverage
  - Essential services availability
  - Essential services coverage
  - Financial risk protection
- Other SDGs Health Interventions
  1. Poverty
  2. Nutrition
  4. Education
  5. Equality
  6. Clean water
  8. Econ growth
  10. Inequalities
  13. Climate
  16. Inclusiveness
  17. Partnerships
- Service satisfaction

IMPACT: SDG 3 Goal
Healthy lives and wellbeing for all at all ages

Source: Leave no one behind: strengthening health systems for UHC and the SDGs in Africa: Framework of Actions. World Health Organization Regional Office for Africa: Brazzaville; 2017

The action framework is unique in that it:

- Provides one framework consolidating both HSS and disease programme interventions
- Presents cross-cutting elements for monitoring health system performance and outcomes
- Integrates future (e.g. health security, NCDs) and current priorities (e.g. HIV, malaria).

The long-term vision for this framework is a Region with the highest possible levels of health and well-being for its population. The goal of the framework is to guide Member States' efforts towards re-aligning their health systems in a manner that facilitates movement towards universal health coverage and attainment of their sustainable development aspirations.

2.2.4. Creation of the Adolescent Health Flagship Programme- leveraging Africa's demographics for health

There are a quarter of a billion 10- to 19-year olds in Africa. Despite their large numbers, very few African governments have put in place specific plans and policies that specifically target adolescents, and numerous social, cultural and economic barriers currently prevent them from accessing the health services they need.

Adolescents in the African Region have extremely high HIV infection, early pregnancy and maternal mortality rates. In 2015, a total of 250,000 adolescents between the ages of 15 and 19 were newly infected with HIV. In sub-Saharan Africa, girls account for nearly 80% of these new infections. Considering that the most recent data indicate that only 13% of adolescent girls and 9% of adolescent boys have been tested for HIV in the past 12 months in sub-Saharan Africa, this figure is likely to be underestimated.[13] Adolescents also have low contraceptive prevalence, suffer disproportionately from violence and injuries, are of significant importance to the growing noncommunicable disease burden, and have service access barriers.

It was also acknowledged that through WHO focusing support on the health of adolescents, Member States in the African Region will reap demographic dividends as a healthy future generation will spur economic growth.

"Adolescents and young people are our future – we call them the Sustainable Development Goals (SDGs) generation because they will be adults by the time we get to 2030. And unless we ensure that they grow up healthy and remain healthy, we are going to face incredible challenges down the road," says Dr Felicitas Zawaira, Director of the Family and Reproductive Health Cluster at the WHO Regional Office for Africa.

In recognition of these considerations, the health of adolescents was prioritized as a Flagship Programme for the Region for the period 2014-2019, in the context of the Transformation Agenda of the WHO Secretariat in the African Region, the Global Strategy for Women's, Children's and Adolescents' Health 2015 -2020, and other efforts. The overall aim of the programme is to guide and support countries and partners in the implementation of evidence-based effective interventions to improve

13 For more information, please see: http://www.afro.who.int/health-topics/adolescent-health

MARDI, le 8/10/2013

GOING FORWARD, THE SUCCESSES OF THE ADOLESCENT HEALTH FLAGSHIP PROGRAMME WILL REFLECT THE FOLLOWING:

> *Adolescent health in all policies and strategies;*
> *A healthy and friendly school setting;*
> *Meaningful young people's participation in decision-making and in the full programme cycle;*
> *Community support for adolescents at increased risk in different settings;*
> *Advocacy and policy-making based on evidence to optimize investments; and*
> *Adolescent-responsive health and social systems toward UHC.*

the health and well-being of adolescents in the African Region in line with the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance. Such interventions include improving immunization coverage and adolescents' access to HIV testing and treatment services, tackling substance abuse, treating mental health, providing quality reproductive and sexual health services including contraception, preventing accidents and injuries and promoting healthy behaviours to prevent noncommunicable diseases.

The Programme will take a multisectoral approach working with education, finance and other sectors with the strong involvement of adolescents themselves. WHO AFRO will provide data for action, technical support to countries and work with partners. The Programme differs from previous programming in that it will work with other clusters and ongoing programmes in a smart partnership to address the needs of adolescents. It is in the early stages of implementation and has so far made progress in development of an online atlas, country factsheets and is in the process of finalizing a roadmap.

2.2.5. Creation of the Expanded Special Project for Elimination of Neglected Tropical Diseases

Of the 17 Neglected Tropical Diseases (NTDs), five generate the greatest burden of disease in the African Region: onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma. Each of these diseases is amenable to preventive chemotherapy (PC-NTDS). A total of 44 countries in the African Region are endemic for at least one PC-NTD, 42 for at least two PC-NTDs and 17 for all five PC-NTDs. In 2015, nearly 400 million people in the African Region required PC treatment, including 285 million children under the age of 14 who required PC for soil-transmitted helminthiasis.

The five-year Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) was launched in May 2016 in response to this heavy disease burden. ESPEN aims to provide national programmes on NTDs in the WHO African Region with the technical and fundraising support necessary to accelerate the control and elimination of the five PC-NTDs with the greatest burden as listed above. ESPEN contributes to ensuring that national NTD programmers have the data, expertise and financial resources needed to accelerate the fight against these diseases by coordinating partners and providing technical support.[14]

The goal of ESPEN is to accelerate the reduction of the burden of disease for the five PC-NTDs by 2020 through the control and elimination of targeted NTDs. It will be achieved through the following four objectives:

1. Scaling up treatment towards the achievement of 100% geographical coverage
2. Scaling down or stopping treatment once transmission has been interrupted or control achieved
3. Strengthening information systems for evidence-based action
4. Improving the effective use of donated medicines through enhanced supply chain management.

With an initial budget of US$15 million, ESPEN has already made remarkable progress. In 2017, the programme:[15]

- Provided direct operational and technical support to 32 countries
- Supported 14 countries to develop annual national plans of action and otherwise enabled Ministries of Health in 17 countries to leverage donated drugs for mass drug administration programmes, scaling up treatments to target

This observed strengthened culture of accountability in WHO AFRO was further supported by a WHO-wide global organizational culture survey conducted in November 2017.

14 For more information, please see: http://www.afro.who.int/health-topics/espen

15 The Expanded Special Project for Elimination of Neglected Tropical Diseases Annual Report 2017, World Health Organization Regional Office for Africa: Brazzaville; 2018

an additional 30 million people for at least one PC-NTD
- Recovered 132 million tablets worth an estimated US$ 6 million in 7 countries through supply chain analysis
- Trained 49 participants from 17 countries to improve the management of donated medicines including the timely submission of the Joint Application Package to WHO
- Completed the unprecedented mapping of targeted PC-NTDs and launched an on-line open access data portal (http://espen.afro.who.int/) to give access to subnational data on NTDs in Africa, with a view to empowering ministries of health and other NTD partners with the information needed to make smart investments for NTD elimination and control. Currently 45 of 47 countries in the African Region now provide district-level data on the NTD Portal
- With a strong focus on achieving disease elimination, trained representatives from 20 countries to conduct integrated transmission assessment surveys to stop treatment when transmission has been interrupted or transition towards a different drug regime when at least one of the diseases remains as a public health problem
- Moved its laboratory in Ouagadougou to new refurbished premises, to serve as the hub for a planned network of laboratories
- Prepared the ground for the announcement by the Crown Prince of Abu Dhabi and the Bill & Melinda Gates Foundation that up to 20% of the Reaching the Last Mile Fund would be dedicated to supporting the work of ESPEN.

2.2.6. Marked progress in curbing communicable and noncommunicable diseases, and promoting health through the life course

Under the smart technical focus of the Transformation Agenda prominence has been given to the programmes mentioned above and there has been significant progress in improving the health of people affected by HIV/AIDS, tuberculosis, malaria and noncommunicable diseases. This is in line with addressing the unfinished business of the MDGs while focusing on the SDGs. Results have also been seen in reproductive, maternal, newborn, child and adolescent health. WHO/AFRO developed four regional frameworks[16] to guide countries in implementing global strategies.

WHO AFRO supported 14 Member States to assess the quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in hospitals, and take action to address the identified gaps.

Although the African Region is the most affected region in the world for HIV, particularly among young women, significant declines in deaths and new HIV infections among adults and children have been achieved in the last 15 years. There is now real hope of ending AIDS as a public health problem and rapid scale up of HIV treatment, coupled with existing HIV prevention efforts, have resulted in AIDS- related deaths dropping by more than half since 2005. For the first time, more than half of all people living with HIV in the Region have access to life saving HIV treatment, reaching 14 million people by the end of 2016. AFRO's dissemination of WHO's consolidated guidelines on HIV prevention and has resulted in unprecedented uptake among Member States of the "Treat All" policy which recommends prompt initiation of antiretroviral therapy (ART) among HIV positive patients, regardless of their viral load. Treatment coverage in West and Central Africa has improved significantly since WHO, UNAIDS and other partners developed and supported implementation of catch-up plans. The Region is on track to reach the 90-90-90 target of 23 million people on treatment by 2020.

The African Region has the second highest TB rates in the world, with most TB patients co-infected with the AIDS virus. However, the goal of ending TB in the African Region by 2030 is achievable, with new diagnostic tools and approaches to treatments which are having better outcomes. New TB medicines and shorter treatments for multi-drug resistant TB are being rolled out in 21 countries. WHO in the African Region has supported all its Member States to set TB targets in their national TB Control Strategic Plans, and adopt guidelines in line with the global strategy to eliminate TB. WHO is also assisting countries to conduct surveys to identify out of pocket costs for patients, which will guide countries to allocate adequate resources to curb the epidemic. Laboratory capacity to detect TB is critical. Xpert rapid testing is now available in 40 Member States, and 22 countries have the appropriate technology for detecting resistance to first and/or second line anti-TB medicines.

Sub-Saharan Africa remains the home of malaria, which had 194 million new cases and 410 000 deaths in 2016. Fourteen countries with the biggest burden are in the

16 HIV/AIDS: Framework for Action in the WHO African Region 2016-2020; Framework for the Implementation of the "End TB Strategy" in the African Region (2016-2020); Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016-2020; Framework for Implementing the Global Technical Strategy for Malaria 2016-2030 in the African Region.

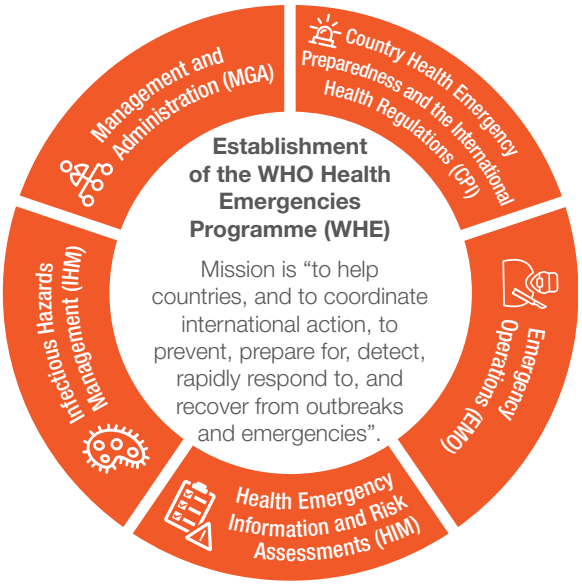
African Region, and account for 80% of the global burden. However, trends show that between 2010 and 2016, estimated new cases of malaria dropped by 20% and deaths declines by 37%. Six countries (Algeria, Botswana, Cabo Verde, Comoros, South Africa and Swaziland) can potentially eliminate malaria by 2020. Countries in the Africa Region have also recorded the biggest rise of malaria testing in the public sector, from 36% of suspected cases in 2010 to 87% in 2016. Over half the people at risk of malaria across the Region have been sleeping under insecticide-treated nets for the past five years, indicating some success in behaviour change and outreach campaigns. To facilitate monitoring of incidence and prevalence rates, WHO launched a malaria online database for the Eastern African Region, which will also enable cross-border data sharing for improved sub-regional collaboration. Twenty-four countries have updated their national policies and guidelines and are implementing evidence-based interventions in line with the global strategy. A malaria vaccine pilot project to test the RTS,S vaccine in children is being rolled out in Ghana, Kenya and Malawi. The vaccine, which provides partial protection against the malaria parasite in children, is a new tool which will complement existing malaria interventions and has the potential to be a game-changer in the fight against malaria.

With regard to noncommunicable diseases (NCDs), WHO AFRO has provided technical support to Member States in order to develop national integrated and multisectoral NCD policies, strategies or action plans aligned with the WHO Global NCD Action Plan 2013-2020. So far, over half of countries in the Region have developed national plans. A number of countries have conducted STEPwise approach to Surveillance (STEPS) surveys to assess the prevalence of risk factors for NCDs. Countries were also supported to carry out advocacy and implement activities to strengthen cancer prevention and control, including early detection. Efforts to address the major NCD risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets – through prevention and control are being strengthened. The African Region is leading in the adoption of the Protocol to Eliminate Illicit Trade in Tobacco Products and eight more countries ratified the Protocol following intense technical support and capacity building by WHO AFRO. WHO has also supported countries to address the double burden of stunting and obesity. A total of 11 countries were assisted to implement the Accelerating Nutrition Improvements project and over 2600 health managers and workers have been trained to collect and use nutrition surveillance data for action.

WHO AFRO supported 14 Member States to assess the quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in hospitals, and take action to address the identified gaps. WHO's support for the Rapid Access Expansion (RAcE) project has led to policy change in countries for scaling up community-case management of malaria, diarrhoea and pneumonia in children. In addition, the Region has adopted adolescent health as a flagship programme (see section 2.2.4.). Furthermore, seven countries have nationwide coverage of the human papillomavirus (HPV) vaccine while 23 countries have started HPV demonstration programmes. Over 6 400 000 girls have been vaccinated to date.

Smart Technical Focus: Summary

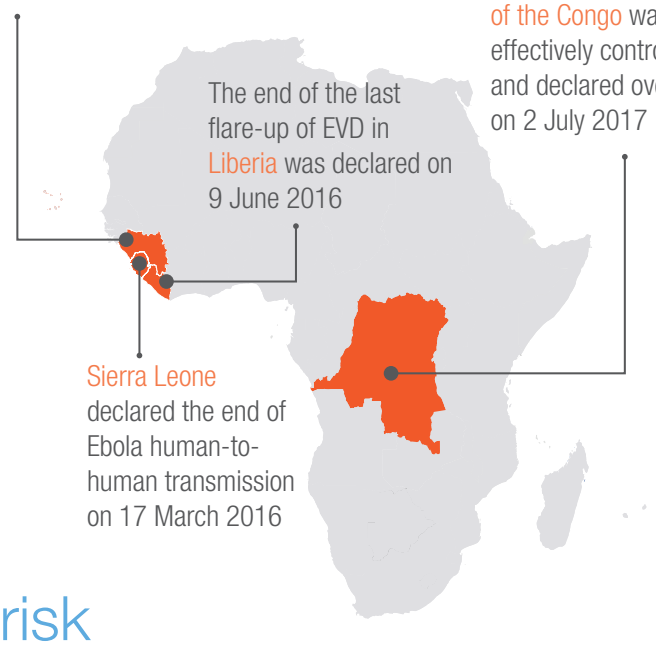
1 Strengthened regional capacity for health security through the creation of a **unified** Emergencies Programme



2 Control of the Ebola Virus Disease epidemic in West Africa and in the Democratic Republic of Congo

Guinea declared the end of the outbreak on 1 June 2016, following the last flare-ups

Ebola epidemic in the Democratic Republic of the Congo was effectively controlled and declared over on 2 July 2017



3 Improved emergency risk assessment and prevention

24 Risk profiling has been conducted in 24 countries to assess epidemic risk vulnerability.

13 WHO AFR has conducted After Action Reviews in 13 countries to assist with future planning

17 32 Simulation Exercises have been conducted in 17 countries to test emergency response capabilities

47 47 countries in the African Region have submitted IHR annual reports.

34 34 Countries conducted country capacity assessment of IHR capabilities

4 Creation of the Adolescent **Flagship** Programme

Offering every WHO Country Office technical support, documentation and capacity building

8 Bringing evidence and leveraging commitment in eight priority countries

Convening our stakeholders to boost investment in adolescent

THE ADOLESCENT HEALTH FLAGSHIP PROGRAM DIFFERS FROM PREVIOUS PROGRAMMES:

Not a "funded parallel program" but makes a specific population the focus of attention

Builds on previous decades of work in maternal and child survival

SO FAR, THE FOLLOWING PROGRESS HAS BEEN MADE:

Region-wide mapping exercise for implementation roadmap

- Adolescent health video messages broadcast in many countries around the world;
- Online Atlas and individual factsheets providing country profiles of important data
- New collaborative learning approach in the Democratic Republic of the Congo;
- Capacity building workshop for 13 Anglophone Countries;
- Country Offices conducted rapid analysis and identified concrete responses to accelerate national action;
- Cross-cluster capacity strengthened at the Regional Office

5 Creation of the Expanded Special Project for Elimination of **Neglected** Tropical Diseases

32 Provided direct operational and technical support to 32 countries

14 14 countries developed annual national plans of action

17 Enabled Ministries of Health in 17 countries to leverage donated drugs for mass drug administration programmers

132 million tablets worth an estimated 6 million dollars were recovered in 7 countries through supply chain analysis.

Completed the unprecedented mapping of targeted PC-NTDs and launched an on-line open access data portal

The ESPEN Lab in Ouagadougou further developed to become the hub for a regional network of labs

Abu Dhabi's Crown Prince and the Bill & Melinda Gates Foundation announced that up to 20% of the Reaching the Last Mile Fund would be dedicated to support the work of ESPEN

2.3

RESPONSIVE STRATEGIC OPERATIONS

OBJECTIVE

The goal of this focus area is to ensure that the WHO Secretariat in the African Region evolves into an organization with enabling functions that efficiently support the delivery of programmes. This area has the following outcomes: staffing matched to needs at all levels of the Organization; financing and resource allocation aligned with priorities; and managerial accountability, transparency and risk management assured.

Achievements

2.3.1. Improved managerial accountability, transparency and risk management

The Accountability and Internal Control Strengthening Initiative (AICS), launched in 2015, has resulted in the implementation of a number of activities to support the Transformation Agenda that have led to considerable improvements. The main objectives of the initiative is to strengthen the adequacy and effectiveness of the internal control environment through improved accountability, transparency and compliance; enhanced performance of individual staff and budget centres; and development of mechanisms to measure, monitor and report on progress and trends. To support the AICS and ensure a strategic, transparent and effective approach to risk and compliance management, the Compliance and Risk Management Committee (CRMC) was formally established in April 2016 in the Regional Office. The following are some highlighted achievements that have been made between February 2015 and April 2018.

1. Improved compliance and quality assurance

Fourteen internal audits and 12 external audits were concluded between February 2015 to April 2018 with 701 audit recommendations in total. Of these audits, four internal and nine external audit reports were fully closed to the satisfaction of the auditors by April 2018, with other audits being in various stages of implementation. In addition, 14 audit reports issued prior to 2015 were also closed during the same period. Furthermore, there were no audit reports issued since 2016 with an unsatisfactory rating with all being either fully or partially satisfactory - a considerable improvement from previous years.

The Office of Internal Oversight Services (IOS) completed a review of compliance and quality assurance functions using internal and external audits. The evaluation found that, based on countries audited, internal controls in the region had significantly improved. Between August 2015 and September 2017, overall control effectiveness improved from 50% in 2015 where WHO AFRO was last among major Offices, to 77% in 2017 putting us third out of the five major Offices measured.

There have been improvements with Direct Financial Cooperation (DFC) reports. The number of overdue reports was reduced by 60% between February 2015 and April 2018. A new DFC Accountability and Assurance Framework was developed and approved by the regional Compliance and Risk Management Committee (CRMC) to ensure that DFC funds are used for intended purposes and that recipients have the necessary control functions to ensure compliance with monitoring and reporting requirements.

2. Improved information sharing

A dedicated intranet site has been launched to provide staff with information and guidance documents on the accountability and internal control frameworks in both English and French. A total of 626 policy documents, standard operating procedures (SOPs) and internal control checklists have been published on this site and key documents were translated into the working languages of the Region. In addition, collaborative spaces were established to facilitate timely information and about best practices sharing. Region-wide systemic control weaknesses were identified and shared with WHO Country Offices to inform their interventions.

3. Targeted training and direct country support

Using data from the monitoring of KPI performance, audit results and other reviews of budget centers, targeted training programmes are developed to address weaknesses identified across the Region and within specific areas of work such as procurement requestors. In the past, such information was not readily available, which meant that training programmes were not necessarily addressing the root causes of underperformance. Trainings are carried out either through face to face sessions or through electronic IT learning platforms where feasible.

In addition, in order to ensure that all new staff have the necessary tools and knowledge base to effectively carry out their functions, an induction programme has been developed and rolled out and is now mandatory for all newly recruited staff. All administrative staff in the Region have also been trained following the completion of the restructuring of the General Management Cluster.

The compliance unit coordinates multi-functional missions to conduct Programme Management and Administrative

Using data from the monitoring of KPI performance, audit results and other reviews of budget centers, targeted training programmes are developed to address weaknesses identified across the Region.

(PM&A) reviews in support of WHO Country Offices. The scope of these reviews has been expanded to include aspects of programme management and strategic leadership and is now conducted within six months of a change in leadership of a Country Office. Compliance and PM&A reviews have been carried out in 27 Member States. The best practices identified during these reviews are shared with all offices.

Briefing sessions have been provided to all budget centres during the roll-out of the internal control self-assessment checklist and the risk registers to ensure that managers at different levels embrace the tools and use them to effectively manage risks in their respective environments.

Relevant training on fraud prevention and ethics has been provided to Country Office staff and red flags of fraud, financial irregularities and staff misconduct are systematically reported to the office of Internal Oversight Services (IOS) in HQ.

4. Improved engagement with Member States

In order to strengthen collaboration between ministries of health (MOHs) and WHO staff and to improve compliance at country level, a handbook on WHO business rules was developed and fully rolled out in 2017. The handbook was distributed to all MOHs in the region and relevant training was organized by Country Offices with their national counterparts. The handbook aims to raise the awareness of staff of the Ministries of Health about WHO rules and procedures and to improve compliance in the area of Direct Financial Cooperation (DFC), procurement and travel.

5. Improved governance and oversight

Following the establishment of the CRMC, major efforts were made to bring together the various control strengthening initiatives across the organization. As part of a review of compliance and quality assurance functions in the Regional Office (AFRO), the compliance unit was moved to the General Management Cluster, thereby paving the way fora more coordinated and cohesive approach to strengthening the control environment while leveraging limited resources. The Independent Expert Oversight Advisory Committee (IEOAC) cited this as a best practice and encouraged similar reviews in other regional offices to ensure that compliance units act as a “second line of defence”.

In 2017, following the CRMC approval of a regional Direct Financial Cooperation (DFC) assurance policy,

In September 2017, the establishment of local compliance and risk management committees in all budget centers in the Region was made mandatory to ensure adequate oversight at all levels in the region.

assurance missions were introduced to review the use of DFC funds by Implementing Partners and to strengthen accountability for DFC funded activities. A new DFC assurance team was established, which conducts review missions, and has carried out five such reviews based on a risk profiling exercise. The review missions provide much needed assurance to partners who have repeatedly expressed concerns in this area.

In September 2017, the establishment of local compliance and risk management committees in all budget centers in the Region was made mandatory to ensure adequate oversight at all levels in the region. Most recently, in March 2018, a compliance and risk management committee was also established within the General Management Cluster at the Regional Office to monitor compliance, risk management and performances of budget centres vis-à-vis managerial KPIs and to prioritize and coordinate required support to budget centres based on trend analysis.

A Corporate Risk Management Policy was introduced by WHO headquarters in November 2015. Since then, the risk management in the WHO African Region has improved through the implementation of an electronic risk management tool, including an online risk register and electronic work flows. Budget centres now update their risks and mitigation plans on a continuous basis with the results subsequently reported to the CRMC. Budget centres in AFRO have identified their risk exposures and related mitigation plans. The identified risks, including critical risks to the delivery of 2016/17 were reported to the Programme, Budget and Administration Committee (PBAC) of the Executive Board in May 2017. An update on the risks and mitigation action will be provided to the PBAC in May 2018.

6. Clearly defined expectations and robust monitoring and evaluation: Managerial Key Performance Indicators and the Results Framework

A total of 12 managerial Key Performance Indicators (KPIs) for Country Officeswere introduced in 2015 covering enabling functions related to finance, budgeting, security; administrative services, human resources management; and audit and compliance. In 2016, the number of KPIs was expanded to 23 and the Region began linking the performance evaluation of budget centres, budget centre managers and staff working in the enabling functions to KPI achievements using the existing performance management and development system (PMDS). The results framework was also completely revamped in 2017 through the development and implementation of additional indicators for technical programmes and managerial specific KPIs for budget centers in the Regional Office.

Reporting and transparency around progress was accomplished through the development of three dashboards which include trend analysis features and enable focused interventions.Detailed quarterly feedback reports are also shared with all budget centres. As a way of recognizing staff and Country Office performance, in October 2017, during a regional meeting of all heads of administration of Country Offices, the best performing budget centres were officially recognized at an award ceremony. The use of KPIs is widely accepted in the Region as heavily contributing to the positive progress in strengthening the internal control environment and is considered as best practice across the entire Organization.

Furthermore, in order to measure WHO's overall performance in contributing to prioritized health goals, a total of 44 indicators were defined and incorporated into a Results Framework. This Framework is divided between 12 managerial 'enabling' KPIs and 32 programme-related KPIs. All countries in the WHO African Region will monitor 13 managerial and programme KPIs, as well as a further seven KPIs selected by the Country Office to address country-specific priorities.

This Framework is highlighting neglected programme areas and suggesting where WHO should prioritize funding. Information received from the indicators is showing progress in programme implementation, evidence of achievements, and recognition of staff contributions. It also increases leverage in discussions with Ministries of Health enabling a closer alignment with government-defined priorities. Through the KPIs, donors and partners can assess WHO's performance in prioritized health goals. As an example, the UK government's Department for International Development (DFID) has included three AFRO-specific indicators in their results framework for WHO which links 50% of their core voluntary contributions to WHO's performance.

2.3.2. Realignment of human resources at Regional and Intercountry Support Team level

Following an external review of human resources to ensure an evidence-based and objective approach, a significant realignment of human resources with health priority needs has been completed both at Regional and Intercountry Support Team (IST) level. This has been a major achievement of the Transformation Agenda. New organograms have been developed based on a consultative process, and an objective criterion was used to assess required staffing levels as well as revised position descriptions that clearly articulate programmatic priorities. The staff matching exercise for these positions has been completed. To improve oversight, ISTs now submit reports and country-level

WHO
OMS

requests for technical support directly to their cluster directors, who are centrally located in the Regional Office. The ISTs continue to provide a subregional coordinating presence, located in Harare, Libreville and Ouagadougou.

WHO has increased the number of female staff in the organization as part of its efforts to achieve gender balance. Currently, around a third of international staff at the WHO African Regional Office is female. Between 2015 and December 2017, female staff occupying long term international positions increased by 4.5%. AFRO has implemented outreach activities to increase the number of female staff.WHO AFRO has also conducted a drive to recruit more interns, UN Volunteers and JPOs to develop junior level capacity. From only 10 interns and no UN Volunteer or Junior Professional Officer (JPO) in 2015, the Regional Office has recruited a total of 70 interns, UN Volunteers and JPOs in 2017.

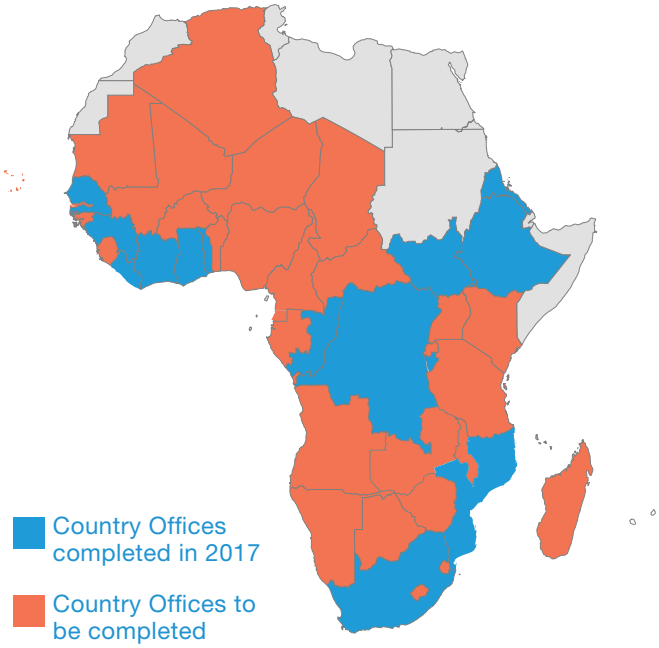
2.3.3. Realignment of human resources at country office level: The functional review process

In line with the country-focus approach, the Regional Office developed a country-level functional review model that is being used to assess human resource needs and country priorities. A staff matching exercise similar to that at the regional level has begun. By the end of 2017, a total of 14 country offices had been reviewed. A Regional Office mid-term assessment concluded that: "The general consensus is that the functional review process is a very important and timely exercise that is well received by WRs and Country Office staff".

An internal analysis highlighted four core functions that WHO is expected to perform. These are: support for health coordination; generation and dissemination of health information; support for health systems strengthening including district health systems; and outbreak and emergency preparedness. The delivery of the core functions listed above implies additional capacities and expertise in most Country Offices. It also requires WHO's physical presence at sub-national level (in large countries) or functional coverage (in smaller countries).

A categorization of countries was carried out based on health system performance towards universal health coverage (UHC), namely: countries requiring significant efforts to jump-start movement towards UHC; those on an accelerated trajectory towards UHC attainment; and those close to or having achieved UHC. The level of emergency operations, emergency risks and country readiness were also considered. Based on the criteria highlighted above, four groups of countries are proposed. The details of the composition of each team for the countries within a group vary according to

Country Office Reviews



country needs, partner presence and capacities, and resource mobilization prospects. The categorization also highlights the kind of support required in the strategic shift towards the country focus approach of the 13th General Programme of Work (GPW).

The functional review has achieved better alignment with the ongoing organizational processes in determining country structures. It has incorporated the WHO Health Emergency business model to ensure that WHO Country Offices are operationally ready and have the capacity to deliver quality results in countries affected by emergencies. A total of 32 Country Offices are scheduled to be reviewed in 2018, starting with Botswana, followed by Kenya.

WHO has increased the number of female staff in the organization as part of its efforts to achieve gender balance. Currently, around a third of international staff at the WHO African Regional Office is female.

2.3.4. Setting up of emergency hubs in Dakar and Nairobi

To effectively and efficiently manage health emergencies, the Regional Office has decentralized emergency management through the creation of two operational hubs in Dakar (for Central and West Africa); and Nairobi (for South and East Africa), with one liaison office in Addis Ababa (for the Africa CDC).

The purpose of the hubs is to build and support capacities of Member States and leverage existing collaboration with regional and subregional partners, including United Nations agencies and regional economic communities (RECs), as well as other operational partners. The hubs also serve to strengthen communication and partnerships.

Each hub is composed of staff covering the five areas of work of the WHO Health Emergencies Programme in AFRO: Infectious Hazards Management, Country Health Emergency Preparedness and IHR, Health Emergency Information Management and Risk Assessments, Emergency Operations, and Management and Administration.

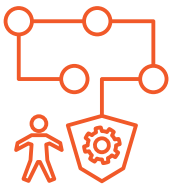
The hubs were set up in the second half of 2017 and became fully operational in 2018. It is envisaged that they will contribute important regional support to the operational capacity of the Health Emergencies Programme.

2.3.5. Better value for money in the procurement of goods and services

The procurement of goods and services compromises a quarter of expenditure in the African Region. Both internal and external audits have encouraged accountability and the observance of policies while conducting procurement processes. Similarly, Member States, donors and other stakeholders, including the general public, expect WHO to provide value for money. Procurement is thus an area of critical managerial importance. The Regional Office has therefore looked at innovative ways to save money and efficiently allocate funds and resources using a best value for money approach. An enhanced competitive bidding process has been put in place which ensures that selected offers provide the best combination of technical specifications, quality and price. To evaluate how effective this change in process has been, in 2017 a sample of 19 transactions were assessed for value for money. It was found that a cumulative cost savings of US$ 1.4 million had been made as a result. These results are encouraging, showing a more effective use of resources and that a culture of better value for money is emerging.

Responsive Strategic Operations: Summary

1 Improved managerial accountability, transparency and risk management



2015:

The Accountability and Internal Control Strengthening Project (AICS) was launched and has been implementing a number of initiatives to support the Transformation Agenda.

1. Improved compliance and quality assurance
2. Improved information sharing
3. Targeted training and direct country support
4. Improved engagement with Member States
5. Improved governance and oversight
6. Clearly defined expectations and robust monitoring and evaluation: Managerial Key Performance Indicators and the Results Framework

2 A Framework of Key Performance Indicators (KPIs)

A Results Framework was created in order to measure WHO's performance in contributing to prioritized health goals.

This includes

12 managerial Key Performance Indicators **32** programme-related Key Performance Indicators

This Framework will highlight neglected programme areas and suggest where WHO should prioritize funding.

Managerial Key Performance Indicators (KPIs)

Covering enabling functions related to finance, budgeting, security; administrative services, human resources management; and audit and compliance.

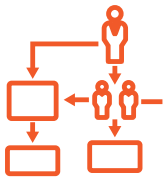
Linking managerial performance to KPI achievements with PMDS

Improved reporting and transparency of progress through three dashboards

Recognition of staff and Country Office performance

Widely accepted in the Region as strengthening internal control environment and a best practice

3 Realignment of human resources at Regional and Inter-country Support Team level



New organograms have been developed based on a consultative process, with revised position descriptions that clearly articulate programmatic priorities.

WHO has sought to increase the number of female staff in the organization as part of its efforts to achieve gender balance. Between 2015 and December 2017, female staff occupying long term international positions **increased by 4.5%.**

From only 10 interns and no UN Volunteers and JPOs in 2015, in 2017 the Regional Office recruited a total of **70 interns, UN Volunteers and JPOs.**

4 Realignment of human resources at Country Office level: The functional review process

In line with the country-focus approach, the Regional Office developed a country-level functional review model that is being used to assess:

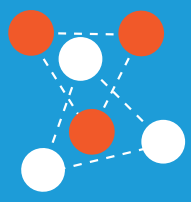
- human resource needs and
- country priorities.

By the end of 2017, a total of **14 Country Offices** had been reviewed.

A total of **32 Country Offices** are planned to be reviewed in 2018

The Regional Office launched an independent midterm evaluation led by the Evaluation Unit at HQ.
A midterm assessment concluded that:

> ***"The general consensus is that the functional review process is a very important and timely exercise that is well received by WRs and Country Office staff."***



The Executive Management also highlighted the need to group countries with similar needs in order to ensure coordinated support to groups of countries. A categorization of countries was carried out based on health system performance towards Universal Health Coverage (UHC).

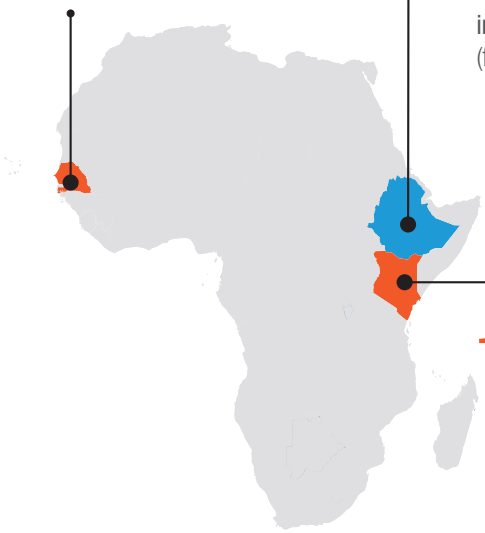
5 Setting up of Emergency hubs in Dakar and Nairobi

The Regional Office has decentralized emergency management through the creation of:

1 operational hub in **Dakar** (for Central and West Africa)

1 liaison office in **Addis Ababa** (for the African CDC)

1 operational hub in **Nairobi** (for South and East Africa)



6 Better value for money in the procurement of goods and services

Under the Transformation Agenda, procurement processes have been strengthened. These use:

a best value for money approach

&

a competitive bidding process

2.4

COMMUNICATIONS AND PARTNERSHIPS

OBJECTIVE

This focus area seeks to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders. Managerial reform in this area seeks to develop a strengthened culture of evaluation and improved strategic communication. It is also aligned with governance reform through streamlined reporting of and communication with Member States, and enhanced, effective engagement with other stakeholders.

Achievements

2.4.1. Enhanced internal communications

A baseline assessment of internal and external communications capacity has been completed, and the outcome has been used to develop a regional communications strategy.

To enhance internal communication, the Communications Programme has regularly and in a timely manner provided briefings on the Transformation Agenda and the mission reports and meetings of the Regional Director. These have been posted on the WHO AFRO intranet. Senior Regional Office staff now receive media training and engage more frequently with the press. Furthermore, an online suggestion platform has been created to encourage staff to freely contribute ideas and initiate discussions. Another online platform was established to collate, monitor, assess and report on the activities undertaken within the Transformation Agenda framework.

Work across the three levels of the Organization (Headquarters, Regional Office, and Country Offices) has been strengthened as well. Following the guidelines in the Emergency Response Framework,17 when an emergency is graded following a risk assessment, WHO offices at all levels are ready to repurpose resources in order to provide support. In 2018, pre-deployment training is being conducted as part of the Emergency Communications Network to strengthen the skills of communication experts as part of WHO's response to public health emergencies. The objective of the training is to have a regional pool of up to 20 WHO communication officers for deployment to health emergencies and a network of up to 20 communication staff from Ministries of Health who are familiar with WHO's emergency operations procedures and are trained to respond effectively during a public health emergency.

Another example of the success of this strengthened communication can be seen in the coordination of the Emergency Response Team during the Ebola outbreak in the Democratic Republic of the Congo. A three-level teleconference was held daily in the Regional Office SHOC room (Strategic Health Operations Centre) between the WHO Country Office, the Regional Office, and Headquarters. Discussions were held on every aspect of the response, representing the dynamic capacity of WHO operations in live, ongoing situations on the ground.

2.4.2. Reinforced external communications

Proactive engagement of strategic regional and global media and stakeholders has resulted in increased awareness of health issues in Member States and showcased WHO's wide-ranging roles. It has also informed stakeholders of the organizational changes that have been progressing under the Transformation Agenda. This has been accomplished through establishing closer working relations with media houses and obtaining regular slots in key television and radio channels within the Region. Other positive developments include the launch of the Poppulo application, the production of regularly featured news articles, multimedia event coverage, and publications. These publications include the landmark Africa Nutrition Report[18] released in November 2017, the first Annual Report of the new Health Emergencies Programme,[19] the Transformation Agenda of the WHO Secretariat in the African Region,[20] the Africa Health Transformation Programme,[21] and the Work of WHO in the African Region.[22] The Communications cluster is releasing a new publication on the second phase of the TA entitled 'Putting People at the Centre of Change'[23] to guide the next two years of the Agenda.

In 2018, pre-deployment training is being conducted as part of the Emergency Communications Network to strengthen the skills of communication experts as part of WHO's response to public health emergencies.

In a new collaborative effort, WHO sponsored the 2016 CNN Multichoice Best African Health and Medical Journalism award. This is the most prestigious and respected Award for journalists across the African continent. Its objective is to reinforce the importance of the role of journalists in Africa's development and

17 Emergency Response Framework, World Health Organization: Geneva; 2013

18 Africa Nutrition Report, World Health Organization Regional Office for Africa: Brazzaville; 2017

19 WHO Health Emergencies Programme in the African Region: Annual Report 2016. World Health Organization: Geneva; 2017

20 The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015 -2020, World Health Organization Regional Office for Africa: Brazzaville; 2015

21 The Africa Health Transformation Programme 2015–2020: A Vision for Universal Health Coverage. World Health Organization Regional Office for Africa: Brazzaville; 2015

22 The Work of WHO in the African Region, 2015-2016, Report of the Regional Director.World Health Organization Regional Office for Africa: Brazzaville; 2016

23 The Transformation Agenda of the World Health Organization Secretariat in the African Region: Phase 2, Putting People at the Centre of Change. World Health Organization Regional Office for Africa: Brazzaville; 2018

to reward, recognize and encourage journalistic talent across all media disciplines.[24]

Social media activity has also improved significantly, and by December 2017, WHO in the African Region had received over 12 million tweet impressions, up from 3.3 million in 2015. The Communications Programme has managed the Regional Director's own tweet page to publicize WHO activities.[25] A Facebook channel was launched in 2017 resulting in over 1 million reaches. Major events of WHOAFRO such as the first WHO African Health Forum and the Sixty-seventh Regional Committee, were streamed live on YouTube.

The Organization launched a new, professional and easy-to-use website allowing greater access to information. The new website has resulted in an increase in page views of the Regional and Country sites from 1.9 million hits in the first six months of the launch compared to fewer than 0.9 million hits in the whole of 2015.The media centre pages have been revamped, with daily reporting of WHO's work across the Region. Moreover, the website has been restructured to allow easy access to the 47 country-specific webpages as well as health topics that span WHO AFRO's work areas.[26] There has been an emphasis, as part of the Transformation Agenda, to move the website away from a programmatic approach and towards health themes and cross-cutting issues.

The Organization launched a new, professional and easy-to-use website allowing greater access to information.

24 Welcome to the CNN MultiChoice African Journalist Awards website, 2016, Accessed on 05/05/2018 [https://africa.cnnjournalistaward.com/en/home/]

25 World Health Organization Regional Office for Africa, Regional Director, http://www.afro.who.int/regional-director

26 World Health Organization Regional Office for Africa, http://www.afro.who.int/

In the field of disease outbreaks and other emergencies, WHO AFRO has deployed Communications Officers in line with the standard operating procedures for response. Furthermore, the WHO Health Emergencies Programme has published weekly online bulletins and news articles. In 2017, WHO/AFRO disseminated 43 editions of the Weekly Bulletin on Outbreaks and Other Emergencies, including 245 articles. A total of 42 external situation reports were produced on disease outbreak.

The Region has made progress in strengthening its financial resource base by engaging with traditional and new donors as well as improving tracking of donor technical and financial reports. There has been a gradual increase in donor commitments and support in different health priority areas. For example, an after-action framework and business plan were developed for the Tackling Deadly Diseases in Africa Programme with DFID and funding of over £20 million was secured.

2.4.3. Strengthened strategic partnerships

AFRO has participated in a number of efforts to strengthen partnerships in a range of areas. The following are some of the main initiatives:

1. Africa Centre for Disease Control and Prevention (Africa CDC)

The African Union Commission (AUC), in collaboration with the World Health Organization Regional Office for Africa and partners, launched the Africa Centre for Disease Control and Prevention in Africa in January 2015. It was created from the urgent need to put in place structures to support African countries and contribute in efforts to effectively prevent, predict, detect and respond to emergencies, and build the needed capacity to protect communities across the African continent. The WHO Health Emergencies Programme is working closely with the Africa CDC through the liaison office in Addis Ababa.

2. Addis Declaration on Immunization

At the 2012 World Health Assembly, all 194 Member States – including those in the African Region – endorsed the Global Vaccine Action Plan and committed to obtaining 90% national immunization coverage by 2020. To achieve this, the African Region adopted the Regional Strategic Plan for Immunization which sets ambitious targets, including eradicating polio and eliminating measles, rubella and maternal and neonatal tetanus by 2020. The Addis Declaration on Immunization – a historic pledge endorsed by Heads of State at the 28th African Union Summit held in January 2017 -aims to increase political will to achieve these global and regional goals.

3. Harmonization for Health in Africa platform

In March 2017, the WHO Regional Director for Africa spearheaded the re-launch of the Harmonization for Health in Africa (HHA) platform. This has resulted in close collaboration with other UN and bilateral and multilateral health development partners to accelerate the attainment of universal health coverage in the Region. This reaffirms WHO's commitment to working together with other partners to advance health development in the Region.

4. Africa Health Forum

In June 2017, WHO held the first ever Africa Health Forum on the theme "Putting People First: The Road to Universal Health Coverage in Africa" in Kigali, Rwanda. The Forum allowed for the discussion of strategies on persistent challenges in public health in the Region, and explored ways for partners to contribute to WHO's reform agenda. It attracted new and global health players including youth organizations, academia and the private sector. One of the key outcomes of the meeting was the Kigali Call to Action, whose implementation is being closely monitored through a road map.

5. World Health Organization-International Telecommunication Union Cooperation Agreement

A further landmark was reached in October 2017 when the WHO Regional Office for Africa and the International Telecommunication Union (ITU) signed a Cooperation Agreement on using digital services to save lives and improve people's health. The partnership will tap into smart, cost-effective solutions by harnessing Africa's digital revolution to strengthen health systems. WHO has worked closely with ITU in the past and achieved successful outcomes, such as the mDiabetes programme in 2017 which uses mobile technology to promote more equitable access to care due to financial, geographical or social factors.

In June 2017, WHO held the first ever Africa Health Forum on the theme "Putting People First: The Road to Universal Health Coverage in Africa".

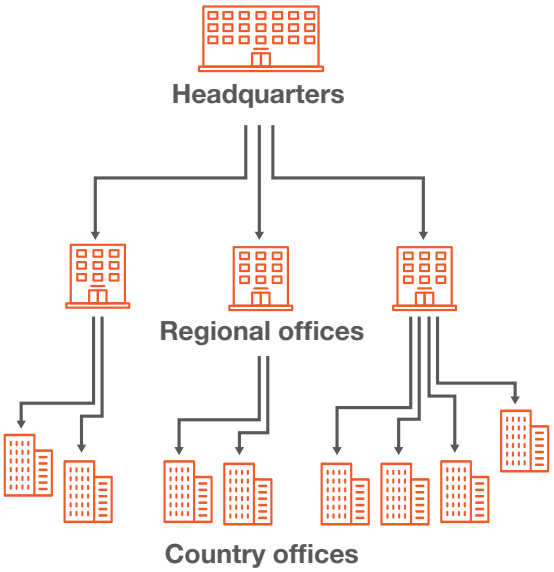
Communications and Partnerships: Visual Summary

1 Enhanced internal communications

The Communications Programme has provided briefings on the Transformation Agenda and the mission reports and meetings of the Regional Director and Cluster directors.

Senior Regional Office Staff now receive media training and engage more frequently with the press.

Work across the three levels of the Organization has been strengthened.



2 Reinforced external communications

Closer working relations with media houses have been established, obtaining regular slots in key television and radio channels within the Region.

WHO sponsored the 2016 **CNN Multichoice Best African Health and Medical Journalism award.**

By December 2017, WHO in the African Region had received over **12 million** tweet impressions, up from **3.3 million** in 2015

A Facebook channel was launched in 2017 resulting in over **1 million reaches**

Major events of WHO AFR such as the first WHO African Health Forum and the 67th Regional Committee were **streamed live on YouTube**

A new, professional and easy to use website was launched. This has resulted in an increase in page views of the Regional and Country sites from **1.9 million** hits in six months compared to fewer than **0.9 million** hits in the whole of 2015

The WHO Health Emergencies Programme has published **weekly online bulletins and news articles**

The Region has made progress in strengthening its financial resource base by engaging with **traditional and new donors** as well as **improving tracking of donor technical and financial reports.**

3 Strengthened Strategic Partnerships

2015

January 2015

The African Union Commission (AUC), in collaboration with the World Health Organization Regional Office for Africa and partners launched the **Centres for Disease Control and Prevention in Africa.**

2016

February 2016

Heads of State at the 28th African Union Summit endorsed **The Addis Declaration on Immunization.**

2017

March 2017

The WHO Regional Director for Africa spearheaded the re-launch of the **Harmonization for Health in Africa** (HHA) platform

June 2017

WHO held the first ever **Africa Health Forum** on the theme *"Putting People First: The Road to Universal Health Coverage in Africa"*

October 2017

The WHO Regional Office for Africa and the International Telecommunication Union signed a Cooperation Agreement on using digital services to save lives and improve people's health

2018

3. Conclusion

The achievements highlighted in this report demonstrate the effectiveness of the Transformation Agenda in the African Region in delivering results which are making an impact on the health of populations in the Region, and moving countries towards achieving the health goals of the Sustainable Development Agenda. These reforms have been validated by an independent evaluation of the Transformation Agenda, a staff perception survey as well as through consultations with key stakeholders and advisors. The changes in the WHO in the African Region Organization are evident; we are becoming the effective, accountable, results-drivenand transparent Organization that people wish to see. Going forward, we will concentrate on the following areas.

1. Moving on to the second phase of the Transformation Agenda

The next phase of the Transformation Agenda (February 2018 to January 2020) puts people at the centre of change. The focus will be on ensuring that staff and work plans are aligned with the strategic priorities of the Organization, working through productive partnerships and stakeholders, and supporting Member States. There will be a strong focus on technical support, on delivering results and demonstrating progress, and on making a positive impact to health outcomes in the African Region.

The next phase of the Transformation Agenda (February 2018 to January 2020) puts people at the centre of change.

2. Alignment with the Global Transformation Plan and the 13th General Programme of Work

The WHO Director General, Dr Tedros, has launched the Global Transformation Plan and Architecture that seeks an extraordinary improvement in global health over the period of the 13th General Programme of Work (2019-2023). It is encouraging to note that the Transformation Agenda is already well aligned with the strategic priorities of the Global Transformation Plan and Architecture that aim to deliver results at country level though the country functional review; change of the organizational culture; and changes to WHO's external engagement model and communication across the three levels to ensure sustainable support for WHO.

3.Change management

WHO AFRO will strive to implement the change management process effectively while continuing efforts to engage staff in the activities of the Transformation Agenda. This will include building staff knowledge and awareness through briefings or training and identifying and supporting change agents and champions at the Regional Office, Intercountry Support Teams and Country Offices. The change agent network established with volunteers from both the Regional Office and 47 country offices is expected to be central in this process.

4. Human resources, polio transitioning, and the implementation of the KPIs

Appropriate human resources are essential to deliver on the priorities of the Region and on behalf of Member States. The AFRO realignment process will continue in WHO Country Offices through the functional reviews with regular updates made available. Interlinked with these functional reviews, decisions will be made on transitioning the existing polio infrastructure, such as staff and equipment required to both sustain eradication efforts and to benefit other public health interventions. WHO AFRO will continue to monitor managerial functions through the KPIs as well as operationalise the KPI Results Framework to ensure that the priorities of the Region are being correctly identified and supported.

5. Health security

The considerable accomplishments of the Health Emergency team must continue with WHO AFRO supporting Member States in detection, prevention and response operations, but also in developing the health security capacity of Member States through training and normative functions. Avenues to integrate health

emergency activities into UHC, HSS and strengthening community level health systems will be explored. Reinvigorating the African Public Health Emergency Fund, including reaching out to potential funders and partners, will also be a priority.

6. The SDGs, UHC, and health systems strengthening

The implementation of the Framework for Action will continue with a focus on integrating cross-cutting health care interventions. WHO AFRO will strengthen the identification and generation of evidence to support programmes working across different country settings to help countries to develop responsive, resilient health systems that are centred on people's needs and circumstances, giving them access to quality health services without enduring financial hardship.

7. Communicable and noncommunicable diseases, and promoting health through the life course

The tremendous gains witnessed over the past few years will need to be further sustained to ensure that achievements continue. WHO's work in HIV/AIDS, viral hepatitis, tuberculosis, malaria, neglected tropical diseases, and the protection of the human environment, will be further strengthened. Non-communicable diseases are a growing burden and will require regional and global efforts to address this issue. Maternal and child health will be prioritized through the implementation of programmes that promote health through the life course, such as the flagship programme on adolescent health.

INNOVATIVE RESOURCE MOBILIZATION STRATEGIES FOR THE AFRICAN PUBLIC HEALTH EMERGENCY FUND: THE YOUNG AFRICAN ENTREPRENEURS

A group of distinguished young philanthropic entrepreneurs met with WHO AFRO in Abuja, Nigeria in April 2018. The aim was to propose innovative resource mobilization strategies for the African Public Health Emergency Fund. Suggestions included: using tax rebates/subsidies; public sector contributions; engaging with businesses to invest in the fund; public health education/awareness creation through engaging with social media and the music industry, and crowd funding; and sustainable management through tracking progress and monitoring donations and disbursements.

8. Communications

Strengthening communications has been an integral part of the Transformation Agenda from the beginning. The progress that the Region has made in its internal and external communication strategy will continue, moving away from a process focus to a stronger focus on the delivery of results. In particular, the articulation of success stories at the country level will be developed so that partners, Ministers of Health, media and other stakeholders are aware of these achievements.

9. Partnerships

The Harmonization for Health in Africa platform and the African Health Forum have provided a solid foundation for developing partnerships in the Region. To continue this progress, the Independent Advisory Group has encouraged broadening participation to include academics, new potential funding partners, regional philanthropists and civil society organizations. WHO's leadership role in promoting health in the Region will continue and the engagement of Member States and partners in the second phase of the Transformation Agenda will be welcomed.

WHO AFRO will continue to advocate for Member States to increase allocations to their health budgets and to mobilize external funding to accelerate scaling up and implementation of proven health interventions for the improvement of the health of the population. The Secretariat is fully committed to working with Member States and partners to ensure universal access to a basic package of essential health services in all Member States of the Region to achieve the best possible health outcomes for Africa's people.

World Health Organization

REGIONAL OFFICE FOR Africa