

2017
2018
ANNUAL

REPORT



THE WORK OF WHO IN THE AFRICAN REGION EXECUTIVE SUMMARY AND ILLUSTRATIVE REPORT



World Health
Organization

REGIONAL OFFICE FOR **Africa**

THE WORK OF WHO IN THE AFRICAN - REGION REPORT OF THE REGIONAL DIRECTOR: EXECUTIVE SUMMARY & ILLUSTRATIVE REPORT: 2017-2018

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Suggested citation. The Work of WHO in the African Region - Report of the Regional Director: Executive Summary & Illustrative Report: 2017-2018. World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

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

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Printed in Senegal

Contents

EXECUTIVE SUMMARY	iii
1. INTRODUCTION	1
CATEGORY 1: COMMUNICABLE DISEASES.....	2
CATEGORY 2: NONCOMMUNICABLE DISEASES	6
CATEGORY 3: PROMOTING HEALTH THROUGH THE LIFE-COURSE.....	10
CATEGORY 4: HEALTH SYSTEMS.....	14
CATEGORIES 5 & 12: POLIO ERADICATION PROGRAMME AND THE WHO HEALTH EMERGENCIES PROGRAMME	18
CATEGORY 6: CORPORATE SERVICES AND ENABLING FUNCTIONS	22
PARTNER WITH US.....	27



Executive Summary



The Regional Director is pleased to present this report on the work of WHO in the African Region for the period July 2017 to June 2018. The reporting period includes part of the last year of the WHO Programme Budget 2016-2017 and the first year of the WHO Programme Budget 2017-2018. The report outlines the significant results achieved under the six categories of work of the 12th General Programme of Work, which ends in December 2018. It reflects the contributions made by WHO country offices and the Regional Office, including the Inter-country Support Teams, in collaboration with partners, in supporting health development in Member States of the WHO African Region.

The report also highlights some of the key achievements made in implementing “The Transformation Agenda of the World Health Organization Secretariat in the African Region; 2015-2020”, launched by the Regional Director in February 2015 and endorsed by the WHO Regional Committee for Africa at its Sixty-fifth session in September 2015. The Transformation Agenda seeks to make the WHO Secretariat in the African Region more responsive, effective, efficient and accountable in providing the best possible support to Member States, and has served as a programme for accelerating the implementation of WHO reform in the African Region. It is also informing the efforts by the new WHO Director-General to transform WHO at the global level into an organization that is better equipped to deliver improvements in health to the world’s citizens.

The report demonstrates how continued progress has been made in key areas of the Transformation Agenda, including improving the capacity of WHO and Member States to detect and rapidly respond to the multiple epidemics the Region experiences; the move towards universal health coverage (UHC) as part of efforts to achieve the Sustainable Development Goals (SDGs); and the push towards making the Secretariat of the WHO African Region more pro-active, results-driven and appropriately resourced to deliver on its mandate to serve Member States in attaining the highest possible level of health.



There is improved delivery and an emerging organizational culture change, including openly addressing harassment and creating a respectful work environment. After three years, we are seeing fundamental shifts in our ways of working, thinking and engaging with others; there is increased accountability, effectiveness and transparency; and we are starting to show results in countries. A detailed report on the Transformation Agenda – *“The Transformation Agenda of the World Health Organization in the African Region: Delivering Results and Making an Impact”* – published and disseminated at the Seventy-first World Health Assembly in May 2018, is also being presented to the Regional Committee.

In presenting this report to the Sixty-eighth session of the Regional Committee, I extend my sincere thanks for the dedicated and collective efforts of Member States, partners and WHO staff across the Region who have given unwavering support during this period of significant transformation.

WHO in the African Region is committed to working with Member States and partners to make a measurable impact on the health of all people in Africa towards achieving UHC and the SDGs. I am confident that together, we will achieve improved health and well-being and a better, more prosperous future for all people in the African Region.

WHE Programme demonstrates gains in health security

Investments made in WHO's Health Emergencies Programme (WHE) in the African Region are beginning to yield dividends, following the reform of WHO's work in emergencies.

The capacity of the WHO Secretariat to support Member States to detect and rapidly respond to epidemics and ensure health security in the Region is improving. During the reporting period, the Programme detected 331 signals of potential health threats in 29 countries. Following investigation, risk assessments were conducted and 110 were classified as public health emergencies consisting of outbreaks, natural disasters and ongoing humanitarian crises. An elevated response was required for 20 events in 13 countries, leading to activation of WHO's emergency procedures to provide increased support to Member States in line with the new WHO Emergency Response Framework. This showed a marked change from the Programme's past performance.

WHO has established an Incident Management System (IMS) which is activated for all graded public health events (outbreaks, natural disasters and ongoing humanitarian crises) within 24–48 hours.

IMS support teams established at Regional Office and Headquarters ensure coordinated backup to country-level operations. WHO deployed over 1100 experts to support response operations, and WHO country offices repurposed staff to accelerate response efforts. Contributing to this increased capacity to deploy was the establishment of two operational hubs in Dakar (for Central and West Africa) and Nairobi (for Eastern and Southern Africa), and one liaison office in Addis Ababa

(for the Africa Centres for Disease Control and Prevention). The purpose of these hubs, established during the second half of 2017, is to build the capacity of Member States, leverage existing collaboration with regional and subregional partners, and strengthen communication and partnerships.

The status of preparedness of Member States to detect and rapidly respond to epidemics is also improving. Through the collaborative efforts of WHO and the African Union Commission, African Heads of State at their Summit in July 2017 adopted a declaration to accelerate implementation of the International Health Regulations (IHR 2005). In compliance with the IHR, Joint External Evaluations (JEEs) to assess the capacity of countries to detect and respond to public health threats were carried out in 18 Member States during the reporting period. In total, 36 countries have detailed information on their gaps, and WHO is supporting them to prepare plans and mobilize resources to address them. For the first time since the adoption of the IHR 2005, all 47 Member States submitted IHR annual reports in December 2017.

WHO's Health Emergencies Programme was put to the test following a reported outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo in May 2018. The outbreak was reported in three health zones of Equateur Province, including Mbandaka town. The country's rapid, decisive declaration enabled WHO to coordinate an immediate response with Government, partners and donors. The initial focus was on enhanced capacity for case finding, contact tracing, and community engagement before moving to the strategy of breaking each chain of

transmission. By the end of June 2018, the outbreak had been largely contained.

For the first time, with the support of Gavi, health workers and people at risk in affected health zones were offered a safe, effective vaccine developed during the West African EVD epidemic in 2015. WHO worked with at-risk neighbouring countries and multiple partners to improve surveillance, detection and case management, including advocating for resources for priority activities, community engagement and risk communication. The epidemic was declared over on 24 July 2018, and the Director-General and the Regional Director joined the Government in Kinshasa to celebrate the event. WHO is working with the country to intensify surveillance and strengthen capacity for early case-detection and response in the future.

The yellow fever outbreak in Angola and the DRC highlighted the need for more focused attention to effective prevention in the Region. In April 2018 in Nigeria, WHO launched the *“Regional Framework for implementing the Global Strategy to Eliminate Yellow Fever Epidemics”* adopted by the Sixty-seventh session of the Regional Committee. The Framework aims to increase the coverage of immunization through routine programmes and with catch-up campaigns. Since then, WHO and partners have supported the 11 highest-risk countries to develop three-year workplans for implementing the framework. Preventive campaigns have resulted in more than 3.2 million people in Angola and 8.8 million in Nigeria being vaccinated, representing 60% of the total population targeted for coverage in the Region by the end of 2018. The Region will

have to address gaps in coverage and reduce inequities in order to maximize the required population levels of immunity to prevent large outbreaks.

Advancing towards universal health coverage (UHC)

WHO's work to support countries build responsive, resilient health systems is currently focusing on implementing the *“Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region”*, adopted by Ministers of Health at the Sixty-seventh session of the Regional Committee in August 2017. The Framework guides Member States' efforts towards realigning their health systems to accelerate progress towards UHC and attainment of their sustainable development aspirations. It suggests actions to assist countries in determining and phasing priorities when planning, implementing and monitoring their national strategies towards UHC.

The AFRO **UHC Flagship Programme** will provide focused support to **selected countries, while guidelines and tools will enable all Member States to apply the strategies proposed in the Framework.** Scoping missions have been carried out in four countries - Nigeria, Eritrea, Kenya and Mozambique – to build consensus with governments and partners on the roadmaps and investments required for UHC.

Underlying UHC is the need to ensure that all people and communities receive the quality health services they need without incurring financial hardship. Institutionalizing National Health Accounts (NHAs) in countries

is important for monitoring resources allocated for health, for making fairer financing decisions and monitoring progress on financial health protection. Towards this end, WHO supported 25 countries to produce NHAs. Countries are increasingly using the data to develop appropriate health financing strategies and mobilize additional domestic funding for the health sector.

To improve the availability and equitable distribution of quality human resources for health for UHC, the Sixty-seventh session of the Regional Committee

adopted the *“African Regional Framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030”*. WHO worked with the West African Economic and Monetary Union (WAEMU) and the Southern African Development Community (SADC) countries to develop subregional five-year action plans and road maps for addressing the human resources for health crises most countries are facing. Namibia, Mozambique, Nigeria and Tanzania have moved ahead in establishing National Health Workforce Accounts which generate information for planning, implementing and monitoring workforce policies, while Algeria has established a National Health Workforce Observatory.

Access to affordable and quality medicines is also essential for UHC. WHO is providing technical support to SIDS countries in the Region – Cabo Verde, Comoros, Mauritius, Sao Tome and Principe, and Seychelles – to develop a pooled procurement strategy to achieve economies of scale and improve affordability and availability of medicines for noncommunicable diseases. Benin, Cabo Verde and South Sudan were also supported to develop national essential

medicines lists to guide procurement and use. In addition, Cameroon, Central African Republic, Congo, Equatorial Guinea and Gabon were supported to implement their action plans on substandard and falsified medical products in line with the *“Regional Strategy on Regulation of Medical Products in the African Region, 2016-2025”* adopted by the Regional Committee during its Sixty-sixth session.

Addressing the burden of Communicable Diseases

The Region continued to make progress in addressing communicable diseases such as HIV/AIDS, viral hepatitis, tuberculosis and malaria.

Nearly two thirds of Member States have adopted and are implementing WHO’s “Treat All” policy for people living with HIV to start antiretroviral therapy regardless of their CD4 count. Steady scale-up of HIV testing and antiretroviral therapy continues. Botswana, Eswatini and Namibia have nearly achieved “90-90-90” testing and treatment targets. Treatment coverage in West and Central Africa has improved significantly since WHO, UNAIDS and other partners developed catch-up plans in 2016 to accelerate the HIV response, with more than 40% coverage of HIV treatment compared to 28% in 2015. However, the latest global report indicates that if current trends continue, the HIV prevention target of a 75% reduction by 2020 (against a 2010 baseline) will not be reached.

With the support of WHO and partners, the coverage of prevention of mother-to-child transmission (PMTCT) services in the African Region increased from 67% in 2015 to 79% by the end of 2017. WHO and partners have developed a stepwise *“Path to Elimination”* approach

to advance the elimination of mother-to-child transmission (eMTCT) of HIV and syphilis infections in infants by 2020. Countries will be supported to adopt this approach in order to meet the 2020 target.

Momentum is building on action to address viral hepatitis, a long-neglected public health problem of global importance in the Region. Following the adoption of the Regional Framework *“Prevention, Care and Treatment of Viral Hepatitis in the African Region: Framework for Action, 2016-2020”* by the Sixty-sixth session of the Regional Committee, Member States are taking concrete steps to address this disease. Nearly half have developed national action plans, and 16 countries now have national technical working groups and ministry of health focal points to oversee and coordinate the national response. Eleven countries have introduced the hepatitis B birth dose vaccine to reduce new cases of hepatitis B in children.

While TB remains a major public health problem, the fight against the disease continues to make progress. Countries were supported to implement strategic initiatives to find missing TB cases and adopt and scale up the more accurate molecular tests recommended by WHO as the first line of diagnosis to increase capacity to detect active TB cases. WHO supported five countries to initiate or prepare for national TB prevalence surveys to measure the true burden of disease, and a further five countries to determine the levels of resistance to anti-TB medicines. Twenty-one countries introduced the recommended shorter nine-month treatment regimens for multidrug-resistant TB as opposed to the 24-month long regimen. Laboratory capacity for detecting TB cases was strengthened in 21 countries, with the Benin

National TB Reference Laboratory accredited as the fourth Supranational TB Reference Laboratory in the Region. **The World Malaria Report 2017 shows that progress in the global response to malaria has stalled and many countries in the African Region are not on track to achieve the targets of the Global Technical Strategy for Malaria, 2016-2030.** About 70% of the estimated case burden and 71% of the estimated deaths occurred in 10 African countries. To reverse these trends, WHO and partners are spearheading a new “10+1” initiative to intensify support to these Member States and India to avert deaths from this preventable, curable disease.

Following extensive consultations with the national authorities, regulatory approval has been obtained to initiate pilot implementation programmes for the RTS,S malaria vaccine in Ghana, Kenya and Malawi during the second half of 2018. The results of these pilots are expected to be a potential game-changer for malaria control in the Region.

Continued progress towards the elimination and eradication of targeted diseases

Work to eliminate and eradicate certain targeted diseases, such as poliomyelitis and neglected tropical diseases (NTDs) like onchocerciasis and Guinea-worm disease in the Region continued. The final push towards Polio eradication in the African Region continues to be a priority. Tremendous progress has been made since the last wild poliovirus transmission in Nigeria in 2016. By 30 June 2018, it had been 22 months since the last

case of wild poliovirus was reported in the African Region. The localized inaccessibility of children to be immunized due to insecurity as well as surveillance gaps remain the last “frontiers” for certification of polio eradication for the Region, and we are constantly working with Member States to surmount these challenges. Due to concerted efforts, 40 countries in the African Region have had their polio-free documentation accepted by the African Regional Certification Commission for Polio Eradication. If this progress is sustained, the African Region could be certified to have eradicated polio by the end of 2019.

Outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) were confirmed in the Democratic Republic of the Congo, Kenya and Nigeria. To stop these outbreaks quickly, AFRO deployed 21 international WHO polio experts and 200 local public health personnel.

During the Seventy-first session of the World Health Assembly in May 2018, the Regional Director convened with her counterpart, the WHO Regional Director for the Eastern Mediterranean, a polio side-meeting with Ministers of Health of Ethiopia, Kenya and Somalia to declare the cVDPV2 outbreak in Kenya and Somalia as a Horn of Africa subregional public health emergency. Since then, WHO and partners have supported several synchronized cross-border vaccination campaigns.

To ensure surveillance systems of adequate sensitivity for polio certification, Member States were urged during the Sixty-seventh session of the Regional Committee to adopt the AFRO Geographical Information Systems (GIS) tool for enhanced

surveillance and to have “real-time” data for action. By the end of the reporting period, 42 out of 47 Member States were using the system, resulting in improved performance of surveillance systems.

With regard to the polio end-game, Member States have finalized the budgeted transition plans with support from WHO and partners, and are encouraged to mobilize domestic resources and continue engagement with their international development partners to implement them.



Photo (C) WHO

WHO and its partners, through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), are working with Member States to mobilize political commitment and resources to control and eliminate the five most prevalent NTDs amenable to preventive chemotherapy (PC-NTDs) in Africa: lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma.

ESPEN is proving to be an effective mechanism for combining the efforts of governments, partners, nongovernmental organizations and the private sector, particularly pharmaceutical companies in coordinating the supply and distribution of donated medicines. With funding support from partners, at least 30 million people in 13 countries have benefitted from mass drug administration. ESPEN has set up a fully-fledged laboratory in Ouagadougou, Burkina Faso to support regional efforts for scaling down treatment for onchocerciasis where appropriate impact has been achieved.

Guinea-worm disease is on the verge of eradication, and Kenya became the 41st country to be certified free of local transmission. Human African Trypanosomiasis, a disease prevalent only in the African Region, is moving towards elimination, while cases of Buruli ulcer halved between 2014 and 2017 through the use of WHO-recommended oral antibiotics and the integrated case management strategy for NTDs.

Tackling Noncommunicable Diseases (NCDs)

Deaths from NCDs in the Region are rising, along with the costs of treating these diseases and the related risk factors and ill health. High-level advocacy urging Member States to adequately resource and prioritize NCDs in national health plans is beginning to bear fruit. WHO provided technical support to seven Member States to develop/finalize national multisectoral NCD Strategic/Action Plans in line with the UN Declaration on NCDs and the WHO Global NCD Action Plan 2013-2020. By 31 March 2018, thirty-one Member States

had NCD Strategic/Action plans and in 17, significant action was ongoing.

Following the adoption of the “Regional Framework for Integrating Essential NCD Services in Primary Health Care” at the Sixty-seventh session of the Regional Committee, WHO collaborated with the West African Health Organisation (WAHO) to train NCD programme managers on the WHO Package of Essential NCD Interventions (WHO PEN). The package comprises cost-effective NCD actions which can be integrated into primary health care settings to assist countries scale up early detection and treatment of NCDs. By June 2018, ten countries were implementing the WHO PEN. Synergy between WHO PEN and the UHC Flagship Programme is expected to rapidly increase the coverage of an integrated package for the treatment and prevention of NCDs.

WHO continued to support Member States to develop and enforce legislation and regulations on tobacco control. Laws to address tobacco use in line with the WHO Framework Convention on Tobacco Control (WHO FCTC) were adopted in eight Member States. In addition, 17 Member States and three subregional blocs - the East African Community, the Economic Community of West African States and the West African Economic and Monetary Union - were supported to implement changes in their policies on tobacco taxation.



Saving the Lives of Mothers, Children and Adolescents

The African Region has high maternal, newborn and child mortality as a result of low coverage of effective health interventions targeting reproductive, maternal, newborn, child and adolescent health (RMNCAH). To help address the gaps, WHO is assisting Member States to operationalize the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (GSWCAH). So far, 24 countries have developed strategic plans that are aligned to the

GSWCAH. Six countries were supported to mobilize resources through the Global Financing Facility (GFF) to implement the strategy, bringing to 13 the number of countries benefitting from the GFF.

Immunization is one of the most effective public health interventions, saving lives and helping families and communities to thrive. To break through the years-long stagnation of immunization coverage in the Region, estimated at 72% in 2017, new impetus is being generated through the *"Business Case for WHO Immunization Activities on the African Continent 2018–2030"*. It will build on the political

commitment made by African Heads of State through the adoption of the Addis Ababa Declaration on Immunization. The aim is to support Member States achieve universal immunization coverage through a comprehensive, life-course approach that would save 1.9 million lives by 2030, and help countries transition smoothly from donor funding.

A total of 41 countries were supported to introduce inactivated polio vaccine (IPV) into their routine immunization systems. In addition, 38 and 33 countries are using pneumococcal conjugate vaccines (PCV) and rotavirus vaccines respectively. A WHO evaluation conducted in 2017 in 15 countries estimated that around 135 000 rotavirus hospitalizations and 21 000 rotavirus deaths in under-five children were prevented in 15 countries with the routine use of these vaccines.

The Regional Office published the first Africa Nutrition Report in 2017, “Nutrition in the WHO African Region” to provide Member States and partners with an overview of the nutrition situation in relation to the global nutrition targets for 2025. The report highlights the challenges in the nutritional status of populations in the African Region, including undernutrition, obesity and diet-related NCDs. The identified data gaps provide a strong rationale for advocacy and resource mobilization for quality improvement and use of the nutrition data collected as part of routine primary health services.

Adolescent health remains a top priority in the Region and the Adolescent Health Flagship Programme launched in 2017 by the Regional Office presents a unique opportunity to lay the foundation for addressing the health problems of this group.

For example, the Region has the highest HIV burden in adolescents aged 10–19 years, with over 70% of new infections affecting adolescent girls, and very high rates of early pregnancies and maternal mortality. The aim of the flagship programme is to guide and support countries and partners to implement evidence-based, effective interventions to improve the health and well-being of adolescents in the African Region. Thirteen countries were supported to leverage additional funding of US\$ 50 million from the Global Fund for HIV interventions targeting adolescents and young women for the period 2017-2020. WHO is working with Member States to adopt effective strategies such as using social networks and peer support to create demand for adolescent-friendly services, care and treatment.

Strengthening Strategic Partnerships

WHO recognizes that healthy lives and well-being for all at all ages cannot be achieved by a single organization, and seeks to strengthen existing partnerships and engage new partners and donors to support Member States to address regional and global public health priorities. A new Cooperation Agreement was signed with the International Telecommunication Union in October 2017 to leverage technological advancements and use of digital services to save lives and improve people's health.

At the Second International Conference of Ministers of Health and Ministers for Digital Technical Technology on Health Security in Africa in Benin in June 2018, the Regional Director called on Member States to

establish strong collaboration between the health, information and communication technology sectors to improve access to health care, patient safety and the achievement of universal health coverage. WHO has supported 27 countries to develop eHealth strategies and 10 have successfully completed national eHealth inventories using WHO's digital health atlas to support coordination and scale-up.

The International Federation of the Red Cross and Red Crescent Societies (IFRC) has been a key partner of the WHO Regional Office for Africa. In May 2018, the two organizations agreed to broaden their collaboration to include promotion of high-level advocacy by identifying champions to work with the alliance of mayors on key health issues.

WHO continued to expand its collaboration with key partners. The Regional Director and the Executive Management Team embarked on extensive discussions and visits with partners such as the African Development Bank, the African Union Commission and the Africa CDC, China, the East African Community, the Economic Community of Central African States, Germany, South Korea, the Southern African Development Community, the United Kingdom and the United States, among others.

These dialogue efforts have resulted in the signing of a number of cooperation agreements and joint workplans.

WHO in the African Region, within the framework of the global-level partnership, has consolidated its partnership with the UK by signing an Action Framework encompassing the Department of Health,

Public Health England and the Department for International Development. Funding agreements with donors to ESPEN, such as the Kuwait Fund and the OPEC Fund for International Development, are enabling WHO to accelerate work towards the elimination and eradication of NTDs.

The donor report monitoring system implemented since 2016 to strengthen reporting and internal controls has improved the quality and timeliness of reporting, with the number of overdue documents reducing from 39% in July 2017 to 8% by June 2018. WHO will continue to take advantage of resource mobilization opportunities at country level to ensure adequate resources to strengthen its work in countries in line with the WHO 13th General Programme of Work (GPW).

Efficient and responsive operations enable delivery

For a more efficient, results-focused and accountable WHO Secretariat in the African Region, and to help measure the Organization's contribution to health goals in the Region, a novel results framework with key performance indicators has been incorporated into daily management, programmes and activities. Its purpose is to demonstrate clearly how WHO's work contributes towards its priorities, the health goals of Member States and the SDGs.

Following the realignment of human resources with health priorities in the Regional Office and Intercountry Support Teams in 2016, work is progressing to ensure

that WHO country teams are fit for purpose to address country priorities. By June 2018, functional reviews had been conducted in 25 country offices and implementation plans for 11 countries approved. Key shifts in staffing will enable WHO to better support Member States and health partners in health coordination, health security and health systems strengthening, among others.

A mid-term evaluation conducted in January 2018 by the Evaluation Unit in WHO Headquarters concluded that the functional reviews are an important and timely exercise that will strengthen the capacity of country offices.

Monitoring of the implementation of country office plans, following the functional reviews, is well underway. Already, five countries are implementing the recommendations and making progress towards achieving the desired human resource structures, resulting in an increase in and a better mix of staffing, an increase in international staff, and a decrease in administrative staff. The results of the functional reviews are aligned with the country operating models in the Director-General's Transformation Plan and Architecture.

To ensure compliance with WHO's rules and efficient use of resources for the delivery of results, the Accountability and Internal Control Strengthening (AICS) initiative was launched in 2015. The focus of this initiative has been to improve accountability, transparency and compliance; enhance performance of individual staff and teams; and establish mechanisms to measure, monitor and report on progress and trends. Positive strides have been made in this area. The Report of the Internal Auditor submitted to the World Health Assembly in May 2018 concluded that

internal control effectiveness had significantly improved to 75% in 2018 from 50% in 2015. In addition, since 2016 no internal audits have been rated as unsatisfactory in the Region.

The WHO African Region advances the greatest amounts of funding to governments to implement activities through a mechanism called Direct Financial Cooperation (DFC). There have been improvements in DFC reports, with a reduction of 60% in overdue reports between February 2015 and April 2018. The DFC Accountability and Assurance Framework, developed during the previous reporting period, is being rolled out to ensure that DFC funds are used as intended and that recipients have the necessary controls to ensure compliance with the monitoring and reporting requirements. Member States are congratulated for the progress being made in this shared responsibility.

To foster a more coordinated, cohesive approach to strengthen the control environment and to oversee issues related to accountability, risk management, audit and internal control in the African Region, the Compliance and Oversight Team in the Region was integrated into the General Management and Coordination Cluster.

This is in accordance with the recommendation of the Independent Expert Oversight Advisory Committee in 2015, with the WHO Regional Office for Africa being the first to implement the recommendation. In September 2017, the establishment of local compliance and risk management committees to ensure adequate oversight in all WHO country offices and programmes at all levels in the Region was made mandatory.

Looking forward

The achievements highlighted in this report show that Member States in the African Region, with the support of WHO and partners, are making progress in their efforts to ensure healthy lives and promote well-being for all at all ages by achieving universal health coverage, addressing health emergencies, and promoting healthier populations. The report also shows that more needs to be done if the targets set for achieving UHC and the SDGs are to be met.

In April 2018, the Regional Director launched the second phase of the Transformation Agenda of the WHO Secretariat in the African Region, covering the period 2018-2020. The agenda is aligned with WHO's Global Transformation Plan for improvements in global health through universal health coverage, health security and health through the life course, with greater focus at country level. The emphasis of this second phase will be ensuring that staff and workplans are aligned with the strategic priorities of the Organization, working through productive partnerships and stakeholders, and supporting Member States. A Change Agent Network of staff volunteers has been established to champion the principles of accountability, quality, value for money and promoting a healthy workplace.

The launching of the second phase of the Transformation Agenda and the adoption of the WHO 13th GPW by the Seventy-first World Health Assembly in May 2018 are opportunities for building on the progress made and accelerating its pace. The emphasis

will be on effective delivery using the results framework and Key Performance Indicators, and better management of resources to generate value for money, while putting people at the centre of change.

WHO staff members will be provided with the training required, including in leadership, management and diplomacy, and encouraged and supported to turn the pro-results values into behaviours and a culture that will ensure responsive and efficient delivery of results, in a just and respectful working environment.

The technical focus will be in line with the GPW and country priorities with strengthened WHO Country Office Teams in line with the functional reviews.

Implementation of the Framework for health systems development towards UHC, with emphasis on primary health care, will be accelerated to help countries improve access to quality health services that are centred on people's needs and circumstances, without the users enduring financial hardship. Priority communicable diseases such as HIV, TB, malaria and NTDs, and noncommunicable diseases will be given due attention. The health of adolescents will be given the highest priority and a more multisectoral approach adopted in implementing the Adolescent Health Flagship Programme.

The Secretariat will continue to build on the gains made in health security, and through the WHO Health Emergencies Programme and guided by its results framework, will work with partners and Member States to maximize and sustain IHR capacity and health emergency preparedness of countries.



Actions will be taken to consolidate and evaluate the achievements made in the Organization's strategic operations in order to strive towards more efficiency and better value for money.

In addition, intensified efforts will be made to expand and diversify partnerships, and to more effectively communicate WHO's contributions to improving people's health.

The Secretariat will work with Member States to make and effect policy and institutional arrangements that support and amplify the results of the change

being seen. Key areas that will be focused on include health governance, priority setting, coordination of partners and organizational efficiency.

WHO reiterates its unwavering commitment to continue working with Member States and partners in implementing the new GPW in order to move towards UHC and ensure that the people in the African Region attain the highest possible level of health and well-being.

LOOKING FORWARD

1 The achievements highlighted in this report show that :



Member States in the African Region, with the support of WHO and partners

- 1** are making progress in their efforts to ensure healthy lives
- 2** promote well-being for all at all ages by achieving universal health coverage
- 3** addressing health emergencies
- 4** and promoting healthier populations

2 The launching of the second phase of the Transformation Agenda and the adoption of the WHO 13th GPW by the 71st WHA in May 2018 **are opportunities for building on the progress made and accelerating its pace.**

Emphasis will be on



1 Effective delivery for results using the results framework and Key Performance Indicators



2 Improving the quality of work and better management of resources to generate value for money



3 Putting people at the centre of change

3 The Secretariat will work with Member States to make and effect policy and institutional arrangements that support and amplify the results of the change being seen

Key areas that will be focused on include

- health governance
- priority setting
- coordination of partners
- organizational efficiency



4 WHO staff members will be provided with the training required,



- leadership
- management and
- diplomacy

and encouraged and supported to turn the pro-results values into behaviours and a culture that will ensure responsive and efficient delivery of results in a just and respectful working environment.

The technical focus will be in line with the GPW

Country priorities



with strengthened WHO Country Office Teams in line with the functional reviews

5 Implementation of the Framework for health systems development towards UHC



with emphasis on primary health care



will be accelerated to help countries improve access to quality health services that are centred on people's needs and circumstances



without the users of the services enduring financial hardship.

6 The Secretariat will continue to build on the gains made in health security, and through the WHO Health Emergencies Programme



and guided by its results framework, will work with partners and Member States

to maximize and sustain IHR capacity and health emergency preparedness of countries.



7 Striving towards more efficiency and better value for money

Actions will be taken to consolidate and evaluate the achievements made in the Organization's strategic operations in order to strive towards more efficiency and better value for money



more efficiency



better value for money

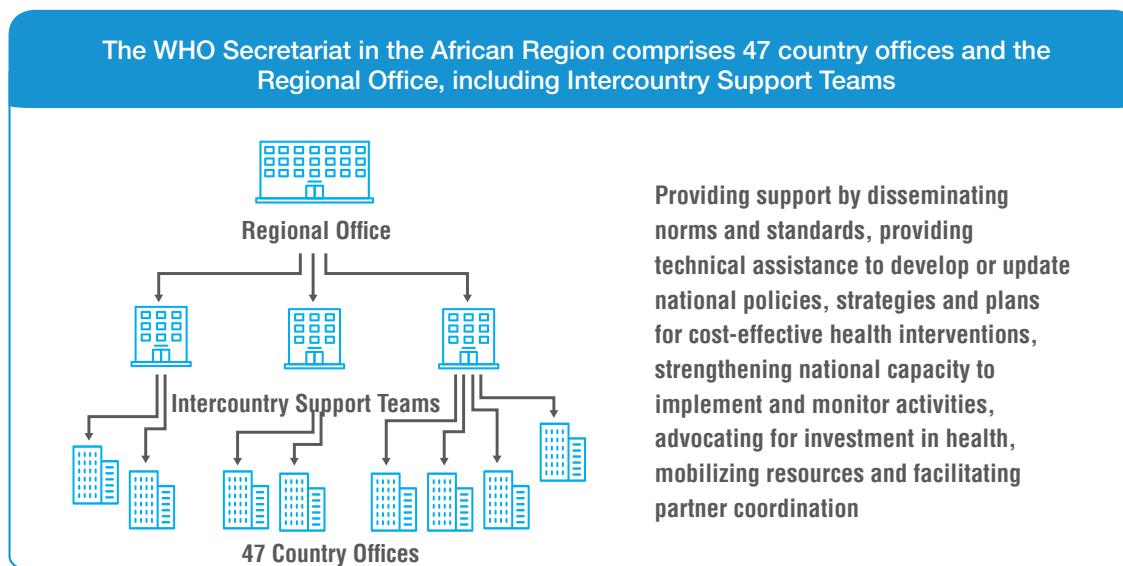
1. Introduction

This report on the work of WHO in the African Region is for the period from July 2017 to June 2018 and reflects the work accomplished since the Regional Director's last report to the Regional Committee. The report highlights the results achieved in supporting Member States and collaborating with partners to improve health outcomes in the Region.

The WHO Secretariat in the African Region comprises 47 country offices and the Regional Office, including Inter-country Support Teams. The Secretariat provides support by disseminating norms and standards, providing technical assistance to develop or update national policies, strategies and plans for cost-effective health interventions, strengthening national capacity to implement and monitor

activities, advocating for investment in health, mobilizing resources and facilitating partner coordination. The report includes a section highlighting the achievements of the Transformation Agenda (TA) and then presents information under the six categories of the 12th General Programme of Work (GPW) 2014 – 2019, namely:

- (i) Communicable diseases
- (ii) Noncommunicable diseases
- (iii) Promoting health through the life-course
- (iv) Health systems
- (v) Polio Eradication Programme (category 5) and the WHO Health Emergencies Programme (category 12)
- (vi) Corporate services and enabling functions



1.

COMMUNICABLE DISEASES

The burden of communicable diseases and outbreaks in the African Region remains high and most severely affects the most vulnerable, the poorest and disadvantaged communities. WHO worked with Member States and partners to scale up proven interventions for prevention and treatment of diseases such as HIV/AIDS, hepatitis, tuberculosis, malaria, vaccine-preventable diseases and neglected tropical diseases.

Achievements



implementing “Treat All”
HIV policy, expanding treatment
to all HIV positive people
regardless of viral load



roll out shorter treatment
for multidrug-resistant TB



update national malaria
policies to accelerate progress
towards malaria elimination



21 000
deaths averted through
routine use of rotavirus
vaccine in 15 countries
in 2017



Kenya

certified free of Guinea-worm disease





SUCCESS STORY

PROGRESS TOWARDS ERADICATING GUINEA-WORM DISEASE

GWD (also known as Dracunculiasis) is a crippling parasitic disease caused by *Dracunculus medinensis*, a long, thread-like worm. It is transmitted when a person drinks unsafe water contaminated with parasite-infected water fleas. It affects people who have no access to safe drinking-water, and who have to drink from stagnant, open and unprotected drinking-water sources. It is an indicator of poverty and underdevelopment.

Surveillance hotlines for reporting GWD were set up and strengthened, and cash rewards to incentivize reporting of the disease were offered nationally. Research was conducted through case studies, documentation and investigation of rumours within 24 hours of reporting, and health staff were sensitized on GWD to further strengthen surveillance.

WHO/AFRO supported the Kenya Guinea Worm Eradication Programme through the National Certification Committee, established in November 2014, to lead these activities which were conducted through the Ministry of Health with the aim of preparing the country for certification.



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2.

NONCOMMUNICABLE DISEASES

Noncommunicable diseases (NCDs) are a major contributor to the burden of disease in the Region. They include cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, which are largely preventable by addressing their major risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. WHO supports countries to reduce the impact of NCDs through health promotion and risk reduction, as well as prevention, treatment and monitoring of these diseases and their risk factors.

Achievements

17 countries

are implementing Strategic/ Action Plans to prevent and control NCDs



117000 patients

access health information through mDiabetes programme in Senegal



17 countries
3 subregional blocs

move to improve the effectiveness of tobacco tax policies



Tobacco control country profiles

produced for all 47 Member States in the Region





SUCCESS STORY

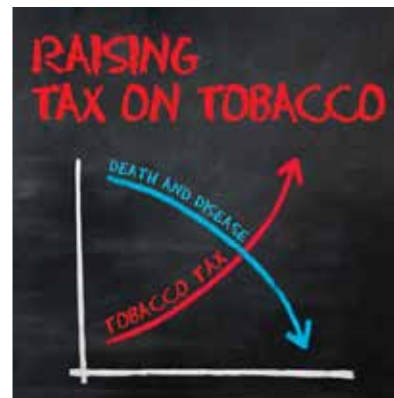
TAXING TOBACCO – THE GAMBIA SHOWS THE WAY

Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit. In 2012, The Gambia was among countries with the lowest prices for cigarettes globally, with tax comprising 40% of the retail price, down from 50% in 2008.

With technical support from WHO, The Gambia changed its cigarette tax structure in 2013, moving from overall weight to number of sticks as the base for the tax. The country adopted a three-year plan for annual tax increases to raise the average price of cigarettes to be close to the regional average for Africa (US\$ 1.24/pack) by 2016.

The actual increase in prices and revenues exceeded predictions every year after the plan was implemented. Cigarette imports declined immediately after the 2014 tax increase, reflecting reduced consumption. The share of excise tax also climbed in successive years, reaching 54% of the retail price in 2016, while an environmental tax on cigarettes and tobacco products resulted in a 15-fold increase in environmental tax revenues.

The Gambia implemented a new and more ambitious taxation plan in 2016, which will raise tax per pack by US\$ 0.10 each year until it reaches US\$ 0.63 per pack. The tax



Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit.

share is estimated to reach 63% of the average retail price by 2019. The country's commitment to using tobacco taxation to its full potential is expected to lead to further reductions in consumption and a decline in the tobacco-related burden of disease and death.

3.

PROMOTING HEALTH THROUGH THE LIFE-COURSE

WHO supports countries to promote health along the life cycle from conception to old age, with a specific focus on improving the health of children, adolescents and women through interventions such as immunization, prevention of mother-to-child transmission of HIV and syphilis, and nutrition, among others.

Achievements

24 countries

now have plans to guide
collective action with
government,
partners and
stakeholders
to improve
women's,
children's and
adolescents' health



17 countries

assess quality
of care
for mothers and
newborns in
health facilities



79%

Coverage of
PMTCT
in 2017, up from
67% in 2015.

& 8 countries

qualify for validation of PMTCT

Additional
US\$ 50 million
mobilized for
adolescent HIV
interventions in

13 countries



First Africa Nutrition
Report provides baseline
for 2025 global nutrition
targets





SUCCESS STORY

RACe AND iCCM IMPLEMENTATION DRIES TEARS IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

In the DRC province of Tanganyika, malaria, pneumonia and diarrhea cause 42% of deaths in under-five children. The people live in remote areas with poor access to health care due to lack of transport and poverty.

To address this situation, Global Affairs Canada in 2012 provided a grant of US\$ 75 million over six years to WHO to fund the Rapid Access Expansion programme (RACe) to reduce child mortality in the DRC, Malawi, Mozambique, Niger and Nigeria. The programme complemented efforts of the DRC Ministry of Public Health to achieve universal health coverage by reaching a large number of children in remote villages with no access to health facilities through integrated community case management (iCCM).

Volunteer community health workers (CHW) underwent training to correctly diagnose and treat children, referring the gravely ill to health centres. They used a checklist and simple equipment such as rapid diagnostic tests for malaria and tape measures for malnutrition. CHWs administered the first dose of oral treatments, counselled patients on treatments and prevention measures such as using mosquito nets, and arranged follow-up visits. To improve reporting, data collection tools, indicators and a data module for the online District Health Information Management System Tool (DHIS2) were developed.

The RACe end-of-programme evaluation report published in May 2018 found that iCCM can advance universal health coverage by creating access to services for children who need treatment for



The RACe end-of-programme evaluation report published in May 2018 found that iCCM can advance universal health coverage by creating access to services for children who need treatment for malaria, pneumonia and diarrhoea, thereby contributing to child survival.

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The RACe community health workers managed 1.4 million new cases between January 2014 and September 2017. Quality of care improved, and care-givers were very satisfied with the services provided by CHWs. The flow of data from community to district health level was enhanced, although stock-outs remain a concern.

The DRC Ministry of Public Health, with technical support and guidance from WHO, is using lessons learnt to scale up iCCM nationwide in collaboration with other partners.

4.

HEALTH SYSTEMS

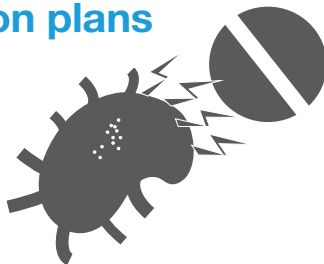
WHO supports countries to attain health for all through actions which strengthen health leadership and governance, financing, service delivery and health information systems. Work to build responsive, resilient health systems has focused on implementing the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals (SDGs) in the African Region, adopted by Member States at the Sixty-seventh Regional Committee (RC67) in 2017.

Achievements

25 countries produce
**National Health
Accounts**
for fairer
health financing



19 countries implement
national action plans
to combat
**antibiotic
resistance**



WHO/ITU agreement
strengthens
**digital health
in Africa**



Growing momentum
to counteract
**substandard
and falsified
medicines**



Health in All Policies
implemented in more
countries to **strengthen
integrated health actions**





SUCCESS STORY: BALANCING PRIMARY AND TERTIARY CARE: CÔTE D'IVOIRE STRENGTHENS DISTRICT HEALTH SYSTEMS

WHO's Framework for health systems development towards universal health coverage (UHC) emphasizes district and community health systems for improving the health and well-being of all people. Since 2017, the WHO Country Office in Côte d'Ivoire has engaged in policy dialogue with national health authorities and partners to strengthen district health systems in line with its primary health care policy.

In March 2017, an investment case on primary health care demonstrated that 70% of financial resources for health in the country were allocated to referral hospitals in Abidjan and 17 health regions. To provide further evidence for decision-making, the WHO Country Office commissioned a study in September 2017 on efficiencies in health financing of services between 1993 and 2015.

The study found that the same health outcomes could have been attained if half the financial resources had been used efficiently. Other weaknesses included staff shortages, ineffective referral systems and weak health indicators such as the maternal mortality ratio, estimated at 614 per 100 000 livebirths. These findings were confirmed in the results of the District Health Systems functionality survey (2015-2017).

Following a workshop in November 2017 to reflect on the country's health systems performance, the Ministry of Health and WHO concluded that district, peripheral and community health systems



needed strengthening. The Minister of Health has acted promptly to strengthen capacity at district and peripheral levels by appointing a designated official in his office. Management of district health services is already improving: new district health officers (DHOs) have been hired, existing DHOs reassigned, and non-performing DHOs removed.

Now, with WHO's support, the Ministry of Health has adopted programmatic key performance indicators, such as DTP3 coverage, the proportion of births attended by skilled health personnel, and the number of maternal deaths for each health district. A monthly coordination and monitoring system ensures reports are shared regularly with the Minister.

In December 2017, Côte d'Ivoire also adopted a strategic plan to strengthen community health services. This is expected to improve the participation of communities in health, and improve links between community members and peripheral or district health facilities. In addition, President Alassane Ouattara has approved a three-year plan to construct 200 health centres and deploy appropriate health workers to increase the coverage of health services towards UHC.

5.

WHO HEALTH EMERGENCIES PROGRAMME

The WHO Health Emergencies Programme (WHE) in the African Region enhances preparedness, surveillance and response to public health outbreaks and emergencies. This work across the three levels of the Organization focuses on country health emergency preparedness and the International Health Regulations (IHR 2005); infectious hazard management; health emergency information and risk assessment; and emergency operations.

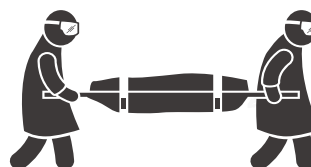
Achievements

1st time

Ebola vaccine used in **DRC** to protect **health workers** and **people** at risk during the early **2018 outbreak**



36 Joint External Evaluations completed to assess **country capacities** to **detect and respond** to public health threats



12 million in **Angola** and **Nigeria** vaccinated to prevent Yellow Fever



2 million people immunized in 5 countries in biggest ever **cholera vaccination drive**



African Heads of State

endorse declaration to accelerate implementation of the **IHR (2005)** in **July 2017**



Polio eradication **WHO** leads **Lake Chad Basin** collaboration to **vaccinate every child**





WHO
OMS

ITM/BIKOKO

Document of the
Advisory Committee on
Immunization of the
World Health Organization
Geneva, 2014

SUCCESS STORY:

WHO'S INCIDENT MANAGEMENT SYSTEM (IMS) HELPS TO END UNPRECEDENTED PLAGUE OUTBREAK IN MADAGASCAR

On 13 September 2017, the Ministry of Public Health in Madagascar notified WHO of an outbreak of pneumonic plague detected in different parts of the country, including non-endemic areas and major cities. From August to mid-December 2017, a total of 2601 confirmed, probable and suspected cases of plague, including 225 deaths (a case fatality rate of 8.7%), were reported from over half the districts in 17 out of 22 regions in Madagascar.

The timely activation of the IMS, as the outbreak was graded at level 2, resulted in deployment of an Incident Manager and health experts within 48 hours. Country office staff were repurposed to support activities to interrupt ongoing transmission, provide care for the affected, prevent further spread, and implement effective coordination.

The IMS helped WHO and the Global Outbreak Alert and Response Network (GOARN) staff to deploy over 140 experts from all three levels of WHO as well as partners, and US\$ 1.5 million was released through the Contingency Fund for Emergencies, enabling WHO/AFRO to initiate response activities. Additional financial support from the Governments of Italy, Norway and the Republic of Korea facilitated the donation of medicines and other medical supplies to treat nearly all identified plague patients and more than 7300 contacts free of charge.



WHO and partners shared guidelines on case management and safe burials, supported surveillance and laboratory testing, and strengthened public health measures at ports and airports. More than 4400 people were trained to identify, refer and care for close contacts of plague patients to prevent the disease from spreading. WHO supported nine countries (South Africa, Mozambique, Tanzania, Mauritius, Comoros, Seychelles, Ethiopia, Kenya and Reunion) to prepare for plague. The outbreak was brought under control in less than four months due to the tireless efforts of Malagasy health workers, WHO and partners.

Although the acute phase of the epidemic was declared over by health authorities in late November 2017, WHO sustained response operations until April 2018, as plague usually occurs between September and April each year in Madagascar.

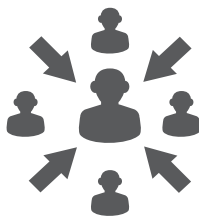
6.

CORPORATE SERVICES AND ENABLING FUNCTIONS

This category covers organizational leadership and corporate services that enable the Organization to function effectively and efficiently. These include strategic planning; partnerships, resource coordination and reporting; country support; human resources; effective communications; risk management and internal controls; and management and administration.

Achievements

2nd Phase of the Transformation Agenda launched, putting **people** at the centre of change



Expanding partnerships enable **WHO's** work on **NTDs**, **health security** and **digital health**



75% overall control effectiveness in **2018**, up from **50%** in **2015**



25 WHO Country Offices conduct functional reviews to align staffing to country priorities



8% current proportion of overdue **donor reports**, down from **39%** in **July 2017**





SUCCESS STORY:

KPI INNOVATION STRENGTHENS ACCOUNTABILITY AND PERFORMANCE IN AFRO

AFRO's unique managerial Key Performance Indicators (KPIs) introduced in 2015 have been refined and implemented by all country offices and clusters. They are used to monitor, manage and evaluate the performance of all WHO country offices and Regional Office clusters (budget centres), and have strengthened accountability and discipline across AFRO. A "traffic light" dashboard provides real-time information on progress and allows for prompt and targeted interventions to address weaknesses in budget centres whose performance is declining.

A review of compliance and quality assurance functions using internal and external audits by the Office of Internal Oversight Services (IOS) found that this innovation has significantly improved controls within AFRO. Between August 2015 and March 2018, overall control effectiveness improved from 50% in 2015 to 75% in 2018, putting it ahead of some other major WHO Offices.

The KPIs are promoting a culture of excellence and provide evidence for recognizing performance. At a five-day workshop for all senior administrative staff from 47 countries, trends of performance improvement across budget centres were highlighted and awards were presented to the best performing country offices.

Furthermore, the managerial KPIs are taking on global importance: the UK Government's Department for International Development

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(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. As such, AFRO's performance can influence DFID's global funding to the Organization, providing an incentive for all levels of WHO to demonstrate improved performance.

SUCCESS STORY:

“PEOPLE ARE AT THE CENTRE OF EVERYTHING WE DO” – DR MATSHIDISO MOETI



WHO international staff in Juba, South Sudan live in one of the most stressful, crisis-afflicted areas in the Region. The Regional Office had genuine concerns about their wellbeing, and moved staff into more secure and comfortable accommodation in the city. Staff wrote to thank the Regional Director:

“The improvement in well-being has motivated the staff and will surely improve workplace performance. We are sure that we will be better versions of ourselves both at work and at home and help the Organization stand out.

There is no way to fully express our gratitude for your supportive leadership and level of engagement. We at WHO South Sudan are continually inspired by the dedication and commitment of the

“People are at the centre of everything we do” – Dr Matshidiso Moeti

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senior management to supporting employee well-being as one of the pillars underpinning shared value creation for the country office, employees and the people of South Sudan.

Our very big thanks for building a tailored well-being solution for us to live healthier lives in all three key pillars of well-being: physical, mental and financial!”

Partner With Us

The World Health Organization in the African Region contributes towards making better health and well-being a reality for people in the Region. Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations and a better world.

Our work touches people's lives in the African Region every day. We help ensure the safety of medicines and vaccines that treat and protect us, the air we breathe, the food we eat and the water we drink.

We aim to provide every child, woman and man with the best chance to lead a long, healthy and fulfilled life.

We listen to countries and monitor health trends to work out what needs to be done to protect people's health. We use the best scientific evidence available to establish the most effective ways to prevent, treat and cure health problems.

PARTNER WITH US TO
MAKE BETTER HEALTH
AND WELL-BEING
A REALITY FOR
PEOPLE IN THE
REGION.

**WORLD HEALTH ORGANIZATION
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