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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE TRANSFORMATION
AGENDA OF THE WORLD HEALTH ORGANIZATION SECRETARIAT IN THE
AFRICAN REGION: 2015–2020**

Report of the Secretariat

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BACKGROUND

1. Since its endorsement by the Sixty-fifth session of the WHO Regional Committee for Africa, the Transformation Agenda¹ of the WHO Secretariat in the African Region has been a vehicle in transforming the Secretariat into a more responsive, effective and transparent organization. It is a vision of the Regional Director, which to a greater extent has been institutionalized to accelerate implementation of the WHO reform within the African Region leading to the emergence of “the WHO that the staff and stakeholders want”.²
2. The Transformation Agenda gained additional impetus from the global Transformation Plan and Architecture recently launched by the WHO Director-General in 2017. The global Transformation Plan and Architecture is a delivery mechanism designed to achieve extraordinary improvement in global health over the next five years such that a total of three billion more people have universal health coverage, are safer, and have improved lives through the health-related SDGs. Efforts are underway to align the Transformation Agenda with the strategic priorities of the global Transformation Plan and Architecture, whose focus is to deliver results at country level, change the organizational culture, and improve WHO’s external engagement model and communication across the three levels to ensure sustainable support for WHO.
3. The WHO Regional Director for Africa continues to work closely with the Independent Advisory Group (IAG) for valuable strategic and policy advice on how to improve capacity and strengthen the work of WHO in the Region in the context of the Transformation Agenda. The IAG has so far held three meetings: in May 2015, October 2016 and March 2018. In addition, feedback from both the Sixty-sixth and Sixty-seventh sessions of the Regional Committee and from partners have also helped in informing strategies on moving forward with the Transformation Agenda.
4. Moreover, the independent evaluation by the WHO Evaluation Office in Geneva in April 2017 provided information that further shaped the strategic direction of the Transformation Agenda. Feedback from all the stakeholders affirmed progress in all the four focus areas of the Transformation Agenda, namely pro-results values, smart technical focus, responsive strategic operations, and effective communication and partnerships.
5. In line with the Regional Committee recommendation that the Regional Director should report yearly on progress made in the implementation of the Transformation Agenda, the first and second reports were presented to the Sixty-sixth and Sixty-seventh sessions of the Regional Committee.^{3,4} This document is the third report covering three years of implementation of the Transformation Agenda.

¹ WHO, The Transformation Agenda of the WHO Secretariat in the African Region 2015–2020 (Document AFR/RC65/12).

² WHO, The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015-2020 <http://www.afro.who.int/en/rdo/transformation-agenda.html> (Last accessed March 30, 2017).

³ WHO, Progress report on the implementation of the transformation agenda of the World Health Organization secretariat in the African Region: 2015–2020 (Document AFR/RC66/INF.DOC/10).

⁴ http://www.afro.who.int/sites/default/files/2018-02/AFR-RC67-5%20Implementation%20of%20the%20Transformation%20Agenda_updated%20version%20-%20Edited%20in%20track%20changes_MC-2807%20-%20PostRC%20clean_1.pdf

PROGRESS MADE

6. In this reporting period, more focus was directed towards improving **pro-results values**. Efforts were made to promote and foster the emergence of an organizational culture defined by the values of excellence, team work, accountability, integrity, equity, innovation and openness. A strategy for change management was developed to engage staff in change processes and activities meant to facilitate adoption of behaviour that is in line with the new organizational culture. As part of the strategy, the Regional change network was established consisting of more than 150 people who volunteered to be change agents. These change agents are represented across the whole Region to facilitate implementation of various work streams that were developed and earmarked to drive the desired behavioural changes among staff.
7. The **smart technical focus** area aims at directing the technical work of the WHO Secretariat in the African Region on priorities, based on evidence and lessons learned. The regional capacity for health security continues to be strengthened for effective preparedness and timely response to disease outbreaks and emergencies. Implementation of the International Health Regulations (IHR, 2005) Monitoring and Evaluation Framework resulted in Joint External Evaluations conducted in 34 Member States by April 2018. Preparedness for emergencies continues to be strengthened based on risk assessment and mapping and evidence-based preparedness in line with the regional strategy on health security and emergencies. A functional events-based monitoring system has been established resulting in over 2500 rumours investigated, 562 signals verified and 80 rapid risk assessments (RRA) of events undertaken in 29 countries in 2017 that have led to rapid responses to 152 public health events including 132 outbreaks. There have been improved responses to outbreaks and emergencies using the Incident Management System (IMS) and the new WHO Emergency Response Framework.
8. Following the lessons learned from the 2014/2016 Ebola virus disease outbreak in West Africa, positive changes can be noticed in the notification and response to outbreaks in the WHO African region. Most viral haemorrhagic fevers are now rapidly notified by the national authorities and effective responses promptly mounted. For instance, the Ebola virus disease outbreak in the Democratic Republic of the Congo was notified within 24 hours by the Ministry of Health in accordance with the International Health Regulations (IHR 2005), leading to a large-scale response. Additionally, the Marburg virus disease outbreak in Uganda and the Crimean-Congo haemorrhagic fever in Namibia were notified within 24 hours of confirmation. Effective multisectoral responses were initiated, resulting into a rapid control of these events.
9. Polio eradication has remained a priority in the Region. The robust monitoring and evaluation system using technical key performance indicators has improved performance of polio-funded staff in the field. The Ministerial Declaration of Polio outbreak as a subregional public health emergency in 2016 led to the setting up of the Lake Chad Basin Polio Task Team to coordinate Global Polio Eradication Initiative (GPEI) partners. As a result of the timely outbreak responses, no wild poliovirus has been detected in Nigeria and Lake Chad Basin countries in the past 24 months.
10. Implementation of the Transformation Agenda has helped build synergies, promote joint work, interconnectedness and dialogue to address cross-cutting issues such as adolescent health and universal health coverage (UHC). As part of a flagship programme on adolescents, a comprehensive roadmap was developed, guided by two focused strategic approaches namely, comprehensive

response and services to adolescents and youth, and intersectoral/multisectoral actions for adolescent health.

11. Furthermore, strengthening health systems for UHC and the Sustainable Development Goals (SDGs) has been regarded as another flagship initiative for the Region. A framework of actions was adopted at the Sixty-seventh session of WHO Regional Committee for Africa in August 2017 to guide the Region's UHC efforts. The targets set in the Framework are that by 2030, (a) at least 80% of Member States have health systems that are performing optimally for effective delivery of essential package of health and related services; (b) all Member States have at least 80% of their populations utilizing the identified essential package of health and related services; and (c) all Member States are implementing the investment plans needed to align their health systems with the SDGs.

12. In supporting the adaptation of SDGs and UHC in countries, AFRO has focused on providing Member States with the needed tools and guidance to integrate the SDG targets - including UHC - into country operations, and in conducting progress reviews to identify where countries should be placing emphasis as they adopt the SDGs into their priorities. The framework for health systems development towards UHC in the context of the SDGs in the African Region, which was endorsed at the Sixty-seventh session of the Regional Committee, has been very useful in guiding the activities of WHO in the African Region. A regional, and country-specific analysis of the state of health, health services and health systems in the Region has been prepared.

13. In the area of **responsive strategic operations**, the focus is on developing and implementing strategic activities to improve effectiveness, timeliness, efficiency and accountability of actions in support of Member States. Programme areas like the Polio Eradication Programme (PEP) have institutionalized technological innovations such as the establishment of an AFRO-Polio Geographic Information Systems (GIS) centre in 2017 for strengthening surveillance and provision of "real-time" geo-coded data from the field. The technology has improved the quality and reliability of the data that can be verified and validated in the field. Capacity is being built in Member States since 2017 to use the GIS technology not just for polio surveillance but also for other disease outbreaks such as cholera and meningitis, among others.

14. A review of compliance and quality assurance functions in the Regional Office was completed to establish a baseline for monitoring progress in administration using internal and external audits. Between August 2015 and September 2017, overall control effectiveness within the WHO Regional Office for Africa, as evaluated by the Office of Internal Oversight Services (IOS), surged from 50% to 77%. The African Region's ranking among the five WHO regions assessed has improved from the last position to the third place. In the last two years, the Region has not had any unsatisfactory audit reports; this is significant since IOS selects auditees based on a risk profiling of offices.

15. The Accountability and Internal Control Strengthening (AICS) project has been implemented to enhance budget centre performance. The AICS was founded on four pillars, namely ensuring that staff members are aware of their roles and responsibilities and how these will be measured both individually and at the budget centre level and monitored through managerial key performance indicators (KPIs); providing staff members with the necessary tools to deliver; providing targeted training to improve areas of weakness; and addressing risks holistically and not by budget centre. The compliance and risk management committee, composed of the entire senior management and chaired by the Regional Director, oversees the work in this area.

16. Between 2015 and 2017, the WHO Regional Office for Africa increased the number of female staff in the professional and higher categories (longer term appointments) from 24% to nearly 29%. This was achieved through enhanced outreach and ensuring that all shortlists include at least one fully qualified female candidate.

17. The realignment of human resources with regional health priority needs to ensure that they are fit for purpose has been completed both at the regional and intercountry support team levels. In line with the country-focus approach, the Region has since started working at the country level with the main objective of ensuring better alignment of workforce and operations to meet Member States' health needs and priorities in line with the SDGs and other international health initiatives. A total of 26 country offices in the Region have been reviewed through the Functional Review exercise. So far, recommendations on six countries, namely Togo, Senegal, South Africa, South Sudan, Liberia and the Democratic Republic of the Congo were approved for implementation.

18. The functional review of country offices is instrumental in ensuring structural alignment with the country-focus priority of the WHO Global Transformation Plan and Architecture. To develop strategic plans that are specific to countries and aligned with the GPW13, each country office has developed a Strategic Result Note for each GPW outcome. Country capacity was built in using the theory of change approach for strategic planning.

19. In relation to accountability for results, programmatic and managerial KPIs have been introduced to help in monitoring performance of budget centres in contributing towards health development in countries. An online reporting tool was launched to help countries in reporting on their implementation of the KPIs. As the KPIs are linked to the SDGs and the WHO contribution is delineated from the National Health Goals, the IT solution is used to reinforce the Organization's accountability for results.

20. The strategic **partnerships and effective communication** focus area is devoted to strengthening strategic partnerships and more effectively communicating WHO's contribution to health development. It seeks to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders. A regional communications strategy was developed and its implementation is underway. The WHO Regional Office for Africa website was redesigned to improve the user experience and engagement with stakeholders. Visibility for leadership has been enhanced through better global media and stakeholder engagement through the extensive use of the Poppulo communication platform and social media platforms.

21. Under partnership, the Region has made progress in strengthening its financial resource base by engaging with traditional and new donors as well as improved tracking of donor technical and financial reports. There has been an increase in donor commitments and support in the different health priority areas. Increased donations have been received from regional donors including the African Development Bank, the Nigerian National Primary Health Care Development Agency, Nigerian National Malaria Elimination Programme, African Field Epidemiological Network, West African Health Organization and a number of Member States.

Transformation in the WHO African Region Illustrative Table

Focus Areas.	Expected results	Progress.
Pro-results values	Improved change capacity in the Region	<ul style="list-style-type: none"> • There was a need to sustain change through a collective support to change. • 150 people volunteered to be change agents in the Region.
	Enhanced diversity	<ul style="list-style-type: none"> • 2015, female staff represented 24% of total staff in the Region. • 2017, female staff represented 29% of total staff in the Region.
Smart Technical Focus	Emergency preparedness	<ul style="list-style-type: none"> • 2015, fewer than 10 countries had implemented IHR 2005 • In 2018, 36 countries have conducted a joint External Evaluation in compliance with IHR 2005.
	Outbreak management	<ul style="list-style-type: none"> • Existence of a WHO Emergency Response Framework. • 80 rapid risk assessments undertaken in 29 countries in 2017 • Rapid outbreak notification leading to rapid response.
	Strategic information	<ul style="list-style-type: none"> • In 2015, access to information on polio was difficult. • In 2017, AFRO-Polio Geographical Information System provided “real-time” data from the field. • Incident Management System (IMS) to coordinate response operations for all graded emergencies.
	Polio eradication	<ul style="list-style-type: none"> • In 2015, 24 countries had polio-free status documentation accepted by the African Region Certification Commission. • In 2018, this has increased to 40 countries.
	Immunization	<ul style="list-style-type: none"> • Development of a new immunization maturity grid based on the strength of the country’s immunization system (from major deficiencies to more robust) that allows for more effective technical support. • WHO Business Case for immunization activities has streamlined information needed for donor funding decisions.
	Flagship Programme on adolescents	<ul style="list-style-type: none"> • Comprehensive roadmap developed
	Flagship Programme on Universal Health Coverage	<ul style="list-style-type: none"> • In 2015, it was challenging for Members States to develop SDG-related strategies. • Through the framework for health systems development, Member States are implementing investment plans needed to align their health systems with the SDGs.
Responsive Strategic Operations	Financial and programmatic management	<ul style="list-style-type: none"> • In 2015, no indicators existed to measure managerial and programmatic accountability and performance. • In 2018, Key Performance Indicators have been developed and are being used to assess managerial and programmatic accountability and performance.
	Financial accountability	<ul style="list-style-type: none"> • 100% of internal audits issued in 2017 resulted in ratings of fully or partially satisfactory results
	Strengthening country operational model	<ul style="list-style-type: none"> • In 2018, the functional review process was finalised in 16 countries. • In 2018, functional review recommendations were approved for 6 countries and implementation started. • Staff trained on “Theory of change” in all WHO country offices
	Country focus delivery alignment with the GPW13	<ul style="list-style-type: none"> • All country offices have developed Strategic Results Notes for each GPW outcome.
	Control effectiveness	<ul style="list-style-type: none"> • In 2015, control effectiveness was evaluated at 50%. • In 2018, control effectiveness was evaluated at 75%.
Partnership and communication	Reinforced and expanded partnerships	<ul style="list-style-type: none"> • Strengthened financial resource base by engaging with new donors. • Increased financial contribution from regional institutions • Improved tracking of donor technical and financial reports: overdue reports drop from 39% in July 2017 to 8% by June 2018. • Signing of a number of contribution and collaborative agreements.
	Strengthened internal communication	<ul style="list-style-type: none"> • Increased visibility on social media. • Monthly town hall meetings. • Monthly travel ban week.

22. In addition, the WHO Regional Office for Africa has held discussions with international donors and key organizations, which have resulted in the signing of a number of contribution agreements, collaborative agreements and even the development of joint workplans. The organizations include the Department for International Development and Public Health England, the US Department of Health

and Human Services, the United States Agency for International Development and Center for Disease Control, the Bill and Melinda Gates Foundation, the International Telecommunication Union (ITU) and GAVI.

23. Based on the regional partnership strategy that was developed to contribute to expanding partnerships, other innovative financing mechanisms are being explored that include the private sector and philanthropists. Following this, WHO has since developed a comprehensive business case for immunization to serve both as a communication tool to promote WHO's work on immunization in the future and to mobilize sufficient resources to continue supporting Member States to fully achieve the Addis Declaration on Immunization (ADI) commitments. The business case seeks to mitigate the consequences of a substantial reduction of resources available due to both the GPEI ramp-down and countries transitioning out of GAVI support.

24. Since it was launched in 2017, the WHO Global Transformation Plan and Architecture has been informed by experience from the Region. The functional review conducted in almost half of the countries in the Region is being used to rethink the new WHO country operational model. The change management strategic approach and the AFRO Regional Change Network experience have been presented to other regions as a source of inspiration for staff of the Organization on the importance and relevance of change agents in building a new organizational culture.

25. Despite the steady progress in implementing the various activities under the Transformation Agenda, several key challenges have emerged. Effective communication remains a major challenge in demonstrating visible changes in countries. Prioritization continues to be a challenge largely due to the broad diversity of countries and their needs.

NEXT STEPS

26. **Institutionalize Change Management:** The Region shall continue to implement the change management strategy based on four areas identified for implementation: (1) conduct a Region-wide assessment to establish the Organization's readiness for change by identifying bottlenecks that trigger staff resistance to change; (2) identify and encourage desired behaviour among staff by leveraging role models and champions; (3) institutionalize training of staff on change management; (4) sustain the positive changes in staff behaviour through continuous monitoring and evaluation. This work will inform Phase 2 of the Transformation Agenda.

27. **Integrate programmatic Key Performance Indicators (KPIs):** Integrate the KPIs into existing processes, systems and structures of budget centres; further develop the IT solution to facilitate data collection, analysis, and reporting of progress in KPIs, and formulation of performance reports.

28. **Improve WHO capacity at country level:** Continue with the evidence-based Functional Review exercise in the remaining countries. Likewise, refine the review process through lessons and experiences encountered and sustain engagement with Member States, partners and other key stakeholders.

29. **Align the Transformation Agenda with the Global Transformation Plan and Architecture:** Maintain the momentum on implementing the Transformation Agenda while aligning it with the

global Transformation Plan and Architecture to leverage the ideas, resources and strategy being introduced. In line with the strategic priorities of the 13th General Programme of Work, evaluating health systems and delivering results at country level will be at the centre of this alignment. In addition, undertake an extensive documentation exercise to generate reports on the progress of the Transformation Agenda for communication to different stakeholders.

30. Ensure active involvement of Member States in implementing the Transformation Agenda: Assist Member States in identifying areas that need sustained action to ensure that the transformation of the WHO Secretariat delivers the expected tangible outcomes and impacts in the Member States.

31. The Regional Committee took note of the report and proposed next steps.