

THE TRANSFORMATION AGENDA

OF THE
WORLD HEALTH ORGANIZATION
SECRETARIAT IN THE AFRICAN REGION

*Highlights of the
journey so far*



World Health
Organization

REGIONAL OFFICE FOR

Africa

2015–2020

THE TRANSFORMATION AGENDA

OF THE WORLD HEALTH ORGANIZATION
SECRETARIAT IN THE AFRICAN REGION, 2015–2020

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**The Transformation Agenda of the WHO Secretariat in the African Region, 2015–2020
– Highlights of the journey so far**

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FOREWORD



This report provides a bird's-eye view of the Transformation Agenda of the WHO Secretariat in the African Region. It presents highlights of the most significant actions and achievements in the Transformation Agenda journey so far. I launched the Agenda in February 2015, on my assumption of office as the WHO Regional Director for Africa for a five-year mandate covering the period February 2015 to January 2020. The main aim of the Agenda is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in Africa and the reliable and effective protector of Africa's health stock.

This report is intended to serve as a one-stop reference document on the Transformation Agenda. The information presented in the report was compiled through desk reviews of various Information Products as published by the WHO Regional Office for Africa and through discussions with and contributions from selected staff of the Secretariat. It also includes the findings of an independent evaluation of the Transformation Agenda conducted during the first half of 2017. Several reference documents have been listed for readers who may like additional information in order to explore further the major developments, milestones and results of the Transformation Agenda.

The report is organized into 10 chapters as follows:

- **Chapter 1** presents the origin and beginnings of the Transformation Agenda, while highlighting the consultative and inclusive process for its development.
- **Chapter 2** describes the Transformation Agenda including its objectives, focus areas and expected results.
- **Chapter 3** highlights the key strategic actions initiated by the Regional Director during the first 100 days, and some early results, in the five priority areas towards the realization of her vision.
- **Chapter 4** describes the Transformation Programme which is the strategic framework guiding WHO's contribution to sustainable development in Africa, with demonstrable links to the six categories of work of the WHO Twelfth General Programme of Work.
- **Chapter 5** presents highlights of the work done and the key achievements in the efforts to ensure health security, including enhancing regional and country capacity to detect promptly and rapidly and effectively respond to public health threats.
- **Chapter 6** describes the work done and the key achievements in the efforts to ensure the proper functioning of health systems in which all people receive quality and equitable health services without financial and other barriers, and which serve as a vehicle for implementing all disease and life-course programmes towards universal health coverage.
- **Chapter 7** describes the work done and the key achievements in the efforts to ensure that the Secretariat undergoes cultural, programmatic and organizational changes in order to deliver on its mandate.

- **Chapter 8** describes the governance structure put in place to ensure a sound policy direction and smooth implementation of the Transformation Agenda.
- **Chapter 9** highlights the changes and improvements seen as a result of implementing the Transformation Agenda as validated by others outside the WHO Secretariat in the African Region.
- **Chapter 10** presents the key directions of Phase II of the Transformation Agenda, and beyond, while underscoring the need to put people at the centre of change.

We are proud of the several achievements we have realized. The Regional Transformation Agenda is widely recognized as having informed the Director-General's Transformation Programme and the Thirteenth General Programme of Work (GPW 13) which will guide WHO actions for the next five years. Our Member States are thus poised to benefit optimally from the organizational changes in implementing GPW 13.

Progress has been made in several key areas. Epidemic preparedness and response capacity in the Region has improved; there is faster, better coordinated, and more effective response to epidemics. In 2018 alone, WHO helped countries respond to more than 130 disease outbreaks. National leaders at the highest level are committed to epidemic preparedness and control. Through joint advocacy efforts with the African Union Commission, Heads of State and Government adopted a declaration on accelerating the implementation of the International Health Regulations in July 2017.

The capacity and effectiveness of both the WHO Secretariat and countries in addressing disease outbreaks and emergencies has improved. WHO has more staff with the right profiles at the regional and subregional levels, and in the most vulnerable countries; a network of experts is now available and can be quickly deployed to support countries in need. WHO coordinates partners' actions in epidemic responses in countries, working as governments' closest adviser.

The Region is closer to Polio Eradication certification, thanks to leadership, partnership and innovation, and progress towards the elimination of key Neglected Tropical Diseases, including elephantiasis

and river blindness is being made through the actions of WHO AFRO's newly-established Expanded Special Project for Elimination of NTDs (ESPEN). There have been reductions in AIDS-related deaths due to scaled-up treatment access; fewer TB-related deaths following the adoption of new TB medicines and new diagnostic tools; and a lowering of child mortality is being seen due to the scaling up of community management of the major childhood killers; all following WHO AFRO's work, in collaboration with partners, to support countries.

New partners, notably Gulf countries' funds have been mobilized while collaboration with the AU Commission, the Africa CDC and regional economic communities has been intensified. The quality of partnership has been improved, increasing the resources available. The First Africa Health Forum was organized in Kigali, Rwanda in 2017, establishing a platform for exchange, partnership and joint action on health among governments, the private sector, civil society and young people.

We have also learned several lessons. To consolidate and sustain the achievements and changes being seen, there is the need to put people at the centre of change, with the adoption of a bottom-up approach to change, improving leadership, managerial and change management skills at all levels and promoting a healthy and respectful workplace. There is also the need to communicate clearly and make the achievements visible along the way and owned by all. And we also need to ensure that Member States play their part in financing the Secretariat and by making concrete political commitments and investments towards building more robust and resilient national health systems in their countries.

It is our expectation that the achievements and successes highlighted in this report will spur the Secretariat, partners and Member States on to continuously strive 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, within the framework of the "triple billion target" of the WHO Thirteenth General Programme of Work.

An end-term evaluation of the Transformation Agenda will be conducted during the first half of 2020 to assess the progress made, to ascertain the effectiveness and impact of the reforms, and to provide recommendations on the way forward. This evaluation will be an opportunity to validate

the progress made to date and to foster trust and confidence and contribute to organizational learning on how to design and implement efficient, effective and sustainable change.

The WHO Secretariat in the African Region remains committed to consolidating and accelerating the progress made, with emphasis on fostering ownership of the change by all staff members; strengthening delivery at the country level, including shifting resources where appropriate; improving evaluation to guide action; and driving the use of technology both within WHO and in Member States. Innovation, particularly the search for home-grown technologies and solutions to addressing the

Region's health problems, will be central to WHO's work in the Region.

I strongly recommend this report to you all.



Dr Matshidiso Moeti
WHO Regional Director for Africa
Brazzaville, Republic of Congo

March 2019

ABBREVIATIONS

AA-HA!	Accelerated Action for the Health of Adolescents
Africa CDC	Africa Centre for Disease Control and Prevention
ADI	Addis Ababa Declaration on Immunization
AFRO	Regional Office for Africa
AHO	African Health Observatory
AIDS	acquired immunodeficiency syndrome
AMA	African Medicines Agency
AMR	antimicrobial resistance
APHEF	African Public Health Emergency Fund
APOC	African Programme for Onchocerciasis Control
ARCC	African Regional Certification Commission for Polio Eradication
ART	antiretroviral therapy
Af-STEER	Africa: Strategic Technical Engagement with Evidence for Results
AU	African Union
AUC	African Union Commission
AVAREF	African Vaccine Regulatory Forum
BMGF	Bill and Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
CDS	communicable diseases
CFE	Contingency Fund for Emergencies
CMT	Change Management Team
CNN	Cable News network
CRMC	Compliance and Risk Management Committee
DFID	Department for International Development
DHIS	District Health Information System
DRC	Democratic Republic of the Congo
EB	Executive Board
ERF	Emergence Response Framework
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EPI	Expanded Programme on Immunization
EVD	Ebola virus disease
EVIPNet	Evidence-Informed Policy Network
FENSA	Framework of Engagement with Non-State Actors
FRH	Family and Reproductive Health
GAP	Global Action Plan
GCC	Global Certification Commission
GLASS 40	Global AMR Surveillance System
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
GIS	Geographical Information Systems
GMC	General Management and Coordination Cluster
GPW	General Programme of Work
GSM	Global Management System
GSWCAH	Global Strategy for Women's, Children's and Adolescents' Health
GVAP	Global Vaccine Action Plan
HMIS	Health Management Information System
HWF	health workforce
IAG	Independent Advisory Group
ICC	Interagency Coordinating Committee
ICG	International Coordination Group

IFRC	International Federation of the Red Cross
IHR	International Health Regulations
IHRMEF	International Health Regulations Monitoring and Evaluation Framework
IMS	Incident Management System
IPV	inactivated polio vaccine
ITU	International Telecommunication Union
HBHI	high burden to high impact
HHA	Harmonization for Health in Africa
HIV	human immunodeficiency virus
HRH	human resources for health
HSE	Health Security and Emergencies
HSS	Health Systems and Services Cluster
IST	intercountry support team
JEE	joint external evaluation
LIC	low-income country
M&E	monitoring and evaluation
MCHC	maternal and child health care
MCV	measles-containing vaccine
MDR-TB	multidrug-resistant tuberculosis
MICs	middle-income countries
MLM	Mid-Level Management
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NAP	National Action Plan
NAPHS	National Action Plan for Health Security
NCDs	noncommunicable diseases
NHAs	National Health Accounts
NHOs	National Health Observatories
NHRS	National Health Research System
NHWO	National Health Workforce Observatory
NMRA	National Medicines Regulatory Authority
NSAs	Non-State Actors
NTDs	neglected tropical diseases
OPV	oral polio vaccine
PC-NTD	preventive chemotherapy neglected tropical diseases
PCR	polymerase chain reaction
PEC	primary eye care
PEP	Polio Eradication Programme
PHC	primary health care
PHEOC	Public Health Emergency Operation Centres
PIM	Poliovirus Infectious Material
PMTCT	prevention of mother-to-child transmission
PSC	Programme Subcommittee
RC	Regional Committee
RCN	Regional Change Network
RSPI	Regional Strategic Plan for Immunization
RO	Regional Office
RPM	Regional Programme Meeting
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STEPS	STEPwise approach to Surveillance
SHA	System of Health Accounts
SHOC	Strategic Health Operations Centre

TB	tuberculosis
TAR	Tool for African Region Results
UHC	universal health coverage
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
UNOPS	United Nations Office for Project Services
US	United States
USAID	United States Agency for International Development
WAEMU	West African Economic and Monetary Union
WAHF	WHO Africa Health Forum
WAHO	West African Health Organisation
WCC	WHO Collaborating Centre
WCO	WHO Country Office
WHA	World Health Assembly
WHE	WHO Health Emergencies Programme
WHO	World Health Organization
WHO FCTC	Framework Convention on Tobacco Control
WHO PEN	WHO Package of Essential NCD interventions
WPV	wild poliovirus
XDR-TB	extensively drug-resistant tuberculosis



EXECUTIVE SUMMARY

This report – “*The Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 - Highlights of the Journey So Far - March 2019*” – provides a bird’s-eye view of the Transformation Agenda of the WHO Secretariat in the African Region. The Agenda was launched in February 2015 on the assumption of office by the WHO Regional Director for Africa for a five-year mandate covering the period February 2015 to January 2020. Its main aim is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in Africa and the reliable and effective protector of Africa’s health stock.

This report is intended to serve as a one-stop reference document on the Transformation Agenda and presents highlights of the most significant actions and achievements for the period February

2015 to December 2018. The information presented was compiled through desk reviews of various information products produced by the WHO Regional Office for Africa and through discussions with and contributions from staff of the Secretariat. It also includes the findings of an independent evaluation of the Transformation Agenda conducted during the first half of 2017. Several reference documents have been listed for readers who may like additional information in order to explore further the major developments, milestones and results of the Agenda.

The Transformation Agenda of the WHO Secretariat in the African Region is widely recognized as having informed the Director-General’s Transformation Programme and the Thirteenth General Programme of Work which will guide WHO actions from 2019 to 2023.

Chapter 1 presents the origin and beginnings of the Transformation Agenda, while highlighting the consultative and inclusive process of its development. Dr Matshidiso Moeti assumed office as the World Health Organization Regional Director for Africa on 1 February 2015. In her acceptance speech on her election by the Sixty-fourth session of the WHO Regional Committee for Africa – the Organization’s decision-making body in the African Region – in November 2014 in Cotonou, Benin, she declared:

“I have carefully examined our deliberations in this assembly, examined the scientific literature and information coming through our Country Cooperation Strategies. I have identified five interrelated and overlapping priorities. They are: (i) improving health security; (ii) strengthening national health systems; (iii) sustaining focus on the health-related MDGs/SDGs; (iv) addressing the social determinants of health; and (v) transforming the African Region into a responsive and results-driven Organization. These are the priorities I commit myself to and would like to be held accountable for throughout my tenure as the WHO Regional Director for Africa”.

The above pledge was reiterated during her induction speech delivered to the 136th Session of the WHO Executive Board in Geneva, Switzerland in January 2015. The Transformation Agenda is a baby of that pledge. It was developed to bring to life the Regional Director’s commitment to the positive change of transforming the Secretariat and to serve as a programme for accelerating implementation of WHO reform in the Region. The Agenda is the product of an inclusive process comprising wide-ranging consultations on the vision of the Regional Director.

Chapter 2 describes the Transformation Agenda, including its objectives, focus areas and expected results. The Agenda, as bold and ambitious as it is, seeks to engender a regional health organization

that is foresighted, proactive, responsive, results-driven, transparent, accountable, appropriately resourced and equipped to deliver on its mandate; an organization that meets the needs and expectations of its stakeholders. The Agenda is a vision and a strategy for change aimed at facilitating the emergence of “*the WHO that the staff and stakeholders want*”. Its objective is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in Africa and the reliable and effective protector of Africa’s health stock.

The Agenda has four focus areas – pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships, with clearly defined expected results and strategic actions to be implemented in order to achieve them, organized along three levels of timelines. The strategic actions for each focus area were defined and organized along three levels of timelines – actions to commence within the first 100 days; strategic actions for the first two years (deadline, January 2017); and actions that would continue into the third, fourth and fifth years of the term of the Regional Director (up to January 2020). A Performance Monitoring and Evaluation Framework was developed as part of the Agenda.

Chapter 3 highlights the key strategic actions initiated by the Regional Director during the first 100 days, and some early results in the five priority areas towards the realization of her vision that helped set the course for her mandate. The five priority areas are: improving health security, strengthening national health systems, sustaining focus on the health-related MDGs/SDGs, addressing the social determinants of health, and transforming the Regional Office for Africa into a responsive and results-driven organization.

The Regional Director’s first 100 days in office were very eventful. Some of the key achievements were the restructuring of the Regional Office to better address the prevailing health priorities and to set a clear direction and course; paying official visits to the three most affected Ebola virus disease epidemic countries in West Africa – Guinea, Liberia and Sierra Leone –; lobbying for and mobilizing international support for building resilient health systems in the wake of Ebola, helping to stop cholera epidemics in countries such as Malawi, Mozambique and Tanzania, and a meningitis epidemic in Niger,

including mobilizing with key partners 880 000 doses of meningitis tetravalent vaccine leading to a massive drop in meningitis fatalities. The Regional Director also spearheaded the efforts that led to the establishment of a new neglected tropical diseases entity, later to be called ESPEN that would come into effect in January 2016.

In order to strengthen partnerships, the Regional Director reached out to several key partners to share her vision for health development and was able to reach agreements with them on clear collaborative mechanisms. The Regional Director also constituted an Independent Advisory Group comprising high-profile experts, selected on the basis of their personal experience, professional background, gender, geographical origin, and international standing and affiliations to provide her with strategic and policy advice to address the health priorities of the Region.

Chapter 4 describes the Transformation Programme as articulated in “*The Africa Health Transformation Programme, 2015–2020: a vision for universal health coverage*” which is the strategic framework guiding WHO’s contribution to sustainable development in Africa. The Programme presents a vision for health and development that aims to address the unacceptable inequalities and inequities that have kept the Region lagging far behind others in terms of health indices and enjoyment of the highest attainable standard of health. It is underpinned by the Transformation Agenda.

The goal of the *Africa Health Transformation Programme* is to ensure universal access to a package of essential health services in all Member States of the Region and thus achieve universal health coverage with minimal financial, geographical and social obstacles to services. In order to meet this goal, the Programme defined three strategic areas of priority, namely improving health security by tackling epidemic-prone diseases, emergencies and new health threats; driving progress towards equity and universal health coverage; and strengthening the capacity of WHO in the African Region.

The strategic areas of priority have direct links with the six categories of work of the WHO Twelfth General Programme of Work (GPW 12) – communicable diseases; noncommunicable diseases; promoting health through the life course; health systems; preparedness, surveillance and response;

and corporate services and enabling functions to promote institutionalization of the Agenda. Strategic actions or workstreams were defined for these strategic areas of priority and their links with the WHO GPW 12 categories of work clearly established.

Chapter 5 presents highlights of the work done and the key achievements in the efforts to ensure health security, including enhancing regional and country capacity to detect promptly and rapidly and effectively respond to public health threats. Progress has been made on several fronts, including in the areas of high-level advocacy and dialogue on the development and implementation of IHR core capacities; enhancing regional-level capacity to respond to emergencies; enhancing the capacity of countries to prepare for and respond to epidemics, emergencies and humanitarian crises; improving resource allocation for health security and emergencies; and regular monitoring of antimicrobial resistance in the Region.

The capacity of the WHO Secretariat to support Member States to detect and rapidly respond to epidemics and ensure health security in the Region has improved. The Regional Office Health Security and Emergencies Cluster was created in March 2015 by merging programmes dealing with epidemics and disaster management to better manage all public health emergencies in the context of the “all-hazards” approach. Subsequently, the cluster was aligned with the WHO Health Emergencies Programme within the framework of the overall global reform of WHO’s work in emergencies.

The number of professional staff working on emergencies has increased considerably and two Operational Hubs were set up in Dakar and Nairobi, and one Liaison Office in Addis Ababa in 2017 to build the capacity of Member States, leverage existing collaboration with regional and subregional partners, and strengthen communication and partnerships. To streamline WHO operations, an Incident Management System (IMS) was established and is activated for all graded public health events (outbreaks, natural disasters and ongoing humanitarian crises) within 24–48 hours, in line with the WHO Emergency Response Framework. The IMS is the standardized structure and approach that WHO has adopted to manage its response to public health events and emergencies, and to ensure that the Organization follows best practices in emergency management.

Country capacity to implement the International Health Regulations (IHR) has also improved and Member States are now more able to detect and rapidly respond to epidemics. 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 IHR 2005, and for the first time since the adoption of the IHR, all 47 Member States submitted IHR annual reports in December 2017 and 2018.

In compliance with the IHR, Joint External Evaluations (JEEs) to assess the capacity of countries to detect and respond to public health threats have been carried out in 38 countries, and 20 Member States have developed and are implementing National Action Plans for Health Security (NAPHS) for the attainment of all IHR core capacities, thus contributing to strengthened prevention, detection and response capabilities and resilient health systems as well as the attainment of the Sustainable Development Goals.

Several outbreaks have been rapidly brought to an end. Some of the major outbreaks include the yellow fever outbreak in Angola and the Democratic Republic of the Congo in 2016, pneumonic plague in Madagascar in 2017, the Marburg fever outbreak in Uganda in 2017; and the EVD outbreak in the Democratic Republic of the Congo in May 2018. Despite the progress made, much more remains to be done, considering that by December 2018 no country in the African Region had met the required IHR core capacities.

Chapter 6 describes the work done and the key achievements in the efforts to ensure well-functioning health systems in which all people receive quality and equitable health services without financial and other barriers, and which serve as a vehicle for implementing all disease and life-course programmes towards universal health coverage.

An increasing number of Member States have comprehensive, coherent national health policies and plans that have been jointly assessed with partners and coordinated with overall national development plans. By December 2018, forty Member States had such national health policies and plans. Guided by the *“Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the*

African Region” which was adopted by the Sixty-seventh session of the WHO Regional Committee for Africa, WHO is supporting countries to build responsive, resilient health systems.

There have been reductions in the burden of communicable diseases. By the end of 2018, forty-four Member States had adopted and were 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. Four in five people living with HIV in the African Region know their status, and Botswana, Eswatini and Namibia have nearly achieved the “90-90-90” testing and treatment targets. Treatment coverage in West and Central Africa has improved since the development and implementation of catch-up plans in 2016 to accelerate the HIV response, with more than 40% coverage of HIV treatment compared to 28% in 2015.

New TB cases have been declining at a rate of 4% per year since 2015. The decline is even higher (up to 8%) in Eswatini, Lesotho, Namibia, South Africa, Zambia and Zimbabwe. Moreover, progress to reduce and eliminate the five most prevalent neglected tropical diseases (NTDs) amenable to preventive chemotherapy (PC-NTDs) in Africa – lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma – through the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) continues to be made. Ghana, Kenya and Togo are among the countries certified to have eliminated some NTDs in the past three years.

There have been increasing efforts to reduce the burden of noncommunicable diseases. Following the adoption of the *“Regional Framework for Integrating Essential NCD Services in Primary Health Care”* at the Sixty-seventh session of the WHO Regional Committee for Africa, by December 2018, eleven countries had been supported to implement the WHO Package of Essential NCD interventions (WHO PEN) – a package comprising cost-effective NCD actions which can be integrated into primary health care settings. 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.

The African Region is now closer to polio eradication certification. The WHO Regional Office for Africa has

coordinated the actions of Polio Partners in support of five countries in the Lake Chad Basin following proof of wild poliovirus transmission in Boko Haram conflict-affected north-eastern Nigeria. No new cases of wild poliovirus have occurred for the past 30 months, with 36 months being the cut-off point for certification. Forty African Region countries have had their polio-free status documentation accepted by the relevant Certification Commission, and support is being provided for the remaining seven countries to have the whole Region certified polio-free by the end of 2019. The Region has moved closer to polio eradication certification owing to the leadership of national governments, effective collaboration among partners, and the adoption of innovative approaches, including strengthened surveillance and campaigns using geographical information systems.

To guide countries on areas to be prioritized as they plan their work towards UHC and the SDGs, the Secretariat in August 2018 published a report entitled “*The State of Health in the WHO African Region: An analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals: Where we are, Where we need to go*”.

Recognizing the need for the generation and use of home-grown innovations aimed at accelerating better health outcomes and reducing inequities, and inspired by the desire to foster a culture of innovation as part of the Transformation Agenda, the Secretariat launched an **Innovations Initiative** in October 2018 as a deliberate effort to harness health innovations from the Region, delineate their critical paths and work with countries to bring them to scale.

Chapter 7 describes the work done and the key achievements in the efforts to ensure that the Secretariat undergoes cultural, programmatic and organizational changes in order to deliver on its mandate. It shows how tremendous progress has been made in recreating an organizational culture that is defined by the values of excellence, team work, accountability, integrity, equity, innovation and openness, and improving communication and interactions with stakeholders. The following are some of the key achievements:

Staff awareness, engagement, accountability, transparency and ethical behaviour have improved: This is the result of implementing various activities

to build the capacity of staff members, and strengthening their engagement in, and ownership of the Transformation Agenda. Through the work of the Ombudsperson, the Regional Change Network and other actions, there is greater staff awareness of accountability, transparency, ethical behaviour and producing results as shown in the Global WHO staff cultural survey conducted in 2017 – the staff of the WHO Regional Office for Africa have a more positive view of the culture of the Organization than the average score of staff across the Organization.

Managerial accountability, transparency and risk management have improved: Implementation of a value-for-money initiative – the Accountability and Internal Control Strengthening (AICS) Project – including regularly conducting programme management, administrative and compliance reviews, is improving the management of country offices. A key performance indicator (KPI) framework has been developed, and is being monitored and reported quarterly to senior management through the Compliance and Risk Management Committee. Improved leveraging and use of available technologies and tools, especially GSM, Business Intelligence dashboards, the UN global marketplace for large-scale procurement, performance dashboards among others, have resulted in better value for money in the procurement of goods and services, with initial savings of US\$ 1.4 million in 2017 and US\$ 5.1 million in 2018.

Human resource needs have been realigned and gender imbalance is being addressed: A reorganization of the Regional Office staff has been completed, functional reviews conducted in 34 country offices and implementation plans developed for 18 countries. The functional review process has shown that the roles WHO is expected to play vary significantly from country to country, ranging from normative functions to technical support and operations, depending on the complexities of countries and the partnership landscape.

There has been enhanced transparency in recruitment, placement and performance management, and progress has been made towards achieving gender parity and addressing under-represented countries in the recruitment of staff including WHO Representatives. Between December 2015 and December 2017, longer term female staff representation increased from 24.3% to 31.9%, despite the fact that the Region has the lowest level of female candidates expressing interest for



vacancies at the professional level – 23.9% for 2018 versus a global average of 32.7%.

Strategic partnerships are being strengthened: WHO has continued to expand collaboration with key partners, while mobilizing traditional and new partners. WHO's commitment to the Harmonization for Health in Africa platform has been strengthened and the Africa Health Forum established as a platform for engaging with partners, including non-State actors. The quality of partnership has improved, increasing the resources available and the voice of partners as advocates for the work of the WHO Regional Office for Africa. The number of overdue donor reports had reduced from 39% in July 2017 to 8% by December 2018. For the first time in over 12 years, a briefing session for newly appointed Ministers of Health in the WHO African Region was organized.

Communication is being enhanced: There has been enhanced media and stakeholder engagement. The active use of social media and innovative platforms has greatly increased the WHO Regional Office for Africa's reach with public health information, with

epidemics and emergency situation reports being of particular interest and value to health actors in the Region. A strong push is being made to measure WHO's overall performance in contributing to priority health goals through the use of the WHO/AFR Results Framework and the programmatic key performance indicators.

Chapter 8 describes the governance structure put in place to ensure a sound policy direction and smooth implementation of the Transformation Agenda. These include the Executive Management Team; The Transformation Agenda Secretariat; the Ad hoc Advisory Group; the Regional Programme Meeting; the Regional Director's Independent Advisory Group; and the WHO Regional Committee for Africa. During the first quarter of 2018, a revised governance structure was put in place to ensure institutionalization and successful implementation of the Transformation Agenda. A Change Management Team and a Regional Change Network have been established.

Chapter 9 highlights the changes and improvements seen as a result of implementing the Transformation Agenda as validated by others outside the WHO Secretariat in the African Region.

An independent mid-term evaluation of the Transformation Agenda, conducted during the first half of 2017 showed that progress had been made in implementing the Transformation Agenda. There was greater staff awareness of accountability, transparency, ethical behaviour; and partner recognition of the work of the Secretariat had improved. The evaluation concluded that reasonable progress towards achieving the aim of the Transformation Agenda had been made, and there was an emerging change in behaviours and mindset. However, there had also been delays in achieving a number of planned activities which had slowed progress, and weaknesses in communication and change-management support had led to lack of understanding of the Agenda and engagement with it among some staff.

Chapter 10 presents the key directions of Phase II of the Transformation Agenda and beyond, while underscoring the need to put people at the centre of change.

The objectives of Phase II are to consolidate and maximize the gains of the first phase, sharpen WHO's technical focus and performance, enhance the quality of WHO's work and improve the targeting, management and impact of resources to generate value for money, with a focus on "*putting people at the centre of change*". Phase II is aligned with the WHO Director-General's Global Transformation Plan and Architecture for improvements in global health through universal health coverage, health security and health through the life course – one billion more people have universal health coverage, one billion more people are made safer, and one billion lives are improved through the health SDGs.

The six strategic workstreams of Phase II are:

- Strengthening change management processes and enhancing a value-based culture;
- Enhancing the country focus approach for greater impact;
- Growing a stronger focus on the delivery of quality results;

- Promoting efficiency, accountability, quality and value for money;
- Broadening the engagement with Member States and Partners; and
- Ensuring improved communication of the work of the Secretariat towards improving health outcomes in the Region.

The report shows that "The Journey So far" since the Transformation Agenda was launched by the WHO Regional Director for Africa in 2015 has seen positive changes which are helping Member States in the African Region to make 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.

Several lessons have also been learned along the way. To consolidate and sustain the achievements and changes being seen, there is the need to put people at the centre of change, with the adoption of a bottom-up approach to change, improving leadership, managerial and change management skills at all levels and promoting a healthy and respectful workplace. There is also the need to communicate clearly and make the achievements visible along the way and ensure that they are owned by all. And there is also the need to ensure that Member States play their part in financing the Secretariat and by making concrete political commitments and investments towards building more robust and resilient national health systems in their countries.

The WHO Secretariat in the African Region remains committed to consolidating and accelerating the progress made in implementing the Transformation Agenda, with emphasis on fostering ownership of the change by all staff members; strengthening delivery at the country level, including shifting resources where appropriate; improving evaluation to guide action; and driving the use of technology both within WHO and in Member States. Innovation, particularly the search for home-grown technologies and solutions to addressing the Region's health problems, will be central to WHO's work in the Region.



1 1. THE TRANSFORMATION AGENDA – THE BEGINNINGS

1.1 The context

Dr Matshidiso Moeti assumed office as the World Health Organization (WHO) Regional Director for Africa on 1 February 2015. In her acceptance speech on her election by the Sixty-fourth session of the WHO Regional Committee for Africa – the Organization’s decision-making body in the African Region – in November 2014 in Cotonou, Benin, she declared:

“I have carefully examined our deliberations in this assembly, examined the scientific literature and information coming through our Country Cooperation Strategies. I have identified five interrelated and overlapping priorities. They are: (i) improving health security; (ii) strengthening national health systems; (iii) sustaining focus on the health-related MDGs/SDGs; (iv) addressing the social determinants of health; and (v) transforming the African Region into a responsive and results-driven Organization. These are the priorities I commit myself to and would like to be held accountable for throughout my tenure as the WHO Regional Director for Africa”.

The above pledge was reiterated during her induction speech delivered to the 136th Session of the WHO Executive Board in Geneva, Switzerland in January 2015 (Annex 1).



The assumption of office of the new WHO Regional Director for Africa raised the expectations of Member States and regional and global stakeholders of a new and better way of doing business for WHO in the African Region. There was anticipation of accelerated implementation and institutionalization of the WHO reform agenda in the Region, as well as expected improvements in the effectiveness, timeliness and efficiency of WHO actions in support of Member States, in line with the Organization's mandate.

The need to speed up the WHO reform programme had been brought into sharp focus by the 2014 Ebola virus disease (EVD) epidemic in West Africa. This led to widely expressed concerns by the international community about the response of WHO. Some of the issues that had come to the fore were the perceived misalignment of WHO's organizational structure and technical capacity to deliver on its mandate in the African Region and the need to improve human resource management and operations. The global community expected WHO to deliver on its mandate and, indeed regional and global stakeholders wanted to see in place an appropriately resourced and equipped WHO, responsive and effective in strengthening national health systems; coordinating disease prevention and control, including outbreak preparedness and response; and launching supranational actions in support of global health security.

"The Transformation Agenda of the WHO Secretariat in the African Region, 2015–2020" – hereinafter referred to as *"The Transformation Agenda"*, was developed to bring to life the Regional Director's commitment to the positive change of transforming the Secretariat and to serve as a programme for accelerating implementation of WHO reform in the WHO African Region.

With effect from 2012, WHO initiated a comprehensive series of reforms in order to adjust its ways of adapting to the evolving health and development challenges; shifts in national institutions and capacities; variations in the global health and development cooperation environment; and the changing expectations of WHO Member States and other partners to make the Organization fit for purpose and better equipped to address the increasingly complex health challenges of the 21st century. The reforms had three components – programmatic (to improve people's health); governance (to increase coherence in global health); and managerial (in pursuit of organizational excellence).

1.2 Inclusive process for the development of the Transformation Agenda

The Transformation Agenda is the product of wide-ranging consultations on the vision of the Regional Director, declared at both the Sixty-fourth session of the WHO Regional Committee for Africa and at the 136th Session of the WHO Executive Board. These consultations included the strategy meetings of a Transition Team, which was constituted by the Regional Director, held between December 2014 and March 2015 in Johannesburg, South Africa, and strategic reviews by Senior WHO staff members in the African Region – Directors, Heads of WHO country offices, Programme Managers and Unit Coordinators – at the Fiftieth Regional Programme Meeting (RPM) convened in April 2015 at the WHO Regional Office in Brazzaville, Congo.

At its meeting in Johannesburg in January 2015, the Transition Team, after analysing the strengths, weaknesses, opportunities and threats of *"The AFRO We Have"*, taking into consideration the ongoing WHO reform in improving management, leadership and technical performance, and proposing the characteristics of *"The WHO/AFRO We Want"*, produced a working draft of the *"AFRO Transformation Agenda"*.

“The WHO/AFRO We Want” was defined by the Transition Team as the WHO Secretariat in the African Region:

- where staff members are fully qualified, technically competent, supported and responsive to the needs of Member States;
- that is proactive in identifying the needs of Member States and guiding countries and partners on the right things to do;
- that is less bureaucratic, more open and transparent and responds to country and stakeholder needs in a timely manner;
- that is innovative – an organization that encourages new ideas and supports their validation and adoption; and
- that embraces an entrepreneurial culture characterized by responsiveness, resourcefulness, proactivity, and excellence.

also agreed that individual country and Intercountry Support Team offices should hold briefing meetings at which staff could provide additional inputs, and that these comments should be sent back to the Regional Office for inclusion in the final document.

The Regional Programme Meeting was followed by workshops organized for staff members at all WHO country offices, Regional Office Clusters and Intercountry Support Teams. Extensive consultations were held with staff members on their contributions to the transformation of the Organization in order to deliver even better health for the people in the Region. The WHO Representatives (WRs) also held consultations on the Transformation Agenda with stakeholders at country level and submitted their views to the Regional Office. The Regional Staff Association expressed their unequivocal support for the Transformation Agenda and WHO’s work.

The meeting adopted a revised Kotter’s eight-step transformation implementation model to be followed:

- Step 1:** Communicate the demand for change.
- Step 2:** Assemble an influential group of people for change who can work well together.
- Step 3:** Communicate a vision to guide the change process together with strategies for success.
- Step 4:** Adopt a variety of ways to communicate the vision, accompanying strategies and new behaviours by means of a communication plan, while not forgetting one’s key stakeholders.
- Step 5:** Get rid of obstacles to change (problematic structures or systems). Allow people to experiment and innovate.
- Step 6:** Look for and advertise short-term visible improvements; plan these and reward people publicly for improvements.
- Step 7:** Promote and reward those able to promote and work towards the vision; energize the process of change with new projects, resources, and change agents.
- Step 8:** Ensure that everyone understands and embraces the new behaviours and links them to corporate productivity and success.

The Fiftieth Regional Programme Meeting (RPM), organized in March 2015 in the Regional Office was dedicated to the review and finalization of the Transformation Agenda. The meeting was attended by the Regional Director, the Director for Programme Management, Cluster Directors, Heads of WHO Country Offices, Programme Managers and Unit Coordinators, and Management Officers. The meeting reached consensus on the key elements of the Agenda, including its objectives, focus areas, expected results and strategic actions. The meeting

In the finalization of the Transformation Agenda, the views and suggestions of WHO staff outside the African Region and of people outside WHO were also taken into consideration. For example, in her first meeting with the Diplomatic Corps accredited to the Republic of Congo in April 2015, the Regional Director presented the Transformation Agenda and received positive feedback from the ambassadors. The Regional Director’s annual meetings with the Diplomatic Corps serve as information and sensitization sessions for diplomats accredited to

the Republic of Congo and based in Brazzaville where the WHO Regional Office for Africa is hosted since 1952. According to Dr Moeti, *“The central aim of these encounters has been to engage and influence foreign policy and development actors and processes that impact on the broad area of development cooperation and to facilitate action to promote and protect the health of the people of Africa”*.

The Sixty-fifth session of the WHO Regional Committee for Africa: The Regional Director presented the Transformation Agenda to the Sixty-fifth session of the Regional Committee. Member States expressed their appreciation for the Transformation Agenda, congratulated the Regional Director on the progress achieved and further

pledged their commitment to fully support its implementation.

The delegates emphasized the need to involve ministers of health and stakeholders in implementing the Transformation Agenda and to ensure alignment with the World Health Assembly resolution on global reform. Member States expressed their commitment to supporting the Secretariat in implementing the Transformation Agenda and called on WHO to report regularly to the Regional Committee on progress made; develop a results framework for monitoring; and support Member States to strengthen mechanisms for monitoring and reporting on the utilization of funds.

1.3 Reference Documents

- Acceptance Speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th Session of the WHO Executive Board Geneva – January 2015;
<https://www.afro.who.int/regional-director/speeches-messages/acceptance-speech-dr-matshidiso-rebecca-moeti-who-regional>
- World Health Assembly Resolution on WHO Reform (WHA65/9);
http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf#page=25
- Meeting Report: The Brainstorming Meeting on the “AFRO Transformation Agenda”; Johannesburg, Republic of South Africa; 19–21 January, 2015.
- Regional Programme Meeting; Fiftieth Session (RPM50) on Acceleration of the AFRO Transformation Agenda; Brazzaville, Republic of Congo, 9–11 April 2015; Final Report; WHO Regional Office for Africa;
http://intranet.who.int/afro/cis/documents/documents2/final%20rpm50%20report_1.pdf
- Sixty-fifth session of the WHO Regional Committee for Africa; N’Djamena, Republic of Chad, 23–27 November 2015;
<https://www.afro.who.int/sites/default/files/sessions/final-reports/afr-rc65-14-report-of-the-regional-committee---final0502.pdf>
- The Transformation Agenda of the World Health Organization Secretariat in the African Region; 2015–2020;
https://www.afro.who.int/sites/default/files/pdf/generic/Transformation_agenda_english.pdf

2. THE TRANSFORMATION AGENDA – WHAT IT IS

“The Transformation Agenda is a vision and a strategy for change aimed at facilitating the emergence of “the WHO that the staff and stakeholders want”.

–Dr Matshidiso Moeti, WHO Regional Director for Africa

The Transformation Agenda of the WHO Secretariat in the African Region, 2015–2020, is a bold and ambitious agenda that seeks to engender a regional health organization that is foresighted, proactive, responsive, results-driven, transparent, accountable, appropriately resourced and equipped to deliver on its mandate; an organization that meets the needs and expectations of its stakeholders. It is a vision and a strategy for change aimed at facilitating the emergence of “the WHO that the staff and stakeholders want”.

2.1 Objective, Focus Areas and Alignment with the WHO Reform Programme

The objective of the Transformation Agenda for the period 1 February 2015 to 31 January 2020 is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in Africa and the reliable and effective protector of Africa’s health stock. The period represents the mandate of the Regional Director.

The Transformation Agenda has four focus areas – pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships. The managerial, programmatic and governance themes of the WHO reform were factored into its development. Each of these focus areas is closely aligned with specific outcomes of the WHO reform programme.

Pro-results values: The purpose of this focus area is to foster the emergence of an organizational culture that is defined by the values of excellence, team work, accountability, integrity, equity,



innovation and openness. It is aligned with the WHO managerial reform area through the “accountability and transparency” and “strengthened culture of evaluation” outcomes.

Smart technical focus: This implies that the technical areas of WHO’s work in the African Region will be prioritized in line with regional priorities and commitments, and interventions will be based on evidence and lessons learned from experience. This focus area contributes to WHO’s managerial reform through the outcome on “effective technical and policy support for all Member States”, and the programmatic reform theme through the outcome: “WHO’s priorities defined, addressed and financed in alignment with agreed priorities.”

Responsive strategic operations: The goal of this focus area is for the Secretariat to evolve into an organization with enabling functions that efficiently

support the delivery of programmes. This area is aligned with WHO’s managerial reform through 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”.

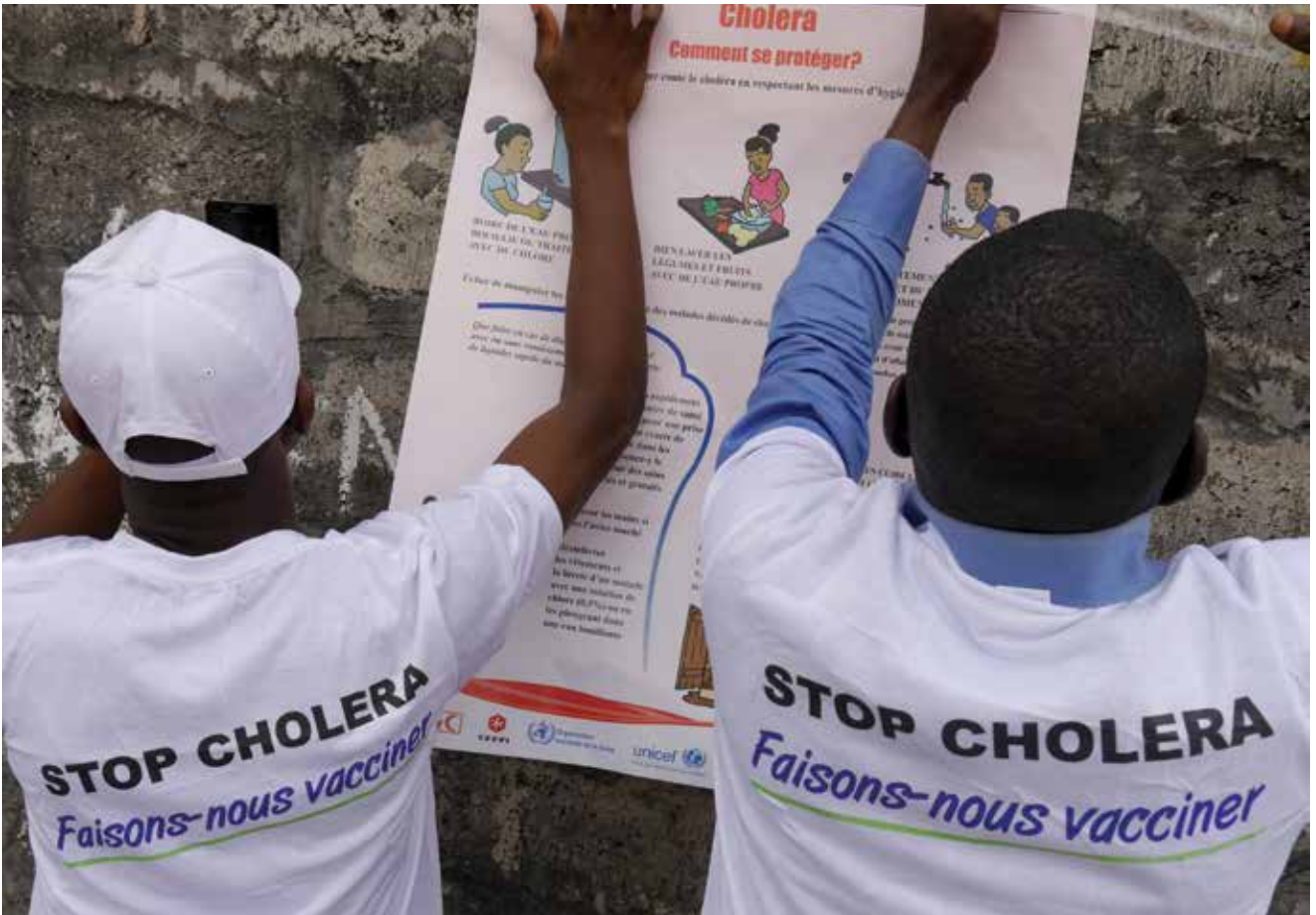
Effective communications and partnerships: This focus area seeks to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders. It is aligned with WHO’s managerial reform through the outcomes: “strengthened culture of evaluation”; and “improved strategic communication”. It is also aligned with the governance reform through the outcomes: “streamlined reporting of and communication with Member States”; and “strengthened effective engagement with other stakeholders”.

2.2 Expected Results of the Focus Areas

For each of the four transformational focus areas, a set of expected results were defined (Table 1).

TABLE 1: The Transformation Agenda – Focus Areas and Expected Results

FOCUS AREA	EXPECTED RESULTS
Pro-results values	<ul style="list-style-type: none"> ▪ Enhanced accountability by individuals and teams ▪ Improved fairness in rewards ▪ Recognition and sanctions for staff members ▪ Responsive, supportive and inclusive teams ▪ Enhanced ethical standards for staff
Smart technical focus	<ul style="list-style-type: none"> ▪ Ebola virus disease epidemic controlled ▪ Strengthened regional capacity for health security, including effective preparedness and timely response to disease outbreaks and emergencies, and polio eradication ▪ Accelerated progress on the Millennium Development Goals (MDGs) and implementation of the Sustainable Development Goals (SDGs) ▪ Functional cross-cutting systems approach within the WHO African Region facilitating progress towards universal health coverage (UHC) ▪ Enhanced knowledge management.
Responsive strategic operations	<ul style="list-style-type: none"> ▪ Human, financial and material resources aligned with the identified priorities ▪ Strengthened WHO human resource capacity ▪ Enhanced transparency in recruitment, placement and performance management ▪ Improved efficiency and accountability in the areas of finance, procurement and general management ▪ Improved leveraging and use of available technologies and tools, especially the Global Management System (GSM) and Business Intelligence dashboards
Effective communications and partnerships	<ul style="list-style-type: none"> ▪ Enhanced internal communication between and across all the three levels of the Organization ▪ Reinforced external communication ▪ Strengthened strategic partnerships.



2.3 Strategic Actions and Performance Monitoring

In order to achieve each expected result, strategic actions were defined. The strategic actions for each area were organized along three levels of timelines – actions to commence within the first 100 days; strategic actions for the first two years (deadline, January 2017); and actions that would continue into the third, fourth and fifth years of the term of the Regional Director (up to January 2020). A Performance Monitoring and Evaluation Framework was developed as part of the Transformation Agenda. With the core thrust of the Agenda being accountability, the Principal Change Agents, supported by the Country and Intercountry Support Team (CIS) in the Regional Office were expected to develop and oversee the implementation of rolling plans with a set of performance indicators and milestones. It was also envisaged that implementation of the Agenda would be evaluated at mid-term and end-term and would address the following questions:

- Have we become more results-focused or not? Do we have a better delivery culture?
- Have our behaviours changed?
- Have our processes become more efficient and faster? Have our relationships with partners improved?

2.5 Reference Documents

- The Transformation Agenda of the World Health Organization Secretariat in the African Region; 2015-2020; https://www.afro.who.int/sites/default/files/pdf/generic/Transformation_agenda_english.pdf
- World Health Assembly resolution on WHO Reform (WHA65/9); http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf#page=25

- Have we become an appropriately resourced and equipped regional health organization that is foresighted, proactive, responsive, results-driven, transparent and accountable?
- Have we become an organization that is a clear leader in health in the Region and that meets the needs and expectations of its stakeholders?

2.4 Risk Management

A Risk Management Framework was also developed. The following were identified as risks which had to be monitored and actions taken to mitigate them when necessary:

- Missed timeframes
- Inadequate resources (funding, time)
- Scepticism of partners
- Staff indifference, passivity, complacency and resistance
- Inability to institutionalize the required transformation
- Inability to keep the transformation process simple
- Overwhelmed Transformation Champion and Change Agents.



3

3. SETTING THE COURSE FOR THE TRANSFORMATION AGENDA – THE FIRST 100 DAYS

The Regional Director's first 100 days in office were very eventful. To better address the prevailing health priorities and to set a clear direction and course, she took the following early actions to restructure the Regional Office:

- **The Health Security and Emergencies (HSE) Cluster** was set up to merge the then existing Outbreak Response, International Health Regulations, and Disaster and Emergency Response programmes.
- **The Noncommunicable Disease (NCD) Cluster** was set up to address the emerging threat of NCDs and their risk factors, as well as mental health, violence and injuries.
- **The Communicable Disease (CDS) Cluster** was set up to focus on key priorities in the African Region such as HIV, TB, malaria, NTDs, and public health and the environment.
- **The Family and Reproductive Health (FRH) Cluster** was put in place to focus on health throughout the life course, nutrition and immunization.
- **The General Management and Coordination (GMC) Cluster** was established to help the Region ensure better compliance and financial accountability in all its work.
- **The Health Systems and Services (HSS) Cluster** was to focus on health policy development, financing and access, integrated service delivery, and health information and knowledge management. Essentially, HSS was to contribute to the realization of universal health coverage in the Region.

A new Programme for the Eradication of Polio was established in the Office of the Regional Director, to give it the requisite visibility and strong leadership for the polio end-game and legacy.

A new Unit for Health Promotion and Social and Economic Determinants was set up in the office of the Director for Programme Management, given the cross-cutting nature of this function.

This chapter highlights the key strategic actions initiated by the Regional Director within the first 100 days of her mandate, and some early results in the five priority areas towards the realization of her vision.



3.1 Priority 1: Improving Health Security

In line with the emphasis placed on supporting the effort to reach zero Ebola cases in West Africa, the Regional Director visited the three most affected countries – Guinea, Liberia and Sierra Leone – in March 2015 during her second month in office. The visits afforded her the opportunity to gain first-hand insight into the ongoing response and recovery efforts, and witness the incredibly strong leadership and commitment of countries, communities and partners in tackling the epidemic. As well as meeting the Presidents of Guinea, Liberia and Sierra Leone and with development partners, visiting Ebola Treatment Units and District Emergency Response Centres, she met with Ebola survivors and spoke with members of the community who had been seriously affected by the epidemic.

In an effort to help these countries recover, the Regional Director, in April 2015, attended a meeting on developing more resilient health systems in the wake of Ebola, organized by the World Bank Group, USAID and WHO, where she underscored the need for development partners to better align their efforts with country plans and priorities, and for countries to also invest their domestic resources to ensure adequate preparedness for any public health event.

Other pressing health issues in the Region were dealt with during that period. For instance, WHO/AFRO quickly supported the Ministry of Health and Social Welfare of Tanzania to rapidly bring a raging cholera epidemic to a halt, alongside other UN Agencies and health partners. Other cholera epidemics in Malawi and Mozambique were contained. In order to support Niger's Ministry of Public Health reverse

a meningitis outbreak, WHO, in conjunction with the International Coordinating Group on vaccine provision for epidemic meningitis control and the US Centers for Disease Control and Prevention (US CDC) mobilized 880 000 doses of meningitis tetravalent vaccine and supported immunization campaigns targeting children between the ages of 2 and 15, leading to a massive drop in meningitis fatalities.

The Regional Director's experiences during her first 100 days in office led her to conclude as follows:

“My first 100 days have seen promising progress in improving health security in the Region. In order to build on the extraordinary efforts by governments, people and international health partners, we – WHO, Member States and partners – must continue to work together closely to address regional and global vulnerability to epidemics and emergencies. Maximizing the skills and expertise each of us possesses to reach zero Ebola cases is critical. So too is deepening community dialogue and strengthening cross border collaboration, so we can act quickly on potential new cases and control any new chains of transmission”.

3.2 Priority 2: Strengthening National Health Systems

As the first steps in the efforts to improving health systems in the Region, a region-wide assessment on universal health coverage and primary health care was initiated to help establish baseline data for monitoring future health trends. Work on key guidance documents such as a strategy to guide AFRO's health systems work, a regional strategy on UHC, a regional strategy to improve national health research and knowledge systems in support of health systems building was commenced.

To assist health systems recovery in the three worst affected EVD countries, the Regional Director established a Public Health Security and Emergencies Task Force. The Task Force developed the *“WHO/AFRO Strategy for a coordinated EVD response, health services recovery, outbreaks preparedness and building resilient health systems 2015–2018”*. This was used to develop new investment plans for more robust and resilient health systems in the three worst affected countries and the 14 priority neighbouring countries. These plans, unveiled at the 2015 spring meeting of the World Bank and IMF, received initial pledges worth US\$ 450 million from donors.

Reflecting on her first 100 days in office, the Regional Director stated:

“Some of the key learnings that have surfaced during my first 100 days include the fact that there must be far better coordination among donors and partners so resources are effectively aligned for optimal results. Countries must take ownership and leadership of health systems strengthening, and continue to engage with all decisions and actions. Core service elements, such as effective health information systems, innovative community engagement, and efficient and coherent logistics and supply systems, must no longer be fragmented along programme lines. Instead, these elements require core investments to be made by all partners and programs to build joint resilience to shocks. An essential component of that resilience is ensuring health workers have the skills needed to maintain critical services, and are motivated to do their jobs well”.

3.3 Priority 3: Sustaining Focus on the Health-related MDGs/SDGs

The Regional Director assumed office at a time when the African Programme for Onchocerciasis Control (APOC), which had led the fight against river

blindness, was set for closure at the end of December 2015. Recognizing that the efforts to meet the 2020 NTDs elimination targets must continue unabated, the Regional Director convened a meeting in April 2015, in Johannesburg, during which countries and partners agreed on the establishment of a new NTD entity, later to be called ESPEN that would come into effect in January 2016.

Recognizing that the African Region was still bearing the brunt of HIV, the Regional Director, in May 2015, participated in a consultative meeting in Johannesburg on the development of Global Health Sector Strategies for three key global health challenges – HIV/AIDS, sexually transmitted infections and viral hepatitis. She called for the full integration of the efforts to address these diseases into health sector investments and alignment with the SDGs so they do not become peripheral to the post-2015 goals.

Reflecting on her first 100 days in office, the Regional Director stated:

“Member States should plan to adapt and implement the post-2015 programme of work, which includes the unfinished MDGs agenda, and take actions towards Universal Health Coverage, a component of Goal 3 of the Sustainable Development Goals. They must increase domestic investment in both health systems and the broad determinants of health. Countries should also maintain dialogue with health development partners and work towards achieving a predictable, harmonized and aligned increase in health investment.”

3.4 Priority 4: Addressing the Social Determinants of Health

In order to promote multisectoral work on the social determinants of health, the Regional Director created the Health Promotion and Social and Economic Determinants Unit under the Office of the Director for Programme Management. This would ensure coordinated support for improving the ability of ministries of health to tackle the social determinants of health, with the help of other sectors.

One major achievement in this area during the first 100 days was the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products by the Republic of Congo. In addition, Burkina Faso, Chad and Namibia were supported to adopt regulations to introduce pictorial health warnings on tobacco

products. Such steps will go a long way towards increasing public awareness of the health dangers of tobacco use.

Looking ahead, the Regional Director stated:

“I strongly believe that health must be placed at the centre of development, and at the centre of all our concerns, plans and policies. This means tackling the innumerable factors that affect health status – the social determinants of health”.

3.5 Priority 5: Transforming the Regional Office for Africa into a Responsive and Results-driven Organization

In addition to restructuring the Regional Office, the Regional Director initiated a project to improve existing business processes. These processes included financial management, human resources, procurement, and definition of the optimal staffing required to conduct the work of WHO in the Region and various models of service delivery which could be implemented to increase efficiency and cost-effectiveness.

Strengthening partnerships is one of the key priorities of the Transformation Agenda. In line with this, the Regional Director, in meetings with Heads of State, Ministers of Health, UN agency Heads and Executives, African Union Leaders, and other key partners such as the Bill and Melinda Gates Foundation, shared her vision for health development in the Region. Notable inroads were made, including agreements reached with the Executive Secretary of the United Nations Economic Commission for Africa to strengthen the capacity of countries in data and knowledge management; with the UN Under-Secretary General and UNFPA Executive Director for working together around local production of HIV drugs; a Memorandum of Understanding with the UN Office for Project Services (UNOPS) Regional Director for Africa for health service delivery on the continent; and an agreement with the African Union Commissioner for Social Affairs to develop clear collaborative mechanisms between WHO and the AUC and for support to the Africa Centre for Disease Control and Prevention to be launched later during the year.

In interviews with various media outlets, including the BBC, Botswana’s GabzRadio, CNN, the Lancet, Agence France-Press, and the US National Public Radio, the Regional Director highlighted her efforts

to strengthen health and economic security in Africa, as well as transform WHO/AFRO into a more responsive, results-driven, transparent and accountable Organization. As Ebola had been the rallying point for much of the recent media coverage, she also highlighted the key role WHO was playing in the Ebola response and appealed for increased financial support from the international community, towards national health recovery in the Ebola-affected countries.

The Regional Director constituted an Independent Advisory Group (IAG) comprising high-profile experts, selected on the basis of their personal experience, professional background, gender, geographical origin, and international standing and affiliations to provide her with strategic and policy advice to address the health priorities of the Region. The first meeting of the IAG, organized just after the 100 days (May 2015) in Johannesburg called on WHO/AFRO to show stronger health leadership by moving away from attempting to coordinate or compete with partners, and rather focus on addressing the challenge of how to be a good partner. They advised WHO to pursue closer collaboration with the African Union Commission, as a critical and catalysing partner in meeting the political, technical and resource implications of implementing the Transformation Agenda. The group also underscored the need to address the unacceptable inequities and injustices that cause the African Region to lag behind other WHO Regions in terms of various health indices.

Looking forward, the Regional Director stated:

“I am confident that the changes we have initiated and our commitment to working in a more responsive, results-focused and accountable manner with Member States and partners will go a long way in improving our effectiveness. We are determined to help accelerate the building of resilient health systems that prevent and manage disease and assure health security and improve the health and well-being of the people in the WHO African Region”.

3.6 Reference Documents

- The Transformation Agenda of the World Health Organization Secretariat in the African Region; 2015–2020; https://www.afro.who.int/sites/default/files/pdf/generic/Transformation_agenda_english.pdf
- Leading Change for Enhanced Performance; My First 100 Days in Office; <https://www.afro.who.int/regional-director/regional-director-reports/leading-change-enhanced-performance-african-region-my>
- WHO AFRO Strategy for a coordinated EVD response, health services recovery, outbreaks preparedness and building resilient health systems – 2015–2018
- First Meeting of the Independent Advisory Group (IAG) to the WHO Regional Director for Africa. World Health Organization: 2015



4

4. INSTITUTIONALIZING THE TRANSFORMATION AGENDA - THE AFRICA HEALTH TRANSFORMATION PROGRAMME

The first year of implementation of the Transformation Agenda, 2015, coincided with the planning processes for the preparation of the WHO Programme Budget 2016–2017. It also saw the adoption of the 17 SDGs and their associated 169 targets to guide global development over the 15 years to 2030, with Goal 3 aiming to “ensure healthy lives and promote well-being for all at all ages”. These, together with the lessons learned during the first 100 days, provided the WHO Secretariat in the African Region with an opportunity to institutionalize the Transformation Agenda by developing the Africa Health Transformation Programme.

4.1 The Africa Health Transformation Programme

The Africa Health Transformation Programme, as articulated in “*The Africa Health Transformation Programme, 2015–2020: a vision for universal health coverage*”, is the strategic framework guiding WHO’s contribution to sustainable development in Africa. It is underpinned by the Transformation Agenda which seeks to strengthen and reorient WHO’s capacity and work in the African Region towards a more effective, efficient and results-driven approach in addressing regional and country priorities.

The Transformation Programme presents a vision for health and development that aims to address the unacceptable inequalities and inequities that have kept the Region lagging far behind others in terms of health indices and enjoyment of the highest attainable standard of health. It presents key deliverables for the five-year mandate of the

WHO Regional Director for Africa (February 2015 to January 2020). Acknowledging that achieving health transformation in Africa will require concrete results and the active involvement of all Member States, development partners and stakeholders, expected country health outcomes and impact targets were defined.

The goal of the *Africa Health Transformation Programme* is to ensure universal access to a package of essential health services in all Member States of the Region and thus achieve universal health coverage with minimal financial, geographical and social obstacles to services. Towards meeting this goal, the Programme defined three strategic areas of priority.

They are:

- Improving health security by tackling epidemic-prone diseases, emergencies and new health threats;
- Driving progress towards equity and universal health coverage; and
- Strengthening the capacity of WHO in the African Region.

These have direct links with the six categories of work of the WHO Twelfth General Programme of Work (GPW 12) – communicable diseases; noncommunicable diseases; promoting health through the life course; health systems; preparedness, surveillance and response; and corporate services and enabling functions to promote institutionalization of the Transformation Agenda.

4.2 Strategic Areas of Priority

Table 2 presents the strategic actions or workstreams for these strategic areas of priority and their links with the WHO GPW 12 categories of work.

TABLE 2: Strategic Areas of Priority, Strategic Actions and GPW Categories of Work

STRATEGIC AREAS OF PRIORITY	STRATEGIC ACTIONS OR WORKSTREAMS	LINKAGES WITH GPW 12 CATEGORIES
Improving health security by tackling epidemic-prone diseases, emergencies and new health threats	<ul style="list-style-type: none"> ▪ High-level advocacy and dialogue on the development and implementation of IHR core capacities ▪ Enhancing the capacity of countries to prepare for and respond to epidemics, emergencies and humanitarian crises ▪ Enhancing regional-level capacity to respond to emergencies ▪ Improving resource allocation for health security and emergencies ▪ Regular monitoring of antimicrobial resistance in the Region 	<p>Category 5: Preparedness, surveillance and response</p>
Driving progress towards equity and universal health coverage	<ul style="list-style-type: none"> ▪ Supporting the development of a regional roadmap for the implementation of UHC ▪ Supporting countries to translate health-related SDGs into relevant national goals and targets ▪ Investing in the expansion of knowledge generation, utilization and management capacity ▪ Strengthening and coordinating partnerships for the achievement of SDGs 	<p>Category 1: Communicable diseases;</p> <p>Category 2: Noncommunicable diseases</p> <p>Category 3: Promoting health through the life course</p> <p>Category 4: Health systems</p>
Strengthening the capacity of WHO in the African Region	<ul style="list-style-type: none"> ▪ Mainstreaming WHO reforms ▪ Enhancing human resource capacity at all levels ▪ Strengthening country focus ▪ Improving efficiency, compliance and accountability in operations ▪ Strengthening partnerships for health ▪ Enhancing strategic communications 	<p>Category 6: Corporate services and enabling functions</p>

4.3 Implementation and Accountability Framework

The implementation and accountability framework of the Transformation Programme requires that the Regional Director prepare progress reports on the status of implementation at the end of each biennium and publish a final report in July 2019 to be submitted to the Sixty-ninth session of the WHO Regional Committee for Africa – the final session of the Regional Committee during the five-year mandate of the Regional Director. This is in addition to the existing statutory semi-annual monitoring and mid-term review mechanisms of WHO's work.

It was envisaged that the Regional Director would work with countries to develop health performance scorecards for ensuring accountability of Member States for relevant resolutions and decisions adopted at meetings of the African Union and WHO governing bodies.

It was further envisaged that members of the Regional Director's Independent Advisory Group would provide advice and feedback on the Transformation Programme during and in between their meetings.

4.4 Reference Documents

- The Africa Health Transformation Programme 2015–2020: A Vision for Universal Health Coverage; <https://www.afro.who.int/sites/default/files/2017-06/full%20repoty.pdf>
- Twelfth General Programme of Work (2014–2019) https://www.who.int/about/resources_planning/twelfth-gpw/en/
- Second Meeting of the Independent Advisory Group (IAG) to the WHO Regional Director for Africa, October 2016. World Health Organization
- Leading Change for Enhanced Performance; My First 100 Days in Office; <https://www.afro.who.int/regional-director/regional-director-reports/leading-change-enhanced-performance-african-region-my>



5

5. IMPROVING HEALTH SECURITY BY TACKLING EPIDEMIC-PRONE DISEASES, EMERGENCIES AND NEW HEALTH THREATS

The Transformation Programme recognized that health security is central to health development, while prompt and effective responses to breaches are crucial for sustaining community health and economic development. It was therefore necessary to strengthen health security. Towards this end, the following workstreams were articulated:

- High-level advocacy and dialogue on the development and implementation of IHR core capacities
- Enhancing regional level capacity to respond to emergencies
- Enhancing the capacity of countries to prepare for and respond to epidemics, emergencies and humanitarian crises
- Improving resource allocation for health security and emergencies
- Regular monitoring of antimicrobial resistance in the Region.

The following sections describe the work done and the key achievements related to these workstreams.

5.1 High-level advocacy and dialogue on the development and implementation of IHR core capacities

WHO has been working with several global initiatives on health security, and there is ongoing advocacy for coordinated action among Member States and partners to improve preparedness, alert and response, and to strengthen cross-country and cross-institutional collaboration. High-level advocacy and dialogue to improve the capacity of Member States to rapidly detect and respond to epidemics have led to the adoption of several resolutions at the global and regional levels, including the 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: January 2015, and the Sixty-eighth World Health Assembly decision WHA68(10) on the 2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on the Ebola Emergency, Geneva: May 2015.

At the regional level, the Sixty-sixth session of the WHO Regional Committee for Africa adopted a *Regional strategy for health security and emergencies 2016–2020* in Addis Ababa in August 2016. The Regional Office has also been broadening partnership for strengthening emergency responses. Key partners include the UK Government through the “Tackling Deadly Diseases in Africa” project, the US CDC and the Africa Centre for Disease Control and Prevention (Africa CDC).

WHO provided support to the African Union Commission (AUC) to develop a resolution on the International Health Regulations (IHR 2005) to advocate for health security at the highest level in the Region. In July 2017, African Heads of State endorsed a declaration to accelerate implementation of the IHR (2005). It called on WHO and the AUC to work together to support and monitor its implementation. In February 2018, WHO and the AUC held discussions with a delegation of United Kingdom partners, the Africa CDC and United Nations agencies in Addis Ababa, Ethiopia, on uniting efforts to promote health security in Africa.

Following WHO’s advocacy at various forums, and for the first time since the adoption of IHR 2005, all 47 Member States submitted IHR annual reports in December 2017. WHO continues to advocate for Member States to commit domestic resources to implement the priority interventions, since national health security is the primary responsibility of governments.

5.2 Enhancing regional level capacity to respond to emergencies

Creation of a unified WHO 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 2015. The WHE not only complements WHO’s technical and normative role but also has 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 *WHO Regional Strategy for Health Security and Emergencies 2016–2020* adopted by the Sixty-sixth session of the WHO Regional Committee for Africa.

The WHE 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. It is delivered through five technical and operational programme areas that work closely and support each other – Country Health Emergency Preparedness and the International Health Regulations; Emergency Operations; Health Emergency Information and Risk Assessments; Infectious Hazards Management; and Management and Administration.

Since 2015, there has been a 438% increase in staff working on health security at the Regional Office, including the ISTs and at the Hubs, from 16 to 70 in December 2018. More than two thirds of the staff are based in Brazzaville with the remainder in Inter-country Support Teams (ISTs) and Hubs. In 2015 at country level, there was in most cases only one position for a Disease Prevention and Control Officer dealing with emergencies. With the start of implementation of the Country Business Model for Emergencies, the number of staff dealing with emergencies at country level varies from one in countries less affected by emergencies to 18 in countries with protracted emergencies.

Improved systems for early detection and rapid response to emergencies: To enhance the operational capabilities of the WHE, clear guidelines and procedures have been articulated in the WHO Emergencies Results Framework. WHO’s responsibilities begin with early detection and risk assessment or situation analysis of a public health event or emergency. Events or emergencies requiring an operational response by WHO are referred for grading. WHO’s operational response to emergencies is managed through application of the Incident Management System (IMS).

The Incident Management System (IMS) is the standardized structure and approach that WHO has adopted to manage its response to public health events and emergencies, and to ensure that the Organization follows best practices in emergency management. This system consists of six critical functions: Leadership, Partner Coordination, Information and Planning, Health Operations and Technical Expertise, Operations Support and Logistics, and Finance and Administration.

WHO activates its 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.

For example, 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. 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.

The first edition of a *Compendium of Short Reports on Selected Outbreaks in the WHO African Region* was published in October 2017. Its purpose is to illustrate how short reports can contribute to sharing of information on approaches to different public health events, emergencies and outbreaks in order to gain a greater understanding of risk and distribution of epidemics in the WHO African Region.

The compendium shows that there are many common transmissible diseases with a range of etiologies that are responsible for these outbreaks. These include zoonoses that are easily transmitted from human to human, like Ebola virus disease, and can consequently cause large and potentially deadly outbreaks and significant morbidity and mortality, and other zoonoses, such as Rift Valley Fever (RVF) and Crimean-Congo Haemorrhagic Fever (CCHF), that are far less readily transmitted between humans, relying more on intermediate vectors, but can still cause major morbidity and mortality.

The compendium also indicates that each outbreak has shown that in general, the health infrastructure available throughout the Region is suboptimal. The poor infrastructure ranges from lack of health-care facilities and personnel, to inadequate laboratory facilities within countries, and the absence of routine vaccination coverage. Poor sanitation, poor hygiene, and lack of potable water go hand-in-hand with these inadequate facilities. Consequently, cholera outbreaks are seldom controlled as quickly as possible. This situation is also often compounded by security concerns caused by conflicts and large-scale movements of people escaping them.

The reports in the compendium also show that various partners in humanitarian action, guided and coordinated by WHO, have been able to come together and mount rapid and effective responses to these diseases, reducing their spread, and containing morbidity and mortality in the affected areas. The compendium is being used as a foundation for tracking epidemics sub-nationally within the Region. The Secretariat is also providing regular information to the national authorities of Member States, partners and the media through its *Weekly Bulletin on Outbreaks and Other Emergencies*.

Establishment of Emergency Hubs: To effectively and efficiently manage health emergencies, the Regional Office has decentralized the management of emergencies by creating two operational hubs in Dakar (for Central and West Africa); and Nairobi (for South and East Africa), and one Liaison Office in Addis Ababa (for the Africa CDC). 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, 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 the Regional Office for Africa – Infectious Hazards Management; Country Health Emergency Preparedness and IHR; Health Emergency Information Management and Risk Assessments; Emergency Operations; and Management and Administration. The hubs became fully operational in 2018. The hubs have served as operational arms of the WHE in the African Region. They provide direct technical and operational support to countries

including country preparedness activities such as conducting vulnerability and risk assessment and mapping, strategic risk assessment, joint external evaluations and the development of national action plans for health security. In addition, the staff of the hubs have been instrumental in being the first to be deployed for response. They have served as incident managers in major public health events in the Region and provided operational support in other functional areas.

Being strategically placed, the hubs have leveraged existing collaboration with regional and subregional partners, and strengthened communication and partnerships. A Health Emergency Group which serves as a coordination mechanism has been re-established for East and Southern Africa. Partnerships for the management of emergencies have also been established with regional economic communities (RECs) such as ECOWAS, EAC and SADC. Joint plans and proposals have been developed in collaboration with key partners such as FAO, IOM, IFRC and regional economic communities to support countries.

Improving the capacity of WHO staff to address health emergencies: In-house capacity to respond to outbreaks has been strengthened by training 165 WHO staff from all WHO country offices and the Regional Office on the new Emergency Response Framework, the Incident Management System, and on managing 21st century epidemics. WHO country representatives were also trained in Emergency Response Management.

In addition, over 150 staff from country offices in 12 WHO emergency priority countries (Burkina Faso, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, South Sudan) were trained on the emergency management portal (vSHOC). On the whole, there is a better understanding of the IMS across all levels of the Organization, resulting in more rapid release and deployment of staff for emergency response.

5.3 Enhancing the capacity of countries to prepare for and respond to epidemics, emergencies and humanitarian crises

Within the framework of IHR 2005, the Secretariat has supported Member States to conduct Joint External Evaluations (JEEs). The JEE is one of the three voluntary processes available for Member

States to request for, as needed, increased country capacity to prevent, detect and rapidly respond to public health threats independently of whether they are naturally occurring, deliberate or accidental. JEEs allow countries to identify the most urgent needs within their health security system, to prioritize opportunities for enhanced preparedness, response and action, and to engage with current and prospective donors as well as partners to target resources effectively.

Joint External Evaluations are a component of the WHO IHR Monitoring and Evaluation Framework (IHRMEF) and are implemented in full concordance with the “One Health” approach to strengthen global health security. The recommendations of the JEEs inform the development of National Action Plans for Health Security (NAPHS) for the attainment of all IHR core capacities, thus contributing to strengthened prevention, detection and response capabilities and resilient health systems as well as the attainment of the Sustainable Development Goals. The first JEE is intended to establish a baseline measurement of the country’s capacity and capabilities, and subsequent evaluations are to identify the progress made and ensure that improvements in capacity are sustainable. JEEs are envisioned to take place approximately once every four to five years.

WHO has trained and deployed over 200 regional experts from Member States, WHO and partners to conduct JEEs. As of December 2018, thirty-eight countries in the Region had been supported to conduct JEEs and have detailed information on their strengths and gaps (JEE scores).

In general, between 20% and 40% of the countries have demonstrated capacities in technical areas for immunization, surveillance and laboratory systems. National legislation, financing and IHR coordination is weak in over 80% of the countries with major gaps in other technical areas of antimicrobial resistance monitoring, biosafety and biosecurity, preparedness, emergency response operations, medical countermeasures and personnel deployment, points of entry, chemical events and radiation emergencies. Following this, 23 Member States have completed their National Action Plans for Health Security (NAPHS).

Other approaches the Secretariat has used in enhancing the capacity of Member States to prepare for and respond to epidemics, emergencies and

humanitarian crises include supporting countries to conduct epidemic risk profiling (70% of countries) to assess their vulnerability and ensure evidence-based preparedness and prioritized support; simulation exercises (47% of countries) to test emergency response capabilities and identify areas for improvement; and after-action reviews (38% of countries) on public health events to document lessons learned and improve future responses.

Despite the progress made in implementing the IHR monitoring and evaluation framework as well as planning in line with the “One Health approach”, the findings from these assessments have indicated that no country in the African Region has met the required IHR core capacities. However, 14 countries have established functional Public Health Emergency Operation Centres (PHEOC) and 17 countries have national multidisciplinary and multisectoral rapid response teams which are instrumental for effective public health emergency response. The support provided has contributed to early detection and timely response to major outbreaks. For example, in the nine neighbouring countries to the Democratic Republic of the Congo, the EVD preparedness support has contributed to routine investigation of all alerts (as of 31 December 2018, a total of 444 alerts have been reported and investigated). Furthermore, 43 health emergencies were effectively managed in 24 countries using the Incident Management System.

PHEOC is a new concept in the Region that emerged in the aftermath of the Ebola epidemic in West Africa. Countries in the WHO African Region started establishing PHEOC only after 2015. The 2016 Regional Strategy for Health Security requires that 80% of Member States of the WHO African Region have a functional PHEOC by 2020. The Secretariat, in partnership with the Africa CDC, WAHO, US CDC and other stakeholders, is supporting countries to achieve this target. Tools, standards and guidelines for PHEOC implementation have been developed and basic- and intermediate-level training on the management and operation of PHEOCs have been organized for 41 countries in the Region. WHO has also supported 22 countries to develop PHEOC implementation plans. Thirteen countries have been supported to equip their PHEOCs with information and communication technology (ICT) facilities and furniture as well as to develop plans and procedures for these centres.

The Regional Office conducted a regional PHEOC functional simulation exercise in May 2018. This was



the first PHEOC-to-PHEOC exercise conducted in the Region. The exercise triggered activation of PHEOCs in six countries and also tested communication and exchange of information among PHEOCs in different counties. A lot of progress has been made in the past three years in implementing PHEOCs. By December 2018, twenty-five countries in the WHO African Region had established PHEOCs, with 14 of them being fully functional.

Rapid control of epidemics in the Region: Member States in the African Region report over 100 significant public health emergencies annually. Several of these result in high morbidity, mortality, disability and socioeconomic disruptions, and threaten national, regional and global health security. Of these, infectious diseases account for 80%, disasters for 18%, and chemical poisoning and acute severe malnutrition account for 2%.

Among the infectious diseases, cholera, measles, and meningitis are the most recurring. Others include Ebola and Marburg viral diseases, chikungunya, typhoid, hepatitis, dengue, Rift Valley Fever, yellow fever, plague, measles, monkey-pox and recently the Zika virus disease. Most of the infectious diseases originate from animals because the health of humans, animals and ecosystems are interconnected.

Emerging and re-emerging pathogens are of particular concern. Ebola and Marburg, which were previously known to be rare, have caused major outbreaks. Among these was the 2014 West Africa EVD epidemic. This has been described as the longest and most severe EVD epidemic in known human history. 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 April 2016, a total of 28 645 confirmed, probable and suspected cases had been reported in Guinea, Liberia and Sierra Leone, with 11 324 deaths. Among health care workers, 1049 cases including 535 deaths were reported. The end of the last flare-up of EVD in Liberia was declared on 9 June 2016 with no subsequent cases.

On 9 June 2016, WHO declared the end of the Ebola outbreaks in Guinea, Mali, Liberia, Nigeria, Sierra Leone and Senegal. As at that date, a total of 28 645 EVD cases including 11 324 deaths had been reported from six West African countries (Guinea, Liberia, Mali, Nigeria, Senegal and Sierra Leone).

The WHO Secretariat in the African Region led a massive collaborative response to help bring the Ebola epidemic to an end. The focus was on

enhanced capacity for case-finding, contact-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'. The 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. WHO then worked with the countries in the recovery phase when the focus was on restoration of services and rebuilding resilient health systems.

Among the key lessons learned was the fact that the following conditions are required to mount a successful response to public health threats:

- Although health security is the sovereign responsibility of Member States, the means to fulfil that responsibility are global;
- Strong national leadership and functional partner coordination mechanisms led by governments and ensuring that all interventions by partners are in line with relevant national guidelines are paramount;
- The existence of a surveillance system that covers the country from community to national levels and can be adapted to relevant conditions, and has well-trained staff and effective information management systems;
- A central national emergency operations centre with capacities and resources to function as a central hub for national surveillance at all times, and as the central operational hub to be activated during health emergencies;
- Sustainable community engagement and multifaceted risk communication strategies and resourced plans; and
- Availability of critical laboratory diagnostic capacities with associated quality assessment processes.

More effective support to countries in emergency response

WHO's major reforms in health security to make the Organization fit for purpose for addressing global health threats have led to more effective support to countries' outbreak and emergency responses. The Incident Management System used in the response to public health events enabled better coordination and faster deployment of experts to support outbreaks and emergencies. For example, in **May 2017, the Democratic Republic of the Congo**

confirmed a new Ebola outbreak. Within 48 hours of notification, the WHO Country Office and WHE Programme were working seamlessly with the Government and partners to set up a field and alert response system in the Likati health zone near the Central African Republic border.

WHO deployed experts to provide the leadership and technical expertise for a coordinated and effective response, which included adapting existing technology to rapidly diagnose EVD. The outbreak was declared over after two months, with eight cases (five confirmed and three probable) officially reported. The need to utilize the candidate Ebola vaccine tested in Guinea in 2015 was considered. However, given the rapid control of the outbreak, it was not found to be appropriate.

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 Ministry of Health declared the outbreak on 8 May 2018 when two out of five specimens from the initial cases tested positive, on 7 May 2018, for *Zaire ebolavirus* species by reverse transcription polymerase chain reaction (RT-PCR) at the Institut National de Recherche Biomédicale (INRB), Kinshasa. The outbreak was reported in three health zones of Equateur Province, including Mbandaka town, with the date of onset traced to 5 April 2018. This was the ninth EVD outbreak in the Democratic Republic of the Congo over the last four decades.

Between 5 April and 24 July 2018, a cumulative total of 54 EVD cases (38 confirmed and 16 probable) were recorded. Of these cases, 33 died (overall case-fatality ratio 61%), including 17 deaths among confirmed cases. Cases were reported from three health zones: Bikoro (10 confirmed, 11 probable), Iboko (24 confirmed, 5 probable), and Wangata (4 confirmed). Seven cases were reported among health care workers, of which two died.

The country's rapid, decisive declaration enabled WHO to coordinate an immediate response with Government, partners and donors. Through a coordinated multisectoral and multipartner response, under the leadership of the Ministry of Health, the Equateur EVD outbreak was quickly controlled in nine weeks. 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.

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 accelerate surveillance, detection and case management, including advocacy for resources for priority activities, community engagement and risk communication. The end of the outbreak was formally declared on 24 July 2018 by the Minister of Health, Dr Oly Ilunga, joined by the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, and the WHO Regional Director for Africa, Dr Matshidiso Moeti.

The second EVD outbreak in the Democratic Republic of the Congo in 2018 started in mid-August 2018 in North Kivu Province, and as at the time this report was being finalized, the outbreak was still ongoing. This tenth EVD outbreak in the country was formally declared on 1 August 2018 when four of the six blood specimens tested positive for *Ebolavirus* by PCR at the INRB. As at 10 March 2019, a total of 923 EVD cases, including 858 confirmed and 65 probable cases had been reported from 20 health zones in North Kivu and Ituri provinces. A total of 582 deaths was recorded, including 517 among confirmed cases, resulting in a case-fatality ratio of 60% among confirmed cases. A total of 74 health workers have been infected with Ebola virus, with 26 deaths.

The outbreak is continuing within the context of a complex and protracted humanitarian crisis, characterised by widespread armed conflict, low socioeconomic status of the population and weak health care systems. There has been growing community mistrust and reluctance to adopt the recommended public health measures. These factors have been real challenges. Nonetheless, good progress has been made and active transmission has been contained in nine out of the 20 health zones previously affected.

Extensive preparedness and readiness measures have been undertaken by the respective ministries of health, partners and other stakeholders in nine neighbouring countries to the Democratic Republic of the Congo as well as in the country's non-affected provinces. To date, all reported alerts outside the outbreak-affected areas have been investigated and laboratory-tested to rule out EVD.

In 2016, WHO, the Ministries of Health of Angola and the Democratic Republic of the Congo and partners

responded to the largest urban outbreak of yellow fever to date by conducting one of the biggest-ever emergency vaccination campaigns. Within two weeks of Angola notifying WHO of the outbreak, 1.8 million vaccines were shipped to the country from the emergency stockpiles managed by the International Coordination Group (ICG) for Vaccine Provision – a partnership including Médecins Sans Frontières (MSF), International Federation of the Red Cross and Red Crescent Societies (IFRC), UNICEF and WHO, with Gavi the Vaccine Alliance financing a significant proportion of these vaccines.

WHO facilitated the procurement and delivery of 30 million doses to the countries (more than four times the annual volume normally planned for outbreak use) for mass vaccination campaigns. These vaccines were obtained from the global stockpile co-managed by the ICG. By 10 June 2016, over 10.6 million people had been vaccinated using the 11 635 800 vaccines received by the country. In Kinshasa, Democratic Republic of the Congo where 10 million people were at risk ahead of the rainy season, the exceptional use of emergency fractional dosing was implemented. The exceptional use of emergency fractional dosing enabled the outbreak in Kinshasa to be controlled despite vaccine shortages. This innovative approach could potentially save lives in future outbreaks. Angola declared its outbreak officially over on 23 December 2016, while that of the Democratic Republic of the Congo ended on 14 February 2017. In all, 25 million people in Angola and 14 million in the DRC were vaccinated, and 755 experts were deployed, to strengthen the response capacity in the two countries.

The yellow fever outbreak in Angola and the Democratic Republic of the Congo 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.

WHO/AFRO has successfully responded to several other emergencies across the continent. The WHO African Region responded to 152 emergencies across the continent in 39 countries in 2017 alone, including 134 outbreaks and 18 humanitarian crises. These included 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.

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. Given that 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 2018, one hundred and sixty-two public health emergencies in 41 countries were reported to and monitored by WHO, out of which 142 were disease outbreaks and 20 humanitarian crises. The most reported outbreak was cholera (34 outbreaks in 19 countries), followed by measles (16 countries), dengue fever (9 countries), and yellow fever (9 countries). Uganda reported the highest number of events (15), followed by the Democratic Republic of the Congo (10), Nigeria (10), South Sudan (10), Liberia (8), Kenya (7) and Mauritania (7). Two major outbreaks of Ebola virus disease (EVD) were recorded in the Democratic Republic of the Congo with a high risk of spreading to nine neighbouring and other countries.

Of these events, 50 resulted in further action by WHO, including grading and provision of technical and operational response support. WHO repurposed WCO staff and deployed over 1550 skilled multidisciplinary experts in all critical IMS functions, to fill required positions to perform critical functions in leadership and management, health operations, logistics, information and planning, and administration and finance. The experts also provided support for the direct front-line response and national capacity building through provision of trainings, mentoring and on-the-job transfer of skills.

From the experiences of 2017 and 2018, it can be concluded that WHO's capacity to respond to epidemics has improved considerably. The Secretariat effectively implemented the new Emergency Response Framework (ERF II) by monitoring response through its performance standards. More than 85% of applicable performance indicators were realized within their time frames, exceeding 70% of the standard target given in the WHE results framework. The Secretariat was able to activate its IMS and designated incident managers within 24–48 hours of grading at national and regional levels for all the graded public health emergencies. It also developed HR plans for all graded emergencies and repurposed WCO staff within 24 hours; and deployed international experts to fill HR gaps. Emergency funds were released from the Contingency Fund for Emergencies (CFE) – a fast and flexible financing mechanism that gives WHO the funding it requires to rapidly kick off initial emergency response operations – to all graded emergencies within 72 hours of grading. The strategic pre-positioning of health emergency logistical supplies in a regional warehouse in Accra, Ghana has also helped WHO to rapidly deliver supplies to the affected areas.

5.4 Improving resource allocation for health security and emergencies

WHO's rapid response to public health events has been facilitated with the creation of the Contingency Fund for Emergencies (CFE), launched in 2015 as part of wide-ranging reforms to improve the way the Organization responds to health emergencies.

The CFE is a fast, flexible financing instrument that enables WHO to respond rapidly to emergencies. As of December 2018, seventy-two per cent of the total US\$ 75 732 178 allocated for graded emergencies and preparedness worldwide was for the African Region. In 2018 alone, US\$ 30 588 286 was made available for the response to graded emergencies and preparedness in 20 countries through the CFE in the Region, representing 81% of the CFE allocations. An additional US\$ 122 876 017 was mobilized through other mechanisms to support the response to emergencies in the Region during the year 2018. The funding of the work on health security and emergencies in the Regional Office increased from US\$ 37 million in 2014/2015 to US\$ 45 million in 2016/2017. As at December 2018, a total of US\$ 42 million had been disbursed for 2018/2019.

The African Public Health Emergency Fund (APHEF or The Fund) was established by the Regional Committee in 2012 as a solidarity fund with the aim of providing catalytic funding for initiating timely responses to public health emergencies. Ever since, recommendations have been made at every subsequent Regional Committee session to improve the functionality of this solidarity fund. However, annual contributions to APHEF have remained low. For example, between 2012 and July 2017, only 16 countries had ever contributed to the Fund and total contributions stood at US\$ 4.46 million, representing only 1.6% of the expected amount.

WHO/AFRO in May 2018 developed a resource mobilization strategy and plan – “The African Public Health Emergency Fund Resource Mobilization Strategy and Plan” – that takes into account the new WHO CFE to ensure complementarity, and is in accordance with the Framework of Engagement with Non-State Actors (FENSA). The strategy seeks to broaden stakeholder participation in the financing and management of the APHEF, strengthen its governance operations, improve on advocacy and communication as well as undertake monitoring, evaluation and periodic reviews. It is expected that the strategy will ensure the workability of the Fund to garner additional funds from Non-State actors and Young African Entrepreneurs in order to mobilize adequate resources to respond to the frequent epidemics and public health emergencies in the African Region. The Regional Director has continued to conduct high-level advocacy with Heads of State and Government, the African Union Commission, and regional economic communities for Member States to remit their financial contributions to the Fund.

5.5 Regular monitoring of antimicrobial resistance in the Region

Antimicrobial resistance (AMR) is a global health threat with significant, serious health and economic implications. These implications are cross-cutting and multisectoral, ranging from treatment failure to rising costs and increased disease burden, which need to be better addressed in countries. In the African Region, AMR is related among other things to the irrational use of antimicrobials, poor infection prevention and control practices in hospitals and communities, and the poor quality of antimicrobials. Recognizing this, WHO in 2016 initiated support to countries to develop One Health National Action Plans (NAPs) for antimicrobial resistance in line with

the Global Action Plan, while it mobilized its first catalytic funding to enable 25 countries to kick-start their One Health NAP development process.

By the end of 2018, sixteen countries had validated/ approved NAPs and 17 countries had developed National Action plans for Health Security. It is expected that by the end of 2019, all 47 Member States would have One Health NAPs. WHO in addition to supporting the development of NAPs, has taken active steps in line with the Global Action Plan (2015), the International Health Regulations (2005) and the Regional Strategy for Health Security and Emergencies to support Member States by providing guided technical support in the area of AMR implementation, AMR governance and multisectoral coordination.

To this end, WHO has supported the reinforcement of national surveillance systems, diagnostic and laboratory quality assurance capacities, and continues to encourage countries to join global/ regional surveillance networks. By the end of December 2018, fourteen countries were enrolled in the WHO Global AMR Surveillance System (GLASS) and National focal points of 33 countries had been trained on monitoring antimicrobial consumption. WHO has also trained over 300 African regulatory personnel to strengthen the ability of regulatory authorities to prevent, detect and respond to substandard and falsified medical products.

The growing threat of antimicrobial resistance further complicates drug-resistant TB treatment, which has been a growing problem. The threat of multidrug-resistant tuberculosis (MDR-TB) is serious and will exacerbate the high incidence, prevalence and related mortality per capita from tuberculosis in Africa. WHO has been working with countries to improve their capacity to detect MDR-TB and extensively drug-resistant TB (XDR-TB). In collaboration with the Global Laboratory Initiative Africa partners, WHO published the *Regional Framework for strengthening TB Laboratory Services (2016–2020)* to improve diagnostic capacities in countries. MDR-TB treatment programmes have been established in 40 of the 44 countries that have ever reported a case of MDR-TB.

To help improve treatment outcomes, the Secretariat and partners in 2017, supported 11 countries from the Region to pilot short treatment regimens for MDR-TB. WHO used the evidence to recommend shortening the duration of MDR-TB treatment from

24 to 9–12 months. Twenty-one countries have been supported to introduce the recommended shorter nine-month treatment regimen for multidrug-resistant TB as opposed to the 24-month long regimen. At less than half the price of the longer course of treatment, the new regimen is expected to improve outcomes and decrease deaths due to better adherence to treatment and reduced loss to follow-up.

The Secretariat continues to work with Member States to develop mechanisms for AMR tracking and mitigation, including: establishing surveillance systems for AMR, ensuring access to quality assured essential antibiotics, regulating and promoting the rational use of antibiotics in human medicine and in animal husbandry.

5.6 Reference Documents

- The Transformation Agenda of the World Health Organization Secretariat in the African Region: Delivering Results and Making an Impact
<https://www.afro.who.int/sites/default/files/201805/Transformation%20Agenda%20Phase%202%20-%20Putting%20people%20at%20the%20center%20of%20change.pdf>
- 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.
- 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
- 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.
- 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.
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- 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.
- Mapping the risk and distribution of epidemics in the WHO African Region: a technical report. World Health Organization Regional Office for Africa: Brazzaville; 2016
- Compendium of short reports on selected outbreaks in the WHO African Region; 2016–2017; October 2017;
- Joint External Evaluation Tool; 2nd Edition; Technical Framework in Support to IHR (2005) Monitoring and Evaluation; International Health Regulations (2005);
<http://apps.who.int/iris/bitstream/handle/10665/259961/9789241550222-eng.pdf?sequence=1>
- Emergency Response Framework; 2nd Edition, World Health Organization, 2017;
<http://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299-eng.pdf?sequence=1&isAllowed=y>



6

6. DRIVING PROGRESS TOWARDS EQUITY AND UNIVERSAL HEALTH COVERAGE

In defining the strategic importance of this area, the Transformation Programme states that “a health system attains UHC when all people receive quality and equitable health services without financial and other barriers” and that “a well-functioning health system can be the vehicle for implementing all disease and life-course programmes that will result in anticipated MDG and SDG achievements, including addressing the social determinants of health”.

Towards this end, the following strategic actions/workstreams were articulated:

- Supporting the development of a regional roadmap for the implementation of UHC
- Supporting countries to translate health-related SDGs into relevant national goals and targets
- Investing in the expansion of knowledge generation, utilization and management capacity
- Strengthening and coordinating partnerships for the achievement of the SDGs.

The following sections describe the work done and the key achievements related to this workstream.

6.1 Supporting the development of a regional roadmap for implementation of UHC

Implementation of the Framework of Actions towards UHC: a cross-cutting systems approach: The Transformation Agenda has contributed to building synergies and promoting joint work, interconnectedness and dialogue to address cross-cutting issues. Building on the AUC/WHO commitment on UHC to develop a regional roadmap to accelerate implementation of UHC in the African Region, the Secretariat organized the First Regional Forum on Health Systems Strengthening for UHC and the SDGs in December 2016. The forum was attended by senior ministry of health officials and other technical experts, partners and academics. The meeting focused on the challenges and requirements for building resilient and responsive health systems for progress towards UHC and the achievement of SDG 3.



Following the forum, the Secretariat has developed a framework that guides countries to build responsive, resilient health systems in order to achieve universal health care – “*Framework for Health Systems Development towards Universal Health Coverage in the context of the Sustainable Development Goals in the African Region*”. The Framework serves as a regional UHC roadmap to guide Member States’ efforts towards realigning their health systems in a manner that facilitates movement towards UHC and the attainment of the SDGs.

The Framework was adopted by Ministers of Health at the Sixty-seventh session of the Regional Committee in August 2017. It emphasizes the need to ensure the availability and coverage of health and related services, increase the population protected from financial risk, enhance health security, improve client satisfaction and address interventions targeted at other SDGs that impact on health. A full publication on the Framework – “*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*” – was issued at the end of 2017.

The Framework proposes 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. Towards this end, the Secretariat has been providing technical assistance to countries to implement the framework through the AFRO/UHC Flagship Programme. This programme provides focused support to selected countries, while guidelines and tools will enable all Member States to apply the strategies proposed in the Framework. By December 2018, scoping missions had been carried out in 11 countries to build consensus with governments and partners on the road maps and investments required for UHC. Following this consensus, technical support is being provided as planned for focused activities and countries are making progress in alleviating the identified bottlenecks.

Strengthening human resources for health: WHO acknowledges that investments in the health systems blocks are fundamental for health strengthening towards UHC and SDG 3. In the area of human resources for health (HRH) the Secretariat has worked with Member States to ensure that motivated, productive and fit-for-purpose health workers are available. 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*”.

The goal is to guide the efforts of Member States in making adequate investments to enable implementation of effective policies that ensure universal availability and accessibility and quality of the health workforce. The objectives are: to optimize the performance, quality and impact of the health workforce through evidence-informed policies and strategies; to align investment in HRH with the current and future needs of the population and health systems; to strengthen the capacity of institutions for effective public policy stewardship, leadership and governance on HRH; and to strengthen data on HWF for monitoring and accountability.

Some of the key actions taken by the Secretariat include working 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 of these countries are facing; supporting Namibia, Mozambique, Nigeria and United Republic of Tanzania to establish National Health Workforce Accounts which generate information for planning, implementing and monitoring workforce policies; and supporting Algeria to establish a National Health Workforce Observatory mostly using the newly trained pool of experts in French and English. These have led to human resources for health issues being put high on the political agenda and making strategic information available for planning.

Promoting the availability and use of quality medical products: WHO is supporting countries to enhance the capacity of their National Medicines Regulatory Authorities (NMRAs) in order to promote the availability and rational use of quality medical products and health technologies. Functional regulatory systems ensure that medical products consistently meet international standards and are monitored from clinical trials to licensure and use.

To help combat the circulation and use of substandard and falsified (SF) medicines and medical products and boost regulation efficiency, the Sixty-sixth session of the Regional Committee adopted the “*Regional Strategy on Regulation of Medical Products in the African Region, 2016–2025*”. The aim of the regional strategy is to guide Member States to strengthen NMRAs to fulfil their regulatory functions for improving access to medical products which meet international standards of quality, safety and efficacy. Since then, five countries have been

supported to revise their legislation to establish autonomous regulatory authorities.

The Secretariat has worked with the AUC in the process to establish the African Medicines Agency (AMA). The establishment of the AMA was approved by African Ministers of Health in May 2018 and the Heads of State and Government of the African Union in February 2019. This specialized agency of the African Union (AU) will catalyse regulatory system strengthening and address complex technical issues related to substandard and falsified medical products at continental level.

The Secretariat is providing support to Member States to implement the strategy, including by ensuring that countries have in place certified or prequalified quality control laboratories, functional pharmacovigilance systems, and effective reporting systems for individual case safety. For example, 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 strategy, and Benin, Cabo Verde and South Sudan were supported to develop national essential medicines lists to guide procurement and use.

As a result of stronger partnership with the AUC, BMGF and other key partners, the African Vaccine Regulatory Forum (AVAREF) has been strengthened and expanded in scope to address all medicines, thus aligning it to the African Medicines Regulatory Harmonization initiative. Research and development timelines are especially being optimized and product registration timelines are being reduced to improve access to medicines. New vaccines against malaria and the Ebola virus are being piloted.

The Secretariat is also 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.

Institutionalizing traditional medicine into national health systems: The Secretariat continued with its work to institutionalize traditional medicine (TM) into national health systems. By the end of 2018, thirty-three countries had established appropriate structures for TM in their ministries of health. These structures are facilitating the translation

of policies into operational plans, coordinating accreditation of traditional health practitioners (THPs), documenting TM practices, promoting collaboration between THPs and conventional health practitioners (CHPs), and coordinating implementation of TM policies, strategies and plans. With WHO support, 10 countries have developed and are implementing their national costed strategic plans on TM. In addition, 14 countries have been supported to include TM in their national health policies and national health strategic plans as part of governments' commitment to, and good governance for the development of TM.

The capacity of training institutions has been strengthened and collaboration and harmonization on TM improved through advocacy and sharing and field-testing of the WHO TM modules. This has resulted in nine countries integrating TM in the curricula of university health sciences students during 2015–2017 and 10 countries using WHO *Training Modules on Traditional Medicine for Training Health Sciences Students and Health Professionals*. In addition, the East African Community and the Economic Community of West African States have revised the curricula for health science students to include TM.

In order to support countries to strengthen their regulatory systems for TM products, practices and practitioners, in 2016, WHO/AFRO developed the *Regional Framework for regulation of traditional medicine: Practitioners, Practices and Products*. This has been adapted by 38 countries and has resulted in an increased number of countries that have registered TM products and practitioners and their practice. For example, 20 TM products emanating from R&D used for the treatment of some communicable and noncommunicable diseases received marketing authorization from the national medicines regulatory authorities of eight countries between 2015 and 2018. Some of these products have been included in national essential medicines lists, thus improving access to essential medicines. In addition, four countries were supported to establish professional regulatory bodies for TM practice during the same period.

Work to publish the first WHO/AFRO book on TM has reached an advanced stage. The book entitled, *African Traditional Medicine: The journey so far*, will document African TM during precolonial, colonial and postcolonial eras and give an account of the institutionalization processes for implementing the

regional strategy on *Enhancing the Role of Traditional Medicine in Health Systems* (2013–2023). The book will be published during the second half of 2019.

Promoting adequate health financing: To ensure that all people and communities receive the quality health services they need without incurring financial hardship, the Secretariat is working with Member States to institutionalize National Health Accounts (NHAs). NHAs are important for monitoring resources allocated for health, for making fairer financing decisions and monitoring progress on financial health protection. Using the latest methodology (SHA 2011), a total of 38 countries in the WHO African Region have produced at least one NHA. Countries are increasingly using the data to develop appropriate health financing strategies and mobilize additional domestic funding for the health sector.

6.2 Supporting countries to translate health-related SDGs into relevant national goals and targets

Addressing the burden of communicable diseases: While significant progress has been made, communicable diseases remain a major health and development problem in the Region. To help address the problem, the Sixty-sixth session of the Regional Committee adopted regional frameworks for combating HIV/AIDS, tuberculosis; malaria and viral hepatitis. Key achievements include the following:

- 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, while the 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.
- By the end of 2018, forty-four Member States had adopted and were 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. Eswatini and Namibia have achieved the "90-90-90" testing and treatment targets, while Algeria, Botswana, Lesotho and Rwanda are also close to achieving their targets.

- Treatment coverage in West and Central Africa has improved 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.
- 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 treatment and preventive therapy which are expected to positively influence the incidence trends. New TB medicines and shorter treatments for multidrug-resistant TB are being rolled out in 21 affected countries in the Region.
- WHO in the African Region has supported all its Member States to set TB targets in their national TB Strategic Plans, and adopt guidelines in line with the Global strategy to eliminate TB. WHO is also assisting countries to conduct surveys to quantify catastrophic costs incurred by TB patients and their families, which will guide countries to allocate adequate resources to curb the epidemic and the associated socioeconomic consequences. Laboratory capacity to detect TB is critical. GeneXpert rapid testing is now available in all 47 Member States, and 36 countries have the appropriate technology for detecting resistance to both first and second line anti-TB medicines.
- Momentum is building on action to address viral hepatitis, a long-neglected public health problem of global importance responsible for most cases of liver cirrhosis and cancer in the Region. Nearly half of the countries in the Region 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 in line with the global vision to eliminate viral hepatitis by 2030. Eleven countries have introduced the hepatitis B birth dose vaccine which is critical for prevention of mother-to-child (PMTCT) transmission of hepatitis B infection.
- Sub-Saharan Africa, which had 219 million new cases and 403 000 deaths in 2017, remains the home of malaria, accounting for over 90% of the global malaria burden. With the support of WHO and partners, 24 countries have updated their national policies and guidelines and are implementing evidence-based interventions in line with the global strategy. 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. Since 2018, a malaria vaccine (RTS, S) pilot project 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.
- However, following the unprecedented period of success in global malaria prevention and control, the 2018 World Malaria Report confirmed 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. In November 2018, WHO and partners launched a ‘high burden to high-impact (HBHI) country-led approach to intensify support to 10 Member States and India (these countries contribute 70% of the global malaria burden) to avert deaths from this preventable, curable disease. Focus is being put on the use of strategic information to drive impact and implement the best global guidance, policies and strategies for malaria endemic countries.

Tackling the burden of neglected tropical diseases: To address the heavy burden of neglected tropical diseases in the Region, a five-year Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) was launched in May 2016. The Project aims at providing national NTD programmes in Africa with the technical and operational support necessary to accelerate the control and elimination of the five PC-NTDs with the greatest burden – onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis and trachoma. Almost 600 million people require treatment for at least one PC NTD in the Region. The focus areas of ESPEN are: scaling up treatment towards the achievement of 100% geographical coverage; scaling down or stopping treatment once transmission has been interrupted or control achieved; strengthening

information systems for evidence-based action; and improving the effective use of donated medicines through enhanced supply chain management.

ESPEN has made remarkable progress since its inception. It has provided direct operational support to more than 20 countries to scale up country efforts and had provided 14 million treatments in 2017 and targeted over 70 million people in 2018. It recovered 132 million tablets in 2017 through effective analysis and management of the supply chain and in 2018 accounted for or saved 285 280 139 tablets, saving no less than US\$ 69 740 537 for disease control activities.

The ESPEN portal – (<http://espen.afro.who.int/>) – was launched in 2017 with 240 implementation unit-level endemicity maps being revamped to be more user-friendly and to include many more resource materials. The Phase II portal, released in March 2018, has made available 4403 maps and underlying datasets for all the five PC-NTDs. Information is available at both implementation unit level (endemicity status and treatment coverage), and site-level (mapping, impact assessment). Between September and December 2018, sixteen countries were supported to enhance and update their data systems.

Progress continued to be made on other NTDs. Guinea-worm disease is on the verge of eradication, and Kenya became the 41st country to be certified free of local transmission. Leprosy elimination as a public health problem is sustained in all countries with the exception of Comoros; human African trypanosomiasis, a disease prevalent only in the African Region, is moving towards elimination, from 2804 cases reported in 2015 to less than 1000 cases in 2018. 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. The visceral leishmaniasis fatality rate fell from 1.7% in 2017 to 1.3% in 2018.

Moving towards the eradication of poliomyelitis: The highest priority has been given to efforts to eradicate poliomyelitis, with a lot of progress having been made. By December 2018, no wild poliovirus type 1 (WPV1) had been confirmed in the African Region for more than 27 months since the last case in Borno State, in Nigeria, with onset on 21 August 2016, and isolation of the virus in a contact of the index case on 27 September 2016. WPV type 2 was declared to have been eradicated, globally, by the Global

Certification Commission (GCC) for Polio Eradication in September 2015. The last WPV type 3 was reported in November 2012. Therefore, tremendous progress has been made on all the three serotypes of polioviruses since 2015. To complement surveillance for suspected polio cases, environmental sewage surveillance for polioviruses had been expanded to 23 Member States by December 2018, compared to only six Member States in 2014, almost a four-fold increase.

Since WPV2 was certified to have been eradicated globally in 2015, the type 2 component of the oral polio vaccine (OPV) was successfully withdrawn in all Member States in the African Region as part of the “global switch” from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV). Although the global plan before the “switch” was to introduce inactivated polio vaccine (IPV) in routine immunization services, introduction was affected by global shortage of the vaccine. With the recent increase in global availability of IPV, 46 out of the 47 Member States in the African Region had introduced IPV by December 2018.

The Global Certification Commission (GCC) for polio eradication recommended that laboratory containment of WPV2 and polio vaccine Sabin type 2 should be concluded globally by April 2016. Containment is a critical component of eradication to avoid leakage of the polioviruses from the laboratories into the environment and populations which could result in huge epidemics and reverse the gains towards eradication. By March 2016, all Member States in the African Region had implemented laboratory containment according to phase 1a of the Global Action Plan III (GAP III).

Furthermore, the Seventy-first session of the World Health Assembly (WHA) passed a resolution (WHA resolution 71.16) in May 2018 for containment of potential poliovirus infectious materials (PIM) by April 2019, with a report to be submitted by the WHO Director-General to the Seventy-second session of WHA in May 2019. By December 2018, PIM containment with documentation had been conducted in 23 Member States in the African Region with a plan in place to complete the process in all Member States by April 2019.

By November 2018, the Africa Regional Certification Commission for Polio Eradication (ARCC) had accepted polio-free status documentation of 40 out of 47 Member States. By December 2018, a plan



had been finalized for the ARCC to accept the documentation of the remaining seven countries.

To further accelerate implementation of eradication efforts with increased oversight by Member States, the WHO Regional Office for Africa presented the Framework for Certification of Polio Eradication in the African Region at the Sixty-eighth session of the WHO Regional Committee in August 2018. The Framework was endorsed by all Member States. With the current momentum and progress, the African Region is on course for certification of polio eradication by the end of 2019 or in early 2020.

According to the WHO Executive Board decision, since 2017, the African Region has systematically implemented the ramp-down of polio-funded staff in Member States based on projected country human resource budget ceilings. On polio transition planning, six out of the seven priority Member States in the Region finalized their costed polio transition plans that were endorsed by their national interagency coordination committees (ICC). Out of the 17 priority Member States globally selected for transition planning, only seven have costed and endorsed transition plans available. Globally, six out of the seven Member States that finalized their transition plans by December 2018 were from the African Region (accounting for 86% of finalized plans, globally, as of March 2019). The WHO Global Policy Group has commended WHO/AFRO as a good example among regions for polio transition planning.

During the Sixty-seventh session of the WHO Regional Committee for Africa in August 2017, the

Regional Director appealed to Member States to adopt and establish geographical information systems (GIS) technological innovations for “real-time” reporting of polio surveillance, immunization activities, integrated field supervision and implementation of other health interventions such as disease outbreaks control, among others. By December 2018, GIS innovations had been established in 43 Member States in the Region. To ensure sustainability beyond certification of polio eradication, GIS technologies have been institutionalized in the offices of ministries of health in 43 Member States to empower senior management to use the generated real-time data for monitoring programme performance and to enable timely action.

Attaining universal immunization coverage: Sustained progress continued to be made in implementation of the Regional Strategic Plan for Immunization (RSPI). Twenty countries in 2017 achieved the RSPI coverage target of >90% for DTP3 containing-vaccine. By the end of 2018 all countries in the Region had introduced new vaccines such as hepatitis B vaccine and haemophilus influenza Type B vaccine; 25 countries had introduced the second dose of measles containing vaccine (MCV2); 10 countries had introduced HPV vaccine; 42 countries had introduced IPV; and seven countries had introduced MenAfrivac.

As part of the efforts to reduce the burden of vaccine-preventable diseases in the African Region and save more than 1.9 million lives by 2030, as well generate close to US\$ 60 billion in economic benefits, WHO/AFRO convened the first ever Ministerial Conference on Immunization in Africa in February

2016. At the conference, Ministers of Health, Finance, Education, Social Affairs and Local Government committed to a declaration on universal access to immunization – the Addis Ababa Declaration on Immunization (ADI) – as a corner stone for health development in Africa. The ADI reiterates the need to increase coverage and equity in immunization, accomplish the polio eradication goal and prioritize sustainability through increased domestic funding. The ADI was ratified on 31 January 2017 by the 28th African Union Summit (Meeting of Heads of State and Government).

In view of the gradual ramp-down and closure of the Global Polio Eradication Initiative and Gavi transitions, a Business Case for WHO immunization activities on the African Continent was launched in May 2018 at the World Health Assembly. The Business Case aims at communicating and promoting new ways for WHO to work on immunization in the future in order to mobilize sufficient resources to continue supporting all Member States to accelerate their efforts to achieve the GVAP targets and meet the ADI commitments. This is already leading to the reorganization of immunization teams at different levels to better address the programme needs, thereby increasing WHO's visibility and the confidence of Member States and partners. Additional partners are also being attracted, leading to increased financial commitments for EPI.

In furtherance of the principles of equity and in order not to leave any child behind as far as vaccination is concerned, in April 2018 the WHO Regional Office for Africa convened a meeting of 17 low-, middle- and upper-middle-income countries in the African Region to start the process in devising efficient ways of accessing affordable vaccines in middle-income countries (MICs) in the Region. The meeting, inter alia, requested WHO/AFRO to facilitate the establishment of a revolving fund scheme to help countries access funds for vaccine procurement as well as establish a pool procurement process for MICs in the Region and influence the market dynamics. Actions were also proposed to improve procurement skills and knowledge in countries and improve communication of price and market information to countries. Following the meeting, WHO/AFRO is facilitating the establishment of a revolving fund to help countries access funds for vaccine procurement, and is also establishing a pool procurement process for MICs in the Region in order to influence market dynamics.

Recognising that too many children do not have access to life-saving vaccines in Africa, mostly due to low immunization capabilities in many countries, WHO/AFRO, as part of a long-term sustainable capacity development effort, is revamping the EPI Mid-Level Management (MLM) training course. The curriculum was revised in 2018 to update its content and adapt it for online self-learning and the first pilot was conducted in October 2018. It is anticipated that other pilot courses will be organized before it is finalized in 2019. On completion, the course will be available on an electronic platform and accessible to all national immunization programmes and partner agencies for use in building the capacity of EPI officers at national and subnational levels. Thus the course can be delivered closer to EPI managers without compromising their work for weeks as was previously the case.

Saving the lives of mothers and children: To provide guidance to Member States for improving the health of women, children and adolescents, the Sixty-sixth session of the WHO Regional Committee for Africa held in August 2016 endorsed the “Global Strategy for Women’s, Children’s and Adolescents’ Health: Implications for the African Region, 2016–2020” The Global Strategy for Women’s, Children’s and Adolescents’ Health (GSWCAH) calls on countries to reduce maternal mortality to less than 70 deaths per 100 000 live births and newborn and under-five mortality to less than 12 and 25 per 1000 live births respectively by 2030. To operationalize the Strategy at country level, WHO/AFRO is supporting Member States to develop and implement national Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health strategic plans that are aligned to the Global Strategy and the SDGs. The strategic plans are guiding prioritization of investments, fostering partner coordination and resource mobilization for women’s, children’s and adolescents’ health in the 24 countries that have developed the plans since 2016. With support from WHO, six countries have mobilized additional resources from the Global Financing Facility (GFF) to fund implementation of their strategic plans, bringing to 13 the number of countries benefitting from the GFF.

Supporting partnerships and resource mobilization for sexual and reproductive health: To support member states to operationalize the GSWCAH, the WHO Regional Office for Africa strengthened partnerships and mobilized additional resources to catalyse actions at country level. Since 2016, the WHO Regional Office for Africa has mobilized

and made available more than US\$ 34 000 000 to Member States through projects such as the “Africa: Strategic Technical Engagement with Evidence for Results (Af-STEER)” (2017–2019 – four countries); “Strengthening Integrated Sexual and Reproductive Health and Rights, HIV and Sexual and Gender-based Violence Services in East and Southern Africa” (2018–2021 – five countries); “Family Planning Accelerator Project” (2019–2022 – eight countries); and “Supporting Country Strategies to Reduce Maternal Mortality and Achieve SDG Targets Through a Health Systems Approach” (2019–2022 – four countries).

These additional resources were instrumental in scaling up quality SRH services in the focus countries and in the Region as a whole. In recognition of the high performance of their Family Planning programmes and the significant progress in the related indicators, two of the countries supported by the Af-STEER Grant (Burkina Faso and Uganda) received a special Award of Excellence during the International Conference on Family Planning held in November 2018.

Creation of the Adolescent Health Flagship Programme:

Adolescent health remains a top priority in the Region. To provide a unique opportunity and to lay the foundation for addressing the health problems of this group, in 2017 the WHO Regional Office for Africa launched the Adolescent Health Flagship Programme. The overall aim of the programme is to guide and support countries and partners in the implementation of evidence-based effective interventions to improve 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!). The programme is implemented across the whole Region. However, emphasis is being placed on nine priority countries to demonstrate tangible results.

The programme, which is in its early stages, has taken a multisectoral approach, working with education, finance and other sectors with the strong involvement of adolescents themselves. To provide information for evidence-based decision-making, an online atlas and country factsheets gathering disaggregated data have been developed for all the 47 countries. Heightened advocacy conducted in Côte d’Ivoire, the Democratic Republic of the Congo, Nigeria and Zimbabwe has led to full incorporation of adolescent health disaggregated data (by sex and age) into the national HMIS tools

and other platforms that collect health data on adolescents (DHIS).

In collaboration with partners, national coordination mechanisms and capacity for planning, priority setting, monitoring and evaluation and partnership for improvement of adolescent health using the Global Accelerated Action for the Health of Adolescents (AA-HA! Guidance) have been strengthened in 36 countries. Following a regional workshop organized in May 2018 to equip them with literacy skills related to their work, 34 youth organizations and networks from 26 countries have developed roadmaps that are being implemented in 2019.

The *Adolescent Health Flagship Programme* is also facilitating innovation to increase access to services for adolescents and young people in countries. For example, innovative approaches such as the “learning district initiative” in Ethiopia and the “collaborative learning approach” in the Democratic Republic of the Congo are expected to upgrade the skills of district health management teams in order to improve the performance of service providers and enhance access of adolescents to health services. In Zimbabwe, 309 of the supported 356 health facilities (87%) were accredited using the national standards for adolescent-friendly health services. In Côte d’Ivoire, routine health examinations for school-age children and out-of-school adolescents were carried out and reached 1867 adolescents, with the provision of contraception to 185 389 adolescents and youth. In Mali, a total of 1511 adolescents were tested for HIV and 234 adolescents initiated on ART.

At its maturity, it is envisaged that the Adolescent Health Flagship Programme will result in the countries having:

- Adolescent health in all policies and strategies;
- Healthy and friendly school settings;
- Meaningful participation of young people in decision-making and in the full programme cycle;
- Increased 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.

Investing in nutrition is key to the achievement of universal health coverage: Nutritional well-being



Above: Saara Kuugongelwa, Amadhila, Prime Minister of the Republic Of Namibia.

across the life course underpins resistance to infectious diseases. It also reduces the risk of noncommunicable diseases, thus decreasing requirements in terms of curative services, medical equipment, supplies, and medicines. 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 nutritional 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 and gaps in real-time data. The report has triggered national level action on harnessing the use of routine data for nutrition monitoring and planning. Pilot projects have been initiated in Côte d’Ivoire, Cabo Verde and Seychelles.

Addressing the burden of noncommunicable diseases: NCD cases and deaths in the African Region have shown an upward trend over the years with more than three quarters of the deaths caused by cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. The high burden of NCDs is due to an ageing population, urbanization and consumption of harmful products such as tobacco and alcohol, unhealthy diets and a sedentary lifestyle. To address these risk factors, the

Secretariat’s work has focused on providing support for the adaptation and utilization of WHO guidance documents for the prevention and control of NCDs; strengthening the capacity of human resources for health in PHC facilities to deliver NCD prevention and control services; improving access to essential NCD services in PHC facilities; and strengthening and integrating NCD surveillance systems into health management information systems.

Key achievements include the following:

- WHO/AFRO has provided technical support to Member States in order to develop national integrated and multisectoral NCD policies, strategies or action plans that are aligned with the WHO Global NCD Action Plan 2013–2020. The sustained advocacy and technical input from WHO has amplified the political support and visibility accorded NCDs in the Region, including the launching of these plans by senior government officials such as Prime Ministers. So far, 31 countries in the Region have developed and are implementing multisectoral national plans.
- 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 is an innovative, action-oriented set of cost-effective NCD interventions which can be integrated into PHC settings to assist countries to scale up early detection and treatment of NCDs. This training has been augmented by in-country support to adapt the WHO PEN guidelines, further training of frontline health care workers to implement PEN, as well as the provision of basic equipment and consumables to facilitate the roll-out of comprehensive NCD-related prevention and control services in PHC settings. By December 2018, twelve 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.
- Countries in the African Region are the most affected by cervical cancer. As part of efforts to improve access to comprehensive cervical cancer

prevention and control, the WHO Regional Office for Africa has developed toolkits to ensure effective strategic planning, advocacy and IEC for cervical cancer prevention and control. In addition, a cervical cancer screen and treat guideline and a costing tool has been developed. National experts from countries with the highest burden of cervical cancer have been trained in the use of these toolkits and provided with equipment to catalyse improved access to cervical cancer screening and treatment. As at December 2018, fourteen countries had used the toolkits to improve relevant areas of their national cervical cancer programme, including the setting up of functional national cervical cancer advisory committees, development and implementation of national strategic plans and cervical cancer advocacy and IEC materials.

- In order to strengthen eye care services, the Regional Office developed and launched a Primary Eye Care (PEC) training manual which promotes integration of eye health into PHC in July 2018. The manual can also be used for workforce planning, management and regulation. A pool of expert trainers from 10 countries has been trained to support in-country training of nurses on PEC. In addition, core competencies for eye health care providers have been developed to be used by countries as a guide to develop or review curricula for training eye health workers. This is expected to contribute to higher quality eye care in a harmonized manner across the African Region.
- Following the adoption of the “*Regional Oral Health Strategy 2016–2025*” by the Sixty-sixth session of the WHO Regional Committee for Africa, the WHO Regional Office for Africa has developed and published a manual for promoting oral health in Africa. The manual provides cost-effective, sustainable solutions – “best buys” – for oral health. With the support of partners, the Secretariat has provided technical assistance to 10 Member States with a high burden of noma to develop and implement oral health action plans focusing on noma.
- The WHO Secretariat in the African Region has strengthened the capacity of Member States to implement the WHO Framework Convention on Tobacco Control (WHO FCTC). In 2018 alone, 12 countries were supported to reform their tobacco taxes, resulting in changes in their tax structures

and significant increases in their tax rates. The Region has made a significant contribution to the ratification of the Protocol for the Elimination of Illicit Trade in Tobacco Products, enabling the Protocol to come into force on 26 September 2018. Globally, 16 of the 48 Member States that have ratified the Protocol are from the African Region. Countries are now enforcing their tobacco control laws with greater emphasis on banning advertisements and smoking in public places and implementing graphic health warnings. To date, eight countries are implementing graphic health warnings while eight others are finalizing their implementation regulations.

- In order to monitor NCD risk factor trends in the Region, the Secretariat has supported countries to conduct WHO-recommended surveys. These include the STEPwise approach to Surveillance (STEPS) surveys to assess the prevalence of risk factors for NCDs and the tobacco surveys. Since 2015, nine countries have been supported to conduct a STEPS survey. These surveys have served to provide country-level evidence on the prevalence of NCD risk factors and the evidence generated has catalysed the development and implementation of policies and plans aimed at reducing exposure to these risk factors and improved access to NCD prevention and control.

6.3 Investing in the expansion of knowledge generation, utilization and management capacity

As a knowledge-based Organization, WHO increasingly emphasizes evidence-based programming and support to health care delivery in Member States. In an unprecedented action to capture data on UHC, a baseline study was conducted in all 47 countries as the basis for developing a regional UHC monitoring framework. Subsequently, the Secretariat has developed a report – “*The State of Health in the WHO African Region: An analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals: Where we are, Where we need to go*” – which is based on the framework. Published in August 2018, it is the first comprehensive report produced by the Secretariat that integrates the services and systems actions countries need to focus on to move towards the SDGs and their associated targets. The report presents the health situation in the Region and in individual Member States and provides guidance on where emphasis needs to be placed as countries plan



their work towards the SDGs, and also serves as a benchmark for future comparison of progress. WHO has worked closely with partners and other sectors, through ministries of health, to support the improvement of systems for civil registration and vital statistics. Technical support was provided to countries to improve their vital registration and routine health facility data collection, and a regional network was initiated to facilitate intercountry collaboration and harmonize technical approaches among regional partners. In particular, Kenya, Ghana, and Namibia have been assisted in the use of mobile-based applications for better tracking of data on death notifications and cause of death verification in real-time.

The African Health Observatory (AHO) was redesigned in 2018. Previously, it was a single platform that hosted only the AHO. It is now an integrated platform that hosts the current AHO and National Health Observatories (NHOs) for Member States. The redesigned observatory has an integrated data warehouse with a data capture tool at country-level. With the data capture tool, countries are able to input their data into the regional data warehouse. The integrated data warehouse and observatory enable easy access to data and facilitate cross-country comparison and cross-country learning, given that once data is in the regional data warehouse, all Member States can access it. With the AHO now having a page that is dedicated to health policies and systems, the role of academic institutions in the Region in knowledge-generation has been enhanced.

As at December 2018, ten countries had been supported to develop their NHOs. Country health profiles including UHC indicators are now available for Burkina Faso, Cameroon, Ghana and Rwanda, and are being updated with more analytical work and data from routine health information systems. This will help in tracking progress on UHC and the SDGs.

A functional national health research system (NHRS) is crucial in strengthening a country's health system. As part of the efforts to strengthen the generation and use of new knowledge through strengthening health research systems, the Sixty-fifth session of the Regional Committee adopted a strategy for research for health – **Research for Health: A Strategy for the African Region, 2016–2025**. The Strategy aims at improving national health research systems through interventions derived from recent developments in research and includes an enabling

environment, sustainable financing, human resource capacity-building, knowledge translation, and effective coordination and management.

The African National Health Research Systems Barometer, which was introduced in 2014, has been a tool for assessing and tracking the performance of national NHRS, identifying gaps and guiding policy-makers in allocating resources to address them. The Barometer looks at governance, resources, production and utilization, and financing as well as skills for research. In 2018, the NHRS barometer was revised to make it more sensitive to the peculiar circumstances of countries.

In 2018, the overall NHRS barometer score for the African Region was 61%, a significant improvement from 42% in 2014. Improvements were seen in all the components of the Barometer – governance (from 61% in 2014 to 72% in 2018); developing and sustaining resources (from 35% in 2014 to 61% in 2018); producing and using research (from 32% in 2014 to 55% in 2018); and financing (from 27% in 2014 to 44% in 2018). The average NHRS performance for the 39 countries that responded to the survey in 2018 was less than 50%. Sixteen countries scored <50%. This compares favourably with the 30 countries that scored <50% in 2014.

The Secretariat is also supporting Member States to develop their research agenda and build the capacity of staff on how to design and implement health research. In 2018 a total of 30 ministry of health staff from 11 Member States were trained in the identification of implementation research questions and the design of implementation research protocols on immunization. The Secretariat has also developed guides for conducting implementation research for use by Member States.

The Secretariat supports Member States on knowledge translation for evidence-based health practice. WHO's Evidence-Informed Policy Network (EVIPNet) platform was established in the African Region in 2006 to promote the systematic and transparent use of health research evidence in policy-making. A review conducted in 2016 showed that the vision is becoming a reality. For example, EVIPNet in Malawi has established "science cafés" where national health statistics and policy briefs on important public health issues are displayed. Staff of "science cafés" also assist clients to search and analyse health information using the database and software. Ministry of health staff and policy-makers

can now access, appraise, synthesize and apply evidence, eventually enabling them to do this on their own.

Through evidence-based policy briefs and dialogue that demonstrated the cost-benefit analysis, EVIPNet in Nigeria influenced the Government's Free Maternal and Child Health-Care Programme. By encouraging community involvement, the demand increased, leading to the scale-up of malaria control interventions such as insecticide-treated nets (ITN) in Cameroon, and mandatory food fortification policy in Uganda. In 2018, the Secretariat supported South Africa and Eswatini to establish EVIPNet platforms to aid in translating knowledge to usable products in these countries.

The Secretariat has worked with Member States to expand and optimize the use of WHO Collaborating Centres in the Region. An assessment of the WCCs in June 2015 showed that several of them were underutilized and lacked funding and publicity. The Secretariat has developed a new working framework that promotes the conduct of research by WCCs in related fields of interest to WHO in order to meet regional priorities, and is also making efforts to improve its interaction with them. By December 2018, there were 24 WCCs in the Region, mainly based in South Africa. These WCCs are supporting WHO's work in areas such as research and training in human resources for health development, including the development of a policy brief on community health workers and regional curricula on nursing and midwifery; capacity building and training; monitoring of antimicrobial resistance, tobacco product testing and research, quality assurance of medicines and oral health.

6.4 Strengthening and coordinating partnerships for the achievement of SDGs

Following an independent review in 2016, the Harmonization for Health in Africa (HHA) mechanism, established by WHO and regional health partners in 2006 as a regional mechanism to implement the Paris Declaration on Aid Effectiveness in the health sector, was relaunched in March 2017. WHO/AFRO and UN and bilateral

partners reaffirmed their commitment to supporting the progress of countries towards UHC and the Sustainable Development Goals, emphasizing equity, better investment in health with greater value for money, improving the health of women and children, and guiding countries on the potential of greater private sector involvement in health. WHO in the African Region continues to reinforce collaboration with relevant partners within the United Nations and beyond, as is described in Chapter 7.

6.5 Promoting innovations for the achievement of UHC

The current efforts to achieve UHC are characterized by a proliferation of advances and innovations aimed at enhancing life expectancy, quality of life, diagnostic and treatment options, as well as the efficiency and cost effectiveness of the health care system. However, interventions to harness health care innovations have been limited in the African Region despite the growing expectations and calls by Member States. Recognizing the need for the generation and use of home grown innovations aimed at accelerating better health outcomes and reducing inequities and inspired by the desire to foster a culture of innovation as part of the Transformation Agenda, WHO is making a deliberate effort to harness health innovations from the Region, delineate their critical paths and work with countries to bring them to scale.

In October 2018, the Secretariat launched its first ever Innovation Challenge, calling on innovators from the African Region to submit their innovative solutions which have the potential to improve health outcomes and the quality of life and to offer solutions to unmet health needs in Africa. It is expected that, through a competitive selection process, the 30 best innovations would be selected for showcasing at the Second Africa Health Forum. In addition, the Secretariat has developed a virtual marketplace platform that seeks to continue connecting various players in the innovation ecosystem. It is envisaged that through this marketplace, interested stakeholders including funders will provide further support and work closely with innovators to bring these innovations to scale.

6.6 Reference Documents

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7

7. STRENGTHENING THE CAPACITY OF WHO IN THE AFRICAN REGION

The Transformation Programme recognized that the WHO Secretariat in the African Region would require programmatic and organizational changes in order to contribute effectively to the change agenda and that it must be resourced and equipped to effectively perform its role as the Region's health organization. This would also include recreating an organizational culture defined by the values of excellence, team work, accountability, integrity, equity, innovation and openness, and improving communication and interactions with stakeholders.

Towards this end the strategic actions/workstreams in this area include:

- Mainstreaming WHO reforms
- Enhancing human resource capacity at all levels
- Strengthening country focus; improving efficiency, compliance and accountability in operations
- Strengthening partnerships for health
- Enhancing strategic communications.

The following sections describe the work done and the key achievements related to this workstream.

7.1 Mainstreaming WHO reforms

The Transformation Agenda was launched to accelerate implementation of the WHO programmatic, governance and managerial reforms in the African Region. Its “pro-results values” focus area is aligned with the WHO managerial reform through the “accountability and transparency” and

“strengthened culture of evaluation” outcomes. 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.

Aligning senior leadership with the change process:

Recognizing that change requires buy-in, commitment, ownership and active engagement, efforts were made to ensure that the leadership, at all levels – Regional Office Clusters, Intercountry Support Teams, Programmes and Units, and Country Offices – had a common understanding and acted as a team in the entire process for designing and implementing the Transformation Agenda. Towards this end, the following actions were undertaken:

- A Special Regional Programme Meeting was organized in May 2015 (RPM 50).
- Discussions on progress achieved in implementing the Agenda were made a standing agenda item in meetings of the Executive Management Team.
- The Transformation Agenda was discussed at subsequent Regional Programme Meetings – Fifty-first (November 2015, Geneva) Fifty-second (May 2016, Johannesburg), Fifty-third (November 2016, Brazzaville), Fifty-fourth (April 2017, Brazzaville), Fifty-fifth (October 2017, Geneva), Fifty-sixth RPM (April 2018, Accra) and Fifty-seventh RPM (December 2018, Nairobi).
- A retreat of the Executive Management Team to discuss the Transformation Agenda, among other issues, was organized in October 2016.

Engaging and mobilizing staff members to own and implement the Agenda: Cognizant of the fact that sustainable change can only happen if staff members at all levels understand, own and internalize the change process, there has been a broad use of communication channels to inform and engage staff. These include the WHO/AFRO Intranet, Town Hall meetings; dissemination of the reports of the Regional Director's missions, regular updates on the Transformation Agenda, creation and use of a dedicated web-based collaborative platform (the TA SharePoint), meetings with the Regional Staff Association, and country-level staff workshops on functional reviews, KPIs, theory of change, and the WHO Thirteenth General Programme of Work.

Championing and leading change by example: The Regional Director has been the Transformation Champion since its inception. Principal Change Agents were also designated at each Budget Centre. In order to ensure successful implementation and institutionalization of the Transformation Agenda, a governance structure comprising three teams – the Transformation Agenda Oversight Team; the Transformation Agenda Secretariat; and the Ad hoc Advisory Group was set up.

The Transformation Agenda Oversight Team, made up of the Regional Director and the Executive Management Team, is responsible for strategic decisions, resource mobilization and allocation, strategic management/oversight and strategic communication, while ensuring accountability in the implementation of the TA. The Transformation Agenda Secretariat, made up of the Director-ORD, Senior Health Policy Adviser (100%), Project Management Officer (GMC) (50% time), Programme Officer (ORD) (40% time), Regional Communications Manager, and designated representatives from clusters as persons nominated by the Regional Director, acts as the secretariat for the Transformation Programme and is responsible for monitoring and reporting.

The Ad hoc Advisory Group is made up of members of the TA monitoring team, a member each nominated by Cluster Directors and members nominated by the Regional Director from the regional, IST and country levels, and is responsible for generating ideas, validating concepts and promoting understanding of ideas and concepts.

Supporting staff to translate core values into desired behaviours: To continually support and

motivate staff to “live the change” the actions taken include the appointment of a Staff Welfare Officer; conducting staff retreats at regional and country levels; country staff training sessions on ethical behaviour, sexual harassment, abuse and exploitation; and compilation and dissemination to staff of relevant UN policy documents on transparency, accountability, and ethical behaviour. At the Regional Office level, staff welfare activities have been intensified to support staff and their families for a smooth settling-in in Brazzaville through finding adequate accommodation and schools for children. This support has been instrumental in facilitating the integration of new staff, allowing them to focus on their professional role. The Learning Focal Points have been encouraged to provide similar services to new staff in their respective country offices.

To further express her commitment to promote the well-being of staff members and improve implementation of the policies, rules and practices that affect the working environment, the Regional Director appointed a full-time Ombudsperson in 2016. This unique experience among WHO Regions was part of the efforts to foster a workplace culture that upholds WHO's fundamental values, most notably a respectful workplace environment. The main task of the Ombudsperson is to assist staff members in dealing with work-related concerns and conflicts through informal means, thereby preventing conflict and avoiding escalation of the problem. The Ombudsperson also monitors trends in support of early detection of potentially significant issues and provides feedback to senior management and advises them on appropriate remedial and preventive action to correct these systemic problems thereby averting unexpected risks for the Organization.

In the 2018 annual report of the Ombudsperson presented to the Regional Director, the majority of cases dealt with involved issues pertaining to problems between supervisors and supervisees, largely resulting from dysfunctional communication, which often has a negative impact on the annual performance assessment. The others included job and career-related issues, concerns about safety, health, well-being and physical environment including stress conditions and work/life balance; and alleged instances of harassment and discrimination. The preventive and promotional activities carried out by the Ombudsperson included briefing sessions in the Regional Office Clusters,

Country Offices and in specific meetings, while focusing on the prevention and management of conflicts, promotion of a respectful workplace, prevention of harassment and abuse of power, and the WHO internal justice system. These contributed to the prevention and resolution of conflicts/work-related difficulties in the Region.

7.2 Enhancing human resource capacity at all levels

One of the expected outcomes of the Transformation Agenda is “staffing matched to needs at all levels of the Organization”. The major workstreams in this area are realignment of human resources at the Regional Office and ISTs; induction training for newly recruited staff; adoption of enhanced recruitment procedures; and staff development and learning.

Realignment of human resources at the Regional Office and ISTs: The human resources realignment process started in 2015 with the Regional Office clusters, including the Intercountry Support Teams. With the support of a Consultancy Group – Dalberg – existing structures and functions were reviewed against WHO mandates, strategies and programmatic priorities and plans. New “fit-for-purpose” structures were designed for each of the five technical clusters and for the General Management and Coordination Cluster. Position descriptions were then developed for all identified positions and classified by external consultants, who subsequently conducted a “matching exercise” to compare current positions against the new proposed positions.

Personnel were either assigned to new positions, where appropriate or, for those whose positions did not match, relevant administrative actions were taken (they entered a reassignment process for possible assignment to a position somewhere within WHO globally or were separated from the Organization). The recruitment process was then undertaken for all vacant funded positions.

Staff members occupying positions which were matched to positions in the new structure were accordingly assigned to the new positions. Those eligible for reassignment entered a local or global reassignment process, depending on their category, for possible assignment to a position within WHO. Those who were not eligible for reassignment and those who could not be reassigned upon completion

of the reassignment process were separated from the Organization. The Organization offered a possibility of Separation by Mutual Agreement (SMA) for eligible staff members as an alternative to going through the reassignment process. Finally, recruitment processes were undertaken for all vacant funded positions.

Staff members were supported throughout the restructuring process with regular updates and information sharing. Counselling services including stress management were provided at the Regional Office and at the three ISTs. Career transition sessions were organized to support staff who were affected by the restructuring.

To improve managerial oversight and coordination, standard workflows and reporting lines between ISTs and the Regional Office were designed. The adopted process is that IST managers submit reports and country-level requests for technical support directly to their cluster directors, who are centrally located in the Regional Office. Furthermore, ISTs continue to provide support and subregional coordinating presence from their three locations, namely, Harare, Libreville and Ouagadougou.

Enhanced recruitment procedures: Improved recruitment processes were introduced in 2016 to ensure speedy and timely filling of vacant positions. These involve using standardized assessment approaches, including selection panels; written tests; interviews; background checking; and recourse to recruitment agencies where necessary. Fast-track recruitment processes were established and utilized to cope with the large numbers of vacancies and to go through the processes as effectively and efficiently as possible. These efforts were deployed by the Secretariat to ensure speedy and timely staffing while ensuring that candidates of the highest quality were recruited. The fast-track recruitment processes are also used to implement the recommendations of the functional review exercise that has started in the 47 countries of the Region.

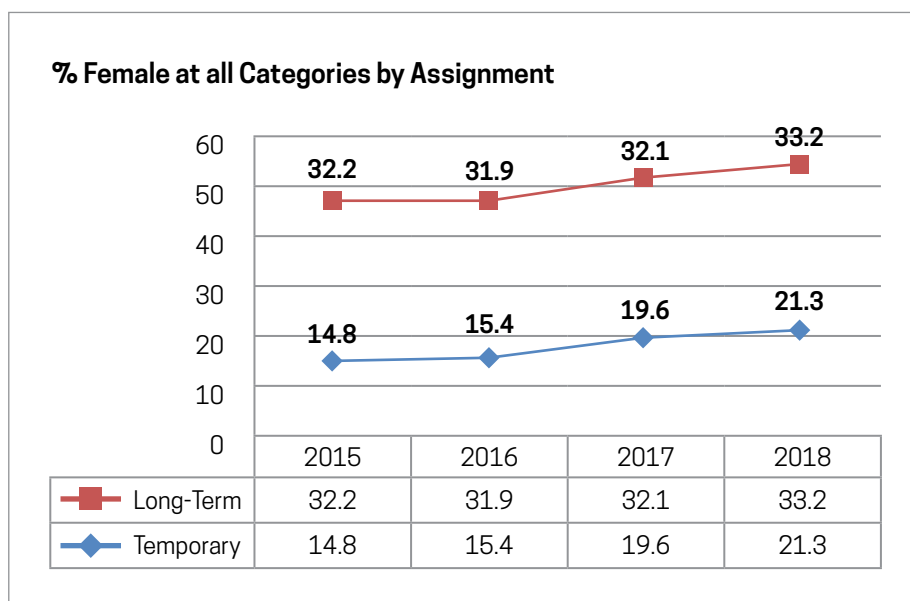
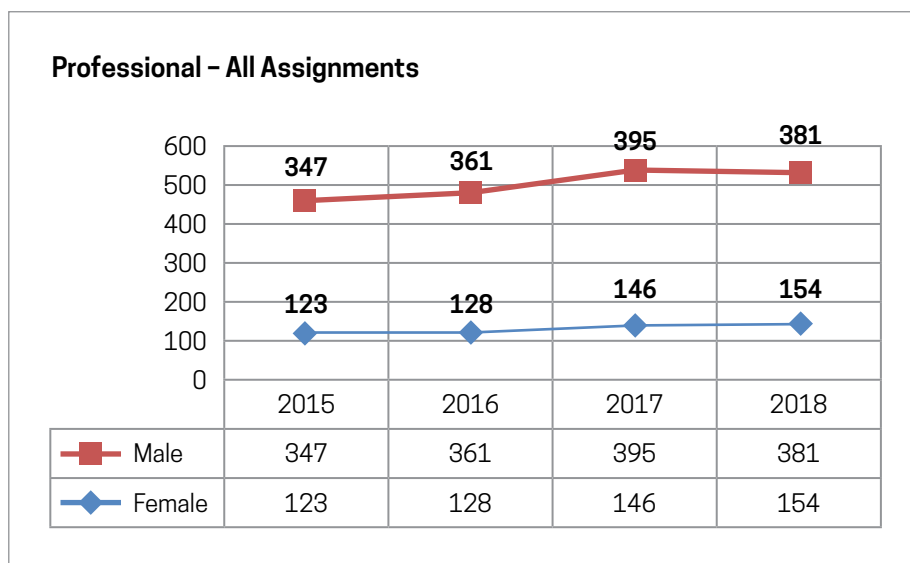
Panel members are provided with competency-based assessment training to promote a fair and transparent assessment during selection. All panel members are also fully briefed by a Human Resource Officer prior to participation in a panel, to ensure a clear understanding of roles and responsibilities, while they equally have to watch the UN video on Unconscious Bias.

The WHO Secretariat in the African Region has made efforts towards achieving gender parity, particularly in the senior professional and higher categories. An outreach initiative to attract more qualified female candidates was introduced in April 2017. In addition, the Regional Office is strictly implementing the policy that requires all shortlists for all advertised positions to include at least one qualified female candidate, failing which the hiring manager is required to provide a sound written justification or the vacancy notice is re-advertised.

As a result of the Secretariat’s commitment to bridging the gender gap, the number of females has continuously increased, particularly for staff in professional and higher categories. Between December 2015 and December 2018, the proportion of longer term female staff representation increased from 32.2% to 33.2% while temporary female staff representation rose from 14.8 % to 21.3%.

A specific session on Gender Parity has been included in the WR Leadership Learning Pathway which was

FIGURE 1: Trends in Gender Representation; WHO African Region



Source: WHO/AFRO

introduced in 2018. Here, WHO Representatives identify practical strategies that they can apply in their country offices to support the career development of women in the workplace in order to improve gender parity.

WHO/AFRO has also conducted a drive to recruit more interns, United Nations Volunteers (UNVs) and Junior Professional Officers (JPOs) to develop junior-level capacity. From only 10 interns and no UN Volunteer or Junior Professional Officer (JPO) in 2015, the Regional Office recruited a total of 70 interns, UN Volunteers and JPOs in 2017 and 32 in 2018.

Induction and orientation programme for newly recruited staff: The African Region Orientation Programme was launched in May 2017. Coordinated by the Country or Cluster Learning Focal Point (LFP), the programme is intended to ensure that all newly recruited staff have the necessary tools and knowledge base to effectively carry out their functions. The new staff member is integrated and supported from his/her first day. He/she is received by the LFP who spends the first two to three days making sure that the new staff member goes through all the necessary information and briefing sessions needed to start work.

During the sessions, the new staff member is provided with information technology equipment, is allocated an office and receives a comprehensive medical and security briefing to ensure safety in the work environment. Newly recruited staff members are also briefed on the WHO Performance Management and Development System (PMDS), the ilearn system – the WHO self-learning electronic platform – and the corporate mandatory training policy to ensure that they complete the four required mandatory training modules within the allowed timeframes. By December 2018, thirty-five new staff members had participated in the orientation programme.

The Regional Induction Programme which targets newly recruited International Professional (IP) staff and National Professional Officers (NPOs) across the Region was developed and introduced during the last quarter of 2015. In 2018, the programme was delivered in French and English in the month of April. These sessions provide new staff with a global knowledge of the Organization, its programmes and structures. There are two broad themes in the induction programme, namely “What we do” and “Personnel Administration”. All enabling functions

are directly involved in the induction programme through presentations and discussion on topics that are of interest to new staff. All Clusters participate in designing the content and in ensuring that information is comprehensive and relevant to new staff. These sessions also offer an opportunity for gathering ideas on staff expectations which are used for improvement and innovation. In 2018, twenty-one participants attended these courses. The next sessions are scheduled for April 2019.

WHO in the African Region in June 2018 started the process of designing and developing a catalogue of role-based mandatory training sessions for each function. It is expected that when it is launched, new staff members will have 40 days to complete the modules assigned to them. All these training sessions will be undertaken and tracked through the corporate ilearn system.

Staff development and learning: To enhance staff capacity and performance, a Regional Learning Focal Point Network was established in December 2017. The role of the Learning Focal Point (LFP) is primarily to orient new staff and to identify training needs in clusters, Programmes, Units and Country Offices and to propose a plan to respond to the identified needs. LFPs are also responsible for recording all learning activities at country or cluster level in ilearn and to follow up on completion of the mandatory trainings.

The Career Counsellor of the Functional Review Team provides counselling services and advice to staff within the WHO country offices where the functional review exercise was undertaken. By December 2018, thirty-seven country offices had benefited from the services of the Career Counsellor.

Targeting Senior Managers and Heads of WHO country offices, the Leadership Learning Pathways to Transformation of Health in Africa was launched during the second half of 2018. The programme aims to develop the skills of senior staff in organizational, team and personal leadership; enhance their analytical and strategic thinking skills; and gain a greater understanding of the complex issues facing managers and leaders today, while anticipating those of the future. Each learning pathway comprises a number of sessions including self-assessments such as 360° feedback as pre-work, a face-to-face workshop, several virtual classes in which different theories learned are applied practically, individual leadership coaching and an Action Learning Project over a period of three to five months.

The modules to be covered in the training include understanding the actionable principles of management and leadership; negotiating difficult conversations and optimizing team performance; effective vision articulation, aligning that vision to WHO's mandate and executing actions in clear and coherent ways; and resource mobilization strategies. The first face-to-face workshop was organized in December 2018. The programme, designed and piloted in the WHO African Region, has been adopted by the WHO Global Policy Group – comprising the Director-General, Deputy Director-General and Regional Directors – as a corporate WHO Leadership Programme.

In December 2018, a Request for Proposals was launched to develop a programme specifically intended for General Service support staff. The objective of this programme is to enhance their capacity to ensure greater effectiveness of their services in support of the implementation of WHO's activities in the African Region within the context of AFRO's Transformation Agenda and the WHO Thirteenth General Programme of Work towards the realization of the three billion targets.

The development of a new Regional Rewards System in recognition of outstanding performance, including a specific award for initiatives related to the Transformation Agenda, was started in May 2018. Its purpose is to increase staff motivation, job satisfaction and to ensure staff retention. It will be launched in 2019.

To enhance staff interactions in their various roles and responsibilities, an Open House Day policy was introduced in 2017 to enable staff members to visit the various units and express their concerns and needs. Furthermore, ITM offers briefing sessions on various IT subjects every Thursday and runs an open clinic once a month.

7.3 Strengthening country focus

In line with the country focus approach, the Regional Office, in consultation with key stakeholders, initiated a systematic process called "Functional Reviews" for assessing the structure of WHO country offices to ensure that they are correctly staffed and fit for purpose to address country priorities.

A Consulting Group – Dalberg Global Development Advisors – was hired to develop a tool called the

"Country-level Functional Review Model" by which the WHO Regional Office for Africa could determine the size, structure and profile of each country office. This work was completed in August 2017 and a Project Team was established to conduct a restructuring exercise of these 47 country offices early in 2017.

By December 2018, functional reviews had been conducted in 34 country offices and implementation of country plans had started in 20 countries. Countries are proposing incorporation of capacity to perform the following "core" functions: taking the lead in health sector coordination based on one Health Sector Strategic Plan; strengthening the generation of credible data, information and evidence to guide interventions and measure impact; strengthening emergency and outbreak surveillance, preparedness, and response; and strengthening health systems including building the capacity of provincial and district health teams. Key functions such as external relations and communication were also introduced to strengthen partnerships and health advocacy. In addition, the need to facilitate the engagement of other sectors in order to achieve universal health coverage and better health outcomes has led to the introduction of health promotion which is a cross-cutting function.

Already, the functional reviews are resulting in fit-for-purpose country operating models, better alignment with country priorities and responsive strategic operations. Efforts are being intensified to support WHO country offices (WCOs) to implement the most effective, recommended country operating model in pursuit of country-level health impact. Implementation focuses not only on human resource actions using fast-track procedures, but also on simultaneous delivery of other functional review objectives, namely delivery of strategic priorities, sustained resource mobilization, and proper office management which will be critical to achieving the overall "desired impact" of the functional reviews of WHO country offices in the African Region. A prioritization exercise has been undertaken to define the minimum human resources required to deliver the GPW 13 results at country level and for the WHO country office to play its optimal role in the context of the new UN reform. The prioritization exercise has identified the minimum competencies required to deliver critical functions for universal health coverage (UHC), emergencies and enabling roles, leading to significant increases in human resource costs.

A mid-term evaluation conducted in January 2018 by the Evaluation Unit in WHO Headquarters concluded that the functional review is an important and timely exercise that would strengthen the capacity of WCOs. The functional reviews have resulted in 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.

To assist newly appointed heads of country offices, joint Programme Management and Administrative (PM&A) reviews were introduced in 2015. The Compliance Unit coordinates these multifunctional missions. The key objectives of the review are to identify, together with the WR and WCO staff and partners, opportunities for improving programme management and enabling functions for the country office and to identify systemic control weaknesses and best practices that can be documented and shared with other budget centres in the Region. The scope of the reviews includes leadership, accountability, responsibility and organization; administration and programme management; and communication. The methodology used includes walk-through and review of documents, self-assessment questionnaires, inception meeting with all staff, structured interviews and group discussions with staff, senior staff of ministries of health and an exit conference to agree on recommendations and action points for all levels of the Organization. The reviews are conducted within six months of a change in leadership of a country office.

Compliance and PM&A reviews have so far been carried out in 16 country offices. These have enabled the formulation of recommendations that will enhance the strategic positioning of the Organization at country level, identification of priority focus areas that are aligned with national needs and priorities, and improvement of programme management processes – planning, monitoring, knowledge management, and resource mobilization. The reviews have served as a learning experience for the staff of WCOs, ministries of health and partners. The findings and best practices have been shared during RPMs and with the other countries visited. Issues of a corporate nature have been raised at a higher level during meetings of the Regional Compliance Management Committee, chaired by the Regional Director.

7.4 Improving efficiency, compliance and accountability in operations

In 2014, the Independent Expert Oversight Advisory Committee (IEOAC), a subcommittee of the Programme and Administration Committee, stated that WHO was perceived as having a “culture of tolerance for non-compliance” – (EBPBAC22/3, Report of the Independent Expert Oversight Advisory Committee). The comment was seen to be targeting the African Region considering that at least 50% of the audits conducted in the Region had been rated as unsatisfactory and only 50% of internal controls tested were considered efficient.

Therefore, it came as no surprise that one of the pillars of the Transformation Agenda was to transform the enabling functions in the Region into responsive strategic operations with managerial accountability, transparency and risk management assured, and to improve internal controls and compliance. The expected outcomes here are “financing and resource allocation aligned with priorities” and “managerial accountability, transparency and risk management assured”.

Towards this end, a bold step was taken to improve, in a holistic manner, internal controls and the accountability environment by launching the Accountability and Internal Control Strengthening (AICS) Project in February 2015. The AICS has four broad objectives: to strengthen the adequacy and effectiveness of internal controls; improve accountability, transparency and compliance; enhance the performance of individual staff and budget centres; and measure, monitor and report on progress.

The WHO Regional Office for Africa Compliance and Risk Management Committee (CRMC), comprising the Executive Management Team, was established in April 2016. Its mandate is to provide strategic guidance to the AICS Project and to support the Regional Director in ensuring a strategic, transparent and effective approach to risk and compliance management. The CRMC has defined the five key pillars of the AICS project as follows: improved information-sharing; clearly defined expectations and robust monitoring and evaluation; targeted training and direct country support; improved engagement with Member States; and improved governance and oversight.

Improved information sharing: An intranet site for the AICS Project was launched in August 2015 to serve as a single point of entry for information on WHO rules, procedures and best practices across the Region. Since then, 626 policy documents, standard operating procedures (SOPs) and internal control checklists have been published on the site and key documents translated into the working languages of the Region.

Clearly defined expectations and robust monitoring: The first 12 managerial Key Performance Indicators (KPIs) for WCOs were introduced in 2015. 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 budget and finance managerial KPIs were developed to leverage GSM data which provides a clear and easily accessible audit trail behind the KPI results each month.

Reporting and transparency around progress was improved 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 heads of administration of country offices, the best performing budget centres were officially recognized at an award ceremony.

Targeted training and direct country support: Targeted training programmes were developed using data from the monitoring of KPI performance, audit results and other reviews of budget centres to address weaknesses identified across the Region and within specific areas of work, for example, 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. Training programmes are carried out either through face-to-face sessions or through electronic IT learning platforms where feasible.

Improved engagement with Member States: The WHO African Region advances the greatest amounts of funding to governments to implement activities through a mechanism called Direct Financial Cooperation (DFC). A risk-based framework for DFC – the DFC Accountability and Assurance

Framework – was developed in 2016 and approved by the Regional CRMC in 2017 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. The framework has been used by the DFC Assurance Team – a dedicated team of international staff – to organize country missions, based on a risk profiling exercise, to conduct post facto checks of supporting documents at ministries of health in order to improve compliance and strengthen accountability for DFC funds. By the end of December 2018, nineteen country review missions had been conducted. These missions provide the much needed assurance to partners who have repeatedly expressed concerns in this area.

Recognizing that improvements in the internal control environment require collaboration between the Secretariat and Member States in order to improve compliance at country level, a handbook on WHO Business Rules – “Understanding WHO Business Rules” – was developed and rolled out in 2017. The handbook aims to raise the awareness of staff of ministries of health about WHO rules and procedures and to improve compliance in the area of DFC, procurement and travel. The handbook was distributed to all MoHs in the Region and relevant training was organized by WHO country offices for their national counterparts. In addition, information on progress in the area of audit and compliance is shared annually with Member States during sessions of the Regional Committee. In addition, DFC regulations and statistics are included in briefings for newly appointed Ministers of Health.

There have been significant improvements in DFC reports, with a reduction of overdue reports from 1907 in April 2016 to 113 as at December 2018, a 67% decline in 2016, forty-five per cent in 2017 and 67% in 2018 respectively. At a meeting in October 2018, senior administrative staff of the WHO African Region committed to get to “zero overdue DFC reports by June 2019.

Improved governance and oversight: Following the establishment of the Compliance and Risk Management Committee (CRMC), efforts have been 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 for Africa, the Compliance Unit was moved to the General Management Cluster in 2016, thereby paving the

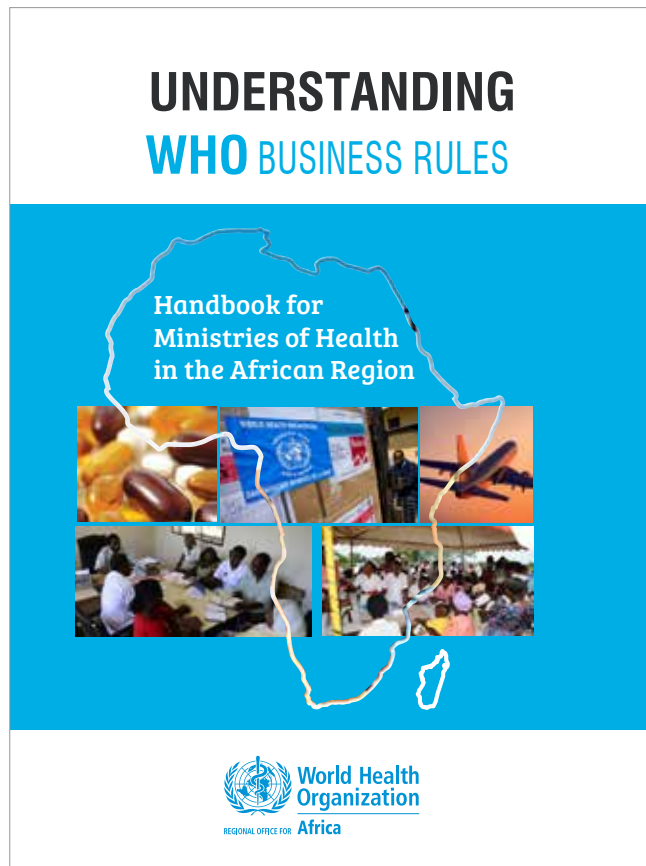
way for a more coordinated and cohesive approach to strengthening the control environment while leveraging limited resources. The WHO Independent Expert Oversight Advisory Committee has cited this as a best practice and has encouraged similar actions for other Regional Offices.

In September 2017, the establishment of local CRMCs in all budget centres in the Region was made mandatory. This is to ensure adequate oversight at all levels in the Region. In March 2018, a Compliance and Risk Management Committee was also established within the GMC Cluster to monitor compliance, risk management and performance of budget centres vis-à-vis managerial KPIs and to prioritize and coordinate required support to African Region budget centres based on trend analysis.

Recognizing that there was a need to enhance coordination as well as monitor the delivery of results, within the framework of the project, the General Management Cluster set up a robust framework to ensure effective coordination of the administrative support provided to the Regional Office and the 47 country offices. Processes in the Coordination Framework include three stages: identification of the needed support; definition of priorities, implementation and follow-up; and impact evaluation.

Identification of the support needed by Budget Centres: Based on the managerial KPI Dashboard and audit reports, the concerned enabling functions identify the WCOs requiring urgent support. Based on the type of the support needed, various options are considered to resolve the problem and improve the situation. These may include remote support or physical presence of the subject matter expert on the ground. Planned interventions are discussed in monthly meetings with the Cluster Director and a final decision reached. This ensures consistency in approaches and cross-cutting issues are dealt with holistically. Once approved, the support missions are recorded in the Coordination SharePoint tool with specific reference to the target country as well as the area of intervention.

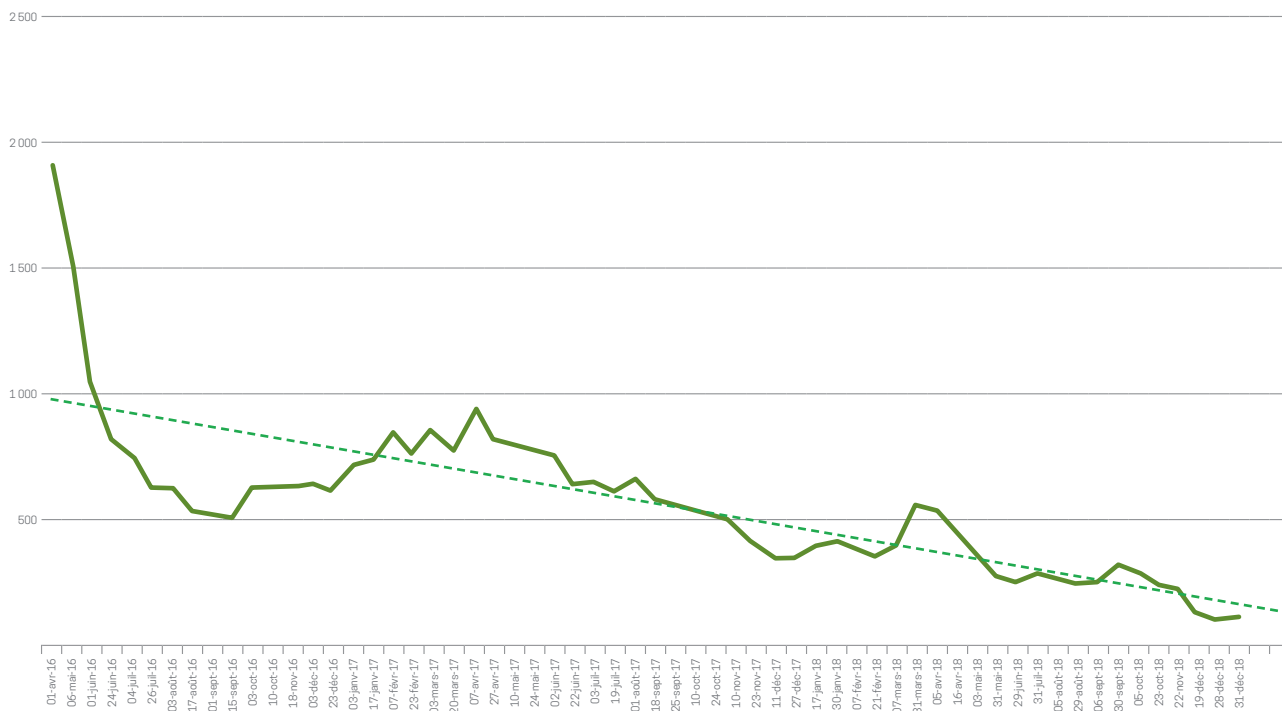
Definition of priorities and follow-up on the implementation of agreed action points: During the monthly meetings, the participants review the pending requests from country offices and the major risks related to the ongoing projects, and decisions are taken about the action points to be implemented to address the situation. At the end of each meeting,



the GMC Project Management Office (PMO) records the action points in the GMC Coordination SharePoint. Once the action points have been implemented, the units also update their respective action points on the SharePoint. Similarly, when a mission to the country office is completed, the PMO team uploads the information so that it is possible to assess the correlation between the mission and the CO KPI performance. GMC also holds regular inter-unit meetings (Procurement unit, Administrative Services and IT units) and meetings with the Health Emergency Cluster Administrative Team to ensure synchronization of the activities.

Evaluation of the Regional Office Contribution: This last stage helps the Budget Centres to evaluate the impact of the support provided for their activities – missions, trainings, procurement of services and personnel, among others. Monitoring the KPI dashboard and the Quarterly Reports issued by the Compliance Team has provided updates to the AFRO Compliance and Risk Management Committee (CRMC) and heads of country offices on current performance of WHO country offices within the African Region against key managerial performance indicators and has drawn their attention to all matters of concern requiring actions to mitigate the related risks and improve performance.

FIGURE 2: Trends in Overdue DFC Reports



Better value for money: The procurement of goods and services takes a quarter of the 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 value-for-money approach.

The web-based e-Tender system was launched in November 2015 for procuring goods in the Regional Office and the UN Global Marketplace tool was introduced in February 2016 to publish Requests for Proposals for procuring services. These enhanced competitive bidding processes ensure that selected offers provide the best combination of technical specifications, quality and price.

In the area of translation, interpretation and printing services, new methods for selecting interpreters by pairing one senior interpreter with junior interpreters were introduced in July 2018. This is expected to result in savings of about US\$ 1000

per five-day meeting per junior interpreter and also ensure the development of the next generation of interpreters in the Region. In addition, the Unit is identifying and developing a roster of professional interpreters based in all 47 countries of the Region. The recruitment of more local interpreters resulted in cost savings amounting to US\$ 101 000 between October and December 2018. The remuneration for translation services was also reviewed and a new scale established in October 2018, resulting in savings amounting to US\$ 25 000 by the end of December 2018.

In addition, a paperless office environment in the form of an automated approval workflow process was introduced in June 2018 in the General Management and Health Systems and Services clusters. Online workflows were created through various new eForms and a workflow platform to initiate and circulate memoranda and adjudication reports for approval is in place. In total 1086 memos and adjudication reports were approved through this system between June and December 2018. As a result, a 12.8% reduction in printing cost was recorded, from US\$ 192 201 during this period in 2017 to US\$ 170 388 for the same period in 2018.



The above measures have resulted in the following:

- **Improved compliance and quality assurance:** Twenty-one internal audits and 14 external audits were concluded between February 2015 and December 2018 with 982 audit recommendations in total. Of these audits, seven internal and 10 external audit reports were fully closed to the satisfaction of the auditors by December 2018. In addition, 11 audit reports issued prior to 2015 were also fully closed during the same period. For the period 2016 to 2018, there were no internal audit reports which received an unsatisfactory rating; all were rated fully or partially satisfactory with improvements required.
- The use of the managerial KPIs is widely accepted in the Region as heavily contributing to positive progress in strengthening the internal control environment and is considered as a best practice across the entire Organization.
- The Office of Internal Oversight Services (IOS) reported that the overall effectiveness of internal controls in the African Region had increased from 50% in August 2015 to 75% in 2017 based on the offices audited over the period. Of the six major offices assessed, the Region has progressed from the last position to the fourth place and has the second largest positive change of 25%.
- **Improved accounting for DFC funds:** The number of overdue DFC reports was reduced by 94% between April 2016 and December 2018. The WHO Regional Office for Africa reduced

the amount of unjustified DFC funds by US\$ 75 million (86%), from US\$ 87.3 million (1907 overdue DFC reports) as at 1 April 2016, to US\$ 11.9 million (113 overdue DFC reports) as at 31 December 2018.

- **Better value for money in the procurement of good and services:** 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. The savings reached US\$ 5.1 million in 2018.

7.5 Putting a stronger focus on the delivery of results

“For a long time, WHO has faced challenges in measuring the outputs and outcomes of our support to Member States. The KPIs offer all of us an opportunity not only to measure results but also to focus our work on what will make a difference in our region”

–Dr Matshidiso Moeti,
WHO Regional Director for Africa

In order to measure WHO’s overall performance in contributing to priority health goals, the WHO African Region Results Framework was enhanced in 2017 to incorporate additional KPIs that are programme-related. Its purpose is for WHO to better serve Member States while improving transparency, reinforcing accountability and demonstrating results towards its priorities, the health goals of Member States and the SDGs.

There are 43 KPIs which are divided into 32 programme-related KPIs and 11 KPIs for enabling functions. All countries in the WHO African Region are expected to monitor 13 Region-wide KPIs as well as a further seven KPIs selected by the country office to address country-specific priorities. They are key components of the Transformation Agenda, especially the pro-results focus area and they are linked to the relevant staff members’ e-PMDS as a way of ensuring clear lines of accountability and objective assessment of KPI targets.

With a view to institutionalizing the use of KPI data to drive results-based health management in the Region, WHO/AFRO launched, in August 2018, the *Tool for African Region Results (TAR)*, an online platform that is used to collect and report on KPI performance data on a quarterly basis. The TAR allows staff to see the impact of WHO's contribution and the easy-to-access data allows them to observe performance trends that are timely and relevant to their decision-making. The data provides insights on how to address unsatisfactory performance on select KPIs and where to make the necessary adjustments.

As KPIs become an integral part of the everyday life of the WHO workforce, most of those who use them on a regular basis have noted their benefits at both individual and collective levels. At the individual level, these include re-focused objectives in the ePMDS; clarity in achievements; improved understanding of WHO's work; and a heightened sense of accomplishment. At the organizational level, teams have noted increased transparency in decision-making and the allocation and use of resources; and an improved focus on results and accountability to donors.

A culture of using evidence to showcase achievements is developing in WHO country offices. For example, they have reported using information on KPIs to inform strategic decisions in monthly management meetings; planning strategic interventions, allocating resources and identifying opportunities to optimize efficiencies and effectiveness in health programming; engaging government counterparts, mobilizing resources and leveraging strategic partnerships; preparing statutory and donor reports; and communicating results and amplifying WHO's contribution to improved health outcomes.

On the whole, the WHO African Region Results Framework is highlighting neglected programme areas and suggesting areas where WHO should prioritize funding. Information received from the indicators shows 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 United Kingdom 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.

7.6 Strengthening partnerships for health

Recognizing that healthy lives and well-being for all at all ages cannot be achieved by a single organization, the Secretariat has worked to strengthen existing partnerships and engage new partners and donors to support Member States in addressing regional and country health priorities. Extensive discussions and visits with partners, donors and foundations have already taken place, including with traditional ones such as the United States of America, the Bill and Melinda Gates Foundation, the European Union, the United Kingdom, Germany, Luxembourg, the African Development Bank, the United Nations Economic Commission for Africa, the African Union Commission, regional economic communities and the Africa Centre for Disease Control and Prevention, and with new partners such as China, South Korea, Kuwait, Qatar, the International Telecommunication Union, the OPEC Fund for International Development, Sweden, Irish Aid, Belgium, Mercyships, and the Organization of African First Ladies for Development. There has been a gradual increase in donor commitments and support in different health priority areas.

As part of the realignment of human resources to regional health priorities, the External Relations, Partnerships and Governing Bodies Unit was created in 2015 and assigned new staff. Under the leadership of the Regional Director, the new unit has made great strides in strengthening partnerships in a number of areas.

Continued dialogue with countries, through face-to-face and virtual briefings and meetings, has resulted in an increased capacity of Member States to engage more effectively in the work of WHO governing bodies, including improved attendance with the right profile of people attending, the adoption of coordinated positions on key agenda items, more active participation in discussions, and submission of proposals on new agenda items, resolutions and side events.

For the first time in over 12 years, a briefing of newly appointed Ministers of Health in the WHO African Region was organized at the Regional Office in Brazzaville, Congo in November 2018. In performing

their roles, health ministers carry out a range of stewardship functions both within and across the health sector and the continued attrition of top ministry of health officials in the African Region has in many cases created challenges and disruptions in the collaboration between WHO and Member States. With an increasing number of senior officials with social science backgrounds taking leadership of ministries of health, the briefing was meant to foster a better understanding of how WHO functions and on the main areas of possible collaboration with Member States.

The participants were provided with the necessary information on how they could serve as effective stewards of health development in their respective countries. Participants at the meeting were Ministers of Health from Congo, The Gambia, Lesotho, Liberia, and Sierra Leone. Among key issues discussed were the work of WHO within the context of UN reforms; public health in the context of the SDGs, the WHO Thirteenth General Programme of Work (GPW 13) and WHO support in implementing the national health agenda. The briefing served as a useful forum towards enhancing the personal effectiveness of the ministers in health leadership and partnership as well as a platform for discussions on key issues that are relevant to the specific roles of health ministers.

To ensure effective preparation of Regional Committee documents, the Regional Director proposed revisions to the Terms of Reference of the Programme Subcommittee at the Sixty-sixth session of the Regional Committee. These revisions were adopted and have allowed the PSC to monitor and provide guidance on financial and accountability matters. In addition, the PSC also considers the membership proposals of African countries to serve on various councils and committees, thus improving transparency in the designation of membership during sessions of the Regional Committee.

In an effort to make Regional Committee meetings more innovative, effective and efficient, various IT tools have been introduced including the move from paper-based registration to online registration for all participants. In addition, the Regional Committee meetings are moving to become paperless and documents are made available through an Application and on the Regional Committee website. For example, the number of printed Regional Committee files reduced from 650 in 2016 to 230 in 2018, a decrease of more than 65% as delegates were able to access the documents electronically.

While 650 copies of the daily Regional Committee Journal were printed during RC66, none was printed during RC68.

There has also been an increase in the participation of Non-State Actors (NSAs) in Regional Committee meetings and they express various interests such as hosting side events and making statements on various issues of interest. While 21 observers attended RC65, the number increased to 70 observers at RC68, which is triple the number of NSAs taking part in Regional Committee meetings. This is in line with the move by the Regional Director to increase partnerships across the Region.

Working closely with the AUC through the WHO Liaison Office in Addis Ababa, the following are some of the key collaborative efforts made:

Partnership with the African Union Commission:

The WHO Secretariat in the African Region has engaged regularly with the AUC to ensure synergy in the roles and functions of both organizations, and to support implementation of the AUC “Agenda 2063”. The key achievements of this collaboration include the following:

- *The Africa Centre for Disease Control and Prevention (Africa CDC):* The AUC, in collaboration with WHO/AFRO and partners, launched the Africa CDC in January 2015. The Centre’s role is to contribute in establishing mechanisms to support African countries to effectively prevent, predict, detect and respond to emergencies, and build the needed capacity to protect communities across the African continent. This was supported by an agreement on a Framework of Collaboration with the Africa CDC which was signed in August 2016. To operationalize the Framework for Collaboration, a joint workplan is being articulated in line with the recommendations of the high-level meeting with the AU Commissioner for Social Affairs and the Director of Africa CDC in Brazzaville in October 2018.
- *The Addis Ababa Declaration on Immunization:* The World Health Assembly in 2012 adopted the Global Vaccine Action Plan and committed to achieving 90% national immunization coverage by 2020. To help achieve this objective in the African Region, in February 2016, AFRO, EMRO and the AUC organized the first-ever ministerial level gathering with a singular focus

on ensuring that children across the continent get access to life-saving vaccines. The Addis Ababa Declaration on Immunization, adopted by the ministerial conference was endorsed by the Summit of African Heads of State in June 2016. The Declaration commits countries to increasing domestic financial investments in order to deliver routine immunizations and roll out new vaccines.

- **Declaration to accelerate implementation of the International Health Regulations (IHR 2005):** Through the collaborative efforts of WHO and the AUC, African Heads of State at their Summit in July 2017 adopted a declaration to accelerate implementation of the International Health Regulations (IHR 2005). Its implementation will contribute to improving the status of preparedness of Member States to detect and rapidly respond to epidemics.

Harmonization for Health in Africa: The commitment of the WHO Regional Office for Africa to the Harmonization for Health in Africa (HHA) platform has been strengthened. The HHA platform is a mechanism established in 2006 to coordinate partners' support to countries and enhance synergies in the health sector in the Region. An independent review of the HHA was conducted in 2016. The review recognized the relevance and value of the HHA mechanism in the African Region and highlighted the need, after 10 years, to rethink the HHA vision, the organizational and operational set-up, and re-energize efforts in the context of the changing aid landscape and the SDGs.

Following the review, the Regional Director demonstrated WHO's commitment to working together with other partners to advance health development in the Region by spearheading the re-launch of the HHA platform in March 2017 in order to strengthen health systems towards attaining universal health coverage and health security. The partners – WHO, other UN Agencies and bilateral and multilateral health development partners – reaffirmed their commitment to working together to enhance impact in key thematic areas including public-private partnerships in health, public finance management in the health sector and the broader area of Value for Money with a view to achieving tangible results for women, adolescents and children in particular and for all of Africa as a whole. This renewed commitment resulted in an HHA action plan for 2017–2019 and a joint letter

sent to the country representatives requesting their full collaboration in taking forward the new HHA agenda. In 2018, the HHA Regional Directors issued a joint RDs' Call-To-Action inviting country representatives of HHA agencies to collectively bolster the implementation of UHC and improve collaboration in health systems strengthening towards PHC and UHC.

At their annual meeting held in October 2018, the HHA Regional Directors concluded that good progress had been made in the implementation of the action plan. The areas of progress included the synergies created by partners in strengthening policy dialogue between ministries of health and finance, particularly in the area of public finance management (PFM), and the development of national health policies and strategies including in the RMNCAH area. With a view to harmonizing approaches, tools and guidelines, a number of new guidelines on reproductive, maternal and newborn health were disseminated jointly by partners and alignment of PFM approaches from different organizations is underway in 44 countries. They also agreed on a joint action plan for 2019–2021 that includes strengthening public-private collaboration to foster progress towards health security and UHC.

The WHO Africa Health Forum: The WHO Africa Health Forum (WAHF) has been established as a platform for engaging with partners, including Non-State ones. In June 2017, WHO organized the first WAHF under the theme “Putting People First: The Road to Universal Health Coverage in Africa” in Kigali, Rwanda. The Forum provided a platform for a unique mix of stakeholders, including government ministers, young professionals and health activists, the private sector, the UN and bilateral partners to discuss public health challenges and explore ways of contributing to WHO's reform agenda. The key outcome of the Forum was the “Kigali Call to Action” which provides a framework for acting together to improve health in the Region. The Secretariat has prepared a road map for, and is monitoring implementation of, the Call to Action.

Digital Health and Collaboration with the International Telecommunication Union (ITU): Since 2015, seven countries have been supported with developing digital health strategies based on the WHO-ITU National Digital Health Toolkit, bringing the total number of Member States with digital strategies to 27 by December 2018. Three Member States (Algeria, Kenya and Rwanda) were



supported to develop legal frameworks for digital health, with Algeria, having finalized its legal instrument for the protection of personal data, bringing the total number of Member States with finalized regulations to ten.

In November 2017, WHO/AFRO 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. The focus of the agreement is to establish platforms for interoperability, capacity building for the eHealth workforce, eHealth partnerships with telecommunications companies and the use of eHealth medical devices. Cabo Verde, Gabon, Lesotho, Mozambique, Nigeria and Senegal have agreed to be initial start-up Member States for implementation. Country assessments have been done for Cabo Verde and Lesotho, and the first regional capacity building workshop for 12 Anglophone Member States was conducted in December 2018.

WHO/AFRO and the ITU have designed a standard 12 module digital health online curriculum to increase

Digital health literacy and digital health utilization at country level. Twelve Member States have been trained on this module. On the whole, health seekers have been enabled to have increased access to health care via mobile phones. WHO/AFRO and ITU are now supporting Member States with interoperability systems to enable the scale-up of digital health. This work has already begun in Gabon and Lesotho.

WHO/AFRO is further working with the ITU to accelerate UHC by harnessing the power of artificial intelligence (AI) for NCDs, specifically, early diagnosis of diabetes, as well as implementation of AI patient portals for the general population. These technologies will facilitate early diagnosis and remote treatment support. This will also include the design and implementation of a digital platform for key health events.

Collaboration with foundations and donors: WHO has continued to expand its collaboration with key donors and foundations. The WHO Regional Office for Africa has, within the framework of the global-level partnership, consolidated its partnership with the United Kingdom by signing an Action Framework encompassing the Department of Health, Public Health England and the Department for International Development (DFID). Funding

agreements with donors to ESPEN, such as the Kuwait Fund, the OPEC Fund for International Development and the Qatar Fund for Development, are enabling WHO to accelerate work towards the elimination and eradication of NTDs. Collaboration with the Bill and Melinda Gates Foundation is ongoing.

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.

To enhance donor relations and maintain trust, a donor report monitoring system was introduced in 2016 to strengthen reporting and internal controls. On the whole, the quality of partnerships has improved, increasing the resources available and the voice of partners as advocates for the work of AFRO. The quality and timeliness of donor reporting has improved, with the number of overdue donor reports reducing from 39% in July 2017 to 3% by December 2018. Efforts are underway to ensure that WHO reaches zero reporting delays and improves the quality of its reports.

7.7 Enhancing strategic communications

The Secretariat has put emphasis on both external and internal communications. By the end of December 2018, a baseline assessment of communications capacity had been completed, and the outcome used to develop a Regional Communications Strategy.

External Communications: The Secretariat has been proactive in engaging with strategic regional and global media and stakeholders. Around 30 press releases and 20 media talking points were developed. These led to around 100 media interactions, including global media outlets such as the New York Times, BBC, RFI, CNN, Le Monde, Associated Press and the Economist as well as many important regional and national media organizations. High interest in the Ebola response drove a large share of the coverage, but WHO experts were also interviewed on other important issues such as the impact of climate change on health,

air pollution and noncommunicable diseases. The importance of showcasing the impact of the work of WHO and partners led to around 10 impact stories which were published on the WHO Regional Office for Africa website and shared with media. Over 12 000 stakeholders were engaged using the Popullo Electronic newsletter application which also facilitates a common brand across the Region.

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

With an eye to the growing importance of multimedia products, the Regional Health Emergencies Communications Unit acquired a video camera and produced more than 20 video products, some of which were picked up by broadcasters both in the Region and beyond, while others were used on social media.

To support communications during health emergencies, several training sessions were conducted. Pre-deployment training in communications was conducted for WHO staff, ministry of health spokespersons and partners were selected to be part of the Emergency Communications Network. The objective of the training was to create a regional pool of WHO communication officers ready for deployment to health emergencies and a network of 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 six training sessions were organized to improve reporting on health emergencies with nearly 300 reporters from more than 10 countries. The training led to an initial round of 20 media products, which were produced by the trainees.

WHO/AFRO deployed Communications Officers in line with its standard operating procedures for response. Standard operating procedures for communicating during health emergencies were developed for Emergency Operations Centres in countries in the Region. Furthermore, the WHO Health Emergencies Programme started publishing



a weekly online bulletin in 2017 and had produced 95 bulletins by the end of 2018, which included 524 news articles. A total of 64 external situation reports were produced on disease outbreaks.

Social media activity has also been improved, and by December 2018, WHO in the African Region had received over 28 million twitter impressions, up from 3.3 million in 2015. The number of Twitter followers has grown to 35 000. A Facebook channel was launched in 2017 and has grown to have more than 12 350 likes. Major events of WHO/AFRO such as the first WHO Africa Health Forum and the Sixty-seventh session of the Regional Committee were streamed live on YouTube.

The Secretariat launched a new visually appealing website which provides easier access to information and improved security in 2017. The media centre pages have been revamped, with regular 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. There has been an emphasis, as part of the Transformation Agenda, to move the website away from a programmatic approach towards health themes and cross-cutting issues. The website grew to have almost one million new users in 2018.

The above efforts have 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.

Internal Communication: To enhance internal communication, the Communications Unit 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. Regular town hall meetings with the Regional Director and staff have been organized, providing an opportunity for staff to communicate directly with senior leadership. Communication across the three levels of the Organization (headquarters, Regional Office, and country offices) has been strengthened as well.

An example of the success of this strengthened internal communication can be seen in the coordination of the Emergency Response Team during the Ebola outbreak in the Democratic Republic of the Congo in May 2018. A three-level teleconference was held daily in the Regional Office 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. A range of publications documenting progress on the Transformation Agenda were produced in three languages and disseminated across the Region and to key stakeholders.

7.8 Reference Documents

- The Work of WHO in the African Region 2014–2015 – Biennial Report of the Regional Director; <https://www.afro.who.int/sites/default/files/sessions/documents/9789290232926.pdf>
- The Work of WHO in the African Region 2016–2017 – Biennial Report of the Regional Director, https://www.afro.who.int/sites/default/files/2017-08/The%20Work%20of%20WHO%20in%20the%20African%20Region%20–Biennial%20Report%20of%20the%20Regional%20Director%20web%20version_1.pdf
- WHO Thirteenth General Programme of Work. <https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023>
- The Transformation Agenda of the World Health Organization Secretariat in the African Region; Delivering Results and Making an Impact
- WHO African Region Results Framework: Measuring the Organization’s contribution to Africa’s Health: A Pocket Guide
- The Addis Ababa Declaration on Immunization
- The First WHO Africa Health Forum – Putting People First- The Road to Universal Health Coverage in Africa’ Kigali, Rwanda; 27–28 June 2017
- EBPBAC22/3, Report of the Independent Expert Oversight Advisory Committee

8. MANAGING THE TRANSFORMATION AGENDA

To ensure sound policy direction and smooth implementation of the Transformation Agenda, a governance structure comprising three levels was put in place during the second half of 2015. These are the Executive Management Team (EXM), the Transformation Agenda Secretariat; and the Ad hoc Advisory Group.

8.1 The Executive Management Team

The Executive Management Team, comprising the Regional Director, the Director for Programme Management and the Directors of Clusters, provides overall direction for the Transformation Agenda. Its terms of reference with regard to the Transformation Agenda are:



Planning, designing, resource mobilization, coordination of implementation, monitoring and reporting of all activities in the Transformation Agenda;



Advising on actions to be taken based on recommendations from the TA Secretariat which acts as the monitoring team;



Taking strategic decisions on issues related to planning, funding, and implementation of the TA, particularly on activities that have not advanced;



Advising on communication strategies and channels, based on recommendations from the TA Secretariat; and



Identifying priorities for future action.

8.2 The Transformation Agenda Secretariat

The Transformation Agenda Secretariat is responsible for monitoring and reporting. Its terms of reference are:

- Designing and maintaining the TA monitoring tools and systems as appropriate for internal and external communication;
- Developing regular reports on implementation of the TA for submission to EXM;
- Preparing and submitting recommendations from the Ad hoc Advisory Group on the implementation of the TA to EXM;
- Working with the Communication Team to ensure that updates on implementation of the TA are regularly made on the WHO website;
- Convening Ad hoc Advisory Group meetings or other meetings as appropriate.

8.3 The Ad hoc Advisory Group

This group is responsible for:

- Conducting periodic reviews of the status of implementation of the TA;
- Proposing the way forward in improving TA implementation including areas that need rethinking;
- Suggesting new cross-cutting activities to increase synergies;
- Discussing effective approaches to implementation;
- Suggesting ways of institutionalizing the TA activities into routine WHO work.

8.4 The Regional Programme Meeting

The Regional Programme Meeting (RPM) is organized at least twice a year and is attended by the Regional Director, the Director for Programme Management, Cluster Directors, Heads of WHO country offices, Programme Managers and Unit Coordinators, and Management Officers. Its main objective is to discuss issues related to the planning, implementation, and monitoring of programmes of the Secretariat in the WHO African Region.

Its terms of reference include proposing practical procedures to be followed for the formulation, implementation and evaluation of the entire regional programme and activities for technical cooperation with countries; considering draft programme budgets by particularly taking into account

long-term plans, the General Programme of Work and WHO institutional strategy; and determining the extent to which activities relating to international health coordination and technical cooperation with countries are relevant and compatible with policies defined by WHO governing bodies.

In line with its terms of reference, various RPMs had contributed to the formulation and monitoring of the TA. For example, the 50th RPM organized in April 2015 was dedicated to the formulation and design of the Agenda. An introductory presentation on the Regional Transformation Agenda was presented to participants and was followed by group work, organized under four focus areas, namely values, technical focus, strategic operations and communication. Following the group work, each group provided feedback and recommendations on how the TA could be strengthened. Overall, participants commended the Regional Director for the efforts made in further improving the work of the WHO Secretariat in the African Region as well as aligning the TA with the global WHO reform process. The meeting also agreed that individual WHO country and IST offices should hold briefing meetings at which staff could provide additional inputs, and that these comments should be sent back to the Regional Office for inclusion in the final document.

Subsequent RPMs also discussed progress in the implementation of the Agenda. The Fifty-sixth RPM, organized in Accra in April 2018 took stock of progress in the implementation of the TA and collected the views of WHO Representatives on implementation of Phase II of the Agenda. Areas of focus for Phase II were presented. This was followed by group work with the objective of identifying low-cost, high-impact country-level activities under the following thematic areas: challenges from the culture survey; strengthening WHO's leadership position in the context of UN reform; leveraging innovations in the African Region and accelerating the implementation of the flagship programmes on adolescent health and UHC.

Participants at the RPM suggested that for the successful implementation of Phase II of the TA there was need for:

- deploying adequate and skilled human resources at country level in defined areas of need;
- continuing with staff capacity building for both WHO and national governments;



- strengthening monitoring and evaluation capacity at country level; and
- using digital health innovations to address health challenges.

8.5 The Regional Director's Independent Advisory Group

The Regional Director, during the first quarter of 2015, constituted an Independent Advisory Group (IAG) to provide her with strategic and policy advice on how to orient and strengthen WHO's work in the African Region in order to ensure better delivery and make the Organization more results-driven in various focus areas.

The specific Terms of Reference of the IAG are to:

- Provide the Regional Director with strategic and policy advice to strengthen the capacity of the WHO Secretariat in the African Region and improve its leadership, performance and delivery at regional and country levels, with clear links to improved health outcomes;

- Advise on a turn-around strategy aimed at ensuring a better appreciation by global and regional health stakeholders of WHO's work in the African Region;
- Provide advice on mechanisms to support improved health systems performance of Member States towards better health outcomes;
- Provide advice on strategic partnerships and linkages that could be leveraged, on both the African continent and globally, to strengthen and benefit health outcomes in countries; and
- Advise on mobilization of financial resources with the aim of improving long-term sustainable funding for the work of WHO in the African Region.

Three meetings of the IAG have so far been organized – May 2015, October 2016 and March 2018. Drawing from their personal experience and that of their own institutions, and guided by WHO policy documents and governing body resolutions, global and regional reports, independent reviews and the scientific literature, as well as information provided by the WHO Secretariat, the IAG members, during its

inaugural meeting, recommended that the WHO African Region should develop and implement a transformation programme, strengthen WHO's leadership, strengthen its capacity to deliver at country level and on priority technical areas, enhance external communication, and mobilize resources to expand its financial resource base.

The IAG also recommended that the Secretariat convene an Africa Health Forum for knowledge exchange and dialogue, bringing together policy, research and politics under one roof, and also clarify what WHO wants to achieve and define appropriate indicators for measuring progress, such that the health gains from the work of WHO in the African Region can be ascertained and recognized. All these have been taken on board and implemented by the Secretariat.

The second IAG meeting was an opportunity to give feedback on progress and achievements made since the May 2015 meeting. The achievements included the development and launching of the Transformation Programme, reorganization of the Regional Office and Intercountry Support Teams, improved staff selection processes, the implementation of an Accountability and Internal Control Strengthening project, the use of managerial key performance indicators for improved administrative and financial performance in WHO country offices, new and improved partnerships, and the development of a regional communication strategy. The feedback from the IAG on these initiatives and developments was very positive and the Secretariat was commended for the progress made in implementing the Agenda.

At its third meeting, the IAG commended the significant progress that had been made by the Secretariat in driving the Transformation Agenda as substantiated by various quantitative and qualitative, independent, internal and external evaluations, and congratulated the Regional Director and her team for the progress made. The IAG also noted with satisfaction the full alignment of the Transformation Agenda with the new WHO Director-General's vision and priority "for a transformed, transparent and accountable WHO" and the emerging strong commitment to better deliver at country level.

The overarching recommendations of the IAG were to strengthen the capacity of the WRs to better communicate the impact of the work of the WHO African Region at country level; develop

implementation guides to assist decision-making on UHC essential packages; and support capacity development of ministries of health to address UHC beyond the health sector, including through strategic dialogue with various sector ministries including the ministry of finance.

8.6 The WHO Regional Committee for Africa

The WHO Regional Committee for Africa is the Organization's governing body in the African Region. The Regional Committee for Africa consists of representatives, one from each of the Member States and Associate Members of the African Region of the World Health Organization. The representatives, usually Ministers of Health, may be accompanied by alternates and advisers. There are currently 47 Member States in the Region. The Regional Committee's main functions are formulating regional policies and programmes and supervising the activities of the Regional Office. The Regional Committee holds at least one session a year but may meet as often as necessary. The Regional Director acts as its Secretary.

The Regional Director presented the Transformation Agenda to the Sixty-fifth session of the Regional Committee. In adopting the Transformation Agenda, the Regional Committee requested the Regional Director to report yearly on progress made in the implementation of the Agenda. In line with this request, the first and second reports were presented to the Sixty-sixth and Sixty-seventh sessions of the Regional Committee. The third report covering three years of implementation of the Agenda was presented to the Sixty-eighth session of the Regional Committee at the end of August 2018.

8.7 Revised Governance Structures

In order to ensure institutionalization and successful implementation of the Transformation Agenda, a revised governance structure was set up during the first quarter of 2018. This comprises three levels as follows:

The Executive Management Team (EXM) has the following functions:

- approves change requests;
- undertakes planning, designing, resource mobilization, coordination of implementation, monitoring and reporting of all activities in the Transformation Agenda;

- advises on actions to be taken based on recommendations from the TA monitoring Team;
- takes strategic decisions on issues related to planning, funding, and implementation of the TA, particularly on activities that have not advanced; and
- advises on communication strategies and channels, based on recommendations from the TA monitoring Team.

In addition to being a standing item on the agenda of EXM meetings, TA discussions take place during the first week of each month to review progress made in the implementation of initiatives and activities.

The Change Management Team (CMT) has the following functions:

- provides a complete picture of all changes taking place at the functional and regional level;
- implements the change management strategy and continuously improves change management methods;
- serves as the source of effective communication of issues, risks and progress; information gathering, analysis and reporting;
- acts as an internal consultancy service, supporting individual change agents and assuring the quality of their work;
- provides support, guidance and advice, facilitating solutions to issues that impede the progress of change;
- monitors change management and TA activities, and develops regular reports on the implementation of the TA; and
- analyses TA risks and advises on remedial actions.

The CMT is also responsible for regularly informing EXM about the challenges related to behavioural change.

The Regional Change Network (RCN) comprises more than 150 regional and country staff members at all levels and in all disciplines. They are selected on a voluntary basis, and devote 5% of their time to change management activities. The network has the following functions:

- designs change activities and suggests cross-cutting activities to increase synergies;
- implements change activities within workstreams;
- champions change that will benefit the Organization;
- facilitates open communications on change;
- identifies organizational and cultural factors that may enhance or detract from the change objectives.
- identifies and addresses potential sources of resistance to change;
- builds and maintains a creative environment;
- works with the communication team to ensure that there are regular updates on implementation of the TA; and
- acts as an ad hoc advisory group, through periodic review of the status of implementation, and proposes effective approaches to make change sustainable.

The RCN has interacted in a series of change management sessions, workshops and seminars on behavioural change, as well as monthly agents' meetings to engage and improve communication efforts that underpin their work. Seven strategic behavioural workstreams have emerged with specific objectives and expected results which have led to 16 change proposals to promote the desired behavioural change, from accountability to gender equity.

8.8 Reference Documents

- The Transformation Agenda of the World Health Organization Secretariat in the African Region; 2015–2020; https://www.afro.who.int/sites/default/files/pdf/generic/Transformation_agenda_english.pdf
- The Transformation Agenda of the World Health Organization Secretariat in the African Region; Delivering Results and Making an Impact; <https://apps.who.int/iris/handle/10665/273638>
Year: 2018
- Inaugural Meeting of the Independent Advisory Group to the WHO Regional Director for Africa; Johannesburg, South Africa; 4–5 May 2015; Final Report; World Health Organization Regional Office for Africa, Brazzaville, 2015
- Second Meeting of the Independent Advisory Group; Johannesburg, Republic of South Africa, 3–4 October 2016; World Health Organization Regional Office for Africa;
- The third Meeting of the Independent Advisory Group to the WHO Regional Director for Africa; Magaliesburg, South Africa, 20–21 March 2018; World Health Organization Regional Office for Africa, Brazzaville, May 2018
- World Health Organization; Rules of Procedure of the Regional Committee for Africa; as revised at the sixteenth, twenty–sixth, twenty–eighth, fifty–third and sixty–third sessions of the Committee on 16 September 1966, 11 September 1976, 25 September 1978, 5 September 2003 and 6 September 2013, respectively; <https://www.afro.who.int/sites/default/files/pdf/rc---rules-of-procedure-final.pdf>
- Regional Programme Meeting; Fiftieth Session (RPM 50) on Acceleration of the AFRO Transformation Agenda; Brazzaville, Republic of Congo, 9–11 April 2015; Final Report; WHO Regional Office for Africa; http://intranet.who.int/afro/cis/documents/documents2/final%20rpm50%20report_1.pdf
- Fifty–sixth Regional Programme Meeting; 26–28 April 2018; Accra, Ghana; Final Report
- Transformation Agenda of the World Health Organization Secretariat in the African Region: Phase II – Putting People at the Centre of Change; <https://www.afro.who.int/sites/default/files/2018-05/Transformation%20Agenda%20Phase%202%20-%20Putting%20people%20at%20the%20center%20of%20change.pdf>

9

9. THE TRANSFORMATION AGENDA – RESULTS OF INDEPENDENT EVALUATIONS

This chapter highlights the changes and improvements in implementing the Transformation Agenda as validated by others outside the WHO Secretariat in the African Region, through an independent evaluation of the Agenda, a staff perception survey as well as through consultations with key stakeholders and advisors. They demonstrate the effectiveness of the Agenda 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.

9.1 Independent Evaluation of the Transformation Agenda

The Regional Director requested an independent mid-term evaluation of the implementation of the first two years of the Transformation Agenda, from 2015 to February 2017. The evaluation was conducted by the WHO Evaluation Office of the WHO Headquarters, Geneva from mid-January to the end of April 2017. It aimed at reviewing progress, documenting achievements and best practices, identifying challenges and areas for improvement and providing recommendations on the way forward. The evaluation was conducted as a mixed method approach using a combination of document review, key informant interviews, site visits and an all-staff online survey. The document review was mainly based on relevant WHO documents related to the Transformation Agenda and included reports to the Regional Committees, other related progress reports and self-assessments.

The key informant interviews were mainly conducted through face-to-face on-site visits across the different levels of the Region (at the Regional Office in Brazzaville and with the Inter-country Support Teams and WHO country offices in Libreville, Harare and Ouagadougou).



During the on-site visits and follow-up video or teleconferences, individual or group interviews were held with senior staff, professional staff, general service staff and the staff associations. During the on-site visits, the evaluation team also met with senior officials of the Ministry of Health in Burkina Faso, Congo, Gabon and Zimbabwe. In addition, telephone interviews were conducted with representatives from three key external stakeholder groups (members of the AFRO Programme Subcommittee, members of the AFRO Independent Advisory Group and international partners and donors).

In addition to the face-to-face discussions, all staff in the Region were requested to participate in an online survey. The questionnaire, in English, French and Portuguese, was available online from 22 February to 22 March (four weeks). In total, 449 staff members participated in the online survey, a return rate of approximately 17%. Of the 358 staff who provided optional personal information, 68% were from country offices, 18% from Inter-country Support Teams and 17% from the Regional Office. This group could be further broken down as comprising 38% international professionals, 32% National Professional Officers and 29% general service staff.

9.2 Key Findings - Independent Evaluation of the Transformation Agenda

The key findings of the evaluation were as follows:

Progress had been made in implementing the Transformation Agenda

The Transformation Agenda was found to be relevant and timely and was a clear strategy for organizational change as guided by the Regional Director's vision. This vision and the need to become a better Organization was well received and accepted by staff in general. It was recognized, both internally within the Secretariat and externally by partners, that the Transformation Agenda also addresses the reputational difficulties of the Organization in the aftermath of the Ebola crisis. Furthermore, the Transformation Agenda, through its alignment with the WHO global reform, also provides a renewed focus for reform in the African Region.

The Agenda's four focus areas and their related expected results were relevant and reasonable progress was made towards achieving the aim of

rendering the Secretariat more effective, timely and efficient in providing the best possible support to Member States. However, any reform would require not only a change in processes but also of behaviours and this takes time.

There was completion of, and progress in, many activities that were planned and there was also an emerging change in behaviours and mindset. However, there had also been delays in achieving a number of planned activities which slowed progress, while weaknesses in communication and change-management support led to lack of sustained understanding of, and engagement with, the Transformation Agenda among staff across the Region.

During the first 100 days, efforts were concentrated on controlling the EVD epidemic in West Africa and improving health security in the Region. The Regional Director visited the three severely affected EVD epidemic countries and engaged with strategic partners to canvass for support for the three countries. An inter-cluster task force on public health security and emergencies was established and a regional strategic plan for EVD response and recovery was developed. The end of the last flare-up of EVD in Liberia was declared on 9 June 2016.

During the first two years of implementation of the Transformation Agenda, the key achievements included: contribution to the control of the EVD epidemic; maintaining the momentum towards polio eradication in the Region; support provided to the African Union for the establishment of the Africa Centre for Disease Control and Prevention; the launching of the Accountability and Internal Control Strengthening Project; the establishment of the Compliance and Risk Management Committee; the introduction of managerial and administrative key performance indicators (KPIs); and the creation of a full-time position of ombudsperson in the Regional Office.

Progress had also been made in the human resources component of the Transformation Agenda with the restructuring in the Regional Office (completed for four of the six clusters) and the introduction of a mandatory induction programme for newly-recruited staff and an internship programme. The Regional Director had also made critical senior-level appointments in the Regional Office and in country offices.

There was greater staff awareness of accountability, transparency, ethical behaviour, and producing results

Through the online survey, the evaluation also sought to have a better sense of both overall engagement of staff with the Transformation Agenda and the overall evolution of work practices over the years. Among the four focus-areas, pro-results values was the focus area in which most respondents rated themselves as being most involved.

It was found that a stronger culture of accountability was emerging and that there was a change in the way staff members were working together. About 44% of the respondents were either actively or very actively involved in the Transformation Agenda, with a further 29% rating their involvement as moderate, and 65% of respondents agreed that they had seen tangible changes in their day-to-day work. Work practices had improved with 87% of staff reporting that they had a clear idea of what their tasks and responsibilities were and how they would be held accountable.

Over 70% agreed that managers were 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 the Key Performance Indicators and the PMDS.

The online survey results were further supported by the findings of the on-site visits. Throughout the group and individual interviews, staff members consistently listed the key aims of the TA and the Regional Director's reasons for launching it. In particular, in numerous group and individual interviews, staff noted that a stronger culture of accountability was emerging and there was a change in the way staff members were working together. The PMDS was recognized as a very useful tool to help increase awareness of staff on how they can contribute to the work of the Organization and what is expected of them. The creation of the position of Ombudsperson at the Regional Office was seen as a major step in strengthening the internal justice system and was welcomed by staff.

The observed strengthened culture of accountability in the Secretariat was further supported by a

WHO-wide global organizational culture survey conducted in November 2017, as part of the new Director-General's transformation agenda. The survey measured employees' perceptions of Organizational effectiveness. WHO/AFRO staff members were found to have more positive perceptions of the Organization's culture compared to other regions and headquarters. In addition, they believed that the Organization was headed in the right direction and was implementing relevant strategies. However, staff perceived that less emphasis has been put on creating an open and supportive work environment where they are recognized and supported in their career development. The results of the survey were discussed by the different clusters, programmes and units, and the Change Management Team has been working closely with key actors on concrete actions to address the behavioural issues related to staff recognition and development.

Partner recognition of the work of the Secretariat had improved

The mid-term evaluation of the TA also showed that the organizational culture change that was emerging had been recognized and welcomed by partners and donors. It was found that key partners and donors demonstrated significant awareness of the Agenda and the work of the Regional Director in engaging with them over the previous two years.

There was a sense that the reform efforts being made by the Regional Office were appreciated by donors and other partners and they were more willing to engage with the Region. Polio was cited as a good example of quicker responses and more efficient planning, possibly an outcome of the higher priority being given to it as a programme in the Regional Director's Office. The support of the Regional Office for the establishment of the Africa Centre for Disease Control and Prevention was acknowledged as important. It was also noted that processes for training and workshops were more streamlined and reporting had improved, and recruitment procedures were becoming more transparent since the introduction of the TA. The Regional Office was encouraged to consider capacity building for its senior staff, perhaps based on a skills audit.

The upstream strategic alignment of WHO's work with national priorities had 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 felt that the Transformation Agenda, including the country office functional reviews, would result in a WHO in the African Region that delivers better results. However, knowledge of the Transformation Agenda was less evident in discussions with the ministries of health visited by the evaluation team.

The evaluation concluded that reasonable progress had been made towards achieving the aim of the Transformation Agenda to render the Regional Office more effective, timely and efficient in providing the best possible support to Member States. There was an emerging change in behaviours and mindset. However, there had also been delays in achieving a number of planned activities which had slowed progress and weaknesses in communication and change-management support had led to lack of understanding of the Transformation Agenda and engagement with it among some staff. It recognized that any reform would require not only a change in processes but also of behaviours, and this takes time. More effort was needed to bolster internal communication and institute a change management support system.

9.3 The Regional Director's Independent Advisory Group

The Independent Advisory Group (IAG) has provided strategic advice for, and commendations on, the Transformation Agenda. At its second meeting in October 2016, the IAG reiterated the importance of the TA and provided advice on improving capacity and strengthening WHO's work in the Region. It also encouraged the Regional Director to work with Heads of State and with political, academic and civil society leaders, to reinforce advocacy and the provision of evidence to support policies that improve health. Several strategic recommendations that emerged from the first two meetings of the IAG meetings had been incorporated into the Transformation Programme.

At its third meeting in March 2018, the IAG commended the ongoing drive by WHO/AFRO to effectively position itself for the forthcoming Thirteenth General Programme of Work, focusing on universal health coverage, health emergencies and healthier populations as well as the noticeable improvements in the performance of the Organization through the Transformation Agenda.



9.4 Country Functional Reviews

A mid-term evaluation of the Transformation Agenda also concluded that the functional review process was an important and timely exercise that will strengthen the capacity of country offices. The functional reviews incorporate the WHO Health Emergency business model, polio transition and the investment case for strengthening routine immunization in Africa, to ensure that all country offices have the required capacity to deliver results.

Monitoring of the implementation of the country office implementation plans, following the functional reviews, is well underway. Already, five countries with approved implementation plans are 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 functional review results are aligned with the country operating models in the Director-General's Transformation Plan and Architecture.

9.5 Reference Documents

- 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
- First Meeting of the Independent Advisory Group (IAG) to the WHO Regional Director for Africa. World Health Organization: 2015
- Second Meeting of the Independent Advisory Group (IAG) to the WHO Regional Director for Africa. World Health Organization; 2017
- Third Meeting of the Independent Advisory Group (IAG) to the Regional Director for Africa. World Health Organization: Geneva; 2018
- The Transformation Agenda of the World Health Organization Secretariat in the African Region; Delivering Results and Making an Impact

10

10. THE TRANSFORMATION AGENDA – PHASE II AND BEYOND

Phase II of the Transformation Agenda of the WHO Secretariat in the African Region, covering the period 2018–2020, was launched by the Regional Director in April 2018. Phase II is aligned with the WHO Director-General’s Global Transformation Plan and Architecture for improvements in global health through universal health coverage, health security and health through the life course – one billion more people benefit from universal health coverage, one billion more people are made safer, and one billion lives are improved through the health SDGs.

10.1 Objectives

Anchored in the targeted priorities of the Transformation Agenda and building on the lessons learned while seeking to consolidate the gains of Phase I, the objective of Phase II of the Transformation Agenda is to optimize the technical focus and performance of WHO’s work, thus improving the quality of work and ensuring better management of resources to generate value for money, all in support of the priorities of Member States. Its focus is putting people at the centre of change in order to make sustainable progress in improving health in Africa.

Putting people at the centre of change means placing organizational emphasis on promoting a healthy, respectful and fair workplace; continuously engaging staff members and enhancing their commitment to change; identifying and encouraging desired attitudes and behaviours; striving individually and collectively towards effective delivery of quality results; and holding people and teams accountable. Phase II reinforces WHO’s commitment to improved health outcomes in the Region, ensuring that the technical focus and performance of WHO’s work, the effectiveness of its partnerships and the management of resources deliver quality goods and services that generate value for money and are in line with regional and country health development priorities.



10.2 Strategic Workstreams

The six Strategic Workstreams, which represent the main pathways of action for achievement of results during Phase II of the Transformation Agenda, and beyond, are as follows (Table 3):

TABLE 3: Strategic Workstreams of Phase II of the Transformation Agenda

NUMBER	STRATEGIC WORKSTREAMS
1	Strengthening change management processes and enhancing a value-based culture
2	Enhancing the country focus approach for greater impact
3	Growing a stronger focus on the delivery of quality results
4	Promoting efficiency, accountability, quality and value for money
5	Broadening the engagement with Member States and Partners
6	Ensuring improved communication of the work of the Secretariat towards improving health outcomes in the Region

The key thrusts of the strategic workstreams are as follows:

Strategic Workstream 1: Strengthening change management processes and enhancing a value-based culture

Targeted and integrated efforts to make change sustainable and facilitate the development and institutionalization of the desired values, behaviours and organizational culture will be intensified in Phase II. These will entail a participatory approach of putting people first with continued staff engagement in order to create a conducive environment for change at all levels. The enhanced leadership of the governance structures, the commitment of the Change Management Team, and the influence of change agents in the Regional Change Network will be paramount.

The key strategic actions being undertaken are strengthening change management; developing a core group of health leaders; ensuring greater and more meaningful engagement of staff in the

activities of the Transformation Agenda; promoting a healthy and respectful workplace, including prevention of bullying and sexual harassment; and enhancing the work of the Transformation Agenda governance structures.

Strategic Workstream 2: Enhancing the country focus approach for greater impact

The systematic process of assessing the structure of WHO country offices to ensure adequate and suitable expertise to address country health priorities – “functional reviews” – will be continued to its logical conclusion. Already, the functional reviews are resulting in fit-for-purpose country operating models, better alignment with country priorities and responsive strategic operations. Efforts will be intensified to support WHO country offices (WCOs) to implement the most effective, recommended country operating model in pursuit of country-level health impact. This workstream will provide greater monitoring of the technical work of country offices, technical work and engagement with Governments and partners. Engagement of WCO staff members is being enhanced with the aim of further promoting and institutionalizing the objectives and values of the Transformation Agenda.

The key strategic actions being undertaken are consolidating implementation of the recommendations of the functional reviews in country offices and continuing engagement with country staff.

Strategic Workstream 3: Growing a stronger focus on the delivery of results and value-for money

Building upon the experience in institutionalizing the African Region Results Framework, and within the framework of the “triple billion” targets of the Thirteenth General Programme of Work (GPW 13), continued emphasis will be put on results-driven implementation and on optimizing the utilization of the programmatic key performance indicators to manage for and communicate results. 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. Efforts will be made to build on and consolidate the gains made in health security to maximize and sustain the IHR capacity

and health emergency preparedness of countries. As a knowledge-based Organization, WHO will continue to invest in the expansion of knowledge generation, utilization and management capacity.

The key strategic actions being undertaken are reinforcing the utilization of the KPIs to manage for results; continuing implementation of the African Region Flagship Programmes; promoting country innovations and best practices; and enhancing knowledge management.

Strategic Workstream 4: Promoting efficiency, accountability, quality and value-for-money

Further efforts are being made to sustain the impressive progress made in ensuring that staff members comply with WHO's rules and regulations in order to promote efficient use of resources for the delivery of results within the framework of the Accountability and Internal Control Strengthening (AICS) Project. The focus of this project has been to improve accountability, transparency and compliance; enhance performance of individual staff and teams; and implement mechanisms to measure, monitor and report on progress and trends.

The key strategic actions being undertaken are enhancing human resource capacity at all levels; and improving transparency, efficiency, quality and accountability in WHO processes, including procurement and delivery of services.

Strategic Workstream 5: Broadening the engagement with Member States and partners

The work with Member States and partners in addressing regional and country health priorities continues to be prioritized. Efforts are being made to effect policy and institutional arrangements in countries in order to amplify the results being seen in implementing the Transformation Agenda. Particular emphasis is being placed on health governance, priority setting, coordination of partners and organizational efficiency. Extended efforts are being made to strengthen existing partnerships and engage new partners and donors in support of Member States.

The key strategic actions being undertaken are maximizing the Regional Director's interactions with Member States; and consolidating the Regional Director's engagements with partners, donors and other key stakeholders.

Strategic Workstream 6: Ensuring more effective communication of the work of the Secretariat towards improving health outcomes in the Region

The Secretariat's work to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders has resulted in increased awareness of health issues in Member States and showcased WHO's wide-ranging roles in support of countries. It has also informed stakeholders of the organizational changes that have been progressing under the Transformation Agenda. This work is continuing and being given a lot of attention during Phase II, including using more dynamic media materials.

The key strategic actions being undertaken are strengthening external communications; and strengthening internal communications, specifically intra- and inter-cluster communication.

10.3 Implementation and Accountability Framework

The core thrust of the Transformation Agenda has been accountability and the delivery of results. Continued emphasis is being put on these targets during Phase II and beyond, with clearly defined key deliverables, timelines and expected results.

The key instrument that will be used to measure performance in implementing Phase II is the WHO Results Framework as highlighted in GPW 13. The Framework enables the Organization to better serve Member States while improving transparency, reinforcing accountability, and demonstrating results through a focus on individual accountability based on shared results.

All staff members are responsible for implementing the strategic actions of Phase II and beyond, within the framework of the WHO Programme budget 2018–2019 and workplans. The work of the Regional Change Network, which is an ad hoc advisory group, will be extremely important as the Change Agents are expected to devote 5% of their time to championing change; suggesting cross-cutting activities to increase synergies; facilitating open communication on change; identifying organizational and cultural factors that may enhance or detract from the change objectives; and identifying and addressing potential sources of resistance to change; and other subjects.

The Regional Director is publishing this report on the status of implementation of the Transformation Agenda for dissemination at the Seventy-second World Health Assembly in May 2019 and at the Sixty-ninth session of the WHO Regional Committee for Africa in August 2019. This is in addition to the existing statutory semi-annual monitoring and mid/end-term review mechanisms of WHO's work.

10.4 Conclusion

Phase II of the Transformation Agenda seeks to consolidate the achievements made so far in implementing the "Change Agenda" launched in 2015 on the appointment of the WHO Regional Director for Africa. The achievements show that Member States in the African Region, with the support of WHO and partners, are making significant 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. Adoption of the WHO Thirteenth General Programme of Work is a window of opportunity to step up and accelerate the pace of implementation of the Transformation Agenda, which is widely recognized as having informed the Director-General's Transformation Programme and the Thirteenth General Programme of Work.

The objectives of Phase II of the Transformation Agenda and beyond, are to maximize the gains of Phase I, sharpen WHO's technical focus and performance, enhance the quality of WHO's work and improve the targeting, management and impact of resources to generate value for money, with a focus on "*putting people at the centre of change*". The Secretariat expects that implementation of the six strategic workstreams will optimize WHO's contributions towards the achievement of better health outcomes for people in the African Region.

The year 2019 represents the transition of the Secretariat's work to the WHO Thirteenth General Programme of Work which elaborates WHO's strategy for achieving SDG 3 – "Ensuring healthy lives and promoting well-being for all at all ages". Implementation of GPW 13 requires key strategic and organizational shifts. With an emphasized country-led approach at their core, the GPW 13 strategic shifts include moving from the six "Categories of Work" as specified in GPW 12 to the 10 "Outcomes" of GPW 13. The 2020–2021 Regional Programme Budget

and Workplans that are being prepared in 2019 will articulate the impact and outcome-focused approach to implementation that underpins GPW 13 and will organize WHO's work around eight health outcomes, one outcome on strengthening data and innovation and two leadership and enabling outcomes which contribute jointly to the achievement of three strategic priorities of the GPW:

- **Achieving universal health coverage** – 1 billion more people benefitting from universal health coverage
- **Addressing health emergencies** – 1 billion more people better protected from health emergencies
- **Promoting healthier populations** – 1 billion more people enjoying better health and well-being.

For the African Region, the strategic and organizational shifts include stepping up leadership at all levels, driving impact in every country including placing countries squarely at the centre of WHO's work and the adoption of a new organizing frame to attain the vision and outcomes of GPW 13 and reflect the four focus areas of the Transformation Agenda of the WHO Secretariat in the African Region. These shifts in WHO's strategic direction are already in progress and will be consolidated in Phase II and beyond.

An end-term evaluation of the Transformation Agenda will be conducted during the first half of 2020 to assess the progress made, to ascertain the effectiveness and impact of the reforms, and to provide recommendations on the way forward. This evaluation will be an opportunity to validate the progress made and to foster trust and confidence and contribute to organizational learning on how to design and implement efficient, effective and sustainable change.

The WHO Secretariat in the African Region remains committed to consolidating and accelerating the progress made, with emphasis on fostering ownership of the change by all staff members; strengthening delivery at the country level, including shifting resources where appropriate; improving evaluation to guide action; and driving the use of technology both within WHO and in Member States. Innovation, particularly the search for home-grown technologies and solutions to addressing the Region's health problems, will be central to WHO's work in the Region.

10.5 Reference Documents

- The Transformation Agenda of the World Health Secretariat in the African Region: Phase II – Putting People at the Centre of Change;
<https://www.afro.who.int/sites/default/files/2018-05/Transformation%20Agenda%20Phase%202%20-%20Putting%20people%20at%20the%20center%20of%20change.pdf>
- WHO African Region Results Framework: Measuring the Organization’s contribution to Africa’s Health: A Pocket Guide
- Report of RPM (April 2018)
- WHO Thirteenth General Programme of Work
http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1

ANNEX 1:

Acceptance Speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th Session of the WHO Executive Board Geneva – January 2015

Chairperson and distinguished members of the Executive Board, Director General, Dr Margaret Chan, Regional Directors, ladies and gentlemen and colleagues;

I am deeply honoured by the decision of the Executive Board to appoint me as the WHO Regional Director for Africa. I would like to thank the Member States of the WHO African Region and the Executive Board of WHO for giving me the opportunity to lead the Region, and to work with our Member States to give new impetus to progress towards our common goal of making better health for Africans a reality. I also thank the Government and people of Botswana, my country for their support for my work, candidacy and campaign. I take up my new position in all humility, fully aware of the challenges that lie ahead.

Allow me to introduce myself briefly. I have worked in health for more than 35 years, about 20 of which have been at international level. But the basis for all this was laid by my background as a child being the daughter of two physicians in then-apartheid South Africa, living in a township near Johannesburg, with my parents among the few doctors providing services to a community living in poverty and deprivation. My understanding of the need for justice and fairness in health grew out of the daily observation of the struggles of families to stay healthy, since the consulting rooms were in an extension of my parent's small house. It was consolidated by all that I have learnt working in the public health system of my adopted country Botswana.

I have since then had the privilege of occupying positions of increasing responsibility at the country, regional and global levels in WHO, UNICEF and UNAIDS, following my experience in Botswana's public health system. I have been privileged to work with a range of programmes covering the Millennium Development Goals, and also, as the Director of Noncommunicable Diseases, an emerging problem in our Region. In the recent past, I have worked as the Deputy Regional Director in WHO/AFRO for two and a half years under the leadership of Dr Luís Sambo.

The year 2015 in which I take office is a very significant one. During this year, we shall assess

how well countries were able to push themselves in meeting health targets. It is also the year that we conclude the planning and launch the post-2015 development agenda. The African Region has made considerable progress over the years although there remains much to be done. Significant declines have been seen in the incidence of HIV, TB and malaria; a number of the neglected tropical diseases that have plagued this part of the world for centuries are close to being eliminated; immunization rates have soared over the past 10 years and deaths from measles have plummeted; and Africa now has a new vaccine that promises to make outbreaks in the Meningitis Belt a thing of the past. There have also been declines in maternal and child mortality, with some African countries showing the fastest rates of decline in the world.

However, the Region continues to face several challenges. For the past months, the Ebola virus disease epidemic in West Africa has been the top priority that has engaged us all. This tragedy has had a devastating impact on families, livelihoods, security and socioeconomic development in the severely affected countries. It compelled a response that went well beyond the health sector and the actions of Ministries of Health and WHO, and is demanding the investment of millions of dollars to ensure that the rest of the Region and the world are prepared to limit any spread should cases occur. I would like to respectfully pay tribute to the Governments of Guinea, Sierra Leone and Liberia for their leadership and steadfast action in responding to the epidemic; and to the people of these three countries who have shown extraordinary courage and adaptability in facing up to this completely unknown threat in their midst.

There has been an unprecedented outpouring of support from across the globe, from African countries and the African Union, from development partners, nongovernmental organizations and philanthropists. The Executive Board Special Session on Ebola emerged with a bold and comprehensive resolution that articulates a very clear agenda for action – by Member States, WHO and development partners. I am committed to working closely with Dr Margaret Chan, with colleagues in our Headquarters, the Regional Office and country offices, to ensure

that we continue to deliver effective and timely WHO support to the countries, working within the coalition led by UNMEER.

After months of extraordinary effort by the Governments and people of the three countries and partners including WHO, the tide appears to be turning in the epidemic. However, we will need to sharpen our vigilance and focus on finding and tracing all chains of transmission, treating all those who are infected, and achieving zero cases in each of the countries. This means putting field epidemiologists, data managers and contact tracers on the ground in the required numbers, working side-by-side with skilled community mobilisers, and definitively confirming this progress.

My most urgent task as I take office will be to help the affected countries in their efforts to get to zero cases. I am equally committed to providing the technical support and advocacy needed for these countries to rebuild their health systems which have been destroyed by this unprecedented epidemic and following up on the work that I know is already ongoing between Headquarters and Regional Office staff. I intend to strengthen the capacity of the WHO Secretariat in the African Region to lead and coordinate our preparedness for the response to epidemics, through budget re-allocation and resource mobilization, re-structuring if necessary and recruitment, and will be guided by the resolution adopted during the Special Session.

Chair, this brings me to the first of five priority areas on which I promised action to the WHO African Region Ministers in Cotonou at the Regional Committee in November – improving health security by tackling epidemic-prone diseases, emergencies and new health threats. Tragic as it is, this Ebola epidemic provides an opportunity for the world to take action and progress towards achieving robust national health systems that are adequately staffed and financed, that are resilient to shocks and health threats, and that are able to reach all people with good quality preventive and curative services. Within this, is the need for better preparedness to confront and deal with outbreaks of communicable diseases and emergencies due to other hazards. Today's interconnected world demands that countries work hard to live up to their commitments within the International Health Regulations, and that international solidarity be central to addressing collective vulnerability.

The readiness of the African Region to deal with health threats, within the framework of the International Health Regulations, is profoundly in need of additional investment and strengthening. We will pursue fundraising for the African Public Health Emergency Fund, which was established by the Regional Committee and endorsed by Heads of States at the African Union summit in July 2012. We will ensure its appropriate fit within the global contingency fund proposed by the Special EB Session.

This outbreak has also highlighted the need to mobilize hitherto untapped African capacity to be ready to deploy as part of the surge capacity for epidemics and emergencies. I shall promote and support the establishment of a multidisciplinary African Health and Emergency Corps, within the framework of the global public health reserve workforce, in collaboration with our Headquarters and partners.

We shall also work very hard in driving progress towards equity and Universal Health Coverage (UHC) in our Region. We will start by providing support to the recovery of the health systems in the Ebola-affected countries. However, I would like to emphasize that most countries in the African Region need intensive and sustained support to strengthen their health systems. I am excited by the determination of the global health community to tackle this long-standing barrier to improved health in the Region.

I also believe that the commitment expressed by Member States, translated into increased domestic investment in health and sound national health strategies and accompanied by the support declared by international partners, will deliver the progress that has been desired in the past decade. I eagerly look forward to leading my colleagues in the Region to work on this.

Chair, we will also support the work to ensure that the MDGs are concluded while pursuing the post-2015 development agenda. At the same time, we will need to tackle the growing burden of NCDs and to ensure that they do not replace communicable diseases as the major cause of ill-health in the Region. The African Region played a leading role in the negotiation of the global tobacco treaty and now we aim to build on this, focused on prevention and avert the looming NCD epidemic. We will also support our Member States to improve the ability of their Ministries of Health to tackle the social

determinants and work successfully with other sectors in promoting health.

Finally building a responsive and results-driven WHO Secretariat in Africa will be central to my term as the Regional Director. Much has been said about WHO's reforms in relation to the Ebola epidemic response and my task is to take the reform agenda forward, and the intention is to fast-track, with support from our Headquarters, certain key areas of reform. We must build our Organization to be more effective, efficient, responsive, accountable and transparent.

We will put in place a strong team to take the Organization forward in the Region and I will speed the work to improve our recruitment and performance management practices.

Chair, our impact is most important at country level and I would like to ensure that our competence is sharpest at that level. We will review the implementation of the reform selection of WHO Representatives and ensure that their skills and leadership capacity are optimally suited to the countries where they are posted.

I am determined to reinforce our accountability for both programmatic results and the management of

the resources that you entrust to us. We will train, guide and monitor the performance of managers and their teams on WHO's new Accountability Framework and I intend to lead by example and be personally available for all aspects of this accountability drive.

I take this opportunity to reiterate my commitment to working with you Distinguished Members of the Executive Board, with Member States, with the Director General and my fellow Regional Directors towards our central objective - the attainment by all peoples of the highest possible level of health. I am fully convinced that I can count on your active collaboration and support in my assignment as WHO Regional Director for Africa.

Chairperson, I start on this inspiring journey comforted by the fact that a good foundation has been laid by those who led the African Region in the past. They have done truly remarkable work and I am particularly grateful to Dr Luís Sambo, the Regional Director Emeritus, for his leadership, support and mentorship over the past 10 years. I wish him all the very best as he returns to his country and his family.

I wish you all a productive and successful Executive Board Session and I thank you very much for your attention.



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