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

Report of the Secretariat

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BACKGROUND

1. In 2015, the Sixty-fifth session of the Regional Committee adopted the Transformation Agenda (TA) of the World Health Organization (WHO) Secretariat in the African Region: 2015–2020. The TA addresses four focus areas namely; pro-results values, smart technical focus, responsive strategic operations, and partnerships and effective communication. In the first three years of its implementation denoted as Phase I, significant progress was reported over consecutive years¹²³ on three of the focus areas, namely smart technical focus, responsive strategic operations, and effective communications and partnerships.

2. Prompted by the need to consolidate the gains of Phase I and build on the lessons learned, Phase II of the TA⁴ was launched in 2018. The major thrust of Phase II is to optimize WHO's technical focus and performance, thus improving the quality of its work and ensuring better management of resources to generate value for money. It will also seek to enhance the effectiveness of WHO's partnerships in delivering quality goods and services. It has been recognized that to achieve sustainable progress in improving health outcomes in Africa, staff should be placed at the centre of change.

3. Phase II is being implemented through the following six workstreams: strengthening change management processes and enhancing a values-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 more effective communication of the work of the Secretariat towards improving health outcomes in the Region.

PROGRESS MADE

4. **Pro-results values:** In order to strengthen change management processes, 150 staff members volunteered to serve as change agents in 2018. They were trained and have developed projects to catalyse change in line with the six workstreams. As a result, improvement in the culture of accountability among staff has been noted.

5. The WHO Regional Office for Africa (AFRO) Pathway to Leadership Training Programme was launched in 2018 and has trained 130 staff members including six from other regions. The programme aims at developing the skills of senior staff in organizational, team and personal leadership; enhancing their analytical and strategic thinking skills; and gaining a greater understanding of the complex issues facing managers and leaders today and pre-empting future ones. The programme has since been adopted Organization-wide.

¹ AFR/RC66/INF.DOC/10 Progress report on the implementation of the Transformation Agenda <https://www.afro.who.int/about-us/governance/sessions/sixty-sixth-session-who-regional-committee-africa> (Last accessed, April 2019).

² AFR/RC67/5 Implementation of the Transformation Agenda <https://www.afro.who.int/about-us/governance/sessions/sixty-seventh-session-who-regional-committee-africa> (Last accessed, April 2019).

³ AFR/RC68/4 Progress report on the Implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 <https://www.afro.who.int/about-us/governance/sessions/sixty-eighth-session-who-regional-committee-africa>(Last accessed, April 2019).

⁴ The Transformation Agenda of the World Health Organization Secretariat in the African Region - Phase 2: PUTTING PEOPLE AT THE CENTRE OF CHANGE. <https://www.afro.who.int/publications/transformation-agenda-world-health-organization-secretariat-african-region-phase-2> (Last accessed, April 2019).

6. **Smart technical focus:** Comprehensive reviews (universal health coverage scoping) have been conducted in 12 Member States to identify priority interventions required to accelerate the universal health coverage (UHC) agenda.⁵ Despite variations across Member States, common areas for prioritization towards attainment of UHC have emerged. These include defining packages of essential health services for UHC, building the appropriate health workforce, improving health governance, redefining district health systems, strengthening information and knowledge management processes and re-aligning health financing and social protection mechanisms.

7. Regional and country outbreak preparedness and response capacity has improved. As part of efforts to improve the International Health Regulations (2005) core capacities of Member States, WHO has led independent joint external evaluations (JEEs) in four additional Member States, bringing the total to 40.⁶ Twenty-three Member States have completed the development of their National Action Plan for Health Security (NAPHS), demonstrating increased commitment and leadership of national authorities in relation to preparedness and response. WHO and partners have supported timely responses (within 72 hours) to more than 150 public health events in over 40 Member States, thereby ensuring better coordinated and more effective responses to health emergencies.

8. In 2018, the WHO-AFRO Expanded Special Project for Elimination of NTDs (ESPEN) supported 23 Member States⁷ including two from the Eastern Mediterranean Region (EMRO) in scaling up mass medicine administration campaigns targeting over 40 million people to address the five most prevalent NTDs amenable to preventive chemotherapy (PC-NTDs). These are: lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma.

9. **Responsive strategic operations:** Efforts have been made to sustain staff compliance with WHO 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) initiative. As a result, no unsatisfactory internal audit was issued for any budget centre in the Region for the last four consecutive years. The number of overdue Direct Financial Cooperation (DFC) reports has significantly declined by 80% as of 2018.

10. Transparent and efficient bidding processes are carried out through the UN Global Marketplace, e-Tend and long-term agreements, including piggybacking on the UN Long-Term Agreement. This approach has significantly improved the procurement and supply of goods and services in terms of timeliness, quality and cost effectiveness. In addition, wide dissemination of requests for proposals (RFPs) to encourage competition and independent assessments of bids resulted in significant cost-savings of US\$ 6 million, representing 46% of overall selected goods and services transactions (US\$ 13 million) since January 2018.

11. In order to increase female representation in the Region, the proactive initiatives and mechanisms that were introduced led to a 2.1% increase in women's representation in the professional and higher category from 28.9% in 2017 to 31% in 2018. Among the measures implemented was the mandatory inclusion of at least one fully qualified female candidate in all recruitment shortlists.

⁵ Benin, Democratic Republic of the Congo, Eritrea, Ethiopia, Kenya, Madagascar, Mozambique, Nigeria, Rwanda, Togo, Zambia and Zimbabwe.

⁶ Burundi, Congo, Central African Republic, Malawi.

⁷ Burundi, Cameroon, Chad, Comoros, Congo, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Lesotho, Madagascar, Malawi, Namibia, Nigeria, Rwanda, Sierra Leone, South Sudan, Sao Tome and Principe, Sudan, Yemen.

12. As part of the country focus, functional reviews of country offices to ensure their structural alignment with country priorities have been completed in 37 WHO country offices. The process was conducted in consultation with Member States and partners and has led to the identification of priority core functions of country offices as well as the human resources required. Some of the core functions identified include partnership and coordination functions; resource mobilization; information management; and monitoring and evaluation. So far, 20 review reports have been approved and the suggested changes are being implemented.

13. Building on the experience of the African Region's Results Framework, and in line with the "triple billion" targets of the Thirteenth General Programme of Work (GPW 13), continued emphasis was put on results-driven implementation and optimizing the use of the programmatic Key Performance Indicators (KPIs) to manage for and communicate results. Corrective measures are being taken by various programmes based on the implementation of actions identified during the KPI analysis. For example, monitoring of the KPIs demonstrated slow implementation of HIV programmes in West and Central Africa. In response to this finding, a catch-up plan was developed in collaboration with partners and is now being implemented.

14. **Partnerships and engagement with Member States:** In the reporting period, WHO-AFRO initiated briefing sessions for newly appointed ministers of health. Two meetings were organized at which new Ministers of Health and their Directors-General/Permanent Secretaries from nine Member States⁸ were briefed on the role of WHO as the Secretariat for Member States, as well as on health governance and global health priorities.

15. The WHO Secretariat in the African Region expanded its collaboration with key traditional partners, including the development agencies of the Governments of the United States of America, the United Kingdom, Germany and Luxembourg; the African Development Bank, the African Union Commission, the European Union and the Bill and Melinda Gates Foundation. Strong collaboration was established with new partners such as the Governments of China, South Korea, Kuwait and Qatar; development partners from Sweden, Ireland and Belgium; the International Telecommunication Union; the OPEC Fund for International Development; Mercy Ships; and the Organisation of African First Ladies for Development. Donor reporting significantly improved over the reporting period, with the number of overdue donor reports dropping from 39% in July 2017 to 3% by December 2018.

16. **Effective communications:** Based on the regional communications strategy, there has been proactive engagement with strategic media organs, leading to more than 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.

17. Enhanced stakeholder engagement through active use of social media and innovative platforms has greatly increased WHO-AFRO's visibility and the dissemination of key public health information. WHO's regional website has grown with more than 988 731 new users since the start of 2018. During the same time period, the AFRO Twitter account increased its followership from 10 000 to 35 068 with over 16 million Twitter impressions. The number of likes on the Facebook page increased from 4500 at the beginning of 2018 to more than 12 350 by the end of the year.

⁸ Lesotho, Congo, Liberia, Sierra Leone, The Gambia, Cameroon, Côte d'Ivoire, Guinea, Burkina Faso.

NEXT STEPS

18. The WHO Secretariat in the African Region will:
 - (a) Build the managerial and leadership capacity of all senior staff in order to strengthen change management processes and enhance a values-based culture;
 - (b) Finalize the functional reviews and monitor the subsequent performance of country offices using the Regional Results Framework;
 - (c) Develop a new regional performance framework that includes a new generation of KPIs to monitor both the TA and GPW 13 in line with the Triple Billion targets;
 - (d) Promote efficiency, accountability, quality and value for money as part of the internal control strengthening drive;
 - (e) Ensure more effective communication of the work of the Secretariat;
 - (f) Scale up the implementation of UHC at country level in the context of primary health care in alignment with the GPW 13 targets.

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