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Agenda item 7

FIFTH 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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Paragraphs

BACKGROUND

1.   The Sixty-fifth session of the Regional Committee for Africa endorsed the *Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020,* whose primary objective is to transform the Organization into an effective and accountable leader in public health. The initial phase of the Transformation Agenda (TA) covered the period 2015 to 2018 and resulted in significant progress in three areas: smart technical focus; responsive strategic operations; and effective communications and partnerships.[1,2,3]

2.   Following a mid-term review in 2017, it was recommended that the gains of the first phase be consolidated and the lessons learned applied in order to deliver quality outputs, improve the management of resources and strengthen the value-for-money approach.[4] This led to the development of the second phase of the TA which places people – staff and populations in Member States –at the centre of change. In progressing to Phase II, the expectation was to drive meaningful achievements in health development and generate transformational outcomes in the African Region.

3.   Phase II aims to fully deliver on the pro-results focus of Phase I of the TA through six workstreams namely, strengthening change management processes and enhancing a value-based culture; enhancing the country focus approach for greater impact; delivering quality results and value for money; promoting efficiency and accountability; 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.

4.   The implementation of the TA over the past year has been overshadowed by a number of challenges, namely financial constraints that slowed the implementation of the outcome of the functional review; and the repurposing of the majority of staff to support the response to the COVID-19 pandemic, which impeded the realization of TA activities.

5.   This fifth progress report presents the efforts and progress made in advancing Phase II of the Transformation Agenda of the WHO Secretariat in the African Region through the six workstreams under the pro-results focus area.

PROGRESS MADE

6.   **Strengthening change management processes and enhancing a value-based culture:** From June 2019 to June 2020, an additional 83 staff members joined the Regional Change Network, bringing the total number of change agents to 237. These staff members are involved in efforts to strengthen change management processes and have been trained and tasked to develop initiatives to

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[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).

catalyse change at regional, intercountry support team and country levels. As a result, some organizational culture changes are evident as demonstrated by results from key financial performance indicators, particularly the increase in cost savings in the procurement of services estimated at US$ 2.4 million.

7. **Enhancing the country focus approach for greater impact:** Through the WHO AFRO Pathway to Leadership for Health Transformation Programme launched in November 2018, over 180 staff members at different levels were trained. The programme improved staff skills in the areas of organizational, team and personal leadership, and analytical and strategic thinking skills. A women's leadership programme was also launched, which focussed on overcoming barriers to career progression among female staff. The Pathway to Leadership Programme has now been adopted Organization-wide with WHO major offices such as the Regional Office for the Eastern Mediterranean scheduled to participate in the planned sessions for 2020.

8. In addition, two people-centred initiatives have been developed. The first is the mentorship programme aimed at strengthening collaboration among staff, in which senior or more experienced staff support junior staff to develop professionally and to enhance their performance. So far, 33 mentors have been trained, and 65 mentees briefed and paired with the trained mentors. The mentorship initiative is a six-month programme that is conducted using a virtual platform. The second initiative is the Team Performance Programme (TPP) which aims at enhancing collaboration within and across technical areas in the Regional Office and country offices. To date, 45 staff members have benefitted from this capacity-building initiative.

9. Reviews of organizational structures at country level to align them with country needs and priorities have been completed for all 47 country offices. This process, conducted in consultation with Member States and partners, identified priority core functions of WHO country offices as well as the human resources required to perform them. The main core functions identified include partnership and coordination; external relations and resource mobilization; information management; and monitoring and evaluation. As of 30 March 2020, thirty-eight review reports have been approved and are being implemented. The average implementation rate of approved plans is currently at 16%. Pilot countries like Senegal and South Africa have implemented almost 100% of the review recommendations, such as the matching of staff to new functions. Some limitations where encountered in the implementation of the outcomes of the review, namely the lack of adequate funding.

10. **Delivering quality results and value for money:** Under this workstream, scoping missions have been conducted in 18 Member States to identify priority interventions to accelerate action towards universal health coverage (UHC).[5] In each of these missions, WHO experts worked with government representatives and partners to reach a common interpretation of UHC and specific priority interventions to support the Member State in achieving this shared goal.

11. A core emphasis emerging from these scoping missions is the need to strengthen district health systems in the context of primary health care and UHC; strengthen the quality of governance mechanisms particularly at district level; improve resource use and strengthen information and knowledge management processes. In Eritrea, Ethiopia, South Sudan and Zambia, the outcomes of

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[5] Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Madagascar, Mozambique, Niger, Nigeria, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Zambia.

the scoping missions have been incorporated into national health sector review processes. Furthermore, Eritrea, Ethiopia, Kenya and the United Republic of Tanzania have revised their essential services packages in line with the outcome of the scoping missions.

12.   As part of efforts to improve the core capacities of Member States to implement the International Health Regulations (2005) and in so doing contribute to reducing the cost of funding responses to outbreaks, WHO has led independent joint external evaluations (JEEs) in six additional Member States, bringing the total to 46.[6] National action plans for health security (NAPHS) have been developed in 31 countries.[7] Owing to the investment in preparedness, Member States are now able to detect and investigate public health events within 72 hours in most cases.

13.   Building on the success of the inaugural Innovation Challenge launched in 2018, Member States are increasingly calling for WHO to play a coordinating role in harnessing and scaling up health innovations in the Region. To have a focussed approach, the WHO Secretariat in the African Region has institutionalized innovation initiatives and strengthened partnerships with key innovation ecosystem players in the Region and globally. In 2019, a memorandum of understanding was signed between the WHO Regional Office for Africa and the African Academy of Sciences (AAS) on collaboration in supporting countries to adopt and scale up locally generated innovations. In this regard, six innovators selected from the Innovation Challenge have benefited from grants made available through an AAS funding mechanism, to support them in scaling up their innovations.

14.   **Promoting efficiency and accountability:** From July 2019 to February 2020, the General Management Cluster of the WHO Regional Office provided pre-audit support to the WHO Country Offices in the Central African Republic, Kenya, Nigeria and Uganda. Two internal audit reports were issued for the Country Offices in the Democratic Republic of the Congo and Mozambique. The outcome of both audits was partially satisfactory.

15.   During the period covered by this report, 117 audit recommendations and two audit reports were fully closed to the satisfaction of the auditors. The WHO Regional Office for Africa deployed support teams including a full-time compliance officer based in eastern Democratic Republic of the Congo to enhance oversight and improve accountability for the Ebola response. In addition, compliance reviews were undertaken in the Gabon, Ghana and Sierra Leone Country Offices, resulting in recommendations on enhancing internal controls. To enhance staff awareness, the Regional Office has also introduced a mandatory risk management training module for all managers and members of the compliance and risk management committees in each country office.

16.   Quality assurance missions were conducted in seven countries (the Democratic Republic of the Congo, Malawi, Mozambique, South Africa, United Republic of Tanzania, Uganda and Zimbabwe) to ensure greater accountability in the use of funds transferred through direct financial cooperation (DFC), direct implementation and grant letter of agreement modalities. Although progress has been made in this area, challenges remain. For example, the missions identified challenges in liquidating DFCs. At the regional level, overdue DFC reports have increased slightly from 38 as of 30 June 2019

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6   All Member States except Algeria.
7   Benin, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

to 99 as of 17 February 2020. This upward trend is mainly driven by three countries in emergency situations.[8]

17.   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 2019–2023 (GPW 13), the Region through the TA, revised its key performance indicators (KPIs). Continued emphasis was put on optimizing the use of the programmatic KPIs. Programme area managers and the regional Monitoring and Evaluation Committee met to highlight: (i) performance against targets; (ii) priority programme areas requiring additional engagement and support; (iii) potential programming risks; and (iv) best practices in programme implementation.

18.   **Broadening the engagement with Member States and partners:** In the reporting period, WHO in the African Region continued to conduct briefing sessions for newly appointed ministers of health to brief them on the role of WHO as the Secretariat for Member States, as well as on health governance and global health priorities. Two briefing sessions were organized at which seven new ministers participated.

19.   All budget centres were supported in implementing the *WHO Framework of Engagement with Non-State Actors* (FENSA). This includes coaching based on client needs and regular technical support to budget centres to initiate dialogue with non-State actors. To better understand the provisions of FENSA, a "one-stop shop" document was developed to facilitate easy access to useful tools, guidelines, and standard formats to be used for each type of collaboration. These efforts contributed to an increase of 33% (from 49 in July 2019 to 65 in June 2020) in the number of approved engagements with non-State actors.

20.   In a bid to maintain existing partnerships and forge new ones, the WHO Secretariat in the African Region participated in key bilateral meetings, including meetings with the Governments of Denmark, France, Japan, Morocco, the Netherlands, Norway, Qatar, Sweden, the United Kingdom, and the United States of America, and with the African Union Commission and the Bill & Melinda Gates Foundation. During the reporting period, AFRO signed 90 partnership agreements, an increase of 373% from 2017. Furthermore, overdue donor reports remain below 5%.

21.   **Ensuring more effective communication of the work of WHO towards improving health outcomes**: Guided by the regional communications strategy, proactive approaches are being implemented, leading to more than 200 strategic media interactions, including with 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. Enhanced stakeholder engagement through active use of social media and innovative platforms has increased WHO AFRO's visibility.

22.   The website of WHO in the African Region – www.afro.who.int – has grown in terms of users, from 767 533 new users in 2018 to 1 153 585 in 2019. In the same period, the Twitter account @WHOAFRO doubled its followers to 39 000 with over 16 million Twitter impressions. The Facebook account has also grown almost twofold from 12 000 likes at the beginning of 2018 to more than 21 000 last year. In terms of content, 58 social videos and 17 GIFS were produced internally.

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[8]   Angola, Central African Republic and Guinea-Bissau.

Over 14 000 stakeholders were engaged using the Popullo Electronic newsletter application which also facilitates a common brand across the Region.

NEXT STEPS

23.   The WHO Secretariat in the African Region should:

(a)   conduct an evaluation of the TA;

(b)   continue to strengthen change management processes and to enhance a value-based culture, through strong management and leadership;

(c)   implement at the country level, with the support of partners, the outcomes of the functional review of country offices, to ensure that teams are fit for purpose and ready to respond to national priorities and needs;

(d)   align the regional and global Transformation Agendas to deliver on the Thirteenth General Programme of Work (GPW 13) in line with the triple billion targets**;**

(e)   promote efficiency, accountability, quality and value for money as part of the internal control framework;

(f)   expand work in the area of innovations, including using digital health and innovations that promote better health outcomes to strengthen capacities and foster the development and sustainable uptake of new approaches and tools;

(g)   scale up actions towards the implementation of primary health care in the context of UHC in alignment with the GPW 13 targets; and

(h)   ensure more effective communication of the work of the Secretariat in the Region and beyond.

24.   The Regional Committee noted this report and the proposed next steps.