

**A DECADE OF TRANSFORMATION: ACHIEVEMENTS AND LESSONS LEARNT**  
**Report on the implementation of the Transformation Agenda of the WHO Secretariat**  
**in the African Region, February 2015–February 2024**

**EXECUTIVE SUMMARY**

1. Launched in response to the 2014–2015 Ebola virus disease epidemic, the Transformation Agenda of the WHO Secretariat in the African Region set out to strengthen national health systems, enhance disease prevention and control, and support global health security.

**Key actions**

2. The Africa Health Transformation Programme (AHTP) was established to operationalize the Transformation Agenda, focusing on health security, equity and universal health coverage, and responsive WHO Secretariat support to Member States. A three-level governance structure was established with the following key functions: strategic guidance; priority setting; accountability in implementation; championing change at country level; and monitoring and evaluation of transformation initiatives.

3. WHO AFRO strengthened integrated disease surveillance and response, enhanced coordination, and assisted Member States in developing the core capacities required under the International Health Regulations (IHR).

4. The Secretariat provided technical assistance for translating the health-related Sustainable Development Goals (SDGs) into national goals and targets, including integrated health systems, disease burden reduction, and improved maternal, child and adolescent health services.

5. Within the Secretariat in the African Region, initiatives promoting ethical standards, diversity and inclusion were implemented, including a gender parity project, robust risk management practices, and an accountability and internal control strengthening project.

6. A mid-term evaluation in 2017 confirmed the Transformation Agenda's relevance and impact, leading to a focus on organizational culture reforms and staff engagement – putting people at the centre of change.

### **Key achievements and impact**

7. Public health achievements highlighted in the report include improved outbreak detection and response times, containment of acute outbreaks, progress in polio eradication, reduction of maternal mortality rates and the elimination of neglected tropical diseases.

8. Organizational culture achievements include strengthened staff recruitment processes, the launch of leadership development initiatives, and staff engagement programmes such as the Mentorship Programme. The Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) network was integrated into the Regional Office and country offices, and ethical standards were strengthened through the Compliance and Risk Management Committee and a full-time Ombudsman.

9. Improvements in donor reporting, compliance and enhanced transparency in the utilization of funds contributed to a significant increase in resource allocation (base segment) for country offices, rising from 66.9% (2018–2019) to 71.9% (2020–2021) and 74.6% (2022–2023); and an 18% increase in mobilized resources.

10. The 2021 Global WHO Transformation evaluation validated the positive change in WHO AFRO's organizational culture, while the United Nations Joint Inspection Unit recognized the Transformation Agenda as a model for workplace culture reform.

11. This report presents the key actions, achievements, and lessons of the Transformation Agenda over the past decade of its implementation and highlights the next steps for sustaining change and propelling further advancements in health development throughout the Region.

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## BACKGROUND

1. The 2014–2015 Ebola virus disease (EVD) epidemic in West Africa, the deadliest in history in terms of magnitude, geographic extent, and duration prior to the COVID-19 pandemic, exposed significant gaps in the Region's ability and readiness to respond effectively to catastrophic health events. As a result, Member States expressed concern about the apparent misalignment of the Secretariat's technical capacity and structure in implementing its mandate in the African Region, while they also strongly criticized the Secretariat response to the EVD outbreak. Specific reforms were required to establish an appropriately resourced and equipped WHO that would be: (a) responsive and effective in strengthening country health systems; (b) capable of coordinating disease prevention and control, including outbreak preparedness and response; and (c) able to launch supranational actions in support of global health security.

2. Launched in 2015, the Transformation Agenda, led by the Regional Director, set out to implement the WHO reforms demanded by Member States. Presented during the Sixty-fifth session of the WHO Regional Committee for Africa, this pivotal initiative reflects a commitment to optimizing the efficiency of the WHO Secretariat in the African Region, while fostering heightened support for its Member States.<sup>1</sup>

3. Grounded in a collaborative and inclusive process, the Transformation Agenda prioritizes four strategic focus areas: *pro-results values*, *smart technical focus*, *responsive strategic operations*, and *effective communications and partnerships*. These pillars were designed to cultivate an impact-focused culture of excellence, transparency, accountability, and innovation within the Organization, to better respond to regional health priorities.

### ***Box 1. WHO AFRO Transformation Agenda focus areas***

1. **Pro-results values:** Foster the emergence of an organizational culture that is defined by the values of excellence, teamwork, accountability, integrity, equity, innovation and openness.
2. **Smart technical focus:** Ensure that the technical areas of WHO's work in the African Region are aligned with regional priorities and commitments, and interventions are based on evidence, innovations and lessons learnt from experience.
3. **Responsive strategic operations:** Evolve into an organization with enabling functions that efficiently support the delivery of goods and services.
4. **Effective communications and partnerships:** Foster a more responsive and interactive organization, internally among staff members and externally with stakeholders

*Each of these focus areas is closely aligned with specific outcomes of the Global WHO reform programme, and influences and impacts on Africa's health outcomes.*

4. Through sustained dialogue and concerted efforts with Member States and partners, the implementation of the Transformation Agenda has catalysed positive change and propelled advancements in health development throughout the WHO African Region. This report presents the most significant actions, achievements, and lessons of the Transformation Agenda over the past decade of its implementation.

<sup>1</sup> A72/48 – The WHO Transformation Agenda (<https://www.who.int/about/transformation>, accessed 1 March 2021)

## ACTIONS TAKEN

5. Since its launch in 2015, the Transformation Agenda has endeavoured to address the severe and interconnected disparities and inequities that have prevented the Region from enjoying the highest possible standard of health and health indices. To operationalize the Transformation Agenda in line with the SDGs, the Africa Health Transformation Programme<sup>2</sup> (AHTP) was established. The AHTP's strategic goals included:

- (a) improving health security by tackling epidemic-prone diseases, emergencies and new health threats;
- (b) driving progress towards equity and universal health coverage through health systems strengthening;
- (c) pursuing the post-2015 development agenda while ensuring that the MDGs are completed;
- (d) tackling the social and economic determinants of health; and
- (e) building a responsive and results-driven WHO Secretariat.

6. WHO AFRO focused its resources and efforts on boosting integrated disease surveillance and response (IDSR), enhancing coordination, assisting Member States in developing their IHR core capacities, and reforming its emergencies programme. WHO further provided technical assistance to Member States to facilitate the translation of the health-related SDGs into pertinent national goals and targets. These included: (i) integrated health systems based on a life-course approach; (ii) scaling up interventions to lower the burden of HIV/AIDS, viral hepatitis, tuberculosis (TB), malaria, neglected tropical diseases (NTDs), and noncommunicable diseases (NCDs); (iii) improving access to and the quality of maternal, child, and adolescent health services; and (iv) managing the social and environmental determinants of health.

7. Under the ambit of AHTP's fifth objective, WHO AFRO initiated several projects and reforms aimed at integrating high ethical standards, enhancing accountability and embedding WHO values into its organizational culture. The Secretariat established strong risk management practices, particularly addressing risks related to sexual exploitation, abuse, and harassment in its operations and focused on streamlining its finance, procurement, and general management processes for improved efficiency and accountability. A three-level Transformation Agenda governance structure was established with the following key functions: strategic guidance; priority setting; accountability in implementation; championing change at country level; and monitoring and evaluation of transformation initiatives.

8. A 2017 mid-term evaluation<sup>3</sup> confirmed the Transformation Agenda's relevance and found that reasonable progress had been achieved in making WHO AFRO more effective, timely, and efficient in supporting Member States. However, to fully accomplish the goals of the Transformation Agenda (Annex 1), the evaluation suggested stepping up support for change management and moving the focus from process to results, emphasizing the human element of change. WHO AFRO responded by defining a change management strategy and focusing its transformation initiatives on "Putting people

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<sup>2</sup> The Africa Health Transformation Programme 2015-2020: A vision for universal health coverage (<https://www.afro.who.int/publications/africa-health-transformation-programme-2015-2020-vision-universal-health-coverage>, accessed 1 February 2023)

<sup>3</sup> Report of the midterm evaluation of the Transformation Agenda of the WHO Secretariat in the African Region, WHO Evaluation Office, May 2017 (<https://www.afro.who.int/sites/default/files/2017-08/Report%20of%20the%20midterm%20evaluation%20of%20the%20Transformation%20Agenda%20of%20the%20WHO%20Secretariat%20in%20the%20African%20Region.pdf?ua=1>, accessed 1 March 2023)

at the centre of change.<sup>4</sup> This second phase, which placed strong emphasis on organizational culture reforms, was devoted to programmes that promoted increased workforce engagement and a values-based, ethical culture.

9. The unprecedented COVID-19 pandemic threatened progress made under the Transformation Agenda. However, the Secretariat worked closely with Member States and partners to mount a robust response and leveraged the COVID-19 experience to adapt and consolidate the Transformation Agenda through a "consolidation phase" focused on sustainable and impactful change in the Region's recovery efforts. The consolidation phase solidified WHO AFRO's transformation resolve and priorities: continuous improvement, empowering countries, and building a sustainable, adaptable organization.

## ACHIEVEMENTS

### Pro-results values

10. To mainstream the Transformation Agenda into WHO AFRO's organizational culture, staff recruitment processes were strengthened with new, more transparent, and inclusive mechanisms aimed at attracting and retaining a wider talent pool, addressing gender and language imbalances, and ensuring a workforce of excellence. An induction programme for newly recruited staff has been rolled out across the Region to promote ethical conduct, embed WHO values and promote WHO standards of conduct for all staff.

11. WHO AFRO has made significant strides in fostering a more diverse, equitable, and inclusive workplace. Recruitment reforms and a focus on gender has led to a 6.8% increase in female staff in the professional and higher categories, from 29.9% in 2017 to 36.7% in 2023.<sup>5</sup> Notably, executive management has achieved a historic equal number of women and men (four each), a first for WHO AFRO. To further champion diversity and inclusion, a regional catalyst group was established in 2022 to address discrimination based on gender, sexual orientation, and gender identity.

12. Launched in 2020, the WHO AFRO Mentorship Programme, targeting enhanced staff engagement and motivation, conducted a mid-term assessment in 2023. The assessment revealed that 96% of mentees experienced learning and growth through their participation in the Programme, while 78% of participants reported increased work effectiveness. Since its inception, the Programme has seen significant participation with 279 mentees and 70 mentors involved by the commencement of the fifth cohort in October 2023.

13. The Secretariat's Pathways to Leadership Programme has equipped over 240 senior leaders with critical skills for navigating change and managing programmes and teams in Africa's evolving health landscape. Notably, women have so far comprised 56% of participants, fostering a more inclusive leadership pipeline within the African Region. The Programme's success is evident, attracting participants from other WHO regions, including 30 and 22 senior leaders from the European and Eastern Mediterranean regions respectively.

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<sup>4</sup> Transformation Agenda 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>, accessed 1 February 2023)

<sup>5</sup> A77/25. May 2024. Human resources: Annual Report by Director General to the Seventy-seventh World Health Assembly

14. The launch of the WHO AFRO Women in Leadership Speaker Series further complemented these leadership development efforts. The initiative links up WHO female and male staff with high-profile African women leaders in the health and development sector to engage in candid career advancement and leadership development conversations. Feedback from the participants following the sessions showed an increase in female staff confidence levels and a growing sense of belonging.

15. The Team Performance Programme (TPP) launched in 2020 is designed to complement the Pathways to Leadership Programme by strengthening teamwork, collaboration, and staff capacities to deliver results. Based on stakeholder feedback, it promotes WHO competencies through training and monitoring of teamwork at the unit level. Since its debut, the TPP has enjoyed widespread adoption, with over 40 units, clusters and WHO country offices effectively utilizing it.

16. Thirty-nine Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) focal points are now integrated within both the Regional Office and each country office. By December 2023, all staff members in AFRO had completed the mandatory PRSEAH online training. Additionally, 100% of all personnel recruited in 2023 were vetted through the UN ClearCheck system, while 100% of all emergency personnel deployed to support emergency response operations received PRSEAH briefings within three to five days of their deployment. Ninety per cent of all emergency preparedness and response trainings conducted in 2023 integrated sessions on PRSEAH. The WHO corporate SEAH risk assessment was carried out in all 47 WHO country offices in the Region, with 49% rated as very high or high risk for SEAH and the requisite corrective actions taken. PRSEAH coordinators were integrated in 80% of Grade 2 and 3 emergency response operations, working very closely with incident managers to ensure that PRSEAH activities are implemented to the expected standards. These initiatives, along with the establishment of a Compliance and Risk Management Committee and a full-time Ombudsman, have strengthened ethical standards and accountability in the Region.

17. The 2021 Global WHO Transformation evaluation<sup>6</sup> evaluated these efforts globally, noting evidence of positive change in WHO AFRO's organizational culture and highlighting programmes such as the Change Agent Network, the Mentorship Programme and the Pathways to Leadership Programme as promising change management initiatives. Moreover, the United Nations Joint Inspection Unit has highlighted the effectiveness of the WHO AFRO Transformation Agenda as a model for workplace culture reform within the UN system.

### **Smart technical focus**

18. The Secretariat, working closely with partners and stakeholders, launched a comprehensive "road map" in response to the Ebola outbreak of 2014–2015, aimed at strengthening national capacities to prevent, detect and respond to public health emergencies. Staff presence in high-transmission areas was bolstered, leading to the establishment of the African Volunteers Health Corps (AVoHC) to provide surge-ready technical support. The Contingency Fund for Emergencies (CFE), facilitating rapid financing for initial emergency response operations within 72 hours, was also established. Between 2022 and 2023, the WHO African Region experienced eight outbreaks of viral haemorrhagic fevers (VHFs), all of which were brought under control without any cross-border spread.

19. Since 2016, WHO AFRO has supported Member States in the African Region to respond to an average of 100 public health events per year. Notably, the timeliness of detection of outbreaks has

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<sup>6</sup> Evaluation of the WHO Transformation WHO Evaluation Office, May 2021 ([https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa\\_5](https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5), accessed 1 April 2023)



improved significantly, from 14 days in 2017 to seven days in 2023, with response lead times decreasing from 25 to two days. The median time to control viral haemorrhagic fever outbreaks in the WHO African Region declined from 106 days in 2017 to 48 days in 2023.

20. WHO AFRO's commitment to enhancing country preparedness and response capabilities, strengthening health care systems and providing essential support during public health emergencies yielded significant results during the COVID-19 pandemic. As of 23 June 2024, the African Region reported 9 580 532 COVID-19 cases and 175 510 deaths, with a case fatality ratio of 1.8%. These numbers represented only 1% of global cases and 2% of global deaths, significantly lower than the predicted number of COVID-19 cases and deaths in Africa. Additionally, the WHO African Region developed important capacities, including for genetic sequencing, during the COVID-19 pandemic. The establishment of subregional emergency operational hubs in Dakar and Nairobi has further enhanced WHO AFRO's emergency management capacity and reduced the lead time for delivery of emergency supplies from an average of 25 days in 2021 to four days in 2023.

21. Under the Global Polio Eradication Initiative, WHO AFRO deployed innovative digital geospatial surveillance methods. Together with other response strategies aimed at reaching previously unvaccinated children with polio vaccine, these tools (such as the Open Data Kit application) contributed to Nigeria's removal from the list of polio-endemic countries, and the certification of the African Region as free of indigenous wild poliovirus type 1 (WPV1) in August 2020. This marks one of the most significant public health milestones of the Transformation Agenda, in stark contrast to 1996, when WPV1 paralysed more than 75 000 children across the continent. Between January and June 2023, the number of children paralysed by cases of circulating variants of polio in the Region stood at 504. During the same period in 2024, that number dropped to 60, representing an 88% decrease.

22. WHO has supported Member States in the Region to accelerate their response to antimicrobial resistance (AMR), an urgent global health and socioeconomic crisis. The number of Member States that have developed a national action plan on AMR under the One Health approach increased from two (4%) in 2015 to 47 (100%) in 2024, while the number of Member States tracking the implementation of these plans increased from 26 (55%) in 2022 to 37 (79%) in 2024.

23. Efforts to achieve universal health coverage in the WHO African Region resulted in an increase in the UHC service coverage index from 23 in 2000 to 46 in 2019<sup>7</sup>. The incidence of catastrophic out-of-pocket health expenditure remained largely unchanged during the period 2000 to 2019. The slight decline in the service coverage index from 46 in 2019 to 44 in 2021 is likely due to gaps in implementing the primary health care approach, insufficient health resource allocation, and the negative impact of the COVID-19 pandemic on essential health services. In this regard, WHO AFRO has sustained its technical support to countries to monitor the effect of their health sector reforms through health expenditure tracking. As at the end of 2023, forty-one countries in the African Region had adopted and used the System of Health Accounts (SHA 2011) framework to estimate their health spending at least once.

24. Launched in 2016, the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) has achieved significant milestones. By 2023, nineteen Member States in the Region had eliminated at least one NTD, compared to six in 2010. This has resulted in 88 million fewer people needing NTD interventions. Four Member States have been officially validated for eliminating one of

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<sup>7</sup> WHO/AFRO (2022). Tracking Universal Health Coverage in the WHO African Region, 2022.

the five priority preventive chemotherapy NTDs: Malawi and Togo for lymphatic filariasis, and Gambia, Ghana, Malawi, and Togo for trachoma. Togo achieved a world first by eliminating four NTDs. Guinea-worm disease is on the brink of eradication, while sleeping sickness has been eliminated as a public health problem in seven countries. Reported cases of Buruli ulcer decreased by 71% between 2010 and 2021, while Côte d'Ivoire and Gambia successfully eliminated trachoma in 2021. The number of leprosy cases has also steadily declined since 2012, with eight Member States reporting no new local cases among children for at least five consecutive years.<sup>8</sup>

25. In 2015, no Member State in the Region was recognized by WHO for meeting international standards in medical product regulation. With the support of the Secretariat, five Member States in the Region have now achieved this recognition by reaching Maturity Level 3, signifying a stable, well-functioning and integrated regulatory system.<sup>9</sup> WHO AFRO continues to enhance vaccine regulatory capabilities and capacities among Member States through the African Vaccine Regulatory Forum (AVAREF). AVAREF's efforts have resulted in the development of life-saving vaccines against diseases such as meningitis, rotavirus, pneumococcal pneumonia, and Ebola, while medicines for neglected tropical diseases such as human African trypanosomiasis are currently under development.

26. Through AVAREF, WHO AFRO has facilitated joint reviews of clinical trial applications for the novel malaria vaccine (RTS,S), reviews of the registration dossiers of pilot studies in 2017/2018 and supported the registration of RTS,S in 2023. Following successful pilots in Ghana, Kenya, and Malawi, Cameroon became the first country to introduce the vaccine in its routine immunization services in January 2024. During the pilot phase, over 2 million children were vaccinated, leading to a 13% drop in all-cause mortality among age-eligible children and significant reductions in severe malaria illness and hospitalizations.

27. The COVID-19 pandemic caused significant disruptions to routine immunization services, resulting in decreased routine immunization coverage and increased vulnerability to vaccine-preventable diseases for millions of children. Efforts to reverse the decline in routine immunization coverage, undertaken as part of the Big Catch-up campaign has started yielding results. The number of zero-dose children (children who have never been vaccinated) declined from 7 312 000 in 2022 to 6 718, 00 in 2023.

28. WHO AFRO's support to Member States to develop, resource and implement high impact, integrated reproductive, maternal, newborn, child, and adolescent health interventions has contributed to the region-wide reduction in maternal and neonatal mortality rates from 581 maternal deaths per 100 000 live births in 2015 to 531 maternal deaths per 100 000 live births in 2020. Thirteen countries<sup>10</sup> reduced their maternal mortality rates by more than 50% between 2000 and 2020 and seven countries<sup>11</sup> in the WHO African Region have already achieved the maternal mortality SDG target. A 10% increase from 61% to 71% occurred in births attended by skilled health workers from 2015 to 2022. Additionally, infant mortality declined to 49.2 deaths per 1000 live births in 2021, down from 56.7 deaths per 1000 live births in 2015 as did under-five mortality by 8.6%, from 81 deaths to 74 deaths per 1000 live births within the same period. Despite the odds, multiple low-income countries, including

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<sup>8</sup> World Health Organization. Ending the neglect: lessons from a decade of success in responding to Neglected tropical diseases in Africa. UHC/UCN Cluster. World Health Organization Regional Office for Africa 2023.

<sup>9</sup> The WHO Global Benchmarking Tool: A Game Changer for Strengthening National Regulatory Capacity: BMJ Global Health 2020; vol. 5: e003181. DOI: 10.1136/bmjgh-2020-003181.

<sup>10</sup> Angola, Cabo Verde, Congo, Comoros, Eritrea, Equatorial Guinea, Mozambique, Namibia, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania, Zambia

<sup>11</sup> Algeria, Cabo Verde, Mauritius, Mozambique, Seychelles, South Africa and Zambia.

fragile, conflict-affected, or otherwise vulnerable Member States, registered significant declines in under-five mortality rates, exceeding the regional average by more than double. Notable examples include Burundi, the Central African Republic, Chad, Gambia and Malawi.

29. Another notable public health achievement was the decline in the adolescent birth rate, which dropped from 108 per 1000 girls aged 15–19 years in 2015 to 97 in 2022, marking the first decline below the 100 mark. A 4.9% increase also occurred in women who had their modern family planning needs met from 52.6% to 57.5% between 2015 and 2020, highlighting progress in addressing inequalities in access to quality health services.

30. By the end of 2019, all 47 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 treatment has substantially expanded pre-exposure prophylaxis (PrEP) access from 4154 initiations in 2016 to 290 981 by mid-2020,<sup>12</sup> and reduced the incidence of new HIV infections by 44% in East and Southern Africa, from 900 000 to 396 000 between 2015 and 2022. In the same period a 38% reduction was realized in West and Central Africa – from 260 000 to 160 000 cases. The percentage of people living with HIV who know their status is high, with a notable improvement from 62% to 82% in West and Central Africa between 2020 and 2022. A 23% reduction in TB incidence has also been achieved, from 270/100 000 in 2015 to 208/100 000 in 2022.

31. The attention given by WHO AFRO to addressing the increasing burden of NCDs has led to notable progress. The number of Member States implementing multisectoral NCD national health policies and plans increased from 22 in 2015 to 36 in 2023.

32. The African Region has significantly expanded its capacity to train health professionals, increasing the number of graduates by 70% from 150 000 in 2018 to over 255 000 in 2022. Over 4000 new training institutions and programmes contributed to this growth, tripling the health workforce from 1.6 million in 2013 to 5.1 million in 2022, including 850 000 community health workers. This expansion has improved access to health services, raising the ratio of health professionals from 11 per 10 000 people in 2013 to 27 per 10 000 by 2022.<sup>13</sup> To further tackle ongoing and emerging health workforce challenges, WHO, in collaboration with Member States and key partners, developed and launched the Africa Health Workforce Investment Charter.<sup>14</sup> The Charter was adopted through the Windhoek Statement on Investing in Africa’s Health Workforce at the inaugural Africa Health Workforce Investment Forum in Namibia in May 2024.

33. 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 (iAHO) and National Health Observatories (NHOs) of the Region’s 47 Member States, contributing to robust data management, analytics and knowledge and evidence generation in the African Region.

34. WHO AFRO has supported Member States in empowering communities and addressing risk factors of ill-health. As a result, the age-standardized prevalence of current tobacco use among

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<sup>12</sup> This comprises 44% of the global total

<sup>13</sup> World Health Organization Regional Office for Africa, 2024a. A decade review of the health workforce in the WHO African Region, 2013-2022: implications for aligning investments to accelerate progress towards universal health coverage. World Health Organization. Regional Office for Africa. (<https://iris.who.int/handle/10665/376689>, accessed 1 February 2023)

<sup>14</sup> World Health Organization Regional Office for Africa, 2024c. Africa Health Workforce Investment Charter: enabling sustainable health workforce investments for universal health coverage and health security for the Africa we want. World Health Organization. Regional Office for Africa. (<https://iris.who.int/handle/10665/376643>, accessed 1 February 2023)

individuals aged 15 and older declined from 11.7% in 2015 to 9.5% in 2022. Additionally, the proportion of the population using safely managed drinking water services increased from 26.7% in 2015 to 32.4% in 2022.<sup>15</sup>

### **Responsive strategic operations**

35. Launched in 2016, the Accountability and Internal Control Strengthening Project bolstered accountability and financial management in WHO AFRO by introducing performance indicators, embedding value-for-money principles, and aligning resources with country needs. Improvements in donor reporting, compliance and enhanced transparency in the utilization of funds entrusted to WHO have contributed to increased donor confidence. In March 2016, there were 1861 overdue direct financial cooperation (DFC) reports from 43 budget centres across the Region. By April 2024, the outstanding DFC reports had reduced by 98% to 36 in 12 budget centres. This led to a significant increase in resource allocation (base segment) for country offices, rising from 66.9% (2018–2019) to 71.9% (2020–2021) and 74.6% in the 2022–2023 biennium.<sup>16</sup> It is also important to note that since 2016, the Secretariat in the African Region has not received an unsatisfactory audit rating.

36. The functional reviews and restructuring of the Regional Office and the 47 WHO country offices (WCOs) to align them with the Thirteenth General Programme of Work (GPW 13) were completed in November 2020, a critical step in implementing the Transformation Agenda. These reviews defined core WHO AFRO functions needed to address country and organizational priorities effectively. To overcome funding constraints related to implementing the review recommendations, 11 multicountry assignment teams (MCATs) of specialized experts were established. These teams are closely collaborating with WHO country offices to enhance technical support across eight critical health areas<sup>17</sup> that contribute to the disproportionate morbidity and mortality rates in Africa.

37. Efforts to secure long-term agreements and broaden WHO AFRO's supplier base resulted in efficiency gains of approximately US\$ 1.6 million. Pooled procurements further strengthened the supply chain in the African Region. Additionally, the Secretariat is enhancing its anti-fraud and anti-corruption framework through a road map to review and strengthen policy architecture, tools and fraud risk assessments.

38. The Independent Expert Oversight Advisory Committee (IEOAC) report to the 39th meeting of the Programme Budget and Administration Committee of the Executive Board highlighted the commitment of WHO AFRO's senior management to maintaining an effective internal control environment and positive risk management. The IEOAC noted that the robust system of key performance indicators at the country level is continuously monitored and used to assess the performance of WHO country office heads and take corrective action.<sup>18</sup> This practice is now being adopted globally.

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<sup>15</sup> WHO AFRO (2024). Shaping a healthier future. Universal Health Coverage/Healthier Populations Cluster Results Report for the Biennium 2022-2023

<sup>16</sup> AFR-RC72-11 Seventh progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region (<https://www.afro.who.int/sites/default/files/2022-07/AFR-RC72-11%20Seventh%20progress%20report%20on%20the%20implementation%20of%20the%20Transformation%20Agenda%20of%20the%20WHO%20Secretariat%20in%20the%20African%20Region.pdf>, accessed 1 March 2023).

<sup>17</sup> HIV, tuberculosis and hepatitis, tropical and vector-borne diseases, noncommunicable disease prevention and control, health financing, nutrition, reproductive, maternal, newborn, child and adolescent health, diagnostics and laboratory services and service delivery systems

<sup>18</sup> EBPBAC39/2 (January 2024). Report of the Independent Expert Oversight Advisory Committee

39. The Gender, Equity, and Rights (GER) Unit of WHO AFRO was established in the Office of the Director of Programme Management, emphasizing the importance of GER in the Secretariat's cross-cutting work. Capacity-building efforts focused on enabling the 47 WCOs to utilize available tools to identify disadvantaged and vulnerable groups. As a result, over 80% of Member States have integrated GER considerations into their health programmes and institutional processes to varying degrees.

40. WHO AFRO launched the 2020 *Strategy for scaling up health innovations*<sup>19</sup> to improve health outcomes in fragile contexts, rural areas, urban slums, conflict zones, and among marginalized groups. This strategy facilitated innovative health solutions for COVID-19 prevention, vaccination, testing, and tracing, which were central to pandemic response efforts and remain crucial for achieving universal health coverage (UHC). Since adopting the World Health Assembly resolution on digital health in 2017, thirty-four countries have received WHO AFRO support to develop national digital health strategies, accelerating progress towards the health-related SDG targets.

41. Digital tools are enhancing organizational agility and efficiency at WHO AFRO by facilitating remote work and improving team connectivity. New systems such as the Translation Management System and Travel Management System are streamlining translation and travel requests. These digital solutions are being rapidly expanded across the Secretariat's operations, with over 350 000 field workers and 200 000 polio campaign workers in 16 Member States transitioning from cash to digital payments, leading to improved cost-effectiveness and timely financial reporting.

42. To drive health transformation across Africa, WHO launched the leadership programme for Member States. Over 200 senior health officials from Benin, Congo, Ethiopia, Ghana, Niger and Lesotho have benefited. Notably, with dedicated women's cohorts in Ghana and Congo, overall participation reached 49% female leaders. WHO is partnering with universities, including Ashesi University in Ghana and University of Pretoria in South Africa to consolidate and sustain the programme's impact.

### **Effective communications and partnerships**

43. Since 2021, external relations and partnerships officers have been deployed in 38 WCOs, contributing to improved donor relations, enhancing WHO's visibility, and mobilizing critical resources for country health needs. In the 2022–2023 biennium, WHO AFRO mobilized US\$ 730 million, an 18% increase from the US\$ 622 million mobilized in the 2020–2021 biennium. The Region has strengthened its financial resource base and diversified funding sources, engaging 28 global and continental partners (private sector and non-State actors) and mobilizing US\$ 117 million from them – a 27% increase compared to the 2021–2022 biennium. The rise in donor commitments signals WHO's enhanced capacity in external relations and partnerships, with country-level funding expected to surpass US\$ 500 million by the end of the 2024–2025 biennium.

44. One hundred and eighty-three non-State actors (NSAs) were cleared to collaborate with the Secretariat in the African Region, marking a 6% increase in NSA engagement. The Secretariat has invested in communication for partnerships to showcase the impact of WHO's catalytic partnerships, leading to a 64% increase in AFRO's social media presence and partner field visits. Specifically, in the 2022–2023 period, AFRO released 2909 social media posts recognizing partners and conducted 246 partner field visits.

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<sup>19</sup> AFR-RC70-R3 Strategy for scaling up health innovations in the WHO African Region.

45. The quality and timeliness of donor reporting has also improved, with the number of overdue donor reports reducing from 39% in 2017 to 5% by 2023, making the African Region one of the best performing WHO regions in terms of donor reporting. Moreover, the Region has improved in the timely submission of donor reports from 37% in the 2020–2021 biennium to 42% in the 2022–2023 biennium. This, however, is an area that still requires concerted efforts to improve the general donor reporting landscape and overall compliance rate.

46. A communication strategy rooted in the Transformation Agenda has significantly improved the Secretariat's internal and external communications. This strategy has enhanced WHO's role as a leading voice on health issues in the Region, improved media engagement, and increased the use of social media to convey key health messages. It has also boosted WHO's presence at strategic health and development events. Notably, social media outreach saw Twitter followers grow to 315 000 and Facebook followers to 1.8 million by 2024. Additionally, page views on the WHO AFRO website increased by 55%, from 4.7 million in 2018 to 8.5 million in 2023.

47. During the COVID-19 pandemic, the landmark Africa Infodemic Response Alliance<sup>20</sup> (AIRA) was launched (2020) to counter COVID-19 misinformation and complement public health awareness raising and community engagement efforts in the Region. Subsequently, the *Viral Facts* initiative was deployed as a communication brand to dispel myths, misconceptions and disseminate trustworthy health messages.

48. Improved internal communication through town hall meetings, staff newsletters, and online forums have fostered a more engaged workforce at WHO AFRO. The 2021 global evaluation revealed a significant increase in staff motivation among participants from the African Region, rising to 54%, from 43% in 2017. Additionally, 49% of the surveyed staff considered themselves to be change agents, indicating a growing sense of agency in driving change. Additionally, nearly half (41%) linked the transformation to positive impacts in their daily work.

## ISSUES AND CHALLENGES

49. The WHO African Region continues to face significant public health challenges, including over 100 public health emergencies annually, which have impeded the full implementation of all Transformation Agenda initiatives over the last decade. The unprecedented COVID-19 pandemic, while showcasing the resilience and adaptability of the WHO African Region, diverted crucial attention and resources from ongoing transformation efforts and overextended staff repurposed to the pandemic response. Severe disruptions to essential health services led to heightened transmission risks and particularly threatened to reverse polio eradication efforts among key transformation gains.

50. The WHO African Region continues to grapple with a significant brain drain of its health workforce, resulting in a critical shortage of skilled health care workers required to deliver quality health care services and respond effectively to health emergencies. Compounded by the gaps in the implementation of the primary health care approach in the Africa Region and insufficient resource allocation to health services, these challenges weaken the foundation of the health system, limiting the ability to fully realize the goals of the Africa Health Transformation Programme.

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<sup>20</sup> Africa CDC, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Verified initiative, United Nations Children's Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Global Pulse. Participating and supporting bodies include Africa Check, Agence France-Pressé Fact Check, PesaCheck, Dubawa and Meedan.

51. The impact of climate change further exacerbates these challenges, posing additional health risks that affect disease patterns, strain health services, and compromise the overall resilience of health systems. The increasing geopolitical instability and conflicts in the Region over the past decade have added another layer of complexity to the delivery of health services and the implementation of Transformation Agenda initiatives.

52. Furthermore, resourcing constraints persist, hampering the full implementation of critical functional review recommendations and other key initiatives. This underscores the urgent need for sustainable financing mechanisms to support WHO's transformation efforts in the Region.

## LESSONS LEARNT

53. The implementation of the Transformation Agenda over the past decade has yielded valuable insights and lessons that can inform and strengthen future change management efforts in the WHO African Region and beyond:

- (a) **Co-creation for sustainable transformation:** Engaging Member States as active participants and co-creators throughout the transformation process has been crucial. This fosters a sense of ownership at the country level, which improves the sustainability of the changes and ensures better alignment between WHO's goals and national priorities.
- (b) **Investing in primary health care:** The COVID-19 pandemic revealed the vulnerabilities in health systems and the need for investing in primary health care to ensure a resilient health system that can withstand and quickly recover from global health shocks. It also highlighted the necessity of maintaining essential health services and delivering comprehensive and equitable care, even during emergencies, to safeguard health transformation gains.
- (c) **Prioritizing people and culture:** Putting people at the centre of change has been a key lesson. Investing in organizational culture reforms, staff engagement, internal communications and change management support has been critical to driving sustainable change in the African Region. Initiatives such as the Change Agent Network, the Mentorship Programme, and the Pathways to Leadership Programme have been promising in this regard.
- (d) **Investing in leadership:** Building strong leadership capacity is crucial for successful transformation. The AFRO Pathways to Leadership Programme demonstrates the value of equipping both WHO staff and national health officials with essential skills for navigating a dynamic health landscape. The Programme's success in attracting participants from other regions further highlights its effectiveness.
- (e) **Balancing process and results:** While establishing robust processes and systems is important, the Transformation Agenda has highlighted the need to balance process improvements with a relentless focus on results and impact. Shifting the narrative from "what we do" to "the impact we achieve at country level" has been transformative.
- (f) **Adapting to emerging challenges:** The COVID-19 pandemic has underscored the importance of adaptability and resilience in the face of emerging challenges. While the pandemic disrupted implementation of the Transformation Agenda, it also presented opportunities to consolidate and accelerate transformation efforts aligned with the Region's recovery and resilience priorities.
- (g) **Harnessing innovation:** Harnessing the potential of innovation and digital health solutions has significantly enhanced the effectiveness and efficiency of WHO's transformation work. The integration of cutting-edge technologies and innovative approaches has not only streamlined operations but also improved service delivery, data management, and decision-making processes. Embracing technological innovations such as digital geospatial surveillance has

proven to be a vital strategy for strengthening health systems and ultimately achieving better health outcomes.

- (h) **Building action-oriented partnerships:** Building partnerships and fostering collaboration among stakeholders has helped in navigating the complexities of implementing large-scale organizational change. Partnerships including with the private sector and academia, have been instrumental in defining innovative approaches, mobilizing resources, aligning priorities, and amplifying the impact of transformation initiatives.
- (i) **Documenting the journey:** Documenting the Transformation Agenda experience, including its successes, challenges, and lessons learnt, is crucial. Wider dissemination beyond WHO will not only promote learning within the Organization, but also serve as a valuable resource for broader health system transformation efforts across Africa.

## NEXT STEPS FOR SUSTAINING CHANGE IN THE WHO AFRICAN REGION

54. Member States should:

- (a) Prioritize health systems strengthening to effectively prepare for and respond to health emergencies. This includes investing in primary health care, developing core capacities to respond to outbreaks promptly, increasing national budget allocations for health and investing in the health workforce.
- (b) Build on the public health gains realized under the Transformation Agenda and continue to scale up innovations to accelerate progress toward UHC and the health-related SDGs.
- (c) Implement policies that address social and economic determinants of health to reduce health disparities and improve health outcomes.

55. The WHO Secretariat in the African Region should:

- (a) Continue to consolidate and institutionalize the gains of the Transformation Agenda by fully integrating high-impact initiatives into regional management and governance structures. This includes assigning clear budget responsibility, incorporating change activities into regular workplans, and securing ongoing funding for implementation.
- (b) Sustain investments in organizational culture reforms, to continue to foster a values-based, ethical culture of excellence, innovation, and accountability within the Organization.
- (c) Enhance the technical capacity within WHO AFRO to support Member States in achieving the health-related SDGs. This includes fully implementing the recommendations of the functional reviews and provision of targeted technical assistance and capacity-building initiatives to address specific health challenges and improve health outcomes.
- (d) Document the Transformation Agenda experience, including its successes, challenges, and lessons learnt. Wider dissemination beyond WHO will not only promote learning within the Organization but also serve as a valuable resource for broader health system transformation efforts across Africa.
- (e) Evaluate the impact of the Transformation Agenda following the decade of implementation. This will provide further insights to refine and strengthen ongoing and future initiatives within WHO AFRO and Member States.

56. The Regional Committee is invited to examine and note the report.



**Annex 1. Expected outcomes of the Transformation Agenda of the WHO Secretariat in the African Region across its four focus areas**

FOCUS AREA	EXPECTED OUTCOMES
<b>Pro-results values</b>	<ul style="list-style-type: none"> <li>• Enhanced accountability by individuals and teams</li> <li>• Improved fairness in rewards</li> <li>• Recognition and sanctions for staff members</li> <li>• Responsive, supportive, and inclusive teams</li> <li>• Enhanced ethical standards for staff</li> </ul>
<b>Smart technical focus</b>	<ul style="list-style-type: none"> <li>• Ebola virus disease epidemic controlled</li> <li>• Strengthened regional capacity for health security</li> <li>• Accelerated progress on MDGs/SDGs</li> <li>• Progress towards universal health coverage</li> <li>• Enhanced knowledge management</li> </ul>
<b>Responsive strategic operations</b>	<ul style="list-style-type: none"> <li>• Resources aligned with identified priorities</li> <li>• Strengthened WHO human resource capacity</li> <li>• Enhanced transparency in recruitment, placement, and performance management</li> <li>• Improved efficiency and accountability in the areas of finance, procurement, and general management</li> <li>• Improved leveraging and use of available technologies and tools</li> </ul>
<b>Effective communications and partnerships</b>	<ul style="list-style-type: none"> <li>• Enhanced internal communications between and across all the three levels of the Organization</li> <li>• Reinforced external communication</li> <li>• Strengthened strategic partnerships.</li> </ul>

## **Annex 2. Timeline of key milestones in the implementation of the WHO Transformation Agenda from 2015 to 2024**

### **2015**

- The Transformation Agenda launched
- Polio eradication and adolescent health prioritized as flagship programmes
- WHO Health Emergencies Programme (WHE) set up
- The Accountability and Internal Control Strengthening Project (AICS) launched

### **2016**

- Key business/managerial performance indicators (KPIs) defined
- African Region Results Framework created, with technical KPIs defined
- WHO Regional strategy for health security and emergencies 2016–2020 adopted
- Compliance and Risk Management Committee (CRMC) formally established
- The five-year Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) launched
- First Regional Forum on Health Systems Strengthening for UHC and the SDGs

### **2017**

- Regional Office decentralized emergency management through new operational hubs
- Relaunch of the Harmonization for Health in Africa (HHA) platform
- Framework for health systems development towards UHC in the context of the SDGs in the African Region adopted by Member States
- First Africa Health Forum convened
- Staff Ombudsman office established
- The African Region becomes first WHO region to make the WHO sexual harassment, exploitation and abuse course mandatory for all staff
- Mid-term evaluation of the Transformation Agenda conducted

### **2018**

- Change management strategy defined
- Transformation Agenda and change management included in new staff inductions
- African Health Ministers endorse the draft treaty for the establishment of the African Medicines Agency (AMA)
- WHO AFRO mandatory inclusion of at least one fully qualified female candidate in all recruitment shortlists
- Global WHO Transformation Agenda launched
- Pathways to Leadership for Health Transformation in Africa Programme launched
- WHO AFRO hosted inaugural innovation challenge

**2019**

- Memorandum of understanding signed between WHO Regional Office for Africa and the African Academy of Sciences (AAS) on supporting countries to adopt and scale up local innovations
- Functional reviews of Regional Office and all WHO country offices completed
- Tenth Ebola outbreak in Democratic Republic of the Congo declared a public health emergency of international concern
- Launch of WHO Values Charter
- Algeria becomes second African Region country to be certified malaria-free
- The Global Fund and WHO AFRO sign strategic framework to support countries to upscale HIV, TB and malaria interventions, strengthen health systems and enhance collaboration to accelerate UHC
- Malaria vaccine – RTS,S – piloted in Ghana, Kenya and Malawi

**2020**

- African Region declared free of wild polio virus
- COVID-19 declared a public health emergency of international concern
- COVID-19 declared a pandemic
- Pathways to Leadership Programme for Health Transformation launched for Member States

**2021**

- Botswana achieves key milestone on the path to eliminating mother-to-child transmission of HIV, achieving silver tier status
- Viral Facts Africa, a first-of-its-kind African initiative to combat health misinformation online, launched
- First COVID-19 COVAX vaccine doses administered in Africa
- Women in Leadership Speaker series launched to promote diversity, equity and inclusion

**2022**

- WHO launches staff mentorship programme
- First cohort of women leadership programme launched
- AFRO introduced new e-workflow system as part of the global WHO Digital Transformation agenda
- AFRO launches pilot Team Performance Programme to enhance team collaboration, based on stakeholder feedback.
- Launch of the Mwele Malecela Mentorship Programme for Women in Neglected Tropical Diseases (NTDs)

**2023**

- WHO Regional Emergency Hub launched in Dakar, Senegal
- Second phase of Africa Women Health Champions (AWHC) launched

- Inaugural tri-regional cohort of the Pathways to Leadership Programme launched for the WHO African, Eastern Mediterranean and European Regions

## **2024**

- Cabo Verde becomes the third African country to eliminate malaria
- First-ever health investment charter launched to drive sustainable investment in the health workforce
- Namibia achieves key milestone on the path to eliminating mother-to-child transmission of hepatitis achieving silver tier status
- Namibia achieves key milestone on the path to eliminating mother-to-child transmission of HIV achieving silver tier status
- New malaria vaccine – RTS,S/AS01 – rolled out in Cameroon.