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BACKGROUND

1. The World Health Organization (WHO) Regional Director for Africa, Dr Matshidiso Moeti, assumed office on 1 February 2015 following her appointment by the 136th session of the WHO Executive Board (EB 136) in January 2015. One of the commitments made by the Regional Director was to accelerate the implementation of WHO reform in the Region. To that end, the Transformation Agenda of the WHO Secretariat in the African Region: 2015–2020, (hereinafter referred to as “The Transformation Agenda”), was developed through a wide-ranging consultative process under the leadership of the Regional Director.

2. The Transformation Agenda marks a commitment to positive change. Its objective is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in the region and a reliable and effective protector of Africa’s health. The Transformation Agenda has four focus areas, namely: pro-results values, smart technical focus, responsive strategic operations, and effective communication and partnerships.

3. The focus area on pro-results values seeks to promote shared values geared towards achieving results, in terms of excellence, team work, accountability, integrity, equity, innovation and openness. The technical work of the WHO Secretariat will focus on priorities relating to the most pressing health problems affecting the African people. In the area of operations, the focus will be on improved effectiveness, timeliness, efficiency and accountability of actions in support of Member States. The communication and partnerships focus area is devoted to strengthening strategic partnerships and more effectively communicating WHO’s contribution to health development. These focus areas are consistent with the governance, programmatic and management reforms of WHO at the global level.

PROGRESS MADE

4. **Pro-result values:** Actions will include improving the knowledge and skills of team leaders, including Directors and technical teams in the Regional Office and WHO Country Representatives, on results-based management; and ensuring that WHO staff members have access to key WHO and UN policy documents and tools that promote transparency, accountability and ethical behaviour. The other actions are convening regular staff meetings, consolidating the staff well-being and welfare programme, and enhancing the Staff Development and Learning programme. These are expected to yield improved performance and increased focus on results; enhanced accountability by individuals and teams; improved fairness in rewards; recognition and sanctions; responsive, supportive and inclusive teams; and enhanced ethical standards.

5. Several consultations have been held with staff members in the Regional Office and in WHO Country Offices to provide information and enhance their understanding and ownership of the proposed changes. For example, a special Regional Programme Meeting of WHO Representatives was organized on the Transformation Agenda, followed by similar meetings in all technical clusters and WHO Country Offices. Change Agents have been designated in all Offices and the Regional Director is personally leading and encouraging actions aimed at change.

6. **Smart technical focus:** The first priority in this area was to bring the Ebola Virus Disease (EVD) epidemic in West Africa to an end. Others include strengthening the regional capacity for health security, which covers effective preparedness and timely response to disease outbreaks and emergencies; polio eradication; accelerated progress on the MDGs and support for implementation of the SDGs, including progress towards universal health coverage.
7. The Regional Director conducted high-level advocacy and support missions to the three most-affected EVD countries, to regional stakeholders (AU, UNECA, RECs) and to key development partners and donors (USAID, BMGF, WB, CDC and DfID) to advocate for increased resources and reiterate WHO’s commitment and support towards reaching zero Ebola cases.

8. The capacity of the Regional Office to address health security has been strengthened with the creation of a Health Security and Emergencies Cluster that will coordinate outbreak response, emergency preparedness and humanitarian response. The Regional Office has developed a strategic plan for EVD response and recovery to be implemented until 2018. The overarching goal of this strategy is to develop safe, functional and resilient health systems and services available to all communities in the three most-affected countries. Furthermore, support has been provided to the three countries to develop plans for organizing response, restoring health services and working towards building resilient health systems. These plans have been used to mobilize resources, resulting in funding pledges of US$ 5 billion.

9. The concerted efforts of the affected countries, WHO and partners resulted in Liberia being declared Ebola-free on 3 September 2015. Sierra Leone and Guinea did not record any new confirmed cases of Ebola virus disease (EVD) in the week ending 4 October 2015. This was the first time that a complete epidemiological week had elapsed with zero confirmed cases since March 2014. Unfortunately, in the week ending 18 October 2015, Guinea reported three new confirmed cases. The end of the outbreak in Sierra Leone would be declared on 7 November 2015 if no new case is reported.

10. In the non-EVD affected countries, epidemic preparedness and response was reinforced in 14 priority countries supported to increase their level of preparedness and readiness. As a result, none of these countries have been affected by the Ebola epidemic. Strengthening of epidemic preparedness and response also contributed to the successful control of other outbreaks, particularly the meningitis epidemic in Niger, cholera epidemic among refugees in Kigoma in Tanzania and typhoid fever in Zambia. Risk assessment and mapping of epidemics in the Region and epidemic-prone areas is being conducted to facilitate the prediction of public health threats and health emergencies and improve preparedness and response to epidemics and health emergencies.

11. A historic achievement was made towards polio eradication in the Region. On 25 September 2015 WHO removed Nigeria from the list of polio-endemic countries. Nigeria, which reported the last wild poliovirus case in July 2014, was the only remaining polio-endemic country in the African Region. This gives hope for the African Region being certified polio-free after another two years. An inter-cluster Polio Endgame and Legacy Team has been established to reflect on the transfer of polio infrastructure and long-standing experience to other health priority issues.

12. The Health Systems and Services Cluster has been reorganized into four thematic areas to make it more fit-for-purpose and to facilitate progress towards universal health coverage (UHC). These thematic areas are: health policies, strategies and governance; health information, research and knowledge management; service delivery systems and; health technology and innovations, including international accreditation of public health laboratories. The Cluster is conducting a survey on the implementation of UHC and the SDGs in the African Region to serve as a baseline for supporting Member States.

13. Responsive strategic operations: Aligning human, financial and material resources with identified health-related priorities is a crucial outcome of this focus area. Other outcomes are
improved efficiency and accountability in the way WHO does business, and ensuring that recruitment processes are streamlined and staff members are fully supported to enhance their performance.

14. A consultancy firm has been contracted to align staffing with the programmatic priorities identified in the Transformation Agenda. New organograms have been developed based on a consultative process and objective criteria used to assess required staffing levels as well as revised position descriptions that clearly articulate the programmatic priorities for the coming years. Several recommendations emanating from this work as well as an aggressive implementation timeline are being reviewed by senior management with the intention of starting implementation in late November 2015.

15. Implementation of the AFRO Accountability and Internal Control Strengthening Project has commenced. The Project aims at strengthening internal controls and improving accountability and transparency in the African Region in order to ensure efficient and transparent use of resources to deliver results and prevent fraud. The Project uses an inter-active website to provide easy access to all WHO rules, regulations, policies, strategies, framework documents and SOPs. Information on audit, compliance, risk management and fraud prevention issues is also being disseminated through the site. An Audit, Compliance and Risk Management Committee has been established to monitor the adequacy and effectiveness of internal controls in the African Region. A region-wide risk register has been developed to enhance risk identification and management.

16. Furthermore, key performance indicators (KPIs) have been developed and are being used for the objective assessment of the performance of individuals in WHO Country Offices and Regional Office Clusters and a compact entered into with the relevant staff. Compliance and quality assurance is monitored by a compliance team that carries out reviews of transactions in AFRO and coordinates programme management and administrative reviews in WCOs.

17. **Effective communication and partnerships:** The expected outcomes in this area are enhanced internal communication between and across all the three levels of the Organization; strengthened strategic partnerships to enhance synergy in the work of WHO and more effective communication of the Organization’s contribution to health development.

18. To enhance **internal communications,** regular town-hall and cluster meetings are being organized. The Regional Director shares quarterly updates on the outcomes of her missions, while monthly newsletters on the Transformation Agenda and periodic newsletters on Staff Development and Learning and on Staff Welfare have been initiated. An online suggestions box has also been established.

19. A global communications consultancy firm has been contracted to assess the effectiveness of the current external and internal marketing strategies of WHO, including the required human resources structure, defined roles and skill sets at the Regional Office, Inter Country Support Teams and WHO Country Offices. The consultancy firm is working with the Regional Office to develop a **regional communications strategy.**

20. WHO is working with the AUC to establish the Africa Centre for Disease Control. It has also collaborated with the AUC to develop the business, legal and institutional plans for the operationalization of the African Medicines Agency (AMA). WHO is also working with the United Nations Economic Commission for Africa and the AUC to determine the key factors that influence attainment of the MDGs in Africa and build a platform for implementation of the SDGs.
NEXT STEPS

21. The Transformation Agenda of the WHO Secretariat in the African Region: 2015 – 2020 provides a framework for the future work of WHO in the African Region. During the next phase, WHO will focus on developing the capacity of WHO Country Offices in order to improve support to Member States as they address the unfinished MDG agenda and push towards the SDGs and UHC. Particular attention will be paid to tackling the growing burden of noncommunicable diseases and the social determinants of health. The WHO Secretariat in the African Region will continue to be fully engaged in the reform of WHO work in outbreaks and emergencies in order to improve its capacity and culture to deliver a full emergency public health response, whenever required.

22. The changes initiated under the Transformation Agenda will go a long way in improving the performance of the WHO Secretariat in the African Region. The Regional Committee is requested to take note of this report and endorse the Transformation Agenda.