



The Transformation Agenda of the  
World Health Organization Secretariat  
in the African Region: Phase 2

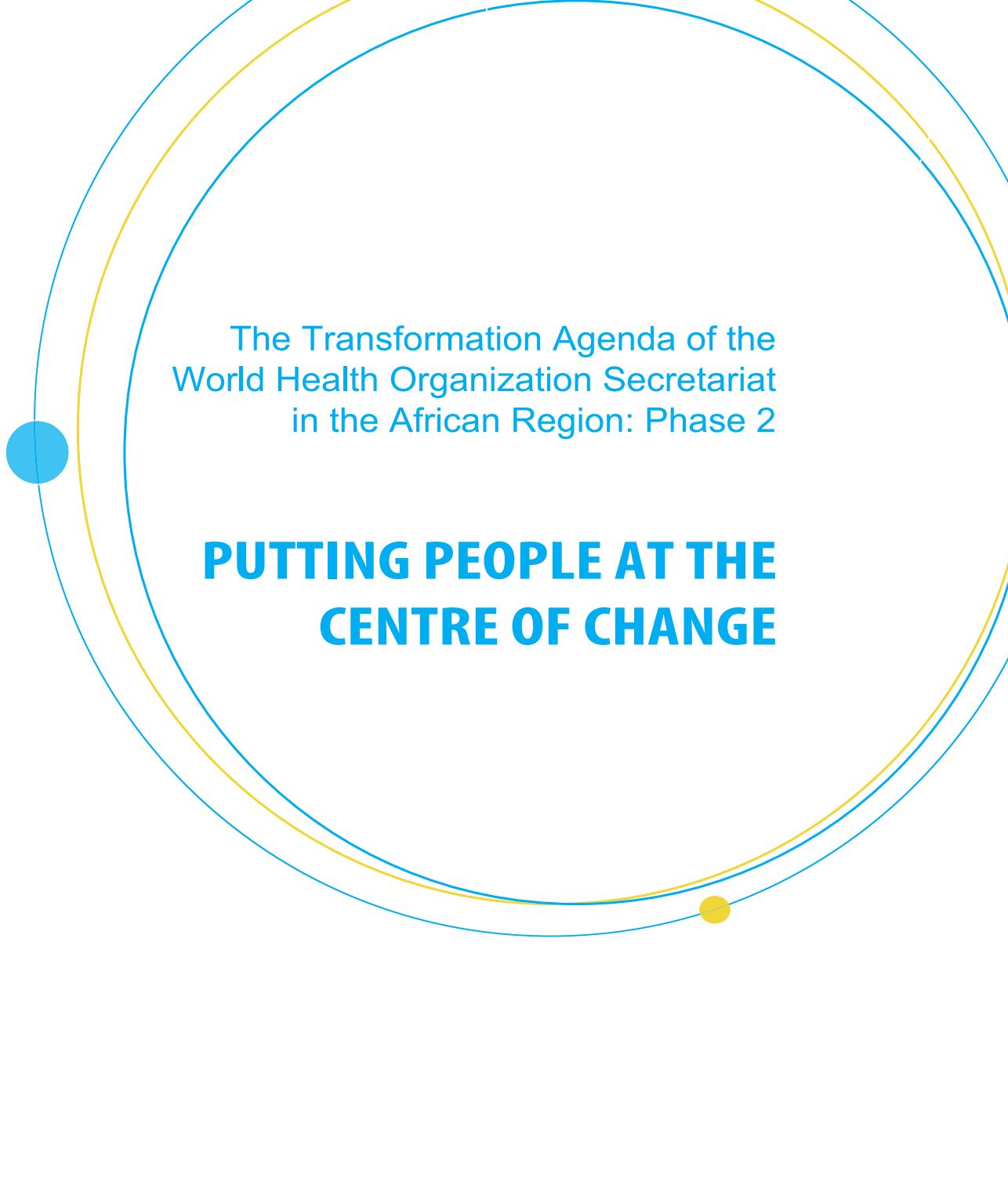
## PUTTING PEOPLE AT THE CENTRE OF CHANGE



World Health  
Organization

REGIONAL OFFICE FOR Africa





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## THE TRANSFORMATION AGENDA OF THE WORLD HEALTH ORGANIZATION SECRETARIAT IN THE AFRICAN REGION: PHASE 2 PUTTING PEOPLE AT THE CENTRE OF CHANGE

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## FOREWORD

When I launched the Transformation Agenda of the WHO Secretariat in the African Region in February 2015, I promised that I would lead the transformation of the Organization into a responsive, results-driven Secretariat. I knew this journey to achieve more for the people in the African Region would be arduous but rewarding. Change is never easy and success is not guaranteed. But as Nelson Mandela said, "It always seems impossible until it's done".

As we embark on the second phase of this journey, I reflect on the progress and some remarkable successes we have had over the past three years. I am filled with pride in the people who make up our Organization. I am humbled to work with colleagues who share the vision of an Organization that is proactive, results-driven, accountable and appropriately resourced to deliver on its mandate. In the same vein, we would like to extend our appreciation to our Member States and partners for their unwavering support to this initiative.

The single most important factor for the success of the Transformation Agenda is our human resources. In November, WHO undertook a global organizational Culture Survey involving over 1500 staff in the Region.

The results show us that the Transformation Agenda in the African Region is working. I am very encouraged to witness change on a daily basis as we transform steadily into a regional health organization that our stakeholders and staff want.

In the second phase of our Transformation Agenda, people will be at the centre of change. We know that changing culture is hard and the willingness to do so must come from within each person who desires to change and make a difference. Our change management strategy is inclusive and cross-cutting, focused on strategic actions of the four focus areas of the Transformation Agenda: Pro-results Values (fostering an organizational culture characterized by the values of excellence, team work, accountability, integrity, equity, innovation and openness), Smart Technical Focus (directing the technical work of the Organization on priorities, based on evidence and lessons learned), Responsive Strategic Operations (developing and implementing strategic activities to improve effectiveness, timeliness, efficiency and accountability) and Effective Communications and Partnerships (strengthening strategic partnerships and more effectively communicating WHO's contribution to health development). A Change Agent Network of staff is leading change through four strategic work streams selected for their potential multiplier effects and it is championing the principles of accountability, quality, value-for-money and promoting a healthy workplace. Everyone can play a role in making a difference in the lives of people in the African Region.





Our Transformation Agenda was a visionary initiative. In the second half of 2017, WHO launched a Global Transformation Plan which seeks to drive tremendous improvements in global health, such that one billion more people have universal health coverage, one billion more people are made safer, and one billion lives are improved through the health-related Sustainable

Development Goals. This global focus provides additional impetus to the Transformation in the African Agenda. We are not done yet. But I see the impossible becoming possible. Together, we will get there.

Dr Matshidiso Moeti

WHO Regional Director for Africa  
Brazzaville, Congo, April 2018



# 1. INTRODUCTION

## 1.1 CONTEXT

The Transformation Agenda (TA) represents the Regional Director's vision to accelerate the implementation of WHO reform within the African Region, leading to the emergence of "the WHO that the staff and stakeholders want". This desire to create a more dynamic organization was partly motivated by lessons learnt during

the Ebola Virus Disease outbreak in West Africa. The Sixty-fifth session of the WHO Regional Committee for Africa endorsed the Transformation Agenda of WHO in the African Region: 2015 – 2020 that seeks to transform the Secretariat into a more responsive, effective and transparent organization.



This entails accelerating implementation and institutionalization of the WHO reform agenda and improving the effectiveness, timeliness and efficiency of actions in support of Member States, in line with the Organization's mandate.

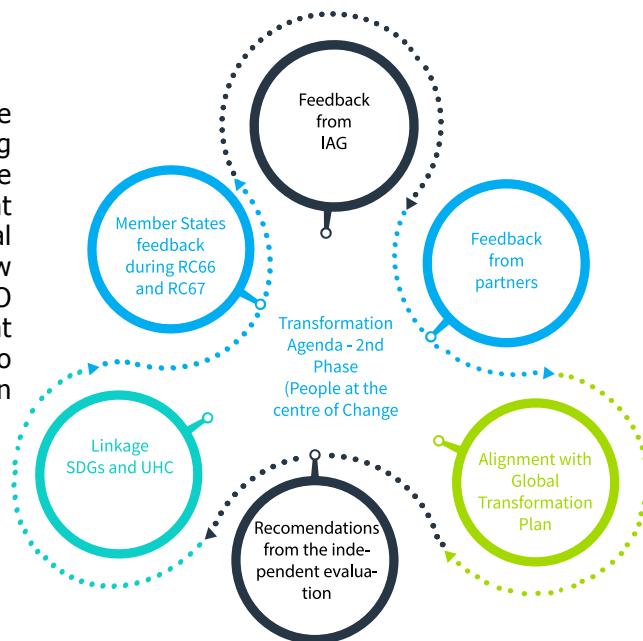
Implementation of the Transformation Agenda began in 2015, mainly focusing on four strategic areas: pro-results values, smart technical focus, responsive strategic operations, and effective communication and partnerships. The WHO global, managerial, programmatic and governance reforms were taken into consideration in developing the focus areas. Clearly-defined strategic actions and activities linked to these focus areas were set forth for

implementation within: (a) the first 100 days; (b) the first two years; and (c) subsequent years until the end of the fifth year in the term of the WHO Regional Director for Africa (up to January 2020). In order to guide the implementation of the Transformation Agenda, a Transformation Programme was launched as a strategic framework aimed at guiding WHO's contribution to the emerging sustainable development platform in Africa.



## 1.2 THE TRANSFORMATION AGENDA PHASE II

The second phase of the Transformation Agenda is the product of an iterative process based on wide-ranging consultations at both the 66th and 67th Sessions of the Regional Committee; feedback from the Independent Advisory Group (IAG) constituted by the Regional Director to provide strategic and policy advice on how to improve capacity and strengthen the work of WHO in the Region; recommendations from the independent review of the Transformation Agenda; and efforts to establish linkage with the current Global Transformation Plan and Architecture.



“ BECOME THE WHO THAT THE STAFF AND STAKEHOLDERS WANT ”

Dr Matshidiso Moeti, WHO Regional Director for Africa



### 1.3 OBJECTIVES AND FOCUS AREAS

The objective of the Transformation Agenda from February 2015 to January 2020 is to ensure that the WHO Secretariat in the African Region evolves into the primary leader in health development in Africa and the reliable and effective protector of Africa's health. The managerial, programmatic and governance themes of the ongoing WHO reform were factored into its development. Each of the focus areas below is closely aligned with specific outcomes of the WHO reform programme.

#### Pro-results Values

The purpose of this focus area is to foster the emergence of an organizational culture that is defined by the values of excellence, teamwork, accountability, integrity, equity, innovation and openness. It supports the Agenda through "accountability and transparency" and the "strengthened culture of evaluation" outcomes.

#### Smart Technical Focus

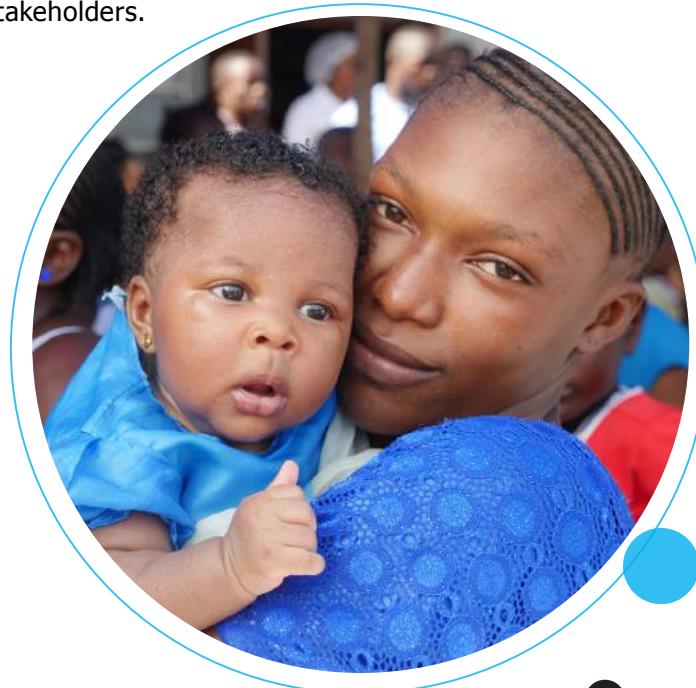
The technical areas of WHO's work in the African Region will be prioritized in line with regional priorities and commitments, and interventions will be based on evidence and lessons learnt from experience. This focus area will contribute to WHO's managerial reform through the outcome on "effective technical and policy support for all Member States", and the programmatic reform theme through the outcome on "WHO's priorities defined, addressed and financed in alignment with agreed priorities."

#### Responsive Strategic Operations

The goal of this focus area is to evolve into an organization with enabling functions that efficiently support the delivery of programmes. This area has the following outcomes: staffing matched to needs at all levels of the Organization; financing and resource allocation aligned with priorities; and the assurance of managerial accountability, transparency and risk management.

#### Effective Communications and Partnerships

This focus area seeks to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders. Reform in this area seeks a strengthened culture of evaluation and improved strategic communication. It is also aligned with governance reform through: streamlined reporting of and communication with Member States; and strengthened effective engagement with other stakeholders.





## 2. PROGRESS MADE

### 2.1 PRO RESULTS VALUES

From the results of an online survey on staff awareness of pro-results values and numerous group and individual interviews, staff noted

that a stronger culture of accountability is emerging and there is a change in the way staff members work together.



A WHO-wide global organizational culture survey conducted in November 2017 that measured employees' perceptions of organizational effectiveness found that the African Region (AFR) has higher scores than WHO overall with management practice scoring highly. Induction programmes for new staff and increased openness to feedback have been positive developments. The partners interviewed recognized and welcomed the organizational culture change that is emerging.

Further achievements in this area are the establishment and filling of a full time ombudsman position and the stronger culture of accountability that is emerging. A number of positive activities have been completed over the first phase of the Transformational Agenda: periodic budget centre reviews on the promotion of transparency, accountability and ethical behaviour; the grouping of WHO and UN policy

documents that promote transparency, accountability and ethical behaviour; and the establishment of a staff welfare officer position. Efforts are underway to develop and implement staff well-being and welfare programmes at all levels.

### 2.2 SMART TECHNICAL FOCUS

Significant progress has been made in the implementation of the Transformation Agenda for the first two years. Through a new Health Emergencies structure and vision, the Organization has made considerable progress in emergency prevention and risk analysis, detection and confirmation, and emergency response. The very first regional epidemics risk analysis and mapping



were conducted under the Transformation Agenda. This included the preparation of an inventory of all epidemics reported in Africa from 1970 to 2016. The inventory presents epidemics in terms of date of occurrence, duration, magnitude and district, while also defining those that are Public Health Emergencies of International Concern. This initiative led to the development of the Regional Strategy on Health Security and Emergencies. Furthermore, 31 countries have undertaken their Joint External Evaluations and seven have completed national action plans for health security. For the first time since the adoption of the International Health Regulations (IHR), all 47 countries have submitted IHR annual reports.

In 2017, over 2 500 unverified reports on health threats in the African Region were screened using the Hazard Detection and Risk Assessment System. Following an internal verification process, 562 signals of potential health threats were detected in 42 countries and requests for verification sent to the respective WHO Country Offices. Of these, 152 were substantiated as true events and recorded in the WHO Event Management System, including 134 outbreaks and 18 humanitarian crises across 39 countries.



Swift responses to the Rift Valley fever outbreak in Niger; the Hepatitis E outbreak in Chad; the Lassa fever outbreak in Nigeria; and several dengue fever outbreaks attests to WHO's renewed capacity. WHO's enhanced capacity was further demonstrated by the swift response in controlling the yellow fever outbreak in Angola and the Democratic Republic of the Congo in 2016; and the Ebola outbreak in the Democratic Republic of the Congo in May 2017, Marburg in Uganda in 2017 and Pulmonary Plague outbreak in Madagascar .

Polio eradication has remained a priority in the Region and high-level advocacy has been maintained. The restructuring of polio teams, the development of polio dashboards, and the use of GIS/GPS to support micro-planning and support monitoring of vaccination teams has guaranteed that progress continues to be made in ensuring that the Region is certified polio free. As a result, the WHO Global Policy Group considers the WHO African Region a good example among WHO regions for polio transition planning.

The Transformation Agenda has contributed in building synergies and promoting joint work, interconnectedness and dialogue to address cross-cutting issues. The implementation of the regional flagship programme on adolescent health is one such example. Refocusing of the actions of the WHO African Region on strengthening health systems in order to facilitate progress towards the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) has been another step forward. The First Regional Forum linking the SDGs and UHC was held in December 2016 and led to a draft action framework. This was later modified and tailored to address the Region's varying context while taking a cross-cutting systems approach. At the 67th Regional Committee which took place in August 2017, Ministers of Health adopted the framework as a working tool to be used by WHO Member States as they embark on the journey towards achieving UHC.

WHO AFR has also continued to strengthen its role as a leading source of knowledge across the Region. The African Health Observatory serves as an online and open-access knowledge translation platform for the African Region. As of March 2018, six countries had fully operational and publicly accessible National Health Observatories. A further three countries are scheduled to have data and statistics platforms by June 2018. Access to scientific data has also been enhanced, specifically in relation to the Global Information Full Text (GIFT) access. Access to HINRI has been made available through the Regional and Country Offices.



## 2.3 STRATEGIC OPERATIONS

In the area of responsive strategic operations, the focus has been on developing and implementing strategic activities to improve effectiveness, timeliness, efficiency and accountability of actions in support of Member States. A review of compliance and quality assurance functions in the Regional Office was completed to establish a baseline for monitoring progress in administration using internal and external audits.

The Accountability and Internal Control Strengthening Project (AICS) has been implemented to enhance budget centre performance. Its objectives were to strengthen the effectiveness of internal controls; improve accountability, transparency and compliance; enhance performance of individual staff members and budget centres; and monitor and report on progress and trends. The AICS website has been uploaded with all relevant policies, standard operating procedures and guidelines in the languages of the Region. A Compliance and Risk Management Committee (CRMC) has been formally established in the Regional Office to ensure a strategic, transparent and effective approach to risk and compliance management. None of the audit reports issued in 2016 had an unsatisfactory rating. They were all fully or partially satisfactory, marking a considerable improvement relative to previous years.

The number of overdue Direct Financial Cooperation (DFC) reports decreased by 60% between April 2016 and May 2017. A new DFC Accountability and Assurance Framework was developed and approved by the regional CRMC to ensure that DFC funds are used for intended purposes and that recipients have the necessary control functions to ensure compliance with monitoring and reporting requirements. Controls on DFC reporting have been strengthened to include mandatory technical reports to accompany the financial reports.

The realignment of human resources with regional health priority needs has been completed both at regional and Inter-country Support Team level. New

organograms have been developed based on a consultative process, and an objective criterion was used to assess required staffing levels as well as revised position descriptions that clearly articulate the programmatic priorities. The staff-matching exercise for these positions has since been completed. At the Regional Office in Brazzaville, greater efforts to improve staff well-being are ongoing through a comprehensive induction programme, an intranet welfare site and a monthly newsletter identifying social and sporting events.

In line with the country-focused approach, the Regional Office developed a country-level functional review model that is being used to objectively assess the human resource needs of the Country Offices while aligning them to the country priorities. After this, a staff-matching exercise similar to the one executed at the regional level will be undertaken at the country level. In relation to accountability for results, programmatic and managerial key performance indicators (KPIs) have been introduced to help in monitoring the performance of budget centres as they contribute towards health development in countries.

## 2.4 PARTNERSHIPS AND COMMUNICATIONS

The effective communication and partnerships focus area has been devoted to strengthening strategic partnerships and more effectively communicating WHO's contribution to health development. It has sought to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders. The baseline assessment of internal and external communications capacity has since been completed, and the outcome was used to develop the regional communication strategy. Online communication platforms have been created to encourage staff to freely contribute innovative ideas and initiate candid discussions to be considered by management for implementation. Furthermore, another online platform was established to collate,



monitor, assess and report on the activities undertaken within the framework of the Transformation Agenda.

Proactive engagement of strategic media and stakeholders resulted in increased awareness of health issues in Member States and showcased WHO's leadership role in health through the global and regional media. Stakeholder engagement was strengthened through the launch of the Popullo stakeholder engagement application. In a new collaborative effort, WHO sponsored the 2016 CNN Multichoice African Health and Medical Journalist Award to encourage in-depth reporting of public health issues on the continent and raise the profile of the Organization among media stakeholders.

Social media activity has also improved significantly, and by December 2017, WHO in the African Region had received over 12 million tweet impressions, up from 3.3 million in 2015. A Facebook channel was launched in 2017 resulting in over 1 million reaches. Major events of WHO/AFRO including the 1st WHO African Health Forum and the 67th Regional Committee were live-streamed on YouTube. The Organization launched a new, visually appealing website which provides easier access to information and improved security. The new website has resulted in an increase in page views of the regional and country sites yielding 1 879 044 hits in six months compared to 860 753 in the whole of 2015. Timely deployment of communications officers to emergencies in line with the standard operating procedures for emergencies strengthened emergency response. Furthermore, the WHO Health Emergencies Programme has published weekly online bulletins and news articles of around 100 emergencies and disease outbreaks that WHO detects, confirms, and responds to each year.

The Region has made progress in strengthening its financial resource base by engaging with traditional and new donors as well as improving tracking of donor technical and financial reports. There has been a

gradual increase in donor commitments and support in different health priority areas. For example, after an action framework and business plan was developed for the Tackling Deadly Diseases in Africa Programme (TDAPP) with the United Kingdom Department for International Development (DFID), funding of over 20 million pounds sterling was secured.

In March 2017, the WHO Regional Director for Africa spearheaded the re-launch of the Harmonization for Health in Africa (HHA) platform. This has resulted in closer collaboration with other UN and bilateral/multilateral health development partners to accelerate the attainment of universal health coverage in the region. This reaffirms WHO's commitment to working together with other partners to advance health development in the Region. A regional partnership strategy is being developed to contribute to the expansion of partnerships and the introduction of other innovative financing mechanisms that include the private sector and philanthropists. In June 2017, WHO held the first ever Africa Health Forum on the theme "Putting People First: The Road to Universal Health Coverage in Africa" in Kigali, Rwanda. The Forum provided a platform to discuss strategies on persistent challenges in public health in the Region, and explored ways for partners to contribute to WHO's reform agenda. It attracted new and global health players including youth organizations, academia and the private sector. One of the key outcomes of the meeting was the Kigali Call to Action whose implementation is closely monitored through a road map.

A further landmark was reached in October 2017 when the WHO Regional Office for Africa and the International Telecommunication Union signed a Cooperation Agreement on using digital services to save lives and improve people's health. The partnership will tap into smart, cost-effective solutions by harnessing Africa's digital revolution to strengthen health systems.



## 2.5 TRANSFORMATION AGENDA INITIATIVES

### 2.5.1 COUNTRY FUNCTIONAL REVIEWS

A functional review process has been undertaken to ensure that human resources match regional priority health needs. Staff realignment has taken place at the Regional Office and in Intercountry Teams and the process is now being rolled out in Country Offices. Between July and December 2017 14 Country Offices were reviewed.

The functional review process has shown that the roles WHO is expected to play vary significantly from country to country, ranging from normative functions to technical support and operations, depending on complexities and partnership landscape.

However, both Governments and partners highlighted four functions that WHO is expected to perform. These are: support to health coordination; generation and dissemination of health information; support to health systems strengthening including district health systems; and outbreak and emergency preparedness.

Following an internal review and

given the varying needs, countries were categorized according to typology, based on health system performance and other factors relevant to attainment of UHC. Based on the criteria highlighted in the review, four groups of countries are proposed. The categorization also highlights the kind of support required in the strategic shift towards the country-focused approach of the 13th General Programme of Work (GPW).

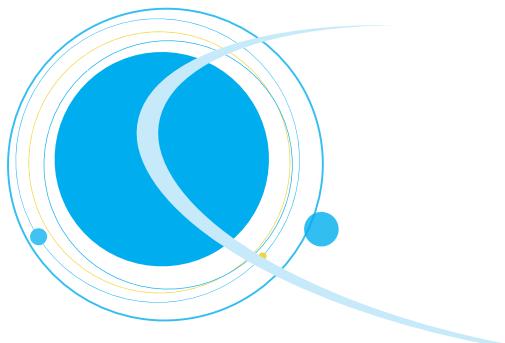
The Regional Office has launched an independent midterm evaluation to assess the relevance of steps used for the functional review and the extent to which the review of Country Offices is achieving its desired purpose. The evaluation also seeks to identify best practices, key gaps and challenges, and to provide concrete and feasible recommendations to improve the quality of future functional reviews.

The functional review has achieved better alignment with the ongoing organizational processes in determining country structures. It has incorporated the WHO Health Emergency business model to ensure that WHO Country Offices are operationally ready and have the capacity to deliver quality results in countries affected by emergencies. Among the important alignments considered during the country reviews were the





Polio Transition; the Investment Case for Strengthening Routine Immunization in Africa; and the Regional Adolescent Health Flagship Programme. The Functional Review Team and Human Resources Unit are supporting countries with approved implementation plans to put in place the approved structures and implement the recommendations. A further 32 Country Offices are scheduled to be reviewed in 2018

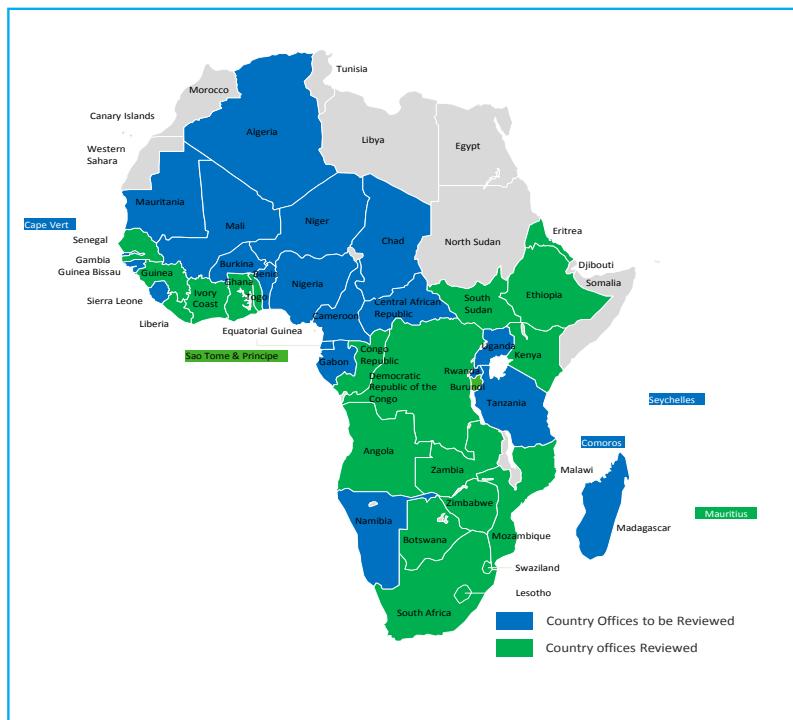


## 2.5.2 RESULTS FRAMEWORK AND KEY PERFORMANCE INDICATORS

The Transformation Agenda was launched in order to improve results and organizational performance and to mobilize all personnel towards a common goal. As part of the Agenda and using a participatory approach, WHO AFR developed a Results Framework with Key Performance Indicators (KPIs). This makes it possible to measure the Region's contribution to the achievement of WHO priorities, the health goals of Member States and the Sustainable Development Goals.

Figure 2: Progress and Plan

- Learning-by-doing process
- FR for 20 country offices completed thus far, the rest planned to be completed by end of 2018.
- Report of 7 countries Approved
- Implementation progressing well in 4 countries (Togo, Senegal, South Africa, South Sudan)
- Increase in staffing from minimum of 2 staff in Togo to a max. of 28 staff in DRC
- Increase in HR budget: minimum US\$ 490,000 in Togo to a maximum of US\$ 21.1 million in DRC
- Functional Review Process mid term evaluation was led by EVL/HQ
- Presented at DPM's and GPG meetings





### 2.5.3 SDGS AND UHC ACTION FRAMEWORK

The Sustainable Development Goals (SDGs) have placed health at the centre of sustainable development. Regionally, the WHO Regional Director has laid emphasis on a results-driven culture, calling for an increased focus on the alignment of health system strengthening (HSS) efforts and scaling up actions in health security, noncommunicable diseases (NCDs), neglected tropical diseases (NTDs) and other relatively less visible priorities.

An SDGs and UHC framework was developed to promote operational actions that enable countries to determine and phase in priorities when planning, implementing and monitoring their national health strategies. Choices must be made among the options to identify the most important impact, outcome, and output/input process actions needed to strengthen health systems for UHC. The different actions may take precedence at different points in the planning, implementation and review processes. The targets and milestones by which the implementation of this framework

will be monitored are also outlined.

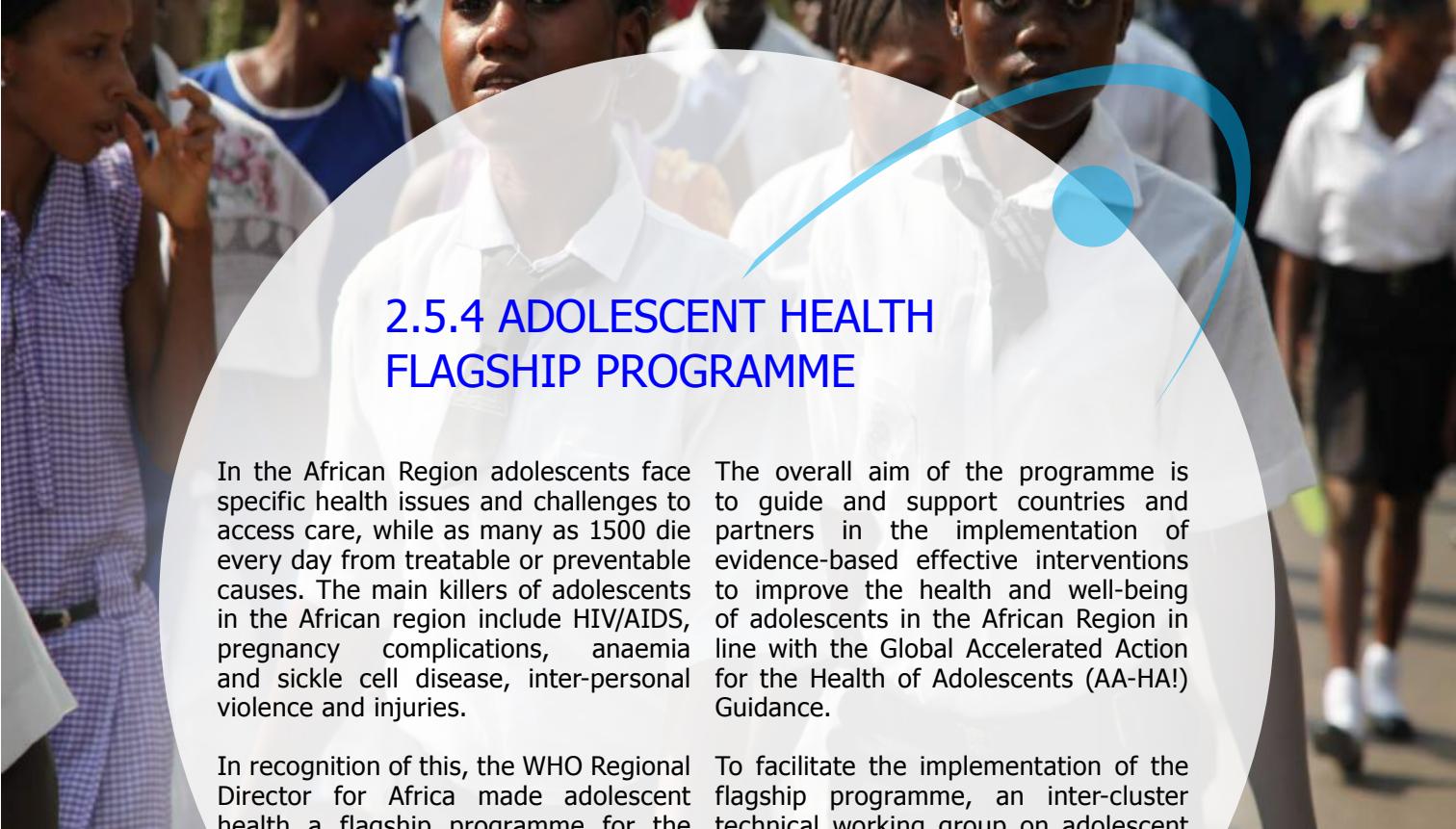
The action framework is unique in that it:

- provides one framework consolidating both HSS and disease programme interventions;

- presents cross-cutting elements for monitoring health system performance and outcomes; and

- integrates future (e.g. health security, NCDs) and current priorities (e.g. HIV, malaria).

The long-term vision for this framework is a Region with the highest possible levels of health and well-being for its population. The goal of the framework is to guide Member States' efforts towards re-aligning their health systems in a manner that facilitates movement towards Universal Health Coverage and attainment of their sustainable development aspirations.



## 2.5.4 ADOLESCENT HEALTH FLAGSHIP PROGRAMME

In the African Region adolescents face specific health issues and challenges to access care, while as many as 1500 die every day from treatable or preventable causes. The main killers of adolescents in the African region include HIV/AIDS, pregnancy complications, anaemia and sickle cell disease, inter-personal violence and injuries.

In recognition of this, the WHO Regional Director for Africa made adolescent health a flagship programme for the Region for the 2014-2019 period, within the context of the AFR Transformation Agenda and other efforts. While the adolescent health flagship programme is aimed at improving the health and development of adolescents throughout the Region, emphasis will be laid on a first wave of eight selected countries.

The overall aim of the programme is to guide and support countries and partners in the implementation of evidence-based effective interventions to improve the health and well-being of adolescents in the African Region in line with the Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance.

To facilitate the implementation of the flagship programme, an inter-cluster technical working group on adolescent health was established by the Regional Director in February 2017. An initial regional mapping of interventions identified where WHO has a comparative advantage and a comprehensive roadmap was developed. The implementation of the flagship programme will build on strengths and comparative advantages of all stakeholders at the global, regional and especially national levels.



## 2.6 SUCCESS STORIES

The success stories below present examples of where WHO has successfully introduced performance indicators; the new Expanded Special Project for

Elimination of Neglected Tropical Diseases; WHO's strengthened technical and normative functions and its essential role in improving health and responding to crisis.



### 2.6.1 INTRODUCTION OF MANAGERIAL KEY PERFORMANCE INDICATORS

Managerial Key Performance Indicators (KPIs) were introduced in 2015 to monitor and evaluate the performance of the WHO Regional Office and Country Offices. They have now been refined and implemented and have strengthened accountability and discipline across the AFR. A “traffic light” dashboard monitors progress and allows for prompt and targeted interventions to address weaknesses in budget centres whose performance is declining.

The Office of Internal Oversight Services (IOS) completed a review of compliance and quality

assurance functions using internal and external audits. The evaluation found that this innovation has significantly improved controls within the AFR. Between August 2015 and March 2018, overall control effectiveness improved from 50% in 2015 to 75% in 2018 putting the African Regional Office ahead of other WHO regional offices.

Furthermore, the managerial KPIs are taking on global importance. For example, the UK government's Department for International Development (DFID) has included three AFR-specific indicators in their results



framework for WHO which links 50% of their core voluntary contributions to WHO's performance. As such, AFR's performance can influence DFID's global funding to the Organization, providing an incentive for WHO support across all levels to perform.

## 2.6.2 EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

In the London Declaration, the world committed itself to the control, elimination, and eradication of 10 Neglected Tropical Diseases (NTDs) by 2020. The growing momentum to control and eliminate NTDs prompted the decision of the World Health Organization to create the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN). Through ESPEN, WHO provides national NTD programs with support to accelerate the control and elimination of the five NTDs amenable to preventive chemotherapy (PC-NTDs) and which pose the greatest burden on the African continent. Developed through a spirit of partnership, ESPEN is the African solution proposed to eliminate PC-NTDs that cause pain and suffering to millions.

With an initial budget of US\$15 million in 2017, ESPEN:

- provided direct operational and technical support to 32 countries;
- helped 14 countries to develop annual national

plans of action and otherwise enabled Ministries of Health in 17 countries to leverage donated drugs for mass drug administration (MDA) programs, scaling up treatments to target an additional 30 million people for at least 1 PC-NTD;

- ensured the recovery of 132 million tablets in seven countries through supply chain analysis;
- trained 49 participants from 17 countries to improve the management of donated medicines including the timely submission of the Joint Application Package (JAP) to WHO;
- completed the unprecedented mapping of targeted PC-NTDs and launched an online open-access data portal to give access to subnational data on NTDs in Africa, with a view to empowering Ministries of Health and other NTD partners with the information needed to make smart investments for NTD elimination and control; and
- trained representatives from 20 countries to conduct integrated transmission assessment surveys (iTAS) to stop treatment when transmission has been interrupted or transition towards a different drug regime when at least one of the diseases remains as a public health problem, with a major focus on achieving disease elimination.



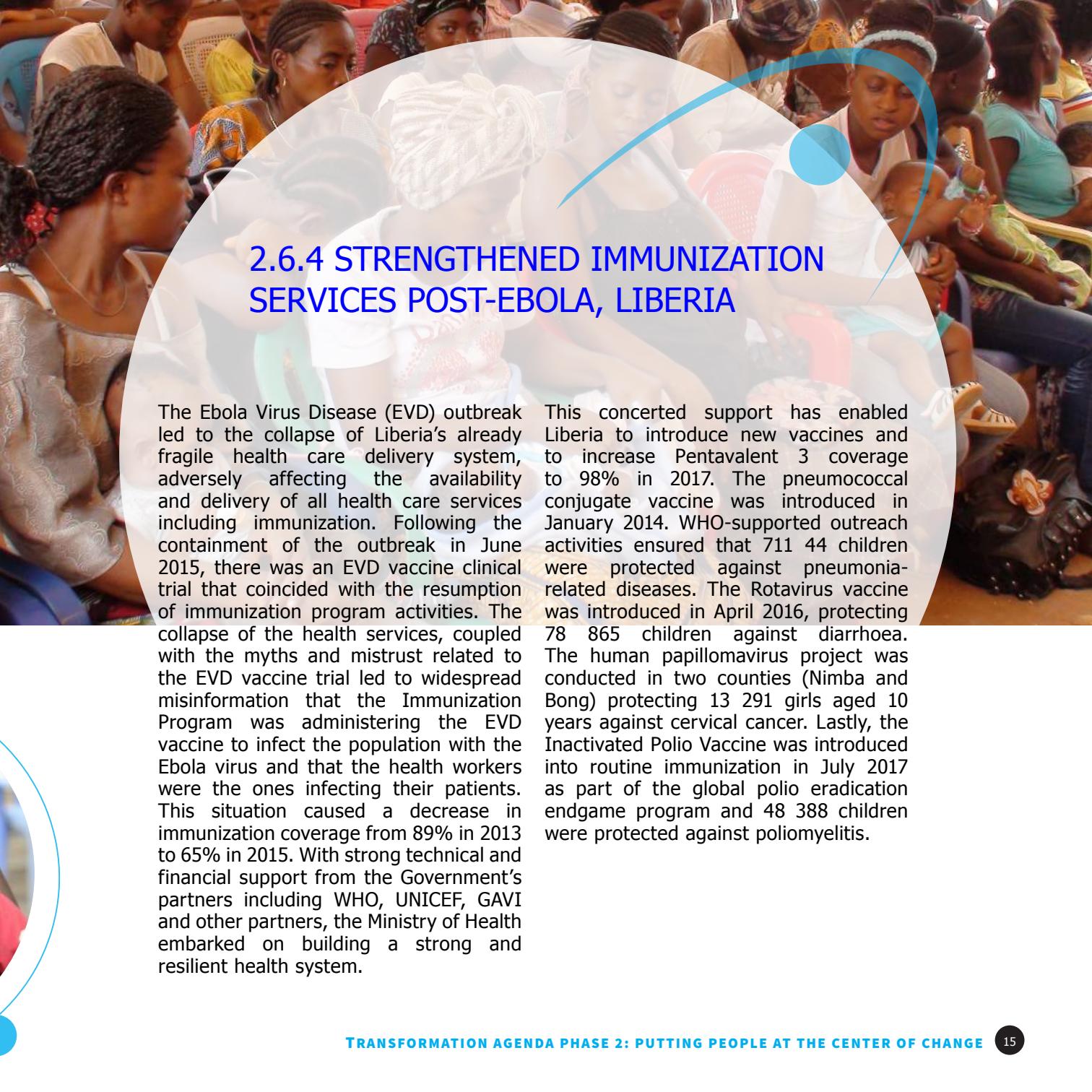
## 2.6.3 INNOVATIVE STRATEGIES IN SECURITY-COMPROMISED AREAS, NORTH-EAST NIGERIA

For more than eight years a protracted insurgency has been raging in north-east Nigeria that has left thousands of women and children in security-compromised areas inaccessible to humanitarian responders. Most childhood deaths in Borno State are due to preventable conditions for which effective interventions exist. However as of August 2016, only 46% of the target population for vaccination was accessible. Meanwhile, health facilities remained overburdened, with more than 64% completely or partially destroyed following the insurgency. Childhood vaccination rates dropped dramatically especially for polio and measles. Consequently, four cases of wild polioviruses (WPV) resurfaced in August 2016, after a two-year period of non-detection of WPV across the country.

In response, WHO deployed 58 hard-to-reach teams to 1565 settlements to provide an integrated package of maternal and child health services. 800 community resource persons within the communities

and IDP camps across Borno state were trained on prevention and case management of common childhood illness. The capacity of health providers in primary health centres was strengthened to improve quality health services, birth preparedness and complications readiness, referral and supportive supervision. Using Reaching Every Settlement and Reaching Inaccessible Children strategies, over 300 000 children were provided with care. An estimated total of 1.2 million sick under-five children were reached with appropriate and timely treatment for pneumonia, diarrhoea and malaria with identification of malnutrition and referral for those with danger signs and sick newborns. Pregnant women were referred to health facilities for antenatal care and skilled delivery.





## 2.6.4 STRENGTHENED IMMUNIZATION SERVICES POST-EBOLA, LIBERIA

The Ebola Virus Disease (EVD) outbreak led to the collapse of Liberia's already fragile health care delivery system, adversely affecting the availability and delivery of all health care services including immunization. Following the containment of the outbreak in June 2015, there was an EVD vaccine clinical trial that coincided with the resumption of immunization program activities. The collapse of the health services, coupled with the myths and mistrust related to the EVD vaccine trial led to widespread misinformation that the Immunization Program was administering the EVD vaccine to infect the population with the Ebola virus and that the health workers were the ones infecting their patients. This situation caused a decrease in immunization coverage from 89% in 2013 to 65% in 2015. With strong technical and financial support from the Government's partners including WHO, UNICEF, GAVI and other partners, the Ministry of Health embarked on building a strong and resilient health system.

This concerted support has enabled Liberia to introduce new vaccines and to increase Pentavalent 3 coverage to 98% in 2017. The pneumococcal conjugate vaccine was introduced in January 2014. WHO-supported outreach activities ensured that 711 44 children were protected against pneumonia-related diseases. The Rotavirus vaccine was introduced in April 2016, protecting 78 865 children against diarrhoea. The human papillomavirus project was conducted in two counties (Nimba and Bong) protecting 13 291 girls aged 10 years against cervical cancer. Lastly, the Inactivated Polio Vaccine was introduced into routine immunization in July 2017 as part of the global polio eradication endgame program and 48 388 children were protected against poliomyelitis.



## 2.6.5 FACILITATING CERVICAL CANCER PROTECTION FOR WOMEN, BURUNDI

In Burundi cervical cancer is the most frequent gynaecological cancer and the leading cause of cancer-related mortality among women. The human papillomavirus vaccine (HPV) has proven to be effective against this cancer, and it is administered in two doses. Up until 2015, Burundi did not have funding to introduce HPV, which is one of the new vaccines available worldwide. In 2016, GAVI provided US\$ 161 882 to Burundi through WHO for the conduct of a demonstration project to introduce HPV in two pilot districts, namely Ngozi and Rumongé.

The HPV vaccine was introduced in 2016 and 2017 under the patronage of the First Lady, the Minister of Public Health and AIDS Control, and partners, including the Representatives of WHO and UNICEF. The preparation and technical organization of this activity was entrusted to the Expanded Programme

on Immunization. WHO facilitated the mobilization of financial resources and their disbursement, conducted advocacy and provided technical support to the campaign.

A total of 91.2% of the target group that received the first dose of the HPV in 2016 was vaccinated in 2017. On the basis of this satisfactory result, GAVI authorized Burundi to apply for funding to extend cervical cancer vaccination to the entire country as from 2019.



## 2.6.6 CONTAINING YELLOW FEVER OUTBREAK, ANGOLA AND THE DEMOCRATIC REPUBLIC OF THE CONGO

In 2016, WHO, Ministries of Health and partners responded to the largest outbreak to date of yellow fever in an urban setting by conducting one of the biggest ever emergency vaccination campaigns. Over 7000 suspected cases were notified to WHO from countries in the African Region, with Angola and the Democratic Republic of the Congo bearing the highest burden. The long held concern of a widespread urban outbreak was realized in 2016 when a laboratory-confirmed outbreak was reported through the International Health Regulations from Luanda, the capital of Angola on 21 January. By 23 June, 3137 suspected cases, including 345 deaths had been reported from all 18 provinces of Angola. In the Democratic Republic of the Congo, 1106 suspected cases of yellow fever including 75 deaths had been reported by the end of the outbreak.

Within two weeks of Angola notifying WHO of the outbreak, 1.8 million vaccines were shipped to the

country by WHO and partners from the emergency stockpiles managed by the International Coordination Group (ICG) for Vaccine Provision. Over the course of the outbreak, WHO facilitated the procurement and delivery of 30 million doses to Angola and the Democratic Republic of the Congo (more than four times the annual volume normally planned for outbreak use) for mass vaccination campaigns. Almost half the population of Angola was vaccinated. In the Democratic Republic of the Congo, vaccination was conducted from May. The proportion of the unvaccinated population was 98.3 % before the campaign and 2.2% after the campaign. More than 41 000 volunteers and 8 000 vaccination teams were involved in the mass immunization campaign. Due to the unprecedented nature of the outbreak and the limited availability of global vaccine stocks, an innovative approach was adopted after consultation with global experts, to stop the spread of the disease,



namely emergency fractional dosing. This was approved in June 2016. In Kinshasa, Democratic Republic of the Congo, where 10 million people were at risk ahead of the rainy season, the exceptional use of emergency fractional dosing was implemented. In addition to vaccine deployment, WHO together with 54 partner and donor organizations implemented the yellow fever strategic response plan deploying 250 experts to affected areas.

campaigns that started in February 2016 had an impact and contributed to the decrease in the number of cases. Angola declared an end to the outbreak on 23 December and the Democratic Republic of the Congo did same in February 2017. To ensure that an outbreak of this scale does not happen again, WHO and partners continue to support Member States to achieve priority activities as part of prevention and response to disease outbreaks.

The transmission cycle was broken in late June/early July and there is no doubt that the early vaccination



## 3. MID-TERM REVIEW

### 3.1 FEEDBACK FROM THE REVIEW

The Regional Director requested an independent evaluation of the first two years of the Transformation Agenda to review implementation from 2015 until February 2017. Undertaken by the WHO Evaluation Office in

Geneva in April 2017, it provided an in-depth review of the progress made, documented achievements and best practices, identified challenges and areas for improvement and also provided recommendations on the way forward.

The evaluation found that the Transformation Agenda has been a timely strategy for organizational change guided by the Regional Director's vision. This vision and the need to become a better Organization has been well received by staff and it is recognized both internally within the Secretariat and externally by partners that the Transformation Agenda has also improved the reputation of the Organization. Furthermore, the Transformation Agenda, through its alignment with the WHO global reform, also provides a renewed focus for reform in the

African Region. The evaluation confirms the relevance of the Transformation Agenda's four focus areas and the related expected results.





As can be seen from the table below, all four transformational focus areas are progressing or have made considerable progress:

Pro-results Values	Smart Technical Focus	Responsive Strategic Operations	Effective Communications and Partnerships
Enhanced accountability by individuals and teams;	EVD epidemic controlled;	Human, financial and material resources aligned with priorities;	Enhanced internal communication between and across all the three levels of the Organization;
Improved fairness in rewards, recognition and sanctions for staff members;	Strengthened capacity for health security, including effective preparedness and timely response;	Strengthened WHO human resource capacity;	Reinforced external communication;
Responsive, supportive and inclusive teams;	Polio eradication;	Enhanced transparency in recruitment, and performance management;	Strengthened strategic partnerships.
Enhanced ethical standards for the staff.	Accelerated progress on MDGs and implementation of SDGs;	Improved efficiency and accountability in finance, procurement and general management;	
	Functional cross-cutting systems approach facilitating progress towards UHC;	Improved use of technologies and tools, especially GSM and Business Intelligence dashboards.	
	Enhanced knowledge management (KM)		

**KEY: Yellow: Progress; Green: Considerable progress**

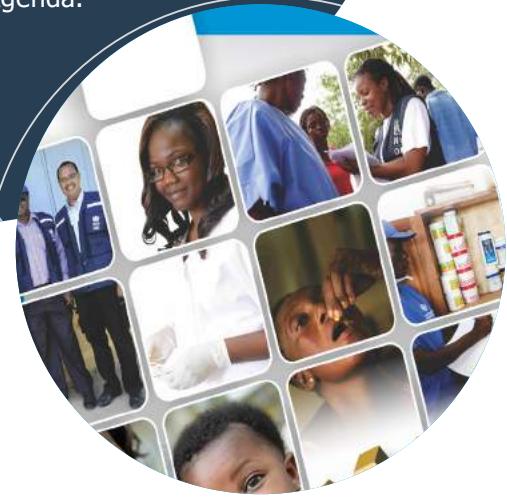
## 4. MOVING FORWARD

### 4.1 NEXT ACTIONS

Starting with the second phase of the Agenda, which is focused on putting people at the centre of change, the African Region will continue the progress internally by:

- (i) completing the functional reviews in country offices;
- (ii) providing greater clarity and advocacy on the role of the ISTs and their interaction both within the Country Offices and with the Regional Office;
- (iii) strengthening change management and

- project management efforts;
- (iv) continuing efforts to engage staff in the activities of the Transformation Agenda, including, where appropriate, increasing knowledge and awareness of staff through briefings or training possibilities;
- (v) ensuring funding for the overall budget of the Regional Office; and
- (vi) continuing to promote linkages with the Global Transformation Agenda.



Furthermore, other areas on which efforts should be concentrated, both internally and externally, include: (i) strengthening communication, as an integral part of the Transformation Agenda, to cover both internal and external audiences with greater focus in the next phase, including better articulation of success stories and results at the country level; (ii) moving from a process focus to a stronger focus on delivery of results and better

communication of the work of the Regional Office in this regard; and (iii) broadening the engagement of Member States and partners in the next phase.



## 4.2 CHANGE MANAGEMENT

### **Commitment to change**

The Second Phase will continue to foster organizational change. The work has been organized through strategic work streams, which were identified and selected based on their potential multiplying effects. Lowering transaction costs (for example reduced clearance time) is a quick impact action that will result in increased individual performance.

### **Training, Learning and Communicating Better**

The demand for training on WHO work areas is high and fast-tracking change through Staff Development Learning has been made a priority. These actions encourage staff development and skill upgrading, openness to ideas and suggestions, improved communication, and the promotion of better understanding of potential improvements but also constraints.

### **Identifying and encouraging positive actions**

Reconsidering organizational behaviour will continue with enhanced staff engagement. This participatory approach of putting people first creates a conducive environment for change at the regional and country levels. Activities such as staff retreats and town hall meetings have been effective at creating a more open environment and this will continue in the Second Phase.

### **Making Change Sustainable**

The change management architecture has become more productive through a robust governance structure, a change management team, and change agents. To sustain change, this governance structure will continue to be implemented and staff will continue to be placed at the centre of change.

## 4.3 GOVERNANCE



In order to ensure successful implementation of the Transformation Agenda, a governance structure has been set up comprising three levels whose key functions include: strategic advice, priority-setting, accountability in implementation, and oversight; TA monitoring and evaluation; and an ad hoc advisory group.

### **The Executive Management Team:**

- approves change requests;
- undertakes planning, design, resource mobilization, coordination of implementation, and monitoring and reporting of all activities in the Transformation Agenda;
- advises on actions to take based on recommendations from the TA monitoring Team;
- takes strategic decisions on issues related to planning, funding, and implementation of TA, particularly on activities that have not advanced; and
- advise on communication strategies and channels, based on recommendations from the TA monitoring Team.



## 4.4 CHANGE MANAGEMENT TEAM

As part of monitoring, management, and evaluation, a small change management team supports change agents in implementing TA activities to:

- provide a complete picture of all change taking place, at a functional and AFR wide level;
- implement the change management strategy and continuously improve change management methods;
- serve as the source of effective communication of issues, risks and progress: information gathering, analysis and reporting;
- act as an internal consultancy service, supporting individual change agents, assuring the quality of their work;
- provide support, guidance and advice, facilitating solutions to issues that impede the progress of change;
- monitor change management and TA activities, and develop regular reports on the implementation of the TA; and
- analyse TA risks and advise on remedial actions.

## 4.5 CHANGE AGENT NETWORK

The change agents, who are members of the Regional Change Network, are selected on a volunteer basis. Change agents are staff member who devotes 5% of their time to change management activities, namely to:

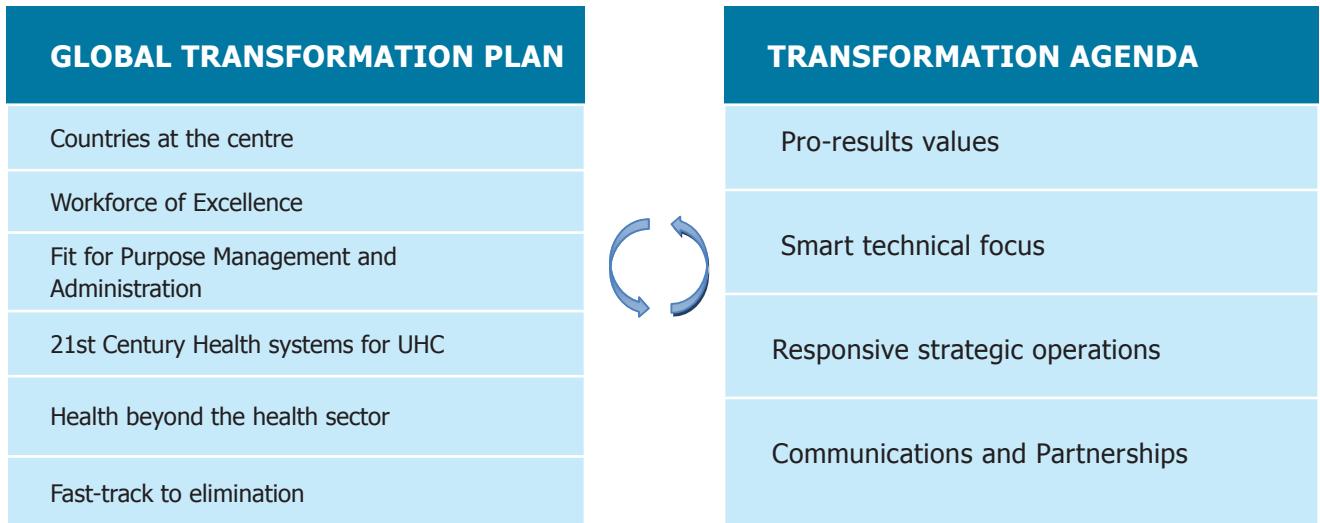
- design change activities and suggest cross-cutting activities to increase synergies;
- implement change activities within the work stream;
- champion change that will benefit the organization;
- facilitate open communications on change;
- identify organizational and cultural factors that may enhance or detract from the change objectives;
- identify and address potential sources of resistance to change;
- build and maintain a creative environment;
- work with the communication team to ensure that there are regular updates on TA implementation; and
- act as an ad hoc advisory group, through periodic review of the status of the implementation, and propose effective approaches to make change sustainable.



# 5. LINKAGES WITH THE GLOBAL TRANSFORMATION PLAN

The WHO Director General, Dr Tedros Ghebreyesus has launched the Global Transformation Plan and Architecture to push for an extraordinary improvement in global health over the next five years such that one billion more people have universal health coverage, one billion more people are made safer, and one billion lives are improved through the health SDGs.

In this regard, the Transformation Agenda has been aligned with the strategic priorities of the Global Transformation Plan and Architecture that seek to deliver results at country level through the country functional review, change of organizational culture, and changes to WHO's external engagement model and communication across the three levels.





In the second phase of the WHO AFR Transformation Agenda, several actions are envisaged to encourage alignment with the Global Agenda. These include: regular coordination meetings; reviews of executed and planned actions; stakeholder outreach;

maintenance of the progress and strategic goals of WHO AFR; assurance of financial sustainability; and lastly the promotion of transparency and information-sharing.





## 6. IMPLEMENTATION, PERFORMANCE MONITORING AND RISK MANAGEMENT

### 6.1 EXPECTED RESULTS

The objective of the 2nd Phase of the Transformation Agenda from February 2018 to January 2020 is to optimize technical focus and performance, thus improving the quality of our work and better management of resources to generate value for money while putting people at the centre of change.

### 6.2 STRATEGIC ACTIONS

In order to achieve expected results in all four focus areas, strategic actions have been defined. These strategic actions for each area are set to be achieved by January 2020.





## **Strategic Actions for Pro-results Values**

The pro-results strategic actions have been organized in various work streams which are meant to encourage people's commitment to change, provide training and learning opportunities, facilitate development of the desired behaviour, and enhance sustainability of the change environment (institutionalization of the changes).

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### **Pro-results Values (Progress to be reported annually)**

#### **WHO Competencies and Staff Engagement**

- Provide regular information sessions and briefing for new staff on Change management and the TA
- Provide regular training on cross cultural communications and email etiquette
- Develop an attestation form to document staff compliance with mandatory personal study
- Establish mandatory training modules that are essential to all staff
- Quarterly country strategic webinar with WRs on Change management

#### **Efficiency, Accountability and Quality**

- Based on WHO Competencies, develop a tool and method to collect information that inform PMDS
- Organize trainings on the WHO Competencies Model
- Conduct regular (anonymous) staff surveys on values, team-building, fairness and accountability
- Develop and implement a change management strategy

#### **Workplace and staff well-being**

- Provide training on good ethical behaviour and capacity to manage conflicts at regional and country level

## **Strategic Actions for Smart Technical Focus**

The smart technical focus area is aimed at aligning the technical work of the WHO Secretariat in the African Region on evidence-based priorities and lessons learnt. In order to improve the quality of WHO's work, there is need to streamline the technical focus and identify synergies across clusters and teams both at Regional and Country level.

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### **Smart Technical Focus (Progress to be reported annually)**

#### **Efficiency, Accountability and Quality**

- Establish a system to follow up recommendations/engagements made to reinforce inter cluster collaboration
- Conduct simulation exercises and reviews for at least the most vulnerable and low-capacity countries
- Provide evidence of scaling up of the Integrated Disease Surveillance and response by Member States at all levels of the health system
- Conduct a second regional outbreaks and emergencies risk mapping by the end of 2018
- Develop and disseminate authoritative information products on outbreaks and other public health emergencies
- Develop and implement health emergency information systems that guide planning and public health decision-making
- Develop and implement inter cluster collaborative work to foster integration of social determinants of health and SDG including sharing indicators
- Develop and implement a women coaching program
- Identify and establish a WHO Collaborating Centre for knowledge management designated to strengthen WCO capacity
- Develop a regional KM strategy with an implementation framework
- Develop a tool for countries to improve M&E capacity for UHC and the SDGs



### **Efficiency, Accountability and Quality continued**

- Increase the number of new or scaled up eHealth/mHealth applications in the Region
- Improve domestic resource allocation (collaboration with HSS)
- Develop an induction programme for newly-recruited staff.

### **Country Focus and WCO Repositioning**

- Develop a country typology to inform strategies and interventions aiming at strengthening country-level approach
- Develop a strategy to streamline technical support to countries
- Develop a tracking tool on technical support to countries

### **KM and Communication**

- Review data surveillance systems and provide a report and recommendations
- Development of a strategic information platform
- Identify and share best practices across countries including lessons learnt from interregional, South-South, and triangular cooperation

### **RBM and Value for money**

- Develop a standard report on quarterly analysis of the use of financial resources & management performance

## **Strategic Actions for strategic operations**

This focus area seeks to enhance WHO AFR's delivery in terms of timeliness, effectiveness, efficiency and transparency through better management of resources to generate value for money.

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### **Responsive Strategic Operations (Progress to be reported annually)**

#### **Workplace and staff well-being**

- Constitute a committee dedicated to promoting a healthy workplace
- Develop and implement staff well-being and welfare programmes at the Regional Office
- Enhance transparency in rewarding good performance through intranet publication of criteria for promotion and/or upward position reclassifications
- Identify and implement innovative ways of recognizing high-performing staff/ teams at all levels (country offices, Intercountry Support Teams and clusters in the Regional Office)
- Develop and implement a regional policy on mobility and rotation for different categories of staff
- Develop a strategy to improve security risk management for WHO operations in AFR

#### **Efficiency, Accountability and Quality**

- Conduct satisfaction surveys to adjust processes and services to the needs and expectations of users
- Establish response time and service catalogue with turnaround time (TAT) for processes and services
- Establish and implement the Green initiative and paperless environment
- Develop a Business Continuity Management Plan
- Extend financial quality assurance activities with results published for increased transparency and effectiveness



### **Efficiency, Accountability and Quality continued**

- Develop SOPs for the establishment of recruitment panels at the Regional Office, IST and at the country office levels
- Conduct an internal audit of the use of the GSM platform in the African Region to identify unused and underutilized components and maximize use of the same
- Implement appropriate policies and guidelines on maximization of the GSM platform, including implementing a capacity-building initiative for staff members
- Implement an electronic archiving policy and monitoring mechanism

### **RBM and Value for money**

- Develop a strategy and implement a mechanism for cost recovery process
- Improve staff recruitment outreach (through the use of dissemination by institutions, corporate LinkedIn, etc.) to attract a larger talent pool considering the gender and diversity purpose
- Organize training in result-based management
- Conduct value for money studies
- Launch an innovation platform for WHO AFR to foster the culture of innovation internally and externally

## **Strategic Actions for strategic partnerships and effective communication**

This area is devoted to strengthening strategic partnerships and more effectively communicating WHO's contribution to health development. It seeks to foster a more responsive and interactive organization, internally among staff members and externally with stakeholders.

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### **Effective Communications and Partnerships (Progress to be reported annually)**

#### **KM and Communication**

- Create a SharePoint for staff networking to stimulate a culture of knowledge and experience sharing
- Institute regular fora for discussing progress in the implementation of strategic programmes
- Establish a WHO Regional Office for Africa award to promote health journalism in Africa
- Revamp WHO audio/video studio for cost-effective in-house productions
- Launch e-Alert (new internal communications platform) and share regular information to showcase achievements, activities, events and key highlights
- Launch annual Youth Regional Photo and Essay competition on impact of WHO
- Develop and enforce the "Little Key Messages Book" and "Elevator Speak" on WHO
- Harmonize plethora of newsletters into one solid quarterly publication on the work of WHO (internal/external dissemination)
- Create a communication content sharing platform for systematic sharing between CO and RO

#### **Stakeholders Engagement and Partnership**

- Engage philanthropists and the private sector in the Region to support health and WHO's work
- Conduct an annual survey of stakeholders (Member States, NGOs, private sector, UN, Multilateral organizations) to measure satisfaction with WHO support



### **Stakeholders Engagement and Partnership continued**

- Produce quarterly email/letter to stakeholders informing them on updates to the Transformation Agenda
- Produce co-authored publications with key stakeholders on pertinent issues
- Organize the African Health Forum every two years and endeavour to make it the continent's most diverse health gathering
- Establish partnership with national broadcasters to transmit WHO produced content
- Improve donor reporting

### **Country Focus and WCO Repositioning**

- Implement a leadership and management program

### **Efficiency, Accountability and Quality**

- Organize and follow up on official high-level strategic advocacy visits to Member States and partners

### **RBM and Value for money**

- Advocate for increased investment including innovative financing in health at high-level global and regional forums
- Develop business cases for resource mobilization for different clusters and country offices



## 6.3 PERFORMANCE MONITORING

### 6.3.1 AFR RESULTS FRAMEWORK

The Framework enables us to better serve Member States while improving transparency, reinforcing accountability, and demonstrating results through a focus on individual accountability based on shared results. The Framework also highlights neglected programme areas and enables WHO to prioritize the allocation of funds. Information received from the indicators will show progress in programme implementation, evidence of achievements, and a recognition of staff contributions. It also increases leverage in discussions with Ministries

of Health, enabling a closer alignment with government-defined priorities. Since the introduction of the Managerial Key Performance Indicators (KPIs), significant improvements have been observed in WHO AFR's operations and administrative activities, in compliance with our global norms and standards.

As the Framework develops, the collection of data at country level, independent quality assurance review, and consolidation of data using an online reporting tool will assist in programmatic KPI reporting.







World Health  
Organization

REGIONAL OFFICE FOR **Africa**