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**SEVENTH PROGRESS REPORT ON THE IMPLEMENTATION OF THE
TRANSFORMATION AGENDA OF THE WORLD HEALTH ORGANIZATION
SECRETARIAT IN THE AFRICAN REGION**

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BACKGROUND

1. The Transformation Agenda of the World Health Organization in the African Region that was launched in 2015 articulates the Regional Director's vision for change and serves as an accelerator for the implementation of health sector reform.¹ It contributes to the broader reform agenda aimed at transforming WHO at all levels into an organization that is better equipped to deliver improvements in global health.²

2. WHO has made significant progress towards delivering results and improving health in Africa over the past six years. With staff placed at the centre of change, the WHO Secretariat in the African Region has transformed its organizational culture, programmes and operations to increase its accountability, efficiency and responsiveness to the needs of Member States.

3. Profound changes have occurred in the challenging and fast-evolving context of the COVID-19 pandemic. The seventh progress report on the Transformation Agenda (July 2021–June 2022) to the Regional Committee details the status of implementation and results achieved over the past year across its four focus areas – *pro-results values, smart technical focus, responsive strategic operations and effective partnerships and communications*. The document further highlights implementation issues and challenges and articulates the next steps required to accelerate the 'unfinished work' of the Transformation Agenda and institutionalize change in the consolidation phase.

PROGRESS MADE/ACTIONS TAKEN

Pro-results values

4. The Secretariat's intensified regional diversity, equity and inclusion (DEI) efforts are yielding results with the number of WHO AFRO female team leads, heads of country offices and directors increasing by 6.6% from 24.2% in 2020 to 30.8% at the beginning of 2022. A second exclusive female staff cohort of the *AFRO Pathways to Leadership* programme was launched towards the end of 2021, increasing the percentage of female staff equipped with the requisite leadership competencies to effectively transform Africa's health, from 38% in 2019 to 48% in 2022. The subsequent launch of the *WHO AFRO Women in Leadership Speaker Series* further complemented these leadership development efforts. The initiative brings together WHO staff, regardless of gender, and high-profile African women leaders in the health and development sector to engage in candid career advancement and leadership development conversations. Feedback from participants following the three sessions conducted between November 2021 and April 2022 showed an increase in female staff confidence levels and a growing sense of belonging.

5. The Secretariat's commitment to embracing WHO values³ and upholding the highest ethical standards has never been stronger. Concrete systemic measures to prevent and address harassment and abuse of authority have been adopted including the recruitment of an Ombudsman and a Regional Coordinator for prevention and response to sexual exploitation, abuse and harassment (PRSEAH) in the first quarter of 2022.

¹ [The Africa Health Transformation Programme 2015-2020: A vision for universal health coverage | WHO | Regional Office for Africa](#), WHO Regional Office for Africa, 2015. Last accessed February 2022.

² The Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020 [Transformation Agenda publication for web.indd \(who.int\)](#) Last accessed March 2022.

³ WHO Values Charter; Our Values Our DNA [Values Charter English; www.who.int](#). Last accessed February 2022.

6. The WHO workforce in the African Region has demonstrated great resilience and agility in shifting to the new ways of virtual and hybrid working. WHO has introduced proactive measures to promote mental well-being, as well as workplace mental health initiatives to support staff members in improving their productivity. Flexible working arrangements are now in place and two dedicated staff counsellors as well as a staff development and learning officer have been recruited to advise and support both staff and managers in effectively navigating the new WHO operating reality.

7. The AFRO Mentorship Programme has reached an important milestone with the launch of its third cohort and has been acknowledged within WHO globally as one of the best initiatives that support staff in building their capacity based on their professional and career development needs.⁴ To date, 300 mentees from the WHO African Region and 140 mentors from across all WHO major offices including WHO headquarters, have been successfully matched and achieved the key outcomes of the mentorship programme.

Smart technical focus

8. Over the past year, the Secretariat worked in close partnership with its country offices to fast-track country-level transformation initiatives aimed at enhancing WHO country presence and health sector leadership in the Region. Tremendous progress was made with the completion of the functional reviews across the 47 country offices and Regional Office clusters. Focused efforts to bring timely, high-quality technical support closer to countries culminated in the establishment of 11 multicountry assignment teams⁵. Equipped with specialized, technical experts, the multicountry assignment teams (MCATs) are working closely with the country offices to scale up technical support across eight critical health areas⁶ that largely account for the disproportionately high morbidity and mortality rates in Africa.

9. The Secretariat used the prevailing COVID-19 pandemic to fast-track the strengthening of national public health security capacities to respond to the Region's extensive health emergencies. As of April 2022, all the 47 Member States had polymerase chain reaction (PCR) laboratory capacity for confirming COVID-19, and 39 Member States with the exception of Angola, Burundi, Cabo Verde, Central African Republic, Comoros, Eritrea, Liberia and South Sudan, had sequencing capacity for identifying circulating SARS-CoV-2 variants.⁷

10. WHO AFRO continued to strengthen COVID-19 preparedness, readiness and response capacities, including developing and providing access to authoritative case management guidance, deployment of 809 experts and training of 200 000 community health workers in risk communication across the Region. Consequently, following the holistic and robust response, case fatality ratios dropped by one percentage point by the end of 2021, nearing the 1.4% global average.

⁴ WHO Evaluation Office (2021). Evaluation of WHO Transformation, 2021: [who-transformation-final-report.pdf](#) last accessed March 2022

⁵ WHO Regional Office for Africa (2021). [WHO's results in Africa, July 2020 – June 2021, Report of the Regional Director | WHO Regional Office for Africa](#). Last accessed March 2022.

⁶ HIV, tuberculosis and hepatitis, tropical and vector-borne diseases, noncommunicable disease prevention and control, health financing, nutrition, RMNCAH, diagnostics and laboratory services and service delivery systems.

⁷ These eight countries are using the established COVID-19 genome sequencing laboratory network in Africa for provision of sequencing, data analysis, training and other technical support services

11. Efforts to end all forms of polio in the Region have made significant progress with over 139 703 101 children under 15 years of age in nine Member States⁸ vaccinated against potential cVDPV2⁹ outbreaks. Equally important, WHO responded to an Ebola outbreak in Guinea, and supported the vaccination of 11 000 persons, thereby curtailing the spread of the disease.

12. The deployment of programme management officers (PMOs) and external relations officers (EXOs) to WHO country offices has afforded the opportunity to provide technical assistance that capacitates and empowers WHO country teams to deliver country-level impact. To date 40 PMOs and 33 EXOs are contributing to the work of the 47 WHO country offices.

Responsive strategic operations

13. WHO AFRO's normative work continues to be in the spotlight and the role the Organization is expected to play at country, regional and global levels is increasingly evolving. WHO AFRO responded to the growing demand from Member States to strengthen leadership and change management competencies and expanded the Pathways to Leadership for Health Transformation blended programme that was piloted in Congo, to senior ministry of health officials in Ghana, Lesotho and Niger. The over 100¹⁰ ministry of health participants are already applying their newly acquired skills in strengths-based leadership and systems thinking to lead health system recovery efforts and address some of the core health challenges impacting their populations.

14. Digital tools to facilitate organizational agility, remote work and enhance efficiencies such as Microsoft Teams are helping WHO teams to remain connected and focused. The introduction of a new Translation Management System (TMS) is leading to efficiencies in the processing of translation requests. Furthermore, digital solutions are being rapidly scaled up across the Secretariat's operations. To date, the Secretariat has supported over 350 000 field workers and more than 200 000 polio campaign workers across 16 Member States¹¹ to transition from cash to digital payments. This has resulted in improved cost effectiveness and reduced lag time in financial reporting.

15. Emphasis continues to be placed on enhancing internal accountability, demonstrating value for money and tracking the immediate gains of health interventions. This diligence as well as the Secretariat's efforts to secure long-term agreements and broaden the supplier base has generated efficiency gains of approximately US\$ 1.6 million and contributed to a strengthened WHO supply chain in the African Region.

Effective partnerships and communications

16. With a focus on transforming its approach to partnerships and resource mobilization, WHO AFRO focused on scaling up the Region-wide roll-out of the digital Contributor Engagement Management system. The system has provided an added opportunity to access pipeline financing information, leverage different funding sources and investments and diversify the WHO funding base, thereby contributing to an increase in diversified funding from a broad range of philanthropic and new donors. Over the past year, more than 200 staff were trained in the use of the Contributor Engagement

⁸ Benin, Congo, Ethiopia, Gambia, Mauritania, Niger, Senegal, Sierra Leone, Uganda

⁹ Circulating vaccine-derived poliovirus type 2

¹⁰ Sum total of participants for two Ghana cohorts, one Niger cohort and one Lesotho cohort

¹¹ Burkina Faso, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Kenya, Liberia, Mali, Niger, Sierra Leone, South Sudan and Uganda

Management system, which provides business intelligence and analytics on funding sources. WHO further engaged over 150 non-State actors (nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions), thus increasing the impact of its interventions at country level as well as improving partner synchronization in response to government priorities.

17. Strategic partnerships were forged for the COVID-19 response with governmental contributors including Belgium, Canada, Denmark, France, Germany, Ireland, Japan, Norway, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Partnerships were also strengthened among member organizations¹² of the Harmonization for Health in Africa (HHA) mechanism through the new *Framework for better collaboration and greater impact at country level 2022–2023*. Further to this, the HHA mechanism undertook a mapping exercise in 39 countries¹³ to assess the effectiveness of partner coordination and collaboration at country level, address coordination and harmonization challenges and define workable solutions.

18. These concerted efforts to transform external relations and resource mobilization have translated into over 30% (US\$ 622 million) of the allocated budget for the 2020–2021 biennium for the Region (US\$ 1.7 billion) being directly mobilized by AFRO.

19. In the context of the COVID-19 pandemic, WHO advocated for key issues such as vaccine equity by targeting a range of key influencers with different communication products. The Secretariat promoted healthy COVID-19 practices such as wearing of masks and disseminated over 200 videos with more than 90 of them getting one million or more views on the Secretariat's social media platforms (Facebook, Twitter). These platforms grew by 1.129 million followers compared to the annual target of 600 000. Thirty-two newsletters showcasing key elements of the pandemic response were disseminated to ministries of health, United Nations agencies and donors with a unique open rate of nearly 40%, representing a 10% increase from the previous year.

20. The African Infodemic Response Alliance (AIRA) launched by the WHO Regional Office for Africa in 2020 to coordinate actions and pool resources to combat health misinformation has increased in membership from 13 to 15¹⁴. The corresponding Viral Facts Africa, the AIRA COVID-19 social content hub, has produced and disseminated over 100 different pieces of digital content countering damaging public health misinformation in Africa in multiple languages, generating over 95 million views.

ISSUES AND CHALLENGES

21. While notable progress has been achieved over the past six years of implementing the AFRO Transformation Agenda, an external evaluation of the organization-wide WHO Transformation carried out in 2021 has indicated in its findings that more needs to be done to strengthen the coherence of transformation efforts across the three levels of WHO and to address the financing gap which continues

¹² African Development Bank, Japanese International Cooperation Agency, Norwegian Agency for Development Cooperation, UNAIDS, UNFPA, UNICEF, USAID, WHO and the World Bank

¹³ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Rwanda, Senegal, Seychelles, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda*, Zambia, Zimbabwe

¹⁴ Africa Centres for Disease Control and Prevention (Africa CDC), Africa Check, Dubawa, the International Federation of Red Cross and Red Crescent Societies (IFRC), Meedan, PesaCheck, [UNICEF](#), [UNESCO](#), UN Global Pulse, and the [UN Verified](#) initiative, WHO Regional Office for Africa

to impede full implementation of the country office functional review recommendations. Furthermore, the COVID-19 pandemic has threatened to set back achievements of the Transformation Agenda and amplified the critical need to accelerate the ‘unfinished agenda’ of WHO’s transformation which will require adequate staffing and resources to fast-track progress.

NEXT STEPS

22. The WHO Secretariat in the African Region will:
 - (a) assess best practices across the four focus areas of the AFRO Transformation Agenda and determine high-impact approaches to sustain, scale up and institutionalize efforts to maximize transformation gains;
 - (b) pursue innovative opportunities for alignment and consolidation of global and regional transformation efforts to improve coherence and accelerate country-level transformation;
 - (c) leverage lessons learnt over the past six years to build WHO AFRO’s transformation knowledge base, optimize efficiency and promote learning within and beyond WHO;
 - (d) continue to strengthen staff engagement, support staff well-being and drive DEI progress to create an equitable, values-based culture;
 - (e) focus on demonstrating impact, value for money and Transformation Agenda linkages to health system strengthening to enhance accountability for transformation beyond WHO.
23. The Regional Committee is invited to note the report and endorse the proposed next steps.