

# LEADING CHANGE FOR ENHANCED PERFORMANCE

By **Dr Matshidiso Moeti**  
*WHO Regional Director  
for Africa*



*My*

**FIRST**

**100 DAYS** *in Office*



World Health  
Organization

REGIONAL OFFICE FOR **Africa**

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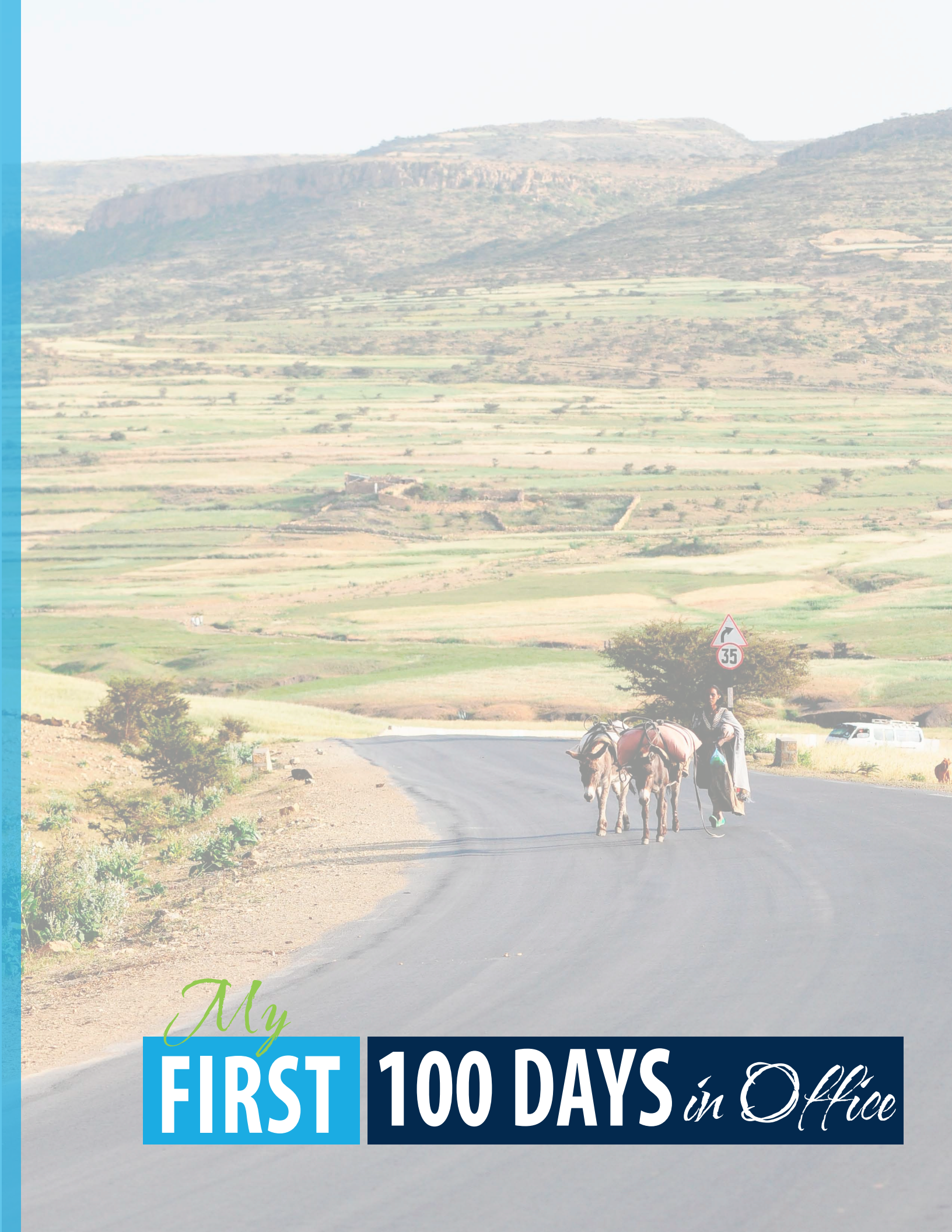
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Dr Matshidiso Moeti, signing the Oath of Office with the WHO, Director-General, Dr Margaret Chan looking on



*My*

**FIRST**

**100 DAYS** *in Office*

# Introduction

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When I was appointed as WHO Regional Director for Africa in January 2015, I made a commitment to ensure that the WHO Secretariat in the African Region evolves to become the primary leader in health development in sub-Saharan Africa. This is a challenging ambition for the WHO/AFRO team and I, simply because of the sheer size and diversity of the continent, and the high burden of disease. However, 2015 could not have been a more relevant year for us to strive to achieve this goal.

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*I have set out a vision that underpins my 5-year mandate, and which will increase our capacity to build our Organization so it fulfills the needs and expectations of Member States and stakeholders.*

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The year 2015 is not only one in which we launch the post-2015 development agenda, but also a year dominated by the Ebola Virus Disease epidemic. The devastating impact of the epidemic on families, communities and socioeconomic development in the severely affected countries, has been a patent reminder of all that must be done to strengthen health systems across the Region, and of the pivotal role which WHO/AFRO plays in facilitating this exercise.

Accordingly, I have set out a vision that underpins my five-year mandate, and which will increase our capacity as an Organization to meet the needs and expectations of Member States and stakeholders, by being more efficient, effective, accountable, open and transparent.



Dr Matshidiso Moeti  
World Health Organization Regional Director for Africa

These attributes are crucial to the ability of WHO/AFRO to lead the Region to better health. In an effort to engender a culture of increased organizational responsiveness and interaction, the team and I have prepared this report to share an account of some of the key actions we have taken during my first 100 days in office. This period represents the first of three timelines along which we are organizing the actions for each of my identified priority areas.

Our strategic actions fall under the umbrella of the five interrelated priorities that underpin my vision for the WHO African Region over the next 5 years, and each of them is of paramount importance to health in the Region.

These priorities are:

- (i) improving health security;
- (ii) strengthening national health systems;
- (iii) sustaining focus on the health-related MDGs/SDGs;
- (iv) addressing the social determinants of health; and
- (v) transforming WHO in the African Region into a responsive and results-driven organization.

Each of these priorities represents an investment area for national budgets, African stakeholders, philanthropists, and international partners. The overarching goal is to achieve universal health coverage (UHC) in Africa.

We have adopted the health of adolescent girls and a reduction in maternal and newborn deaths, as measures of how well WHO/AFRO and our partners perform overall in the priority areas during my mandate. Tragically, the annual reduction of women's deaths during or after pregnancy and childbirth in the African Region was just 2.9 per cent between 1990 and 2013. This is unacceptably short of the 5.5 per cent required to achieve Millennium Development Goal 5: improve maternal health.

Consequently, adopting maternal and newborn mortality as measures of success is necessary, not only because Africa bears the burden of 47 per cent of global under-five mortality and 56 per cent of maternal mortality – a deplorable situation which we cannot allow to continue – but also because these indicators reflect the level of health systems strengthening, in terms of coverage, quality and progress towards UHC. The same applies to adolescent health, where mortality rates among young people aged between 10 and 19 years in the African Region are the highest in the world. We cannot, and must not, accept a situation where HIV/AIDS mortality rates are rising,

rather than declining, within this age group; where tobacco, alcohol abuse, mental problems, injuries and violence, and malnutrition are increasingly becoming a cause for concern among adolescents.

Progress in addressing these areas will depend on the sustained commitment of our Member States, our Organization, and partners. Accordingly, it is imperative for us to unite our efforts, drawing on our respective strengths and resources, to ensure the holistic improvement of health.

Enhancing WHO/AFRO's collaborative approach to work constitutes our fifth priority, which is to reform the way we do business (for details see: 'The Transformation Agenda of the WHO Secretariat in the African Region', [www.afro.who.int/en/rdo](http://www.afro.who.int/en/rdo)). The Transformation Agenda is ambitious and takes account of both internal and external views on how to foster a Regional Health Organization that is appropriately resourced and equipped to deliver. Successful implementation of the Agenda is predicated on the institution of changes across the following focus areas: collectively adopting values that guarantee the delivery of results; focusing our efforts on evidence-based technical priorities; ensuring efficiency and accountability across our operations; and being responsive to, and interactive with, WHO staff and external partners.

Working with colleagues at WHO/AFRO, my first 100 days as Regional Director have been marked by the initiation of strategic actions for each priority area. This report outlines some of these actions and underscores the need for WHO, Member States, and partners to make an extra effort to meet health targets and fulfil our strategic priorities, so the people of the African Region are able to lead the full, vital and productive lives they all desire and deserve.

Dr Matshidiso **Moeti**

World Health Organization Regional Director for Africa

# Five Priorities: Five Years – An overview of the aims driving the work of WHO/AFRO from 2015 to 2020

*My vision for WHO action in the African Region over the next five years places emphasis on a renewed commitment to independent accountability and five clear interrelated priorities. These are...*



## ▶ Priority 1: Improving Health Security

For the past year, the Ebola Virus Disease epidemic in West Africa has engaged us all. It compelled a response that went well beyond the health sector and the actions of Ministries of Health and WHO, and demanded the investment of millions of dollars to ensure that the rest of the Region and the world were prepared to limit any spread should cases occur. Crucially, the epidemic has underscored the urgent need to strengthen health systems throughout the Region so that all Member States are adequately prepared to contend with any future epidemic prone diseases and health emergencies. Our work in this area is focused on collaborating effectively with Member States and health

stakeholders to ensure that we are collectively prepared to mount adequate responses in the face of any health security threat.







## Priority 2: Strengthening National Health Systems

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Universal Health Coverage (UHC), which means that everyone, regardless of their socioeconomic situation, has access to good quality healthcare, must remain a priority for all Member States. A commitment to placing this priority high in national health development efforts, was agreed during the 1<sup>st</sup> meeting of African Ministers of Health jointly

convened by the African Union Commission (AUC) and WHO in Angola, in April 2014. The weaknesses that the Ebola epidemic has exposed in the affected countries' health systems, underlines the urgent need to realize the goal of UHC by investing in national health systems both in these countries, and in all Member States.



## Priority 3: Sustaining Focus on the Health-related MDGs/SDGs

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We must ensure that the Millennium Development Goals (MDGs) are concluded whilst pursuing the post-2015 Sustainable Development Goals (SDGs). This includes accelerating our actions to address communicable diseases and reduce HIV/AIDS, striving to achieve 90 percent testing, 90 percent treatment and elimination of mother-to-child transmission. It means building on the progress made in reducing child deaths while improving the capacity of Member States to save women from dying in childbirth, and enhancing women's health more broadly. It also means addressing neglected tropical diseases, and building on some of the exciting progress towards their elimination. The MDG strategies and national plans are largely in place. WHO/AFRO will support countries in scaling up these initiatives and integrate them into the post-2015 agenda. However, progress on both fronts is contingent on Member States and regional and international partners making adequate resources available and working together cohesively.





## Priority 4: Addressing the Social Determinants of Health

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I firmly believe that healthy citizens are absolutely central to the prosperity of all countries. As such, a multisectoral approach to health, which addresses the social determinants of health, must be taken in order to address issues which affect health, but over which Health Ministers have little control. Such issues include environmental destruction and inequities in education and income. These factors have a huge impact on people's life chances, as well as the economic status of the countries they live in. Therefore, it is imperative that all sectors, within and beyond health, work collaboratively to ensure that the social determinants of health have a positive, rather than negative, impact.



## Priority 5: Transforming AFRO into a Responsive and Results-driven Organization

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Building a results-driven WHO Secretariat that responds to Member States' needs and makes us a primary health leader in the Region, underpins each of the above priorities. We will work hard to implement the right organizational reforms, drawing on our biggest asset to do so – the intellectual capital of Africa. In particular, we will search out the talented women in our Region to bolster our human resources and make our

Organization, which currently employs just 24 percent of women on long-term contracts, more representative of the Region it serves. The right people will be put in positions that are most suited to their skill-set so they perform at their best. Further, we will engender and model a culture of openness, innovation, results-focus and accountability at WHO/AFRO, and I shall lead by example.



# Priority 1: Improving Health Security

*“I intend to strengthen the capacity of the WHO Secretariat in the African Region to lead and coordinate our preparedness for the response to epidemics, through budget re-allocation and resource mobilisation, re-structuring if necessary and recruitment.”*

Dr Moeti, Acceptance Speech, January 2015



## *My challenges and plans.....*

The ongoing Ebola virus disease (EVD) epidemic in West Africa and the meningitis outbreak that hit Niger at the beginning of this year, brought the need to strengthen health security in the Region into sharp focus. Tackling these large-scale problems, and being well prepared to deal efficiently and effectively with any future epidemic prone diseases, emergencies and new health threats, is one of my top priorities.

The crisis also underscored the urgent need for countries to build robust national health systems that are adequately financed, staffed, resilient to health threats and accessible to all. As such, we will help countries address health security as an integral part of their health systems strengthening. This will include establishing a roster of surge-ready WHO

staff trained in epidemic and emergency response and working with partners to establish an African Health Emergency Corps.

We will also re-think and pursue fundraising for the African Public Health Emergency Fund, in order to generate the investment that is so profoundly needed to ensure all Member States are adequately prepared to deal with health threats. A further key learning from the Ebola epidemic is the need to deepen community dialogue so that families are empowered to play their roles, infected people report early for treatment, and safe burials are conducted for the deceased. Such measures will be an integral part of all our future preparedness and response to disease outbreaks.

In East Africa, we have had the challenge of mobilizing and coordinating health workers and stakeholders to contain and stop a cholera outbreak in Tanzania's Lake Tanganyika region. This health emergency, which occurred when over 100,000 Burundian refugees fled across the border, quickly spread through the rapidly expanding population. Kagunga Village, where the population increased from 11,382 to more than 90,000 in less than a month, was especially badly hit.

At the same time, cases of meningitis, which have been increasing in Niger since January 2015, were showing no signs of declining. It is the first fast spreading meningitis outbreak caused by *Neisseria meningitidis* serogroup C to hit any country in

Africa's meningitis belt. The unprecedented onset of this meningitis strain, which has the potential to cause large-scale epidemics, meant vaccines were in short supply. Between 1<sup>st</sup> January and 10<sup>th</sup> May 2015, Niger's Ministry of Public Health notified WHO of 5,855 suspected cases of meningococcal meningitis, including 406 deaths.

Key to tackling this disease, which can cause severe brain damage and is fatal in 50 per cent of cases if untreated, was the activation of plans to support Niger's government to implement emergency control measures, including a mass vaccination campaign. We will work with WHO Headquarters to ensure vaccine production.



# Priority 1: Improving Health Security

*In line with the emphasis I have placed on supporting the effort to reach zero Ebola cases in West Africa, I visited the most affected countries - Guinea, Liberia and Sierra Leone - during my second month in office*

Dr Moeti, WHO Regional Director

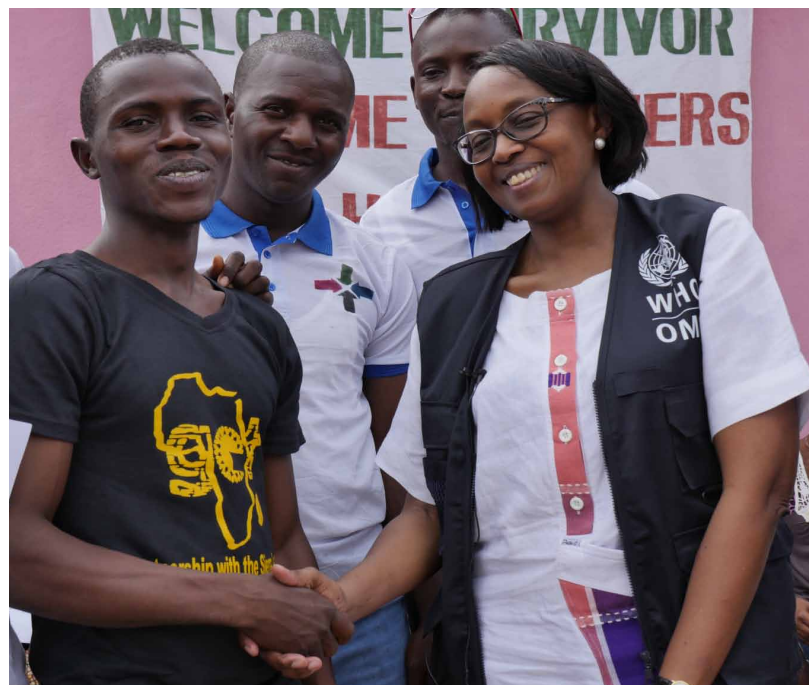


Dr Moeti holding discussions on Ebola with the Prime Minister of Guinea, Mr Mohamed Said Fofana

## Key actions & achievements to date...

In line with the emphasis I have placed on supporting the effort to reach zero Ebola cases in West Africa, I visited the most affected countries - Guinea, Liberia and Sierra Leone - during my second month in office. These trips were invaluable, enabling me to gain first-hand insight into the ongoing response and recovery efforts, and witness the incredibly strong leadership and commitment of countries, communities and partners in tackling the epidemic.

As well as meeting the Presidents of Guinea, Liberia and Sierra Leone and with development partners, visiting Ebola Treatment Units and District Emergency Response Centres, I also had the privilege of meeting Ebola survivors and talking to members of the community who have been



Dr Moeti meets with Ebola survivors in Port Loko, Sierra Leone

seriously affected by the epidemic. These meetings highlighted the intensive community engagement, public awareness and education campaigns that are taking place to help reach the zero Ebola cases target.

Following my visits and discussions with political leaders of the affected countries, about the strategies required to stop this devastating epidemic, I was extremely pleased when Liberia was declared Ebola

guidance to our WHO Representatives in the 3 severely-affected countries, adjusting the support and action as required. I have attended key meetings in Brussels, Washington and New York to advocate for support to the 3 countries.

Although the Ebola epidemic has engaged us all fully, huge effort has also gone into retaining focus on the other pressing health issues in the Region. For instance, our quick response to the cholera outbreak in

Tanzania, alongside the Ministry of Health and Social Welfare (MOHSW), other UN Agencies and health partners, contributed to rapidly bringing the epidemic to a halt. WHO deployed health experts to support the management of cholera cases in cholera treatment centres and provided three months' worth of medicines and supplies to the affected region, to treat over 60,000 people for cholera. At the end of May, Dr Rufaro Chatora, WHO Representative for Tanzania, visited Kagunga,



Dr Moeti holding discussions on Ebola with President Ellen Johnson-Sirleaf of Liberia

free on 9 May 2015. We however had a setback when new cases were reported on 29 June and since 13 July no new cases have been reported and the second count to zero cases has begun. This is a commendable achievement. We are working hard to get to zero in the other two countries.

Over 500 WHO experts from the Region are still deployed and playing a critical role in field coordination, epidemiological investigation, contact tracing and community engagement. Indeed, I remain absolutely committed to our continued support and deployment of experts to Sierra Leone and Guinea in order to reach zero Ebola cases.

I have been working closely with the WHO Director-General and her special Envoy in providing daily

Tanganyika Stadium, and Nyarugusu refugee camps to assess the humanitarian crisis and identify ongoing needs. "The prompt response by WHO, UN Agencies, the Ministry of Health and Social Welfare and other partners has greatly contributed to reducing the number of cholera cases but the crisis is far from over and significant challenges remain," he said. As such, WHO, along with key stakeholders like UNICEF and the Red Cross, continue to support the MOHSW's efforts to coordinate the health sector response and meet the needs of asylum seekers and local populations in and around the affected region.

Mozambique has also been contending with a cholera outbreak since December 2014. This was exacerbated by flooding that hit the country, and neighbouring Malawi, in January 2015. The floods

# Priority 1: Improving Health Security

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led to the displacement of 124,381 people in Mozambique and 230,000 people in Malawi. WHO response and interventions include the activation of the emergency response committees to manage both the humanitarian crises and cholera outbreak; technical support and guidance on crises outbreak management with the deployment of WHO technical staff.

In order to support Niger's Ministry of Public Health reverse the meningitis outbreak, WHO put together an international team of experts made up of staff from WHO and the US Centers for Disease

Control and Prevention (CDC). Two key initiatives have been organized in conjunction with the International Coordinating Group (ICG) on vaccine provision for epidemic meningitis control. The first is the mobilization of 880,000 doses of meningitis tetravalent vaccine, the second is immunization campaigns targeting children between the ages of 2 and 15. Both initiatives, along with our deployment of epidemiologists and emergency specialists from the Region's Intercountry Support Teams and Headquarters, have helped to rapidly reverse the epidemic. At the time of writing, meningitis fatalities have dropped from 11 to 7%.

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## Reflections on my first 100 days....

*One of the biggest obstacles to improving health security in the Region is the limited means at country level for implementing the International Health Regulations (IHR), and the currently constrained capacity in the WHO Secretariat to support countries in preparing for and responding to outbreaks. However, many partners are committed to providing support in this area. WHO will continue to coordinate efforts, and work in partnership with other stakeholders, so the work required to detect and control the global spread of serious public health threats, like EVD, can be further enhanced.*



# Priority 1: Improving Health Security

## *Looking Ahead.....*

*My first 100 days have seen promising progress in improving health security in the Region. In order to build on the extraordinary efforts by governments, people and international health partners, we – WHO, Member States and partners – must continue to work together closely to address regional and global vulnerability to epidemics and emergencies. Maximizing the skills and expertise each of us possesses to reach zero Ebola cases is critical. So too is deepening community dialogue and strengthening cross border collaboration, so we can act quickly on potential new cases and control any new chains of transmission.*



Dr Moeti holding discussions with the US Ambassador to Congo

*In line with this, in April I attended a meeting about developing more resilient health systems in the wake of Ebola, which was organized by the World Bank Group, USAID and WHO. I participated in a panel discussion and underscored the need for development partners to better align their efforts with country plans and priorities.*

*Addressing health security and emergencies is an ambitious goal and requires a considerable amount of resources and strong partnership. Partners must support countries, and countries must also invest their domestic resources so they are adequately prepared in the face of any public health event. This includes the development of strong, integrated surveillance and response systems. Epidemic and emergency preparedness must become strong, integral components of robust health systems in countries.*



REPUBLIC OF GUINEA  
MINISTRY OF HEALTH

### CHILDHEALTH CARD

Child's Name	KAGOR	Sex	Male	Child's Age in Months	12	Child's Weight in kg	5.73
Child's Address	KAGOR	Child's Date of Birth	12/11/12	Child's Date of Issue	12/11/12	Child's Date of Next Review	12/11/13
Health Center	ABUJENI	Health Center Name	ABUJENI	Health Center Address	ABUJENI	Health Center Phone	00224 90 00 00 00
Health Center Code	ABUJENI	Health Center Type	ABUJENI	Health Center Category	ABUJENI	Health Center Status	ABUJENI
Health Center Manager	ABUJENI	Health Center Supervisor	ABUJENI	Health Center Director	ABUJENI	Health Center Officer	ABUJENI
Health Center Assistant	ABUJENI	Health Center Nurse	ABUJENI	Health Center Pharmacist	ABUJENI	Health Center Laboratory	ABUJENI
Health Center Radiologist	ABUJENI	Health Center Pathologist	ABUJENI	Health Center Microbiologist	ABUJENI	Health Center Entomologist	ABUJENI
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Please carry this card every time you bring your child for care or attention.

# Priority 2: Strengthening National Health Systems

*“We shall work very hard in driving progress towards equity and Universal Health Coverage in our Region. We will start by providing support to the recovery of the health systems in the Ebola-affected countries. However, I would like to emphasize that most countries in the African Region need intensive and sustained support to strengthen their health systems. I am excited by the determination of the global health community to tackle this long-standing barrier to improved health in the Region.”*



Dr Moeti, Acceptance Speech, January 2015

## *My challenges and plans.....*

Attaining Universal Health Coverage (UHC), so that each and every citizen of the 47 countries in the Region has equal access to health services, is a central goal of WHO/AFRO under my leadership. Some crucial lessons learnt as a result of the Ebola epidemic, from deepening surveillance and community engagement to improving management, governance systems and health workforce mobilization, have provided us with an

opportunity to renew historical calls to build more resilient health systems so we can achieve UHC. A primary objective during my term therefore, is to begin the process of creating more robust systems that can withstand shocks from major health threats, as well as deliver routine and essential services such as immunization, TB and HIV/AIDS treatments, and antenatal care in an integrated way.

Weak health systems are not just an issue in Ebola affected areas. Many other countries in the Region have fragile health systems, and need support to develop these systems and meet communities' needs – be it preventing illness, dealing with everyday health concerns or large-scale emergencies. We shall make sure that the core elements must be in place to support all critical health programmes. These include

having effective logistics and supplies systems; adequate numbers of trained health workers; sufficient protection of patients and health workers through robust infection prevention and control measures; as well as having better governance and management that produces results. These are essential for all our Member States to be able to work towards attaining UHC.

## Key actions & achievements to date...

And so, as 100 days evolved, the following action has started on improving health systems in the Region. We have initiated drafting of a protocol and recruited consultants to carry out a region-wide assessment on Universal Health Coverage and Primary Health Care to help us establish clear baseline data for better monitoring of future health trends.

Concurrently, I have asked the Health Systems and Services Cluster to initiate development of a new strategy to guide AFRO's health systems work and a regional strategy on UHC.

A new regional strategy has been developed to be submitted to the Sixty-fifth session of the Regional Committee to improve national health research and knowledge systems in support of health systems building and we have also started a major engagement with the new WHO global strategies on people-centred and integrated health services and HRH to support our UHC objectives.

The Health Systems and Services Cluster is on course to set up a new "Service Delivery" unit that shall focus on strengthening district and local health systems towards attaining UHC.

The health systems lessons from our experience with the Ebola outbreak have been stark. I have therefore established a Public Health Security and

Emergencies Task Force led by both the HSE and HSS Cluster Directors. The task force has produced a strategic plan with a comprehensive coordinated approach to ending the outbreak and building resilient health systems - The "WHO AFRO Strategy for a coordinated EVD response, health services recovery, outbreaks preparedness and building resilient health systems - 2015 - 2018". The plan covers the three worst affected countries but also includes the 14 priority neighbouring countries. In practice, building resilience shall involve WHO assisting these countries to revise their national health policies, strategies and plans to have integrated more fully, essential health services and Integrated Disease Surveillance and Response (IDSR) and IHR aspects. Strengthening district and county health systems will be an imperative and shall include pivotal elements such as: improved community engagement; enhanced health promotion; providing critical service delivery infrastructure, equipment and essential commodities; and then addressing the financial and geographical barriers to accessing services.

To date, we have worked closely with WHO Headquarters colleagues and provided extensive technical support to the three EVD affected countries to develop new investment plans for more robust and resilient health systems. These plans, unveiled at the 2015 spring meeting of the World Bank and IMF

received initial pledges worth US\$ 450 million from donors and the final plans will receive US\$ 5 billion in support following the United Nations Secretary-General's pledging conference in July 2015. AFRO has also planned structural and staffing changes to the WHO offices in the 3 countries to be able to adequately support implementation of the investment plans.

In another major step, I ordered a detailed internal review of our vehicle for fostering partnership for health systems development – the multi-agency “Harmonization for Health in Africa” (HHA) initiative, which shall now be revitalized for improved support of UHC goals. WHO with the HHA, has also carried out a mapping of Global Health Initiatives (GHI) in the Region to assess their influence/effects on health systems development.

In the thirteen countries carrying out the EU-Luxembourg health policy dialogue project, we have revised the roadmaps with the ministries of health to strengthen stewardship, participatory planning and to build functional partnership frameworks with clearer results.

Furthermore, we have expanded the use of core WHO systems development tools in the past 100 days, e.g., by providing capacity for utilizing the WHO Service Availability and Readiness Assessment (SARA) tool in 7 countries and initiating in 6 countries staffing norms studies, utilizing the WHO Workload Indicators of Staffing Need (WISN) tool which helps countries to more accurately determine their workforce needs and establish the staffing standards required for their contexts.

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## Reflections on my first 100 days....

*We have already made inroads in a number of areas, but there is still much work to be done to strengthen national health systems. Some of the key learnings that have surfaced during my first 100 days include the fact that there must be far better coordination among donors and partners so resources are effectively aligned for optimal results. Countries must take ownership and leadership of health systems strengthening, and continue to engage with all decisions and actions. Many more Member States require revised health sector strategic plans to take on board the lessons from the EVD outbreak.*

# Reflections on my first 100 days....

*Core service elements, such as effective health information systems, innovative community engagement, and efficient and coherent logistics and supply systems, must no longer be fragmented along programme lines. Instead, these elements require core investments to be made by all partners and programs to build joint resilience to shocks. An essential component of that resilience is ensuring health workers have the skills needed to maintain critical services, and are motivated to do their jobs well.*

*We must move beyond situations where some governments and partners only provide support and resources when epidemics and emergencies strike; this compromises the response and people's lives. Put simply, the decades of underinvestment in national health systems must stop. As I said in my acceptance speech, "the commitment expressed by Member States, translated into increased domestic investment in health and sound national health strategies and accompanied by the support declared by international partners, will deliver the progress that has been desired in the past decade. I eagerly look forward to leading my colleagues in the Region to work on this."*

# Priority 2: Strengthening National Health Systems

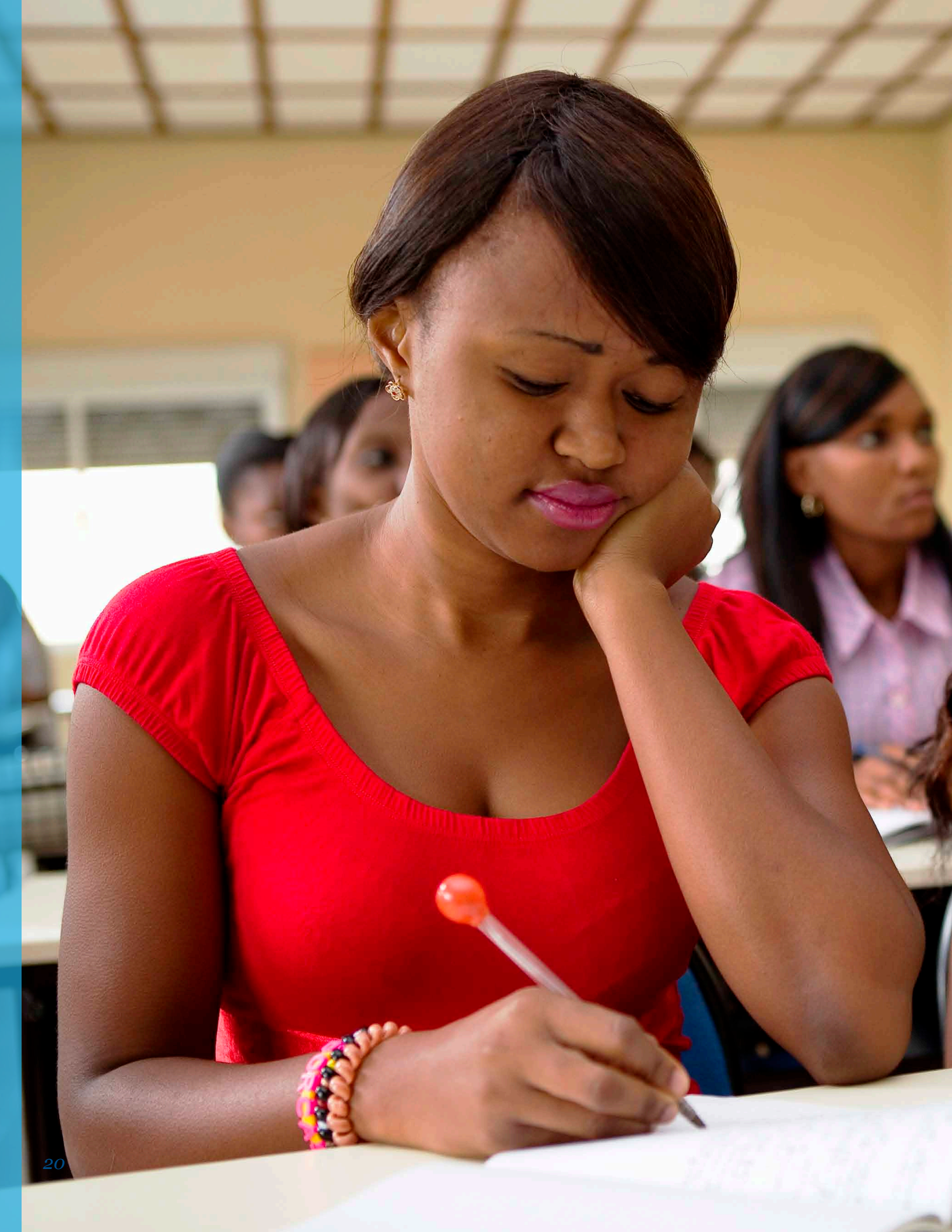
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## *Looking Ahead.....*

*With UHC as our overarching goal, the Health Systems and Services Cluster (HSS) will conduct a baseline UHC assessment before the end of 2015. This survey, across the Region's 47 countries, shall provide information towards developing a regional strategy for attaining UHC and strengthening health systems. The survey aims to establish the current status of the core indicators of Primary Health Care and access to essential services. Once done, we shall have the basis to measure progress towards UHC. This is essential as one of the challenges of the MDGs was the difficulty in getting reliable baseline data to compare progress made.*

*Indeed, HSS has been developing a Regional Strategy for Health Research aimed at improving the availability of evidence for UHC. This will be presented to the Ministers of Health during the upcoming session of the Regional Committee in November this year. The Regional Office has also begun consultations on two global strategies that are vital to UHC: The Global Strategy on Human Resources for Health and The WHO Strategy on People-Centered Integrated Health Services. Work is already underway to brief the Regional Committee and translate these consultations into action. We will guide Member States and partners to increase their interventions in health systems.*





# Priority 3: Sustaining Focus on the Health-related MDGs/SDGs

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*I will support countries in accelerating the numerous initiatives that have sprung up and swung into action in addressing the health-related MDGs, and scale up interventions. We will also support countries to learn from the health-related MDGs experience and focus better on equity and human rights in developing strategies and delivering services, and improve on measuring progress through investment in national data and information systems.”*



Dr Moeti, Election Interview, November 2014

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## *My challenges and plans.....*

Although attention is now focused on the Sustainable Development Goals (SDGs) and the post-2015 development agenda, it is vital that we ensure the health related Millennium Development Goals (MDGs) are achieved, even as new targets are pursued. A key component to this is for African governments to allocate adequate resources to health development, which will in turn pay dividends in terms of national and regional socioeconomic progress. Also central to the

successful transition from the MDGs to the SDGs, is the support we offer to Member States so they can undertake comprehensive reviews of their core health programmes in order to identify remaining challenges and inform the post-2015 plans. In particular, reviews of programmes targeted at improving reproductive, maternal, newborn, child and adolescent health, which I have set as the key indicators for measuring overall health progress (see Introduction), must be prioritized.

Advances in these areas are dependent upon improved health services and equitable coverage in line with UHC at both national and community levels. It is also of paramount importance that we work with governments and partners to address a variety of issues that have a hugely negative impact on health. These range from women's disempowerment and poor education levels among young people, to substance abuse, lack of exercise and inadequate nutrition and hygiene.

Whilst significant progress has been made toward attaining the MDGs during the past decade, a great deal more needs to be done to address these issues, and enhance health systems so that every country in sub-Saharan Africa has the capacity to further reduce the incidence of HIV/AIDS, tuberculosis, malaria, neglected tropical diseases (NTDs) and maternal and child deaths, as well as emerging threats such as noncommunicable diseases.

Indeed, remaining focused on controlling and eliminating NTDs, which largely affect millions of impoverished, disadvantaged people in the Region, is crucial right now. Particularly because the African Programme for Onchocerciasis Control (APOC),

which has led the fight against river blindness for the past 20 years, is set for closure at the end of December 2015. But the efforts to address NTDs and meet the 2020 NTDs elimination targets must continue unabated.

I convened a meeting at the end of April 2015, in Johannesburg, during which I agreed with countries and partners on the establishment of a new NTD entity that will succeed the APOC from January 2016. The new entity will target all NTDs that can be fought with mass drug administration, namely: elephantiasis, river blindness, trachoma, bilharzia and intestinal worms, taking advantage of the partnership opportunities offered by the NTD drug donation program. This will be a long-term effort as the Region bears around 40 percent of the global burden of NTDs, with at least one NTD endemic in every country in the Region. With Member States, development partners and NGOs we reached agreement on a framework for establishing the new entity and eliminating NTDs in affected countries by 2020. We are encouraged by the determination of Member States and partners to put an end to NTDs in the Region.



Dr Moeti at the WHO Working Group Meeting on the Establishment of a new NTD Entity, April 2015

# Key actions & achievements to date...

As explained in the introduction, women's empowerment is fundamental to the attainment of

*“Women’s empowerment is fundamental to the attainment of better national and regional health”*

better national and regional health. I was privileged to be invited by the African Union Commission

Mechanism for Africa (RCM-Africa) under the theme: ‘UN system support to African Union 2015 Year of Women’s Empowerment and Development Towards African Union Agenda 2063.’ In my presentation, I emphasised the need for UN partners and donors to support Member States to implement UHC as a critical means of contributing towards the ability of all African women to realise their potential, and lead full, healthy lives so they, and in turn their communities and countries, can prosper. I also reiterated WHO’s support of the efforts made by Member States to mainstream

gender in health care programs and policies so women and children have equitable access to health services. Finally, I underlined our commitment to working with the African Union Commission on Agenda 2063 so that, in line with the African Union’s vision, we pull together to build a healthy, prosperous, united continent.

In May 2015, I participated in a consultative meeting in Johannesburg on the development of Global Health Sector Strategies for three key global health challenges - HIV/AIDS, sexually transmitted infections and viral hepatitis. It is essential that WHO continues to prioritize these health issues and support countries in the Region to provide comprehensive and robust services for prevention and treatment. This is particularly urgent because our Region still bears the brunt of HIV- shouldering 70 percent of the global burden. In addition, a disproportionate number of African women are living with HIV and this has tremendously tough ramifications for them, their families, communities and the prosperity of their countries. It is crucial, as was highlighted at the meeting, that strategies advocated for and actioned by WHO and our partners to alleviate this burden



and fully integrate treatment into health sector investments, are aligned with the SDGs so they do not become peripheral to the post-2015 goals.

dealing with communicable diseases and epidemics that affect millions of people in the Region. I also drew attention to the steps taken in some countries, such as

Ghana and Rwanda, to improve health equity by introducing national and social health insurance schemes; as well as South Africa's clear and transformational health policy direction.

Indeed, since 2009 when President Zuma first announced efforts to scale up HIV/AIDS control, South Africa has established the largest HIV care and treatment program globally, now reaching over 3 million people and achieving over 90% Prevention of Mother-To-Child Transmission (PMTCT) coverage. The aggressive expansion of PMTCT has led to a dramatic decline in the

number of children born HIV positive and reductions in infant mortality. South Africa also introduced HPV vaccine into the national immunization schedule in 2014 to address cervical cancer – the leading cause of cancer among women in South Africa. This is extremely commendable progress.

Zambia is another Member State instigating excellent health programmes. The country is focusing on reducing illnesses and deaths of mothers and children and has instituted Child Health Week as a catalyst for this. I had the pleasure of meeting with the President,



Dr Moeti with the Minister of Health, South Africa, Dr Aaron Motsoaledi and Graça Machel at the African Consultation on the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health in South Africa

I also participated in the African Consultation on the UN Secretary General's Global Strategy for Women's, Children's and adolescent's Health. This was attended by health experts from across the Region and beyond. Key speakers included Dr Aaron Motsoaledi, Minister of Health for South Africa; Mrs Graça Machel, Chair of the Partnership for Maternal and Child Health; and Ms Gogontlejang Phaladi, representative of the Africa Youth and Adolescent Network (AfriYAN). I highlighted the importance of investing in robust health systems as a pillar for addressing the health problems of women, children and adolescents, and

His Excellency Edgar Lungu, in June 2015, and I congratulated his government for launching an initiative that provides a platform for getting life saving interventions to children in hard to reach and underserved populations. Whilst

there, I committed my organization to providing technical support to the government's efforts to ensure life changing health programs and services reach all eligible populations.

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## Reflections on my first 100 days....

*Without significant additional investment, most countries of the African Region are unlikely to achieve the health-related MDGs and SDGs. Inadequate national resources and unpredictable and non-sustainable external investment retard progress. This is of great concern because most Member States are likely to continue to rely on external funding given their very low resource base. Lack of resources is compounded by the growing burden of noncommunicable diseases (see Priority 4), low quality health services; limited human and institutional capacity; inequities in access to proven health interventions; low priority accorded to health in national economic and development policies; and weak multisectoral action.*

# Priority 3: Sustaining Focus on the Health-related MDGs/SDGs

## Looking Ahead.....

*Member States should plan to adapt and implement the post-2015 programme of work, which includes the unfinished MDGs agenda, and take actions towards Universal Health Coverage, a component of Goal 3 of the Sustainable Development Goals. They must increase domestic investment in both health systems and the broad determinants of health. Countries should also maintain dialogue with health development partners and work towards achieving a predictable, harmonized and aligned increase in health investment.*

*WHO will work with Member States to increase the range of good quality services provided to people while extending access to these services to the entire population. We will also advocate for and support the development of financing strategies that will protect people from financial ruin when they use these services. Also vital is the strengthening of national health information systems, with a particular focus on national health surveys and surveillance, services and mortality statistics, so progress towards the SDG targets is monitored effectively.*

*I firmly believe that solid health systems are a key enabling factor for countries as they go ahead to implement the SDGs in order to move towards economic growth and sustainable development.*

# Priority 4: Addressing the Social Determinants of Health

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*“I strongly believe that health must be placed at the centre of development, and at the centre of all our concerns, plans and policies.*

*This means tackling the innumerable factors that affect health status – the social determinants of health.”*

Dr Moeti, Election Interview, November 2014



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## *My challenges and plans.....*

Social determinants of health (SDH) are very important as they influence health outcomes among individuals, households and population groups. The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples' lives –their access to health

care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.

The WHO African Region is characterized by high morbidity and mortality rates associated with determinants such as unsafe water and lack of sanitation, use of solid fuels in households, poor infant-feeding practices and malnutrition, obesity,



harmful consumption of alcohol, use of tobacco, and unsafe sex. For example, about 34% and 67% of the population in Africa do not have access

levels of NCDs relatively low. We must ensure that NCDs, which are predicted to increase in our Region by 27% in the next decade, do not reach the epidemic



deaths in the Region were due to NCDs. By 2010, this had increased to 40%, with the main NCDs being cardiovascular diseases, chronic respiratory illnesses, diabetes, cancer, and injuries resulting from road accidents or violence. In 2012, approximately 48% of all NCD deaths were estimated to occur prematurely in people under the age of 70 years. The root causes of many of these premature deaths are linked to social determinants.

The fact that NCDs are often triggered by social and economic factors. Including deep inequities in education and income, means their prevention and control is not just a health issue, but also an equal opportunities issue. Indeed, NCDs keep the poorest in our societies in a cycle of poverty that hinders community and country development. The good news is that because the causes of NCDs are mainly socioeconomic, they are largely preventable. As I said in my election interview, I believe that it is prudent for health partners in the African Region to introduce a healthy element of competition with developed countries, by supporting our efforts to keep regional

develop and enforce legislation and regulations that address tobacco use and other NCD risk factors. For example, I will ensure our continued support of Member States so more can join the 27 countries in the Region that have already banned smoking in public places and stopped tobacco advertising. Central to building on such commendable measures, will be our continued focus on prevention. Crucially, we must develop strategies to counter the actions of industries, from tobacco and alcohol, to food and beverages, which are profiting off the back of NCD risk factors.

I am happy to report that in the last 100 days, the Republic of Congo has ratified the Protocol to Eliminate Illicit Trade in Tobacco Products – contributing to the effort to put a stop to the fact that one in 10 cigarettes consumed worldwide is illegal. In addition, Burkina Faso, Chad and Namibia have adopted regulations to introduce pictorial health warnings on tobacco products. In Namibia, these new tobacco packs are already on the market.

Such steps will go a long way towards increasing public awareness of the health dangers of tobacco use. Indeed, public health promotion is a powerful tool in the fight for better health and it is a growing area of expertise in the Region. We will accelerate training in the health promotion field to enhance the capacity of countries to implement a combination of policy and regulatory intervention, as well as behaviour change communication to help people adopt healthier lifestyles.

However, health actors cannot address issues related to the social determinants of health alone. This is

because the social determinants of health arise as a result of factors outside the health sector, from areas such as the environment, trade and industry, public finance and education. Therefore, in order to address key health issues, we need a multisectoral approach that brings together other government ministries, as well as private sector and civil society actors, so that strategies, policies, regulatory frameworks and legislation across sectors are aligned to protect people's health. I am committed to supporting the leadership and stewardship roles of ministries of health to work collaboratively with other sectors.

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## Key actions & achievements to date...

In order to promote multisectoral work on the social determinants of health, I have created the Health Promotion and Social Determinants Unit under the Office of the Director of Programme Management. This will ensure coordinated support on improving the ability of the Ministries of Health to tackle the social determinants of health, with the help of other sectors.

I have also created a Noncommunicable Diseases Cluster to bring together the work of prevention and control of NCDs so a cohesive, and thus more effective, approach is adopted. This cluster will provide leadership in addressing the risk factors for NCDs as well as in guiding countries in the clinical management of NCDs in our Region.

Many of these are being triggered by the increasing consumption of processed foods that contain high levels of fat, sugar and salt, which are fueling the growing NCD burden through obesity and hypertension. The Regional Office has been supporting a number of Member States to take fiscal and legislative measures to reduce salt, fat and

sugar intakes in the population. In this regard, I would like to commend South Africa for the bold decision to regulate the salt and fat content of a number of commonly consumed processed foods as of June 2016; and Mauritius for taxing sugary sweetened beverages and banning them, and unhealthy foods, from school canteens.

WHO support is enabling countries in the Region to collect information on salt intake through STEPS surveys—a WHO population-based survey designed to gather information on major behavioural and intermediate risk factors for NCDs. These surveys, which we recommended countries carry out once every 3-5 years, will enable the Organization and Member States to monitor the prevalence and trends of NCDs and their risk factors.

Finally, we also remain focused on addressing the social determinants of Ebola, by deploying social scientists and health promotion experts to maintain community awareness and engagement in the affected countries.

# Reflections on my first 100 days....

*We are working hard to support all initiatives to tackle NCDs and address the determinants of health. Much of our capacity in the past months has also been invested in supporting community dialogue, mobilization and action in the Ebola-affected countries.*

*We have learned many valuable lessons in that challenging experience— not least, the importance of working with communities to address the determinants of health as an integral part of resilient health systems. The vital role of ministries of health in working with other sectors was also demonstrated, and will inform our future action.*

*WHO/AFRO and our regional and international partners must not lose sight of the fact that the fight against Ebola, which includes building more resilient health systems and improving health communication, is wedded to the fight for better health across the board. Indeed, seeing the bigger picture – that health is central to development - is vital to progress in every area of society. Such progress will only be achieved if the role of ministries of health is strengthened, so they can coordinate and align their work with other government ministries to address the social determinants of health.*

# Priority 4: Addressing the Social Determinants of Health

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## Looking Ahead.....

*I believe Africa's voice in the global health dialogue needs to be more powerfully heard, in order to ensure that the social determinants of health are central to development in the post-2015 era. As such, I am committed to facilitating and supporting effective participation of Member States in the global health dialogue. We must continue to mount and sustain strong, evidence-based arguments that the health of all members of society is promoted and protected because, first and foremost, this is a human right. But also because healthy citizens are more productive, and thus better able to contribute to the wealth of their countries.*



# Priority 5: Transforming AFRO into a Responsive & Results-driven Organization

*“We are all aware that WHO is in the middle of reforms. My task is to take this reform agenda forward, ensuring that I run an effective organization that responds to Member States’ needs.”*



Dr Moeti, Election Interview, November 2014

## *My challenges and plans.....*

My fifth priority, transforming AFRO into a responsive and results-driven organization, embodies my vision for change in the way we do business. This vision is set out in ‘The Transformation Agenda of the World Health Organization in the African Region’. It is a bold plan, which aims to engender a Regional Health Organization that is foresighted, proactive, transparent, accountable and appropriately equipped to deliver; an organization that meets the needs and expectations

of its stakeholders. This is a huge challenge, not least because I took office at the height of the reputational crisis faced by the Organization, related to its perceived slow response to the Ebola outbreak. In addition, there were issues with our accountability, internal controls and risk management. Strengthening individual and team accountability, as well as management and staff relationships, is a vital part of addressing these concerns. I am confident we can do this, as well as meet

A woman with dark hair and glasses, wearing a white lab coat and white gloves, is smiling as she examines a petri dish. The petri dish contains several red bacterial colonies. She is holding a small yellow pipette tip. The background shows a laboratory setting with white tiled walls and a blue container on a counter.

*Key actions & achievements to date...*

work of WHO in the African Region to achieve improved delivery and a more results-driven approach. During the IAG's first meeting in May 2015 in Johannesburg, the group endorsed the vision outlined in the 'Africa Health Transformation Programme, 2015 – 2020'. They agreed that it provides a unique opportunity to contribute to transforming Africa's future, strengthening health and economic security globally, and delivering on the goals for a new era of sustainable development.



Dr Moeti with the Independent Advisory Group (AIG) Members in South Africa

They also called on WHO/AFRO to show stronger health leadership by moving away from attempting to coordinate or compete with partners, but rather focus on addressing the challenge of how to be a good partner. They advised WHO to pursue closer collaboration with the African Union, as a critical and catalysing partner in meeting the political, technical and resource implications of implementing the Transformation Programme's vision. The group also underscored the need to address the unacceptable inequities and injustices that cause the African Region to lag behind other WHO Regions in terms of various health indices.

We are taking the IAG's recommendations forward, and I am committed to ensuring that WHO/AFRO will lead this transformation in the health and wellbeing of the African people based on a clear set of priorities and shared values of equity, dignity, transparency, integrity and professionalism.

Strengthening partnerships is one of the key priorities of the Transformation Agenda. In line with this, I have met with Ministers of Health, UN Heads and Executives, African Union Leaders, and other key partners – such as the Bill & Melinda Gates Foundation (BMGF). Notable inroads have

been made during these meetings, including the agreement reached between myself and Dr Carlos Lopes, Executive Secretary of the UN Economic Commission for Africa, to strengthen the capacity of countries in data and knowledge management. We also agreed to work jointly on the Social Development Index and country profiles; document the attainment of health related MDGs; and undertake high-level advocacy on financing for health. This collaborative effort will allow our organizations to leverage on our comparative advantages and maximize the use of our respective platforms to advance the health agenda on the continent.

As part of strengthening partnership with other UN agencies, I met with Dr Babatunde Osotimehin, UN Under-Secretary General and UNFPA Executive Director, to discuss WHO-UNFPA's collaboration. We agreed on the need for WHO to play a leadership role in the work around the local production of HIV drugs. We also agreed that the African Union (AU) platform should be used to promote the Harmonisation for Health in Africa (HHA) and the International Health Partnership+ (IHP+) coordination mechanisms.



During discussions held in March 2015 with H.E. Dr Mustapha Sidiki Kaloko, African Union Commissioner for Social Affairs, we agreed that the WHO Liaison Office at the AUC will be strengthened. We also discussed the need to develop clear collaborative mechanisms between WHO and AUC, for support to the African Centre for Disease Control and Prevention (African CDC) to be launched later this year.



Dr Moeti with H.E. Dr Mustapha Sidiki Kaloko, African Union Commissioner for Social Affairs

The Memorandum of Understanding with the UN Office for Project Services (UNOPS), which I signed in March 2015 with the Regional Director for Africa, Garry Conille, signals the scaling up of partnerships for health service delivery on the continent. WHO and UNOPS have been working together since April 2014 to respond to an outbreak of wild poliovirus in the Somali region in Ethiopia, one of the remotest parts of the country. The scope of engagement between the two agencies has since expanded beyond polio eradication to include asset management and procurement. The new Memorandum means that support will be extended to develop the capacity of local, regional and national governments to manage, operate and maintain infrastructure, equipment and supplies, and to improve access to treatment, medicines and technology by way of efficient and effective health procurement and supply chain management.

## Reflections on my first 100 days....

*During my interactions with partners, I have shared my vision for health development in the Region, placing particular emphasis on the urgent need to improve the health and well-being of girls and women in Africa. Engaging effectively with national, regional and international media is key to putting our agenda on the local and global map.*

*In interviews with media outlets ranging from the BBC and Botswana's GabzRadio to the Lancet and Agence France-Presse, I have highlighted our on-going efforts to strengthen health and economic security in Africa, as well as transform WHO/AFRO into a more responsive, results-driven, transparent and accountable Organization. Ebola has been the focal point of much recent media coverage, and during interviews with CNN and US National Public Radio, while in America in April 2015 to participate in the WHO/BMGF Leadership Exchange Visit to Seattle, I highlighted the role of WHO in the Ebola response. This included the Organization's support for the development of recovery plans for resilient health systems in the affected countries, and our collaboration with partners in the testing of candidate vaccines. I also advocated for increased financial support from the international community, towards national health recovery in the Ebola-affected countries.*

# Reflections on my first 100 days....

*Achieving these aims requires a sustained, focused, collective effort. Key to this is a motivated and proactive team. Therefore, I have called on WHO/AFRO staff to reflect on their contribution to the transformation of the Organization over the next five years in order to deliver even better health for the people in the Region, and lead in their respective countries and units. I am pleased that the Regional Staff Association has expressed their unequivocal support for the 'Transformation Agenda' and WHO's work.*

*Feedback like this is vital, as it helps stimulate a culture of knowledge and experience sharing that strengthens our internal and external working relationships. Such a culture is being cultivated via regular briefings on the work of WHO/AFRO, and the creation and maintenance of a SharePoint for staff networking to encourage knowledge and experience sharing and mutual support. In addition, our external relations function will be strengthened to address communications, advocacy, partnership and resource mobilization.*

# Priority 5: Transforming AFRO into a Responsive & Results-driven

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## *Looking Ahead.....*

*A great deal has already been accomplished to lay the foundations for a renewed and revitalized WHO/AFRO. We must now build so we have a solid structure in place that is equipped with the tools to enable us to deliver optimally. Central to this is ensuring the core enabling functions of the Organization, namely human resources, procurement, finance and logistics, are working smoothly and cohesively. By December 2015, my aim is to have all our services located in the most appropriate areas, and staffed by the best teams, so their delivery is targeted and effective.*



# My First: 100 days in Office

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## Conclusion.....

*I am confident that the changes we have initiated and our commitment to working in a more responsive, results-focused and accountable manner with Member States and partners will go a long way in improving our effectiveness.*

*We are determined to help accelerate the building of resilient health systems that prevent and manage disease and assure health security and improve the health and well-being of the people in the WHO African Region.*

# Annex 1: The New Technical Clusters

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## New Technical Cluster

1. **The Health Security and Emergencies (HSE) Cluster** merges the Outbreak Response, International Health Regulations, and Disaster and Emergency Response programmes.
2. **The Noncommunicable Disease (NCD) Cluster** will address the emerging threat of NCDs and their risk factors, as well as mental health, violence and injuries.
3. **The Communicable Disease (CDS) Cluster** focuses on key priorities in the African Region such as HIV, TB, malaria, NTDs, and public health and the environment.
4. **The Family and Reproductive Health (FRH) Cluster** will focus on health throughout the life course, nutrition and immunization.
5. **The General Management and Coordination (GMC) Cluster**, will help the Region ensure better compliance and financial accountability in all its work.
6. **The Health Systems and Services (HSS) Cluster** will focus on health policy development, financing and access, integrated service delivery, and health information and knowledge management. Crucially, HSS will contribute to the realization of UHC in the Region.

# Annex 2: Members of the Independent Advisory Group (IAG)

	Name and title	Organization
1.	Helene D. GAYLE , President & CEO	CARE, USA
2.	Saran BRANCHI, EU Chief of Mission	Ministry of Health, DGS, France
3.	Dr Richard Nchabi KAMWI, Former Minister of Health of Namibia	Ministry of Health, Namibia
4.	Dr Precious MATSOSO, Director-General, National Department of Health	Ministry of Health, South Africa
5.	Dr Mohammed BELHOCINE	Consultant, Algeria
6.	Pr Rose Gana Fomban LEKE	Board Chair (PCA), National Medical Research Institute, IMPM, Cameroon
7.	Richard HORTON, Editor, The Lancet, UK	The Lancet, UK
8.	Pr Francis OMASWA, Executive Director	ACHEST, Uganda
9.	Pr Dame Sally DAVIES, Chief Medical Officer	Department of Health, UK
10.	Pr Awa Marie COLL-SECK, Minister of Health of Senegal	Ministry of Health, Senegal
11.	Dr Ren MING-HUI, Director General	Department of International Cooperation, Ministry of Health of China
12.	Marie-Andrée ROMISCH DIOUF, Independent Senior Consultant	France
13.	Pr K. Srinath REDDY, President	Public Health Foundation of India and the World Heart Federation
14.	Dr Timothy Grant EVANS, Senior Director, Health, Nutrition and Population	World Bank Group, USA
15.	Pr Peter PIOT, Director	London School of Hygiene and Tropical Medicine, UK
16.	Pr Jeffrey SACHS, Director	Earth Institute, Columbia University, USA





World Health  
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