

The Work of **WHO**
in the African Region

REPORT OF THE REGIONAL DIRECTOR



2015
2016

EXECUTIVE SUMMARY &

ILLUSTRATIVE REPORT



World Health
Organization

REGIONAL OFFICE FOR

Africa

AFRO Library Cataloguing-in-Publication Data

The Work of WHO in the African Region, 2015-2016: Report of the Regional Director - Illustrative Report

1. World Health Organization – organization & administration
 2. Regional Health Planning – organization & administration
 3. Health prioritizes
 4. Health Planning Technical Assistance
 5. Achievement
 6. Public Health Administration – organization & administration – methods
 7. Book illustrations
- I. World Health Organization. Regional Office for Africa II. Title

ISBN: 978-929023325-1 (NLM Classification: WA 541 HA1)

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Designed by the Regional Office for Africa,
and printed in South Africa

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Executive Summary

By the WHO Regional Director for Africa

The Regional Director is pleased to present this report on the work of WHO in the African Region for the period October 2015 to June 2016. The report outlines the significant achievements made under the six categories in the 12th General Programme of Work in supporting Member States in the African Region in health development. It reflects contributions from WHO country offices and the Regional Office, including the three Intercountry Support Teams.



“WHO in the African Region is committed to working with its Member States and partners to attain the highest possible level of health for Africa’s people by achieving the Sustainable Development Goals and universal health coverage.”

Dr Matshidiso Moeti,
WHO Regional Director for Africa

Successful interruption of Ebola Virus Disease (EVD) transmission and improvement of health security

The longest and most severe EVD epidemic in known human history was stopped in West Africa in December 2015 after an intensive and sustained response by governments, civil society and development partners, including the UN system. At the height of the epidemic in August-September 2014, an average of 150-200 cases per week were being reported. By the end of 2015, only a few cases were being reported, with that plateau continuing into 2016. Based on the recommendations of the IHR Emergency Committee, the WHO Director-General lifted the declaration of the EVD epidemic as a Public Health Emergency of International Concern on 29 March 2016. By then, a total of 28 616 confirmed, probable and suspected cases had been reported in Guinea, Liberia and Sierra Leone, with 11 310 deaths.

Sierra Leone declared the end of Ebola human-to-human transmission on 17 March 2016 and Guinea on 1 June 2016, following the last flare-ups. Liberia first declared the end of Ebola human-to-human transmission on 9 May 2016, but thereafter new cases re-emerged three more times in the country.

The end of the last flare-up of EVD in Liberia was declared on 9 June 2016. No cases subsequently emerged over a 90-day period of heightened surveillance which ensured that any new cases would be identified quickly and contained before spreading.

The swift containment of the flare-ups indicates that capacity has been built in these countries. Vigilance continues to be maintained in all three countries to prevent, detect and respond to suspected cases, as the risk of additional flare-ups from exposure to infected body fluids of survivors remains.

WHO and partners continue to work with the Governments of Guinea, Liberia and Sierra Leone to help ensure that survivors have access to medical and psychosocial care and screening for persistence of the virus, as well as counselling and education to help them reintegrate into family and community life, reduce stigma and minimize the risk of Ebola virus transmission. WHO is also collaborating with partners to support the countries to restore and strengthen key public health programmes, especially maternal and child health.



Continued focus on preparedness and swift response to epidemics



WHO/P. Haughton

WHO continued to work with Member States and partners to improve national capacity for preparedness and response, notably by conducting a regional risk analysis and mapping exercise. The most vulnerable countries are receiving support to strengthen preparedness and to develop national plans and road maps towards achieving and sustaining the IHR core capacities. WHO is working with several global initiatives on health security, and there is ongoing advocacy for coordinated action among Member States and partners to improve preparedness, alert and response, and to strengthen cross-country and cross-institutional collaboration. Member States are expected to commit domestic resources to implement the priority interventions, since national health security is the primary responsibility of governments.

WHO has worked with the Governments of Angola, the Democratic Republic of the Congo (DRC) and Kenya to contain a yellow fever outbreak of unprecedented scale. The outbreak started in Angola in December 2015, and spread to the DRC and Kenya. As of 30 June 2016, 3552 cases including 355 deaths had been reported in Angola, and 1399 cases with 82 deaths in the DRC. Uganda had also reported 60 cases and 7 deaths in an outbreak not related to the one in Angola. WHO and partners quickly supported the affected countries to implement control measures.

By the end of June 2016, the Organization had deployed 126 international experts to support vaccination campaigns and strengthen surveillance, risk communication, community mobilization, case management and integrated vector control.

Continued focus on preparedness and swift response to epidemics

Through the International Coordination Group mechanisms, WHO provided over 14 million doses of yellow fever vaccine to Angola, the DRC and Uganda. Funds amounting to approximately US\$ 1.6 million were disbursed from the WHO Contingency Fund for Emergencies (CFE) and the African Public Health Emergency Fund (APHEF) to support national response efforts. The risk of yellow fever in the Region has changed, and a new yellow fever strategy is being developed in the Region with emphasis on immunization and health security.



The Regional Office also supported Cabo Verde and Guinea-Bissau to respond to outbreaks of Zika virus which were reported in October 2015 and June 2016 respectively. These outbreaks are linked to the Zika outbreak in the Americas, which was declared a Public Health Emergency of International Concern by the WHO Director-General on 1 February 2016. By 30 June 2016, 7585 suspected cases of Zika including nine infants with microcephaly had been reported among newborn babies of Zika-infected mothers in the two countries, with 202 cases laboratory-confirmed. The number of reported cases in Cabo Verde has since declined with the last confirmed new cases reported in March 2016, while Guinea-Bissau had three confirmed cases by the end of June 2016.

WHO provided support for the initial investigation and confirmation of the diagnosis through the deployment of experts, while guidance and advice on Zika preparedness and response were provided to other Member States and partners.

Reducing childhood illness and mortality

WHO continues to promote immunization as the most cost-effective life-saving intervention, especially for children. Coverage with the third dose of the diphtheria-pertussis-tetanus vaccine (DPT3) in the African Region has improved with 24 countries reaching coverage rates above 90% in 2015.

Reducing childhood illness and mortality

Countries also made significant progress in introducing new vaccines such as pneumococcal conjugate vaccines (PCV) and rotavirus vaccines into their immunization programmes. Thirty-eight countries are using PCV, while 31 are using rotavirus vaccines. The increasing use of these vaccines is already having a positive impact on disease prevalence.

For instance, Ghana, Rwanda and Togo have reported reductions of 45-65% of rotavirus hospitalizations in large referral hospitals for the period 2014-2015.

To further strengthen advocacy for immunization, ministers of health, parliamentarians and partners adopted a declaration on Universal Access to Immunization – “Universal Access to Immunization as a Cornerstone for Health and Development in Africa” – at the first ever Ministerial Conference on Immunization in Africa jointly organized with the African Union Commission and the Government of Ethiopia in February 2016. Implementation of the declaration will contribute to reducing child mortality within the context of the Sustainable Development Goals (SDGs).

Sustaining the momentum towards the eradication of polio in the Region

The momentum towards polio eradication in the Region was sustained, with no confirmed wild poliovirus case in the Region since July 2014.



WHO/ Y. Selamawit

The African Region successfully completed phase 1 of polioviruses laboratory containment, with the destruction of polioviruses and potentially infectious materials by the first quarter of 2016.

In line with the Global Polio Eradication Global Action Plan requirements, the Region was among the first to successfully switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in April-May 2016. Work to ensure the successful transition of polio staff and resources in the African Region is ongoing.

Reducing the burden of **communicable diseases**



As the world moves from the Millennium Development Goals (MDGs) and pursues the Sustainable Development Goals, WHO has made a significant contribution to Member States' progress in reducing the burden of communicable diseases including vaccine-preventable diseases, HIV/AIDS, tuberculosis, malaria and neglected tropical diseases. For example, the number of adults and children newly infected with HIV in the African Region has declined by 19% in the last 5 years, from 1.63 million to 1.37 million and treatment scale-up is continuing, with an estimated 12.1 million people (43% of those eligible) receiving antiretroviral therapy (ART) by the end of 2015. Annual HIV-related deaths in the African Region have dropped to 800 000 compared to the over 1.5 million deaths in 2004, the peak year of HIV deaths. Following the release of the new WHO "Treat All" guidelines on HIV prevention, treatment and care, 31 priority countries were supported to

develop plans for the new recommendations towards the "90-90-90" targets. Providing antiretroviral therapy for all persons who test HIV positive regardless of CD4 cell count will further reduce new HIV infections and HIV-related deaths in the Region.

While new TB cases and deaths continue to decline, multidrug-resistant TB (MDR-TB) is still a challenge in the Region. WHO has helped countries to scale up the management of drug-resistant TB through access to quality assured medicines. To address challenges in diagnosis, WHO together with partners developed and launched the Regional framework for strengthening the TB diagnostic network in Africa. As part of the process, WHO facilitated discussions with the Global Fund to procure prefabricated container laboratories with adequate biosafety for a few countries in the Region to perform TB cultures and drug susceptibility testing (DST). To accelerate the reduction of the TB burden, the Region has developed a framework to implement the post-2015 TB prevention, care and control "End TB" strategy, which was adopted by the Sixty-seventh World Health Assembly.

The African Region has made significant progress in malaria control. Malaria incidence and mortality rates declined by 42% and 66% respectively between 2000 and 2015, while the prevalence of infection in children aged 2–10 years has dropped by more than half. Six countries can potentially eliminate local transmission of malaria by 2020. This progress is the outcome of the expanded implementation of cost-

Reducing the burden of **communicable diseases**



effective prevention and case management interventions, with about 67% of the general population in the Region having access to an insecticide-treated net (ITN) and 16% of children in need having access to artemisinin-based combination therapy (ACT) in 2014, up from less than 1% in 2005.

WHO's contribution to the progress made in addressing HIV, TB and malaria included technical assistance for various programmatic components as well as grant negotiations. The Regional Office responded to 62 requests for technical assistance from 15 countries between October 2015 and June 2016. Through the WHO/Global Fund (GF) cooperation agreement of May 2014, the Regional Office devoted US\$ 4 million to providing technical support to countries to write about 50 Concept Notes, of which over 85% had GF approval on first submission. More than US\$ 4 billion worth of grants have been raised since the inception of this agreement. In November 2015, WHO entered into a GF-initiated partnership

platform called "Implementation Through Partnership (ITP). WHO is supporting 18 countries in the African Region with large GF portfolios and low utilization to accelerate implementation of their TB, HIV, malaria and health system programmes.

Neglected Tropical Diseases (NTDs) impact the poorest people and constitute a top priority for WHO in the Region. It is critical to have a strong thrust on targeted, cost-effective interventions to achieve ambitious targets such as the eradication of guinea-worm disease in the Region. To that end, after the planned closure of the African Programme for Onchocerciasis Control (APOC) in December 2015, WHO established the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) to support countries to tackle NTDs amenable to preventative chemotherapy (PC-NTDs). These are lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis and trachoma. A total of 41 countries have partnered with WHO to map where these diseases occur and people are infected. This will allow countries to make evidence-based decisions on starting mass drug administration (MDA) for preventive chemotherapy.

Guinea-worm disease is on the verge of eradication. Reported cases of guinea-worm disease have dropped from 126 in 2014 to 22 in 2015 in the four remaining endemic countries (Chad, Ethiopia, Mali, and South Sudan) where WHO provides support for active community-based surveillance, daily reporting of rumours of suspected cases, and prompt containment of cases.

Addressing the burden of **noncommunicable diseases**



Noncommunicable diseases (NCDs) as well as disabilities, violence and injuries are a burgeoning problem in the African Region where it is projected that by 2025, 55% of all deaths will be attributable to NCDs and injuries. WHO conducted a country capacity survey which 35 countries have now completed, as the basis for action to strengthen capacity to respond to the growing burden in Member States. Eight more countries have developed national, multisectoral NCD plans, bringing to 23 the number of countries that are ready to accelerate action on these diseases, while seven countries have developed mental health policies and plans.

Cervical cancer is one of the most frequent cancers among all women in Africa. Most Member States lack facilities and trained staff for effective prevention, early detection or treatment. WHO contributed to enhancing cervical cancer services through

skills development in cancer registration in 21 countries, and trained trainers in Malawi, Zambia and Nigeria on cervical cancer prevention and control.

Efforts to address the major NCD risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diets – prevention and control efforts are being strengthened. In tobacco control, The Gambia became the first country to launch national clinical guidelines for tobacco cessation, while Botswana introduced an additional levy on all tobacco products, another first in the Region. In further initiatives to reduce tobacco use and exposure to tobacco smoke, five countries enacted legislation and regulations in line with the WHO Framework Convention on Tobacco Control. Burkina Faso, Côte d'Ivoire and Mali ratified the Protocol to Eliminate Illicit Trade in Tobacco Products in the reporting period, totalling five countries in the African Region out of 19 globally that are Parties to the protocol.

Promoting intersectoral action for health

Addressing the social determinants of health is a major focus in the Region. Attention has been directed toward strengthening the capacity of countries to integrate “health in all policies” (HiAP) in other sectors as part of an intersectoral action plan. In November 2015, WHO organized a capacity strengthening workshop in Johannesburg, South Africa for policy-makers from sectors such as trade, social affairs and local government from 15 countries.

Promoting **intersectoral action for health**



Using various WHO tools, case studies and reports shared at the meeting including the Health in All Policies Training Manual, these countries have now developed implementation plans and policy briefs to address social determinants of health through intersectoral action. Cholera outbreaks are one example of such intersectoral action, where WHO has worked with countries and other UN agencies to support the water, sanitation and hygiene sectors.

The African Region is particularly vulnerable to environmental determinants of health, and is currently in the grip of an El Niño phenomenon which has led to extreme weather conditions and national drought

disasters in several Member States, affecting millions of people in Eastern and Southern Africa. In line with the SDGs, the Regional Office has developed a Regional strategic agenda to stimulate investment and intersectoral action on priority health and environment programmes in Africa. Multidisciplinary teams of experts were deployed to give technical support to Eastern and Southern African countries experiencing the effects of El Niño, where they assisted in developing national health sector El Niño response plans, and providing financial resources for the cholera response. To broaden partnership and intersectoral collaboration on climate change, the Regional Office hosted

Promoting **intersectoral action for health**

an “Africa Pavilion Event” at the Climate Change Conference in Paris in December 2015. It showcased examples of cost-effective strategies to build community resilience and advocated for effective community participation to address the public health impact of climate change in Africa.

Advancing **strategic partnerships for health**



The Regional Office is making strides in establishing and strengthening strategic partnerships. Working in close collaboration with the WHO Regional Office for the Eastern Mediterranean, the WHO Regional Office for Africa is supporting the African Union Commission (AUC) in its efforts to advance the health agenda on the continent.

WHO has supported the establishment of the Africa Centre for Disease Control and Prevention (Africa CDC) and will sign a collaboration framework with the AUC for synergy in addressing health security.

The Regional Director visited several major bilateral partners including a range of United States Government agencies and the United Kingdom Department for International Development (DFID) to reinforce existing partnerships.

As part of WHO’s leadership role in health in the African Region, the Regional Director attended a ministerial meeting in the Republic of Gabon, where WHO provided technical support for the establishment of a Central African Health Organization and also the Central African Common Fund for Health. The Regional Director also paid a working visit to China in March 2016 during which she discussed China’s potential role in promoting sustainable health development in Africa with senior government officials.

Forging ahead **with the Transformation Agenda**

Implementation of the Transformation Agenda (TA) is proceeding apace, with a focus on strengthening WHO’s human resources, delivering results, and improving accountability and transparency. The Regional Office has moved forward on realigning human resources with programmatic priorities.

Forging ahead **with the Transformation Agenda**

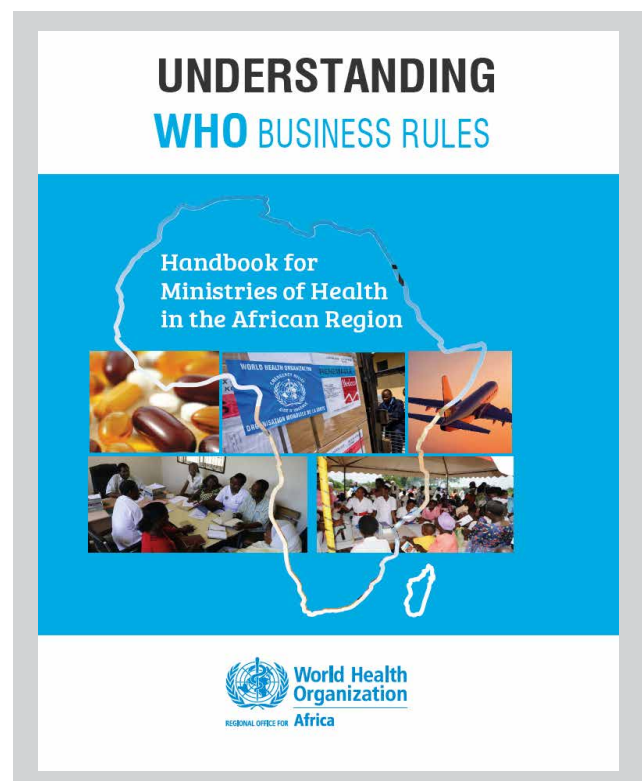
Four of the five technical clusters in the Regional Office, including the Intercountry Support Teams (IST) have been realigned according to new organograms. A similar alignment is underway to ensure that staffing at country level takes into account the needs prioritized by Member States and WHO's competitive advantage.

Improved recruitment processes have been introduced using standardized assessment approaches, including selection panels; written tests, interviews, background checking and recourse to recruitment agencies when necessary. This is expected to ensure that the Secretariat recruits candidates of the highest quality. An induction programme for newly-recruited staff members has been developed.

The Regional Office has made progress in implementing the Accountability and Internal Control Strengthening (AICS) Project initiated early in 2015. Key Performance Indicators for management functions such as finance and accounts, procurement and human resources are monitored in all country offices and reviewed quarterly to show key trends. They indicate good performance in the areas of human resources management and security, and the need for significant improvement in procurement, travel, and the provision of information technology services.

To address the perceived culture of non-compliance, a Compliance and Risk Management Committee was formally established in the Regional Office to ensure a strategic, transparent and effective approach to risk and compliance management.

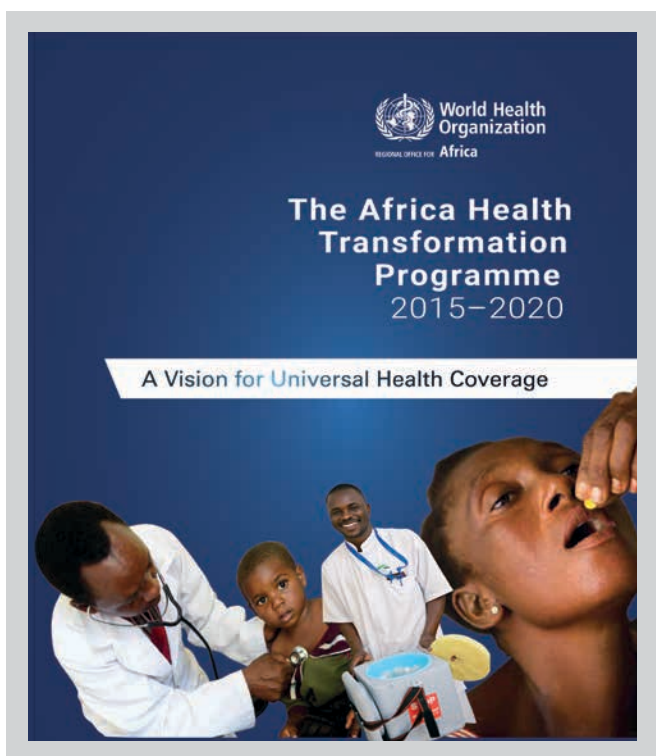
The most critical risks identified include lack of sustainable funding, poor response to emergencies/outbreaks, inappropriate use of Direct Financial Cooperation, and inefficient procurement.



To assist newly appointed heads of country offices, joint administrative and programme reviews are conducted in countries within six months of their arrival, whenever feasible. These reviews highlight areas for improvement and document best practices to be shared with other country offices. In addition, given that many of the identified risks require action from Member States, WHO developed a handbook for ministries of health to inform their administrative and financial personnel on WHO rules and procedures.

Moving forward

The Regional Office has developed “*The Africa Health Transformation Programme, 2015-20: A Vision for Universal Health*” to provide a framework for the future work of WHO in the Region. The goal is to support all Member States to ensure universal access to a basic package of essential health services, with minimal financial, geographic and social obstacles to users. The adoption of the SDGs provides an opportunity to push forward on this goal as it places a premium on inclusive engagement across development sectors and levels of society, expanding intersectoral collaboration and focuses strongly on equity and reaching the hardest to reach populations, so that no person is “left behind”.



Implementation of the SDGs will require key strategic actions from Member States, including political commitment shown through investment of domestic resources and a focus on results; incorporation into national health and development plans; stronger partnerships and involvement across sectors and society; strengthened national and subnational systems for monitoring; and effective accountability mechanisms.

The WHO Secretariat in the African Region will advance implementation of the SDGs by intensifying its advocacy efforts with governments. It will support health planning, including translating health-related SDGs into relevant national goals through the revision of national health policies and strategic and investment plans. It will drive implementation through universal health coverage (UHC), including improving service delivery by strengthening the health workforce and adopting an integrated, people-centred health services approach which emphasizes functional health districts and enhanced community engagement; working with governments to maximize the use of resources; promoting partnerships; and strengthening the management of information for action and accountability.

WHO in the African Region is committed to working with its Member States and partners to achieve universal health coverage and the Sustainable Development Goals.

Moving forward



In the area of health security, WHO is undertaking major reforms to make it fit for purpose to address global public health threats. A new WHO Health Emergencies Programme has been established and will offer a single platform across all the three levels of the Organization to address disease outbreaks and other health emergencies. The WHO Secretariat in the African Region will have capacity to better support Member States to prevent, detect and respond to health emergencies using the “all-hazards approach”.

To help improve national capacity for preparedness and response, a Regional strategy for health security and emergencies will be presented for adoption by the Sixty-sixth session of the Regional Committee. The strategy emphasizes the “all hazards approach” which incorporates planning for all potential natural and technological hazards. WHO will support Member States

to implement the strategy which specifies priority interventions to strengthen and sustain their capacity to prepare for, prevent, promptly detect and confirm outbreaks, and respond to and recover from outbreaks and emergencies. Member States are expected to commit domestic resources to implement the priority interventions.

It is expected that the fundamental shifts in organizational culture and systems being promoted through the Transformation Agenda will fortify WHO in the African Region and endow it with the leadership, efficiency, transparency and responsiveness it requires to drive a new health agenda for universal health coverage in Africa.

Dr Matshidiso Moeti
WHO Regional Director for Africa



1. Introduction



WHO/M. Winkler

The report presents the key achievements by the WHO Secretariat in the African Region in its quest to improve the health of people in the African Region. It reflects contributions from WHO country offices, and the Regional Office, including the Intercountry Support Teams. The report covers the period from October 2015 to June 2016 and shows the work accomplished since the Regional Director's last report to the Regional Committee.

The report is presented under six categories of work as highlighted in the 12th WHO General Programme of Work, namely:

- (i) communicable diseases;
- (ii) noncommunicable diseases;
- (iii) promoting health through the life course;
- (iv) health systems;
- (v) preparedness, disease surveillance and response;
- (vi) corporate services and enabling functions.

KEY ACHIEVEMENTS BY CATEGORY OF WORK

Category 1: Communicable Diseases

Category 2: Noncommunicable Diseases

Category 3: Promoting Health Through the Life course

Category 4: Health Systems

Category 5: Preparedness, Disease Surveillance and Response

Category 6: Corporate Services and Enabling Functions

Category 1

Communicable Diseases



WHO/J. Pudlowski

WHO supported Member States to reduce the burden of communicable diseases including vaccine-preventable diseases, HIV/AIDS, tuberculosis, malaria and neglected tropical diseases. With the support of WHO and its partners, Member

States implemented activities which improved and sustained coverage of proven interventions. This has helped to reduce the burden of communicable diseases, leading to better health of people in the African Region.

ACHIEVEMENTS

First ever

Ministerial conference on immunization in Africa, jointly organized with the African Union Commission, adopts declaration on universal access to immunization as a cornerstone for health and development in Africa.

47

Member States

completed the switch from tOPV to bOPV on time in April 2016, eliminating the risk of paralysis from vaccine-derived poliovirus type 2.

24 countries

with DTP3 coverage above 90%.

6 countries

reported impressive improvement in DTP3 coverage between 2014 and 2015, especially Ethiopia (87% to 96%) and Chad (83% to 92%).

ACHIEVEMENTS

50%

HIV deaths in Africa drop by nearly half, from 1.5m in 2004 to 800 000 in 2015.

1.4 million

more people living with HIV receive treatment in 2015; now 12.1m in the Region are receiving ART.

83 %

of the estimated 32 000 MDR-TB cases in notified TB patients detected.

6 countries

in the African Region can potentially eliminate malaria by 2020.

(Algeria, Botswana, Cabo Verde, Comoros, South Africa and Swaziland)

ACHIEVEMENTS

>85%

The proportion of Concept Notes from the Region developed with WHO support and approved for funding by the Global Fund on first submission.

41 countries

in the Region fully mapped for neglected tropical diseases.

82.5%

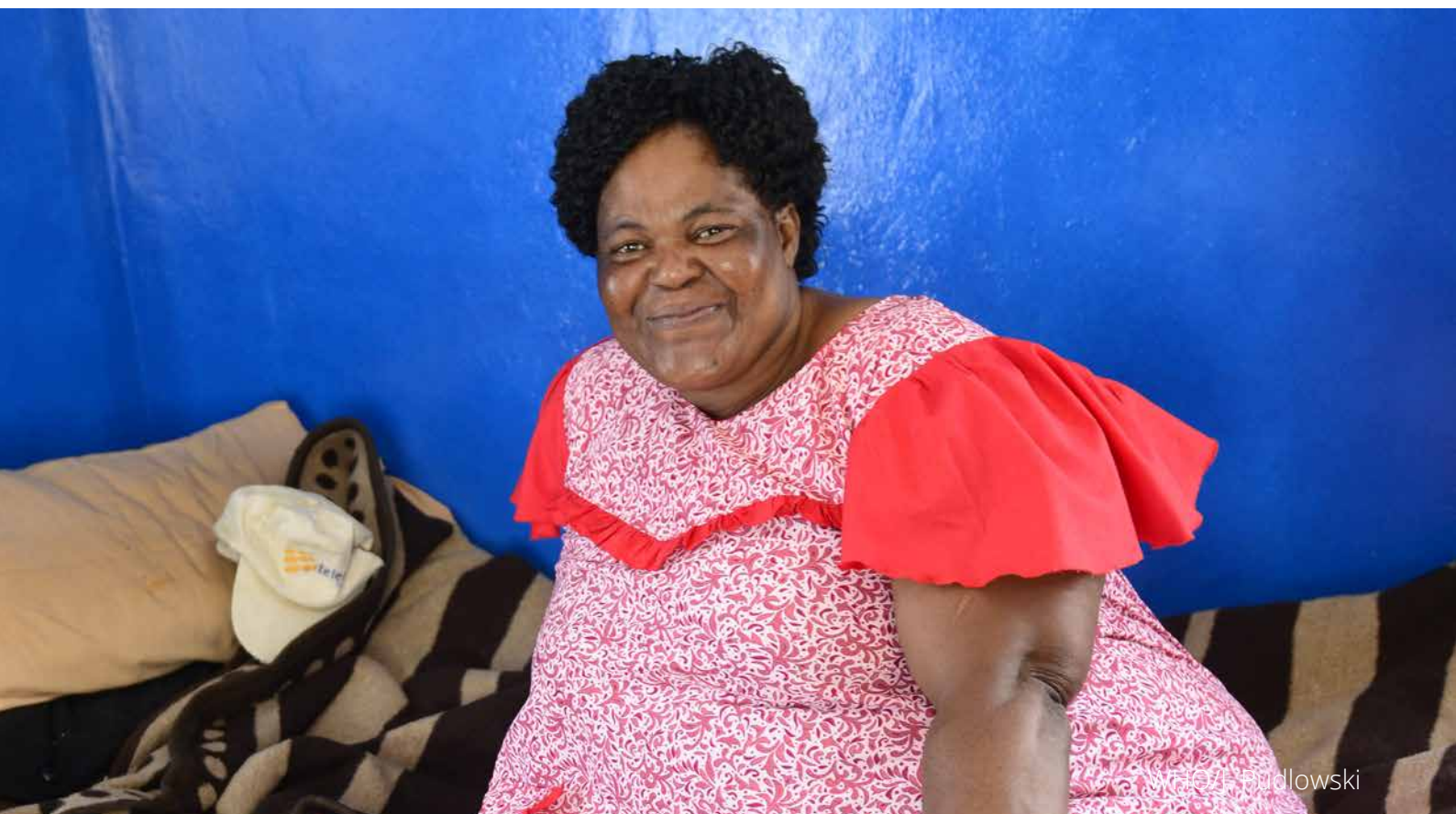
The drop in reported cases of guinea-worm disease between 2014 and 2015, moving closer to eradication.

New programme

The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) established to help countries to eliminate these diseases in Africa.

Category 2

Noncommunicable Diseases



© WHO / Budlowski

WHO works to reduce the burden of noncommunicable diseases (NCDs) such as heart diseases, cancers, lung diseases, diabetes, mental disorders and oral diseases, as well as disability, violence and injuries. To do this, WHO

focuses on health promotion and the reduction of risk factors (e.g. tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity), as well as the prevention, treatment and monitoring of these diseases.

ACHIEVEMENTS

8 more Member States

developed national, multisectoral NCD strategic plans, bringing to 23 the number of countries with plans.

Promoting Oral Health in Africa

WHO launches manual on promoting oral health which describes cost-effective and sustainable ways to reduce the burden of oral diseases in the Region.

21 countries

trained in cancer registration to inform cancer prevention and control programming.

3646

officials and health workers received training on scaling up nutrition interventions targeting infants, children, adolescents and mothers in Ethiopia, Tanzania and Uganda.

ACHIEVEMENTS

Botswana

First country to introduce an additional levy on all tobacco products.

Burkina Faso, Côte d'Ivoire and Mali

ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

Category 3

Promoting Health Through the Life Course



WHO/G Rohrig

WHO provides guidance and support to Member States to promote good health at key stages of life from conception to old age. This includes the need to address health equity, social and environmental

determinants of health, human rights and gender equality, and environmental health. The category includes a specific focus on improving women's, children's and adolescents' health.

ACHIEVEMENTS

19 countries

updated plans for scaling up integrated community case management of childhood illness.

22 countries

took part in capacity building meetings on scaling up maternal death surveillance and response.

80%

of pregnant women living with HIV in 21 priority countries received ART in 2015, more than double that of 2009's baseline (36%).

<5%

The proportion of mother-to-child-transmission among breastfeeding mothers in 21 priority countries in 2015.

ACHIEVEMENTS

15 countries

developed plans and policy briefs to address social determinants of health through intersectoral action.

23 countries

now have national plans for joint action for managing environmental risk to human health.

10 countries

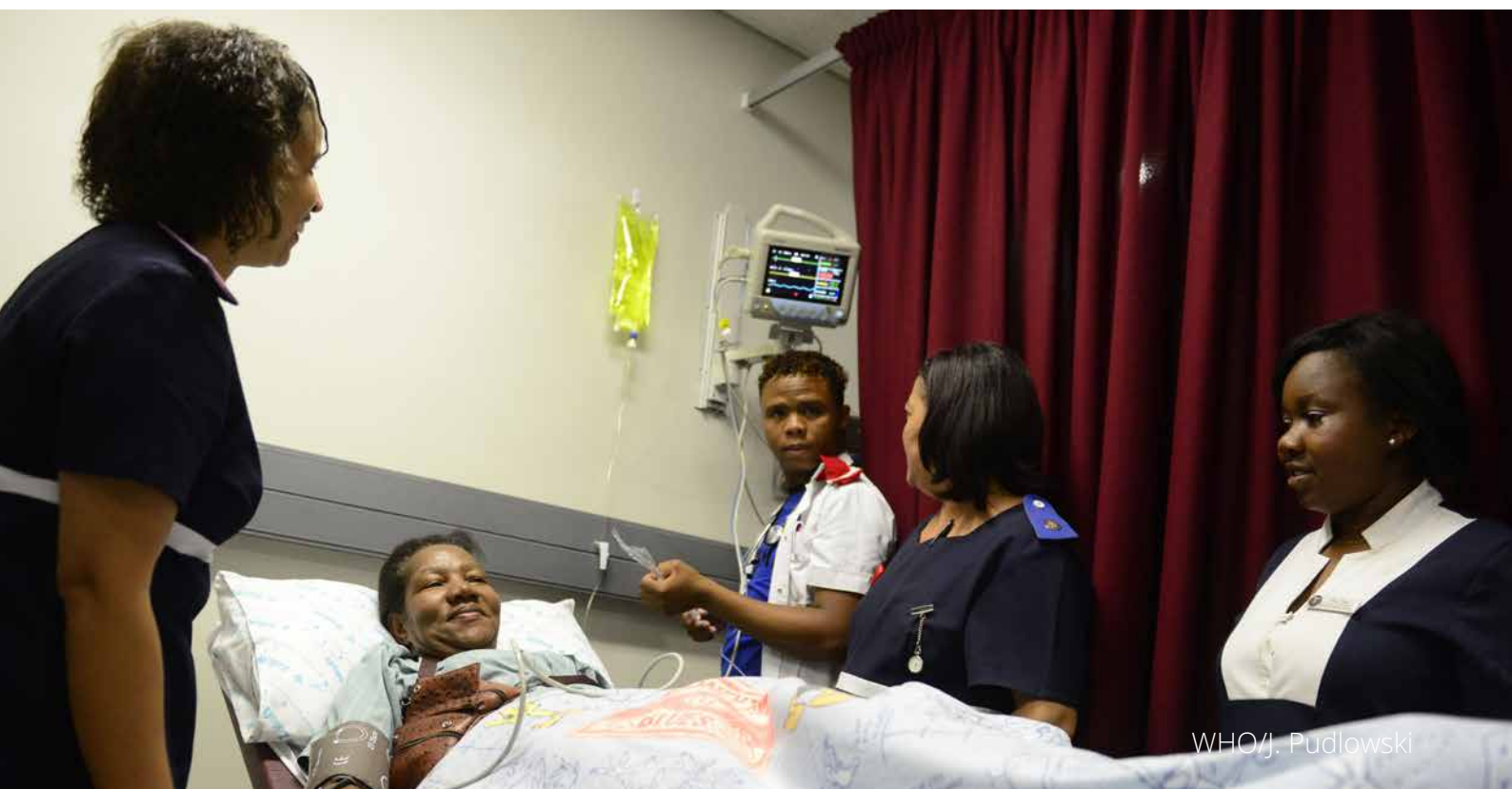
had training to implement the health portion of national adaptation plans to climate change.

'Africa Pavilion Event' at COP21

in December 2015 showcased proven, cost effective strategies of community resilience to climate change, strengthening partnership and advocacy for effective community participation on climate change and its impact on public health in Africa.

Category 4

Health Systems



WHO/J. Pudlowski

WHO supports countries in developing resilient health systems with the overarching goal of achieving universal health coverage, defined as equitable access to affordable, accountable, appropriate health services of assured quality by all people.

This entails strengthening leadership and governance; health financing, human resources for health; promoting access to affordable, safe and effective health technologies; integrated service delivery; health information systems; and health research.

ACHIEVEMENTS

17 countries

trained to develop an eHealth strategy, and 5 more countries have developed eHealth strategies, bringing the Regional total to 25.

8 countries

trained to use WHO's Workload Indicators of Staffing Need tool to determine staffing norms and standards for health facilities.

39 countries

equipped to align expenditure on health priorities with per capita income following WHO training on the System of Health Accounts framework.

15 countries

strengthened their pharmaceutical systems by selecting essential medicines, conducting pricing surveys and assessing reimbursement systems in health insurance schemes.

ACHIEVEMENTS

12 countries

have improved capacity to address the threat of antimicrobial resistance after developing national action plans using the One Health approach.

1st WHO Region

to develop policy guidance and a legislative framework on the protection of intellectual property rights, traditional medical knowledge and access to biological resources.

90

laboratories in 46 countries had an External Quality Assessment to validate their competency to identify pathogens.

1st

African National Health Research System (NHRS) Barometer developed to help countries monitor their NHRS performance.

Category 5

Preparedness, Disease Surveillance and Response



WHO

WHO's work in this category supports preparedness, surveillance and response to epidemics, natural disasters, conflicts and environmental,

chemical, radio-nuclear and food-related emergencies, as well as antimicrobial resistance, thus contributing to global health security.

ACHIEVEMENTS

EVD epidemic ends

in West Africa in December 2015; rapid control of subsequent flare-ups in Guinea and Liberia.

On the brink of polio eradication:

tremendous progress in polio eradication in the Region could see polio eradicated from Africa by the end of 2017.

126

international experts deployed and 14 million doses of yellow fever vaccines provided to address the yellow fever epidemic in Angola and DRC.

US\$ 1.6m

disbursed from WHO's Contingency Fund for Emergencies and the African Public Health Emergency Fund to support national response efforts for the yellow fever outbreak.

ACHIEVEMENTS

<5%

The occurrence of new meningitis A cases in 2016, down from 90% in 2007 to 35% in 2010; over 255m people vaccinated with MenAfriVac since 2010.

First ever

comprehensive public health emergency risk profiling and mapping for the Region conducted; all 47 countries mapped.

Category 6

Corporate Services and Enabling Functions




WHO/L. Cipriani

This category of work focuses on the WHO leadership and corporate services required to maintain the integrity, effective and efficient functioning of the Organization. Corporate services enable the other categories of work. Between October 2015 and June 2016, work

in this category focused on the continued implementation of the Transformation Agenda of the WHO Secretariat in the African Region, including strengthening leadership and governance, performance and delivery of results, partnerships and communication.

ACHIEVEMENTS



Stronger accountability and internal controls

through information and guidance documents for staff and ministries of health as part of the Accountability and Internal Control Strengthening project of the Transformation Agenda.

Key Performance Indicators

developed and are being monitored. Country Office Administrators/Operations Officers show progress in achieving the indicators on staff travel requests and banking operations.

Compliance enhanced

through a new Compliance and Risk Management Committee to address non-compliance holistically.

New partnerships

were established with the UN Economic Commission for Africa, the Organization of African First Ladies Against HIV/AIDS, and new links were established with China.

ACHIEVEMENTS

48% reduction:

A new donor monitoring report system launched in March 2016 helped to reduce the number of overdue reports to development partners from 242 to 126 within three months of implementation.

23 countries

have updated their Country Cooperation Strategies; 24 are renewing their CSS using a new guidance tool for mainstreaming the 2030 agenda for sustainable development.

PARTNER WITH US

The World Health Organization in the African Region contributes towards making better health and wellbeing a reality for people in the Region. Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations and a better world.

Our work touches people's lives in the African Region every day. As the lead health authority within the United Nations system, we help ensure the safety of medicines and vaccines that treat and protect us, the air we breathe, the food we eat and the water we drink. We aim to provide every child, woman and man with the best chance to lead a long, healthy and fulfilled life.

We listen to countries and monitor health trends to work out what needs to be done to protect people's health. We use the best scientific evidence available to establish the most effective ways to prevent, treat and cure health problems.

Partner with us to make better health and wellbeing a reality for people in the Region.

WORLD HEALTH ORGANIZATION

Regional Office for Africa

Brazzaville • 2016