



# My Commitments; Our Success


Achievements of the WHO African Region:

February 2015–June 2019



World Health  
Organization

REGIONAL OFFICE FOR Africa



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“ May I take this opportunity to express my gratitude to all our stakeholders – Member States, development partners, donors, foundations and others – for “walking the talk” with us. ”

# My Commitments; Our Success

## Achievements of the WHO African Region: February 2015–June 2019

As my first term as WHO Regional Director for Africa draws to a close, I am issuing this update on the commitments I made when I accepted<sup>1</sup> my appointment by the 136<sup>th</sup> session of the WHO Executive Board in Geneva, Switzerland in 2015.

May I take this opportunity to express my gratitude to all our stakeholders – Member States, development partners, donors, foundations

and others – for “walking the talk” with us. The achievements described here would not have been possible without your active engagement.

I hope this progress will spur us all to continuously strive towards ensuring healthy lives and promoting well-being for all. Together, we now need to consolidate and step up efforts towards achieving universal health coverage, addressing

<sup>1</sup> Acceptance Speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th Session of the WHO Executive Board Geneva – January 2015 <https://www.afro.who.int/regional-director/speeches-messages/acceptance-speech-dr-matshidiso-rebecca-moeti-who-regional>





health emergencies, and promoting health and well-being for all people.

The regional Transformation Agenda aligns well with and informs the global WHO Transformation. Transformation continues to be a pathway for change by which the Secretariat and Member States can effectively and sustainably address health gaps and inequities across the Continent. Effecting this change is a long-term process that requires leadership, innovation, collective commitment, hard work, persistence and shared accountability. I am committed to continue providing the leadership that it needs.

Together we will deliver the WHO that Member States and partners want – effective, innovative, accountable and efficient – and we will move closer to the goal of making health and well-being a reality for all people in the African Region.

A handwritten signature in black ink, which appears to read 'M. Moeti'.

**Dr Matshidiso Moeti**  
*Regional Director for Africa*  
World Health Organization  
30 June 2019

# On the raging West Africa Ebola virus disease epidemic in 2014–2015:



**“** *My most urgent task as I take office will be to help the affected countries in their efforts to get to zero cases. I am equally committed to providing the technical support and advocacy needed for these countries to rebuild their health systems which have been destroyed by this unprecedented epidemic and following up on the work that I know is already on going between Headquarters and Regional Office staff. 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 reallocation and resource mobilization, restructuring if necessary and recruitment, and will be guided by the resolution adopted during the Special Session.* **”**



## The Ebola epidemic in West Africa was stopped and health services have rebuilt better

To mobilize regional and international support for the West Africa Ebola virus disease (EVD) epidemic, the Regional Director visited the three most affected countries – Guinea, Liberia and Sierra Leone – in March 2015, her second month in office. WHO mobilized partners and donors to support the affected countries. At the height of the epidemic between August and September 2014, an average of 150–200 cases were reported each week.

Through the concerted efforts of governments and partners, by December 2015, the three affected countries were able to declare the end of the outbreak. Subsequent flare-ups in 2016 were rapidly contained thanks to the capacities that had been built. The *2015 WHO strategic response plan: West Africa Ebola outbreak* guided health systems recovery in the affected countries. By April 2016, districts were rebuilding better, and countries were strengthening primary health care and establishing emergency operations centres (EOCs). Since then we have continued to work with partners to improve health systems in the affected countries. For example, in Liberia, EOCs have been established at national and subnational levels, health workforce development has been strengthened, immunization coverage has rapidly improved, a robust surveillance system is now in place, as well as good practices in infection prevention and control.



## The WHO Secretariat is now better organized, resourced and equipped to support Member States to detect and rapidly respond to epidemics and ensure health security in the Region

The Regional Office Health Security and Emergencies Cluster was created in March 2015 by merging programmes dealing with epidemics and disaster management to better address all public health emergencies in the context of the “all hazards” approach. Subsequently, this Cluster was aligned with the WHO Health Emergencies Programme within the context of the global reform of WHO’s work in emergencies. The number of professional staff in the Health Emergencies Programme in the Regional Office increased from 16 in December 2015 to 79 in June 2019. Two operational hubs (in Dakar and Nairobi) and a liaison office (in Addis Ababa) were established in 2017 to support countries and to position WHO expertise closer to the field. These offices also leverage collaboration with regional and subregional partners based in their respective cities.

To streamline WHO operations, an incident management system (IMS) was established and is activated for all graded public health events (outbreaks, natural disasters and humanitarian crises) within 24–48 hours, in line with the WHO Emergency Response Framework. The weekly online bulletin on new outbreaks has become a reliable source of information for countries, partners and other stakeholders working on



epidemics in the Region with a readership of more than 1500 people.

“...improving health security also requires] better preparedness to confront and deal with outbreaks of communicable diseases and emergencies due to other hazards. Today’s inter connected world demands that countries work hard to live up to their commitments within the International Health Regulations, and that international solidarity be central to addressing collective vulnerability.”

WHO in the African Region is faster, better-coordinated and more effective in responding to epidemics. Recent examples are outbreaks of Marburg fever in Uganda, Crimean-Congo haemorrhagic fever in Mauritania and Lassa fever in Nigeria in 2017.<sup>2</sup> These, and many other outbreaks, were detected rapidly. Response measures were implemented quickly, resulting in

2 WHO Regional Office for Africa. Compendium of short reports on selected outbreaks in the WHO African Region 2016–2018 <https://reliefweb.int/sites/reliefweb.int/files/resources/Compendium-Report-Outbreaks-2016-2018.pdf>



timely control of outbreaks. With the leadership of national authorities, in 2018, WHO and partners supported emergency response to more than 160 public health events in over 40 countries. Among these, 88% were outbreaks and 12% were humanitarian crises related to instability, conflict, displacement and climate change.

In summary, investments in WHO's work in emergencies have resulted in three key improvements:

- WHO now has more staff with the right profiles at regional, subregional and most-vulnerable-countries levels;
- a network of experts is available for rapid deployment to support countries in need; and
- WHO coordinates partners' epidemic responses actions in countries, working as the government's closest advisor. Using the incident management system, WHO is now able to deploy internal teams within 48 hours when an acute health emergency occurs.



## Country capacities to implement the International Health Regulations (IHR) have improved and Member States are now more able to detect and rapidly respond to outbreaks.

Through the collaborative efforts of WHO and the African Union Commission, in July 2017, African Heads of State adopted a declaration to accelerate implementation of the International Health Regulations (IHR, 2005). For two consecutive years, in 2017 and 2018, all Member States in the Region submitted IHR annual reports, compared to a baseline of less than 50% in 2015.

Joint external evaluations (JEEs), to assess the capacity of countries to detect and respond to public health threats, have been carried out in 41 countries. Twenty-four countries have developed and are implementing national health preparedness plans for public health emergencies to address the gaps identified during the JEEs. These plans are helping to strengthen countries' IHR capacities through planning and resource mobilization, training of national experts, laboratory capacity-building, the establishment of national emergency operations centres, and cross-border cooperation, all delivering improved outcomes in epidemic control.

The African Region has conducted a comprehensive regional epidemic risk assessment and mapping. This includes an inventory of all epidemics reported in the Region from 1970 to 2016, which specifies the date, magnitude, duration and district of occurrence. The risk profile is used to guide countries in their preparedness efforts.

The Region is close to eradicating polio, with no wild poliovirus transmission in Nigeria for almost three years, and we anticipate polio-free certification early next year. Ongoing close attention will

be needed in strengthening routine polio immunization coverage, surveillance and addressing vaccine-derived poliovirus type 2 cases now in 10 countries.

Preparedness and response to health emergencies remains a priority for the African Region. This area requires continued attention and investment. There is clear evidence that action in following up alerts, and deploying initial investigation teams and then response teams, leads to faster containment of outbreaks.



# On the move towards un

## Access to cost-effective health interventions has increased

The regional universal health coverage flagship programme supports concrete country actions to ensure all people can access the care they need without financial hardship. The programme promotes strong health sector leadership and tailored support to advance primary health care and improve health outcomes.

In 2017, the Regional Committee endorsed the *Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region*. As of December 2018, forty Member States now have comprehensive national health policies and plans jointly assessed with partners and in line with national development plans. As of June 2019, WHO has worked with 16 countries to rally government and partners to support agreed national priorities for universal health coverage.

Progress is being made towards ensuring equitable access to good quality health services and prevention interventions, including addressing social and economic determinants of

health. Using a UHC Index, WHO is supporting countries, through surveys and data analysis, to develop evidence-based strategies and guide action in health financing and health systems performance. The Secretariat is working with 38 countries to institutionalize national health accounts for monitoring health resources. These accounts provide a basis for fairer financing decisions and monitoring progress on financial health protection. Among the countries supported, 10 have produced at least three consecutive years of annual accounts, 13 have produced two consecutive years of accounts, and 15 have completed a first year of production.

“ We shall also work very hard in driving progress towards equity and universal health coverage (UHC) in our Region

”

Digital health is a tool with the potential to accelerate countries progress towards universal health coverage. WHO and the International Telecommunication



# Universal health coverage

Union (ITU) have signed a collaborative agreement and supported 21 countries to develop national policies on eHealth. Together with the United Nations Educational, Scientific and Cultural Organization, the Food and Agricultural Organization of the United Nations, and the United Nations Children's Fund, WHO and ITU have started working with the Niger Government to develop and implement a "smart village" concept to provide eHealth, eEducation and eAgriculture services to some villages. Niger is demonstrating how digital health can be used in innovative ways for development.

Fewer children are dying across the Region, following the scaling-up of community management of major childhood illnesses and increasing access to skilled birth attendants, in collaboration with partners. Since 2015, twenty-two countries have developed or reviewed national reproductive, maternal, newborn, child and adolescent health (RMNCAH) plans in line



with the *Global Strategy for Women's Children's and Adolescents' Health (2016–2030)*. Stronger planning has led to more coherent approaches to programming and service delivery along the continuum of care through the life course. These plans have also been used as investment cases to mobilize resources from the Global Financing Facility. In 2018, eight countries had an adolescent birth rate below 45 per 1000 live births, while the regional average decreased from 122 per 1000 in 2015 to 99 per 1000 in 2018. As of 2017, seventy-five per cent of women had access to a skilled birth attendant in 18 countries, an increase from 11 countries in 2015.



## The burden of communicable diseases has reduced

Efforts to support countries to adapt and scale up implementation of WHO norms is leading to results. Progress is being made in reducing and eliminating the five most prevalent neglected tropical diseases (NTDs) amenable to preventive chemotherapy in Africa. The newly-established WHO Expanded Special Project for Elimination of NTDs (ESPEN) brings together a small team striving for results. ESPEN has catalysed and facilitated joint work between the NTD programme, communities, partners and the private sector to improve the coverage of mass drug administration. In addition, we are providing data for decision-making through mapping the burden of diseases. Ghana, Kenya and Togo are among the countries certified to have eliminated some NTDs in the past three years.

Nearly two thirds of Member States have adopted and are implementing WHO's "Treat All" policy for all people living with HIV to start antiretroviral therapy. Treatment coverage in West and Central Africa improved from 25% in 2015 to 49% in 2018, following intensive advocacy and decentralization of delivery led by WHO and the implementation of catch-up plans. Eight countries have made tremendous progress in reducing mother-to-child transmission and are on the path to elimination. Four in five people living with HIV in the African Region know their status. Botswana, Eswatini and Namibia have achieved the "90-90-90" testing and treatment targets.<sup>3</sup> New tuberculosis cases have been declining at a rate of 4% per

year since 2015. The decline is even higher in Eswatini, Lesotho, Namibia, South Africa, Zambia and Zimbabwe.

While malaria remains a challenge, WHO is supporting countries to implement the high-burden to high-impact strategy to address stalled progress. The strategy was launched in 2018 and comprises four key elements: political will to reduce malaria deaths; strategic information to drive impact; better guidance, policies and strategies; and a coordinated national malaria response.



<sup>3</sup> By 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained ART; and 90% of all people receiving ART will have viral suppression.

**“** We will need to tackle the growing burden of NCDs and to ensure that they don't replace communicable diseases as the major cause of ill-health in the Region. **”**

Multisectoral noncommunicable disease (NCD) plans are in place in 35 countries in line with the United Nations Declaration on Noncommunicable Diseases and the *Global Action Plan for the Prevention and Control of Noncommunicable*

*Diseases 2013–2020*. In 2017, the Regional Committee endorsed the *Regional Framework for Integrating Essential Noncommunicable Disease Services in Primary Health Care*. Following the adoption of the framework, 12 countries have been supported to implement the WHO Package of Essential Noncommunicable Disease (PEN) Interventions for Primary Health Care in Low-Resource Settings. Synergies between WHO PEN and the universal health coverage flagship programme are expected to rapidly increase the coverage of an integrated package for the treatment and prevention of NCDs.



# On accelerating WHO reform

Enhanced talent management has led to improved human capacity to deliver

*“ We will put in place a strong team to take the Organization forward in the Region and I will speed up the work to improve our recruitment and performance management practices. ”*

*“ We must build our Organization to be more effective, efficient, responsive, accountable and transparent ”*

Staff competencies and profiles match the needs in countries better, following realignment of human resources at the Regional Office and inter-country support teams. Outreach initiatives have been conducted to attract a highly-qualified and motivated workforce and to improve gender and geographic balance. The use of United Nations volunteers and junior professional officers has provided cost-effective technical expertise, especially in country offices with limited financial resources.

A comprehensive induction programme, developed in 2015, is being implemented to ensure that all new staff have the necessary tools and knowledge to effectively carry out their functions and to understand priority needs in countries. The staff well-being programme introduced in the Regional Office is helping new staff and their families to easily and quickly settle into their new environment. The programme supports staff in searching for accommodation, schools for children and adaptation to the social environment. This contributes significantly to the performance of newly recruited staff.





# orm in the African Region

## Recruitment process improved to enhance transparency

Transparency in recruitment, placement and performance management has been enhanced. Progress has been made towards achieving gender parity and working towards representation of all Member States among WHO staff. Longer-term female staff representation increased from 24.3% in 2015 to 31.8% in 2018 even though the Region has the lowest level of female candidates expressing interest for vacancies at professional level – 23.9% for 2018 versus a global average of 32.7%.

The initiative of attracting interns to the Regional Office by providing incentives such as affordable accommodation, is contributing to developing the capacity of future public health professionals in a region where few can finance their own internships.

**“** ...our impact is most important at country level and I would like to ensure that our competence is sharpest at that level. **”**

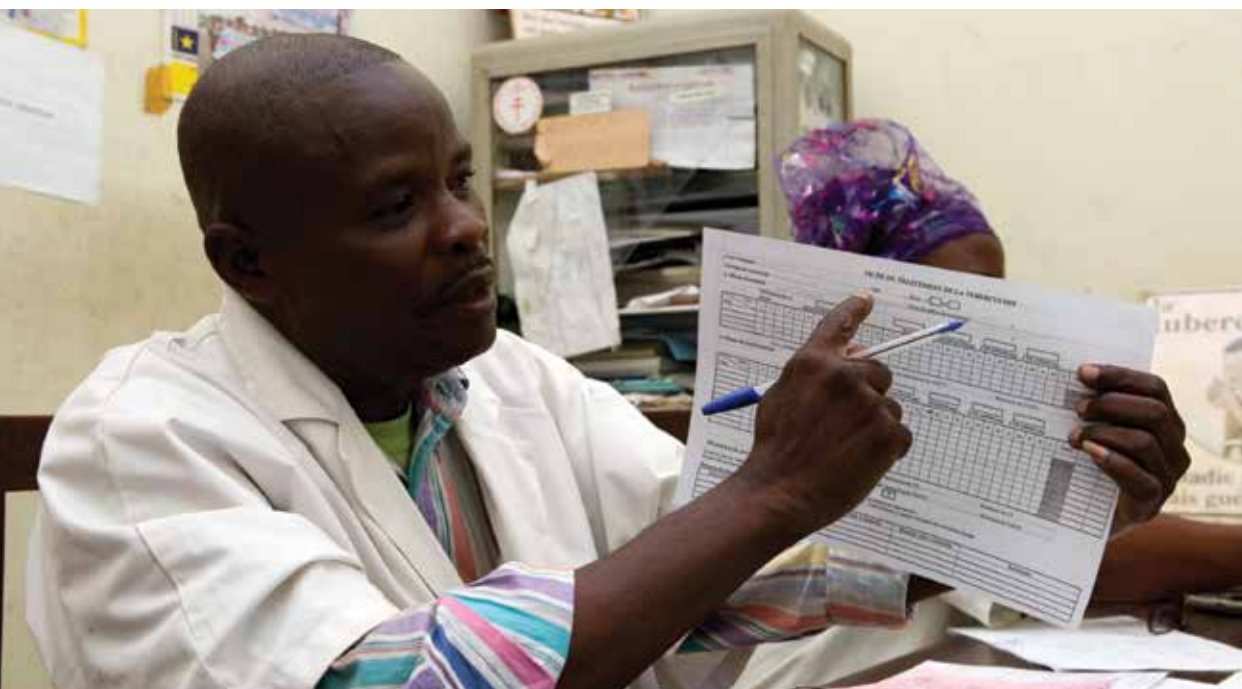


## Our capacity to deliver is better matched to country priorities

**“** *I am determined to reinforce our accountability for both programmatic results and the management of the resources that you entrust to us. We will train, guide and monitor the performance of managers and their teams on WHO’s new Accountability Framework and I intend to lead by example and be personally available for all aspects of this accountability drive.* **”**

Functional reviews were initiated in 2017 to realign human resources in WHO country offices with country priorities. By June 2019, functional reviews had been conducted in 42 country offices and implementation of country plans commenced in 21 countries. The functional review process has shown that the roles WHO is expected to play and areas of focus are similar across countries while the numbers of staff required differ.

Governments and partners in almost all the countries have highlighted key functions that WHO is expected to perform, including support for health sector coordination; generation and dissemination of health information; support for health systems strengthening including district health systems; outbreak and emergency preparedness and response; health promotion; and three enabling functions, namely external relations, programme management, and communications. These functions were endorsed as “core” by the Regional Executive Management Team (Regional Director and cluster directors) and are directly linked to the triple billion goal set out in the *Thirteenth General Programme of Work 2019–2023*.





## Managerial accountability, transparency and risk management have improved, resulting in better value for money and emergence of a values-based organizational culture

The Accountability and Internal Control Strengthening (AICS) project initiated in 2015, has led to improved compliance with WHO rules and more efficient use of resources for the delivery of results. Implementation of a Value for Money initiative, including regularly conducting programme management, administrative and compliance reviews, is improving the management of country offices. Key performance indicators (KPIs) have been developed and are being monitored and reported quarterly to senior management in the Region through the Compliance and Risk Management Committee. Key performance indicators in management and administration (such as procurement, travel, recruitment and human resources), are in place for each staff member working in these areas.

Improved leveraging and use of available technologies and tools, such as the WHO Global Management System (GSM), business

intelligence dashboards, and the United Nations Global Marketplace for large-scale procurement and performance dashboards, has resulted in better value for money in the procurement of goods and services with initial savings of US\$ 1.4 million in 2017 and US\$ 5.1 million in 2018. The report of the Internal Auditor submitted to the World Health Assembly in May 2018 concluded that internal control effectiveness had significantly improved from 50% in 2015 to 75% in 2018. In addition, since 2016 no internal audits have been rated as unsatisfactory in the Region. There have been improvements in the submission of direct financial cooperation (DFC) reports – a mechanism through which WHO provides direct funding to governments to implement activities – from 1907 overdue reports in April 2016 down to only 68 overdue reports in February 2019. Country offices and Regional Office clusters regularly report to senior management through the Compliance and Risk Management Committee.



## Looking ahead

We are encouraged by the achievements we have made, and we sincerely appreciate the engagement and actions of staff in the Region, Member States and partners in our efforts to improve the health and well-being of African people. Although much progress has been made, we recognize that many challenges remain. For example, HIV treatment has been expanded to 64% of those in need. However, 1.1 million people were newly infected with HIV in the African Region in 2018 – almost 64% of those infected worldwide.

My vision is of African people of all ages, all income levels and social groups, and in all places, enjoying good health and well-being, through the accelerated progress of governments towards universal health coverage, preventing and controlling outbreaks and emergencies, and creating environments that promote healthy lifestyles.

We will work with our Member States and partners to address the health challenges within the framework of the global WHO Transformation and the *Thirteenth General Programme of Work 2019–2023*.

Our priorities will consist in:

- driving progress towards universal health coverage with equitable access, through primary health care and strengthening health systems to deliver people-centred services that are of good quality, safe, comprehensive, integrated and affordable for everyone;
- ensuring that countries build their capacities and are better prepared to prevent and put a stop to epidemics and public health emergencies, thus fulfilling their IHR commitments; and
- promoting health and well-being by addressing key determinants of health and fostering collaboration with relevant sectors.





We will align our work with the *Thirteenth General Programme of Work 2019–2023* and deliver the Region's part of the triple billion goal. The greatest emphasis will be placed on delivering results in countries, applying WHO-defined norms and standards, working with partners, and promoting and supporting people-centred action in delivering services and promoting well-being.

We will restructure the Regional Office and country offices to that effect and reduce, for

our Member States, the burden of receiving fragmented support.

We will heed the suggestions of Member States and partners on WHO's role in countries. We will support strong health sector management and multisectoral action including dialogue with stakeholders and partners and joint monitoring of progress based on increasingly robust national information systems.



We will be guided by the lessons learned in implementing our Transformation Agenda, which have also informed the global WHO Transformation. Within the Secretariat, we will intensify our efforts to put people at the centre of change, with the adoption of a bottom-up approach to change, improving leadership, managerial and change management skills at all levels and promoting a healthy and respectful workplace, striving for gender equality, equity and human rights.

We will communicate clearly and make the achievements visible along the way and owned by all.

This work will require the joint commitment of Member States and all other stakeholders using whole-of-government and whole-of-society approaches.

The Secretariat reiterates its commitment towards the attainment of the highest possible level of health for all of Africa's people, at all ages, by achieving universal health coverage, addressing health emergencies, and promoting healthier populations.















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