

Organisational reform delivers promising outlook at WHO in the African Region

A root-and-branch refocusing of how WHO operates in Africa is under way. Bryan Pearson reports on progress

A postscript to the West African Ebola epidemic was some stinging criticism of WHO's dilatory response in the early days of the outbreak which contributed to the epidemic taking root. WHO has responded, and under the leadership of Dr Matshidiso Moeti, a thorough refocusing on how WHO operates in Africa has been initiated through the introduction of a 'transformation agenda' designed to make the WHO Regional Office for Africa an organisation that meets the needs and expectations of its stakeholders. Never again should WHO be a part of the problem.

It may be no coincidence, but Dr Moeti, a veteran public health expert, is the first woman to lead the organisation. While taking over at a critical time, she also had the advantage of having worked across the range of organisations that interlink with WHO. Back home, she'd worked with the Botswana Ministry of Health. She'd then had jobs with UNAIDS and Unicef, before working as Deputy Regional Director at the Regional Office in Brazzaville and also taking the post of Country Director in Malawi for a while. In short, she knows the terrain.

And three years on, having undergone a thorough reform of the organisation, an independent evaluation concluded that a culture of accountability, transparency and effectiveness has emerged strongly testifying that WHO in the African Region is on track to become the effective, accountable and results-driven organisation that member states, partners, stakeholders and staff want.

Furthermore the swift and nimble response to the latest Ebola outbreak is an early indicator of change.

The outbreak affected three separate locations in Equator province of DR Congo, each with unique challenges for the response, and threatened to move quickly to Kinshasa and Brazzaville. But quick and effective action stemmed the spread and ended the outbreak on 25 July 2018.

So what is happening? Following the adoption of her new strategic agenda at the Regional Committee meeting in Ndjamena in 2015, Dr Moeti summarised the direction of travel thus: 'The reforms endorsed today will focus on four key areas. We will promote and instill shared values such as excellence, innovation, accountability and transparency. We will focus the technical work of the WHO Secretariat on priorities that reflect the most important health problems in the Region, ensuring that evidence-based interventions are employed when and where they are needed most. We will build responsive strategic operations and strengthen management capacity to more effectively match resources to pressing health challenges. And, finally, we will enhance strategic partnerships and more effectively articulate and communicate WHO's contribution to health development across the region. These four transformational focus areas are not just talking points or buzz words – they will be measured and evaluated against a robust set of performance indicators, with rigorous monitoring and evaluation to gauge how we are progressing. They will be used to hold WHO AFRO – and me – accountable to our most important stakeholders: Africa's people.'

And while it isn't an easy time for WHO – funding is scarce – what is the likely outcome to be:





Dr Matshidiso Moeti

- **Pro-results values:** strong alignment from the leadership team towards the Transformational Agenda; greater staff awareness of accountability, transparency, and a shared vision as to what results are required; a culture change in partner relations.

- **Smart technical focus:** significant strengthening of regional capacity for health security; prioritising polio eradication; implementation of a Framework for cross-cutting systems aligned towards Universal Health Coverage; the creation of the Adolescent Health Flagship Programme (to address HIV, early pregnancy, and maternal mortality amongst Africa's burgeoning adolescent population); create the Expanded Special Project for Elimination of Neglected Tropical Diseases; as well as promote health and wellbeing programmes in the context of the non communicable disease burden.

- **Responsive strategic operations:** improved managerial accountability, transparency and risk management. This involves a framework of key performance indicators being rolled out for all staff; a realignment of human resources at Regional and Intercountry Support Team level; a functional review system at country office level; emergency hubs in Dakar and Nairobi; and finally, better value for money in the procurement of goods and services. In 2017 (for instance) a sample of 19 transactions was assessed for value for money. It was found that cost savings of US\$1.4m had been made.

- **Communications and partnerships:** In brief: enhanced internal communications; reinforced external communications; and strengthened strategic partnerships. Under this final point, partnerships have been strengthened through a range of initiatives including the Africa Centre for Disease Control and Prevention; the

Addis Declaration on Immunisation; the Harmonisation for health in Africa platform; the Africa Health Forum; and the WHO ITU Cooperation Agreement.

And what have been the demonstrable outputs of this transformation strategy?

In country, there is much more proactivity at the country office level with a greater interaction with stakeholders.

And other recent successes include the major response to the huge cholera challenge that has hit Africa in the last couple of years. Two million people in five African countries received the oral cholera vaccine (OCV). Funded by GAVI the campaigns in Zambia, Uganda, Malawi, South Sudan and Nigeria were implemented by the respective ministries of health with the support of WHO and partners of the Global Task Force on Cholera Control. An interesting fact is that between 1997 and 2012 just 1.5 million doses of cholera vaccine were used worldwide. In 2017 alone almost 11 million were used.

Similar successful response were made to the plague outbreak in Madagascar; yellow fever in DRC and Angola; and many other interventions of different kinds have been made for instance against violence to women in Uganda, measles in Nigeria, and programmes using new technologies to help reduce critical drug stock outs.

WHO has been working to strengthen epidemic preparedness and response in 14 non-Ebola countries, resulting in the successful control of outbreaks of meningitis in Niger, cholera among refugees in Kigoma in Tanzania and typhoid fever in Zambia. It has improved its collaboration with international partners, including with the African Union Commission (AUC) as it worked toward the establishment the African Centre for Disease Control. Growing Africa's health research capacity is seen as an important cornerstone in strengthening health systems and, ultimately, ensuring universal health coverage.

While consolidating the gains that have been made, the next phase of the Transformation Agenda (Feb 2018 to January 2020) focuses more on measuring the performance of the Organisation and ensuring value for money and particularly WHO's performance in countries.

'The SDGs agenda' says Dr Moeti, 'will guide our collective efforts to build a better, healthier and more sustainable world over the next fifteen years. While the African region has come a long way toward improving the health and well-being of its citizens, a renewed push is needed to fulfill the unfinished agenda of the Millennium Development Goals and realise the promise of the SDGs.'

'Guided by our Transformation Agenda, WHO AFRO stands ready to lead in this new era – but we cannot do this alone. Achieving truly transformative change across the region will require support from partners across all sectors, including government, industry, civil society, academia and local communities. We must all step up and commit ourselves to achieving the SDGs and building the Africa we want to leave behind for our children.'