

THE WORK OF  
**WHO** IN THE AFRICAN REGION  
Biennial Report of the Regional Director

EXECUTIVE SUMMARY & ILLUSTRATIVE REPORT



2016-2017



World Health  
Organization

REGIONAL OFFICE FOR

Africa

## **THE WORK OF WHO IN THE AFRICAN REGION 2016–2017 BIENNIAL REPORT OF THE REGIONAL DIRECTOR**

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## Table of contents

<b>Message from the Regional Director</b>	<b>iii</b>
<b>Executive Summary</b>	<b>iv</b>
<b>Introduction</b>	<b>1</b>
<b>Key Achievements by Category of Work</b>	<b>2</b>
Category 1: Communicable Diseases	3
Category 2: Noncommunicable Diseases	9
Category 3: Promoting Health through the Life-course	15
Category 4: Health Systems	21
Category 5: WHO Health Emergencies Programme	27
Category 6: Corporate Services and Enabling Functions	33
<b>Partner with us</b>	<b>39</b>



Dr Moeti in the SHOC Room of WHO DRC with WR and other experts in Kinshasa discussing issues towards a rapid, effective and coherent response to stop the recent Ebola virus disease outbreak in Likati health zone, Bas Uele Province.



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## Message from the Regional Director

This biennial report presents an overview of the contribution of WHO in the African Region to improving health in countries, through support to Member States in collaboration with health development partners. The work was carried out at a time of growing optimism, with stock-taking on the Millennium Development Goals having shown that African countries did make significant progress, including reductions in new HIV infections among young people and HIV-related and child deaths. The place of health on the global development agenda continues to improve; this was demonstrated by the G20 Heads of State at this year's G20 Summit in Germany, who committed to joint action to safeguard against health crises, strengthen health systems and combat antimicrobial resistance, while African Union Heads of State endorsed declarations on immunization and the International Health Regulations, in January and July 2017 respectively.

Member States in the African Region have seized the opportunities arising from global recognition of the urgency of improving countries' capacity and preparedness to address disease outbreaks and public health emergencies, highlighted by the tragic Ebola virus disease outbreak in West Africa. We have led independent evaluations of national capacities and are supporting the development of plans aimed at filling identified gaps; this will assist in mobilizing the required resources, moving countries closer to required IHR capacities, and ensuring that an epidemic of this magnitude does not recur. The reform of WHO's own Health Emergencies Programme is progressing apace and already demonstrating improved speed and effectiveness in supporting the control of outbreaks of meningitis, Lassa fever, Rift Valley fever, cholera and yellow fever in the Region.



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

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



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## Message from the Regional Director



The 2030 Agenda for Sustainable Development has ushered in new opportunities, with Sustainable Development Goal 3 - 'ensure healthy lives and promote well-being' - at the heart of all the others, promising synergies through multisectoral action. The work done during this biennium in supporting countries to strengthen the building blocks for a resilient health system – for example, on financing through National Health Accounts and the development of national health financing strategies; on national human resources for health observatories and accounts to inform policies and innovative strategies to appropriately distribute, retain and motivate health workers in countries – has laid the foundation for the use of the framework for universal health coverage (UHC) and the Sustainable Development Goals (SDGs) agreed with Member States, partners and experts, for making progress towards UHC. WHO has developed various tools for promoting action across different development sectors, to improve health outcomes. These will enable countries to address the socioeconomic determinants of health and improve health and well-being.

An exciting opportunity is presented by the exponential growth in the use of information technology in different spheres of development in the Region.

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## Message from the Regional Director

To benefit from digital technology and accelerate progress in diverse areas including disease surveillance, training and supervision of health workers, referral of patient dossiers to clinical specialists in far-away urban hospitals, support to patient treatment adherence, we have assisted countries in developing national eHealth strategies. Our newly-agreed partnership with the International Telecommunication Union will facilitate the mobilization of resources and capacities to expand the scope of this support.

Despite these opportunities, WHO in the African Region continues to work within a complex, multifaceted context. The Region is disproportionately prone to disease outbreaks and deals with over 100 public health events each year.

The burden of communicable diseases remains high, and the development and rapid spread of antimicrobial resistance is a fast-evolving threat to health security. Noncommunicable diseases (NCDs) and injuries are on the rise while policy and fiscal measures to prevent them are inadequately implemented and health systems are not adapted to chronic care. Climate change has a great impact on health in the Region, particularly for communities already vulnerable due to different social and economic factors.

We will remain focused on providing policy advice based on WHO norms, helping build capacities for leadership, management and service delivery in countries, generating data to inform action and promoting partnership. These actions will address the range of programmatic areas – to reduce illness and preventable deaths throughout the life-course; to control, eliminate and eradicate communicable diseases as appropriate; and to help establish resilient health systems with strong public health functions.

Our work will continue to be driven through the Transformation Agenda, as we make further progress to being the effective, responsive and accountable Organization that you, as Member States and stakeholders, want.

Finally, in presenting this report to the Sixty-seventh session of the Regional Committee, I would like to convey my sincere appreciation to Members States and partners, for the invaluable support and encouragement during this period. To my staff, their dedication, commitment and hard work is much appreciated and I urge them to continue the good work, as we pursue the cause of improving the health and well-being of all people of the African Region.









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## Executive summary

The Regional Director is pleased to present this report on the work of WHO in the African Region for the period January 2016 to June 2017. The report outlines the significant achievements made under the six categories in the 12th General Programme of Work in supporting health development in Member States in the African Region. It reflects contributions from WHO country offices and the Regional Office, including the Inter-country Support Teams.

“ WHO in the African Region is committed to working with its Member States and partners to deliver results that transform the health of all Africa’s people through universal health coverage for achieving the Sustainable Development Goals (SDGs).

Dr Matshidiso Moeti  
WHO Regional Director for Africa





WHO Emergency Response Team loading supplies into the United Nations Humanitarian Air Service flight, destined for Likati health zone, Bas Uele Province in northern DRC, to respond to the recent Ebola virus disease outbreak.



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## Executive summary

### NEW WHO HEALTH EMERGENCIES PROGRAMME (WHE) HERALDS SIGNIFICANT IMPROVEMENTS IN HEALTH SECURITY

With over 150 public health events in 2016-2017, including outbreaks such as meningitis, Lassa fever and cholera, as well as the health effects of drought, floods and food insecurity, the African Region deals with more health events than any other region.

WHO's major reforms in health security to make the Organization fit for purpose for addressing global health threats have led to more effective support to countries' outbreak and emergency responses. The Regional Office coordinated the deployment of over 2500 experts in 2016, to respond to major public health events including Ebola, yellow fever, cholera, and Rift Valley fever outbreaks.

In several humanitarian crises, WHO supported the public health response, reaching over six million refugees and internally displaced people in the Region. In 2016, WHO together with Ministries of Health and partners in Angola and the Democratic Republic of the Congo (DRC), vaccinated over 30 million people in a matter of months, to end the largest ever yellow fever outbreak.

Furthermore, the exceptional use of emergency fractional dosing enabled the outbreak in Kinshasa, DRC to be controlled despite vaccine shortages. This innovative approach could potentially save lives in future outbreaks. Research is ongoing to determine the duration of immunity conferred by the fractional dose.

The Incident Management System used in the response to public health events is enabling better coordination and faster deployment of experts to support outbreaks and emergencies. In May 2017, the DRC confirmed a new Ebola outbreak. Within 48 hours of notification, the WHO Country Office and WHE Programme were working seamlessly with the Government and partners to set up a field and alert response system in the Likati health zone near the Central African Republic border. The outbreak was brought to an end within two months.

Using the new Joint External Evaluations (JEEs) tool, WHO with partners assessed and identified gaps in the core capacities of 18 countries to detect and respond to public health threats in line with the International Health Regulations (IHR, 2005).

The JEEs have informed the development of comprehensive, all-hazard country plans to address these gaps, and countries are now poised to mobilize resources for addressing them.

The Organization is mobilizing resources to recruit the staff required in the Member State-approved reformed, Health Emergencies Programme, and to consolidate this positive start.





# ANTENATAL CLINIC

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## executive summary

### **STRENGTHENING HEALTH SYSTEMS TOWARDS UNIVERSAL HEALTH COVERAGE (UHC)**

Work on health system strengthening in the biennium has focused on supporting progress towards universal health coverage (UHC) for achieving the Sustainable Development Goals (SDGs). Several processes have enabled the development of a framework to guide country-led action with partners in building resilient health systems with improved financing, ensuring equitable access to good quality health services, and preparedness to contain outbreaks and respond to public health emergencies.

One significant step was the organization, by WHO AFRO, of the first ever Regional Forum on Health Systems Strengthening for the SDGs and UHC, in Windhoek, Namibia in December 2016, where the framework was agreed upon with senior Ministry of Health officials from all 47 Member States and partners. It will now guide action as countries address the SDGs. The framework was informed by an unprecedented baseline study which captured data from every Member State and will be used to develop a monitoring framework to inform on the progress made on UHC and SDG 3.

WHO supported countries to produce National Health Accounts which improve the availability of data for evidence-based decisions on fairer financing strategies for health, emphasizing increased domestic resources and financial protection for populations. The Regional Director, with the United Nations Economic Commission for Africa (UNECA), organized a high-level advocacy event on health financing in the Region. The aim was to understand the perspectives of Ministries of Finance and build consensus towards sustainable financing for health. Preliminary data from a WHO report showed that Africa lost up to US\$ 3 trillion due to ill-health in 2015. Achieving the SDG targets should reduce the loss in gross domestic product by at least 47%. Delegates identified joint action areas, and emphasized the importance of Ministries of Health and Finance working more closely together.

Other priority areas on which action was taken during the reporting period include conducting national health workforce accounts to generate data to guide the improvement of human resources for health policies, improving access to essential medicines, building regulatory capacity in countries and strengthening vital statistics and health information systems.

The Regional Director, with the United Nations Economic Commission for Africa, organized a high level advocacy event on health financing in the Region. The aim was to understand the perspectives of Ministries of Finance and build consensus towards sustainable financing for health. Evidence showed that Africa lost up to US\$ 3 trillion due to ill-health in 2015. Achieving the SDG targets should reduce the loss in gross domestic product by at least 47%.





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## executive summary

### TACKLING ANTIMICROBIAL RESISTANCE (AMR) IN AFRICA

Antimicrobial resistance is a looming global problem which has serious implications for treatment failure, rising costs and increased disease burden, which needs to be better addressed in countries. In the African Region, AMR is related among other things to the irrational use of antimicrobials, poor infection prevention and control practices in hospitals and communities, and poor quality of antimicrobials. Recognizing this, WHO is supporting 44 countries to develop National Action Plans (NAPs) for antimicrobial resistance in line with the Global Action Plan, and mobilized catalytic funding to enable 25 countries to kick-start their NAP development process. As a result, NAPs have been approved or are pending approval by national authorities in 10 countries. WHO is working hard to have workplans in all 47 Member States by May 2018.

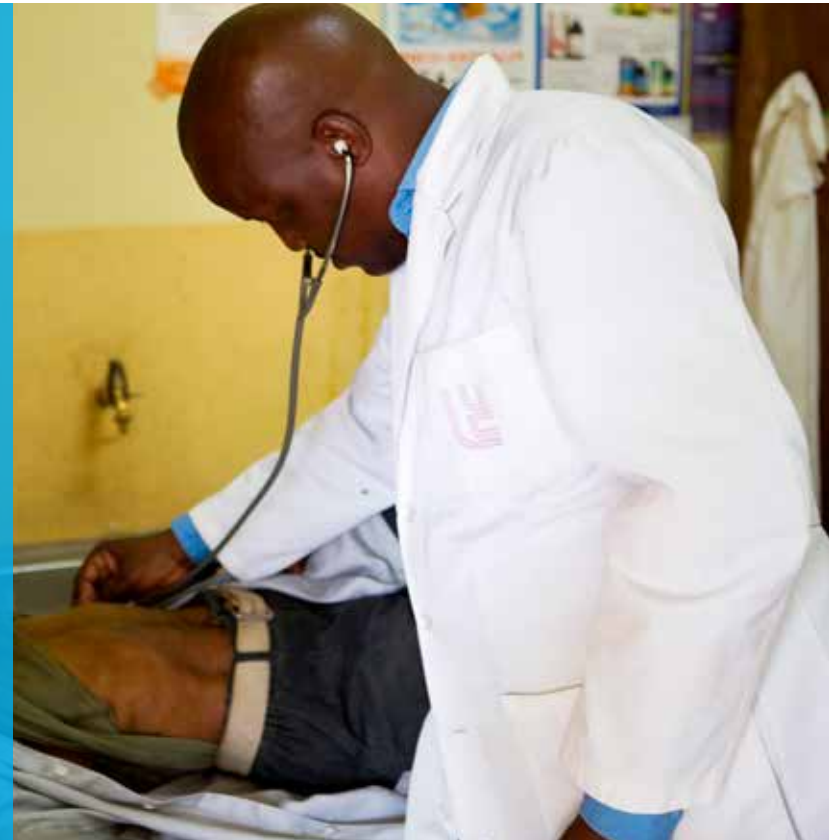
The threat of multidrug-resistant tuberculosis (MDR-TB) is very serious and will exacerbate the high incidence, prevalence and related-mortality per capita from tuberculosis in Africa. Drug-resistant TB is a growing problem and is very expensive to treat. Over the review period, WHO worked with countries to improve their capacity to detect MDR-TB and extensively drug-resistant TB (XDR-TB). In collaboration with Global Laboratory Initiative Africa partners, WHO published a Regional Framework for strengthening TB laboratory services (2016-2020) to improve diagnostic capacities in countries.

MDR-TB treatment programmes have been established in 40 of the 44 countries that have ever reported a case of MDR-TB.

To improve treatment outcomes, 11 countries from the Region worked with WHO and other partners to pilot short treatment regimens for MDR-TB.

WHO used the evidence to recommend shortening the duration of MDR-TB treatment from 24 to 9-12 months. At less than half the price of the longer course of treatment, the new regimen is expected to improve outcomes and decrease deaths due to better adherence to treatment and reduced loss to follow up.

Antimicrobial resistance (AMR) is a looming global problem which has serious implications for treatment failure, rising costs and increased disease burden, which needs to be better addressed in countries.









## PROTECTING CHILDREN FROM ILLNESS AND MORTALITY

Immunization is a key public health intervention, saving millions of lives annually in the African Region. Seven countries have demonstrated substantial declines in illness, mainly diarrhoea, related to rotavirus infection and other causes, following vaccination of children against rotavirus and improved water quality, sanitation and hygiene practices. WHO and partners have supported the routine inclusion of pneumococcal conjugate and rotavirus vaccines in the national immunization schedules of 38 and 31 countries respectively. The RTS,S vaccine, which has demonstrated partial protection against the malaria parasite *plasmodium falciparum* in young children, will be piloted in Kenya, Malawi and Ghana in 2018 and is expected to contribute to reducing child deaths.

While national immunization coverage rates are high in many countries, one in five children still does not have access to all the vaccines they need. Inequities persist, with major coverage gaps associated with household income and mothers' education. Demonstrating strong political will, African Heads of State endorsed the Addis Declaration on Immunization (ADI) at the African Union Summit in January 2017.

This encouraging commitment to greater domestic investment for achieving universal access to immunization in Africa will be followed up for translation into action in countries.

Capacity building for community interventions to improve child health, including Integrated Community Case Management (iCCM), has been expanded, resulting in increased identification of children exposed to TB and HIV in high burden countries. Managing sick infants in the community, when referral is not possible, has been another area of focus. Scaling up community-based management of malaria, diarrhoea and pneumonia in children has increased the number of children treated in a timely fashion.

Equitable access to care of good quality is fundamental for achieving UHC. WHO launched a Quality of Care Network in February 2017, initially involving nine countries worldwide of which seven are in the African Region, to improve services for mothers, newborns, children and adolescents. The network aims to halve maternal and newborn deaths in health facilities in five years.









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## executive summary

### STRIVING TOWARDS ELIMINATION AND ERADICATION OF DISEASES

While bearing the heaviest burden of communicable diseases, Member States in the African Region have embraced ambitious targets on ending, eliminating and eradicating priority diseases. Following the dissemination of WHO's consolidated guidelines on HIV prevention and treatment in 2016, Member States are rapidly shifting their HIV policies to adopt "Treat All" recommendations for HIV-positive patients to start antiretroviral therapy (ART) without delay. This has resulted in the expansion of ART coverage, with 13.8 million individuals now receiving ART in the African Region, contributing to the reduction of HIV-related deaths to about 720 000 in 2016, compared to 800 000 in 2015.

WHO has prioritized neglected tropical diseases (NTDs) which impact the poorest people, and through unprecedented global support, some are very close to eradication. In July 2016, WHO celebrated success in controlling river blindness after more than 40 years of sustained effort, and is now working with countries and partners towards the goal of eliminating this disease. Togo is the first country in the African Region to achieve WHO's validation of elimination of lymphatic filariasis as a public health problem. For the first year ever, Mali, one of the four remaining endemic countries for guinea worm, reported no case.

The Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) works with partners to support the elimination of the five diseases amenable to preventive chemotherapy: onchocerciasis, lymphatic filariasis, schistosomiasis, soil-transmitted helminthiasis, and trachoma. ESPEN has leveraged medicines donations for mass drug administration (MDA), and reached 8.5 million people through direct support to MDA in 12 countries. Working with supply management systems, ESPEN recovered 132 million tablets previously unaccounted for, thus saving on programme costs. The first baseline endemicity atlas of the five PC-NTDs for the African Region has been produced and a portal is now available for all stakeholders working on NTDs.

Through the efforts of the priority programme housed in the office of the Regional Director, WHO works to support Africa to be polio-free by 2019. Following the detection of four cases of wild poliovirus in insecure areas of northern Nigeria in 2016, synchronized vaccination campaigns were conducted in Lake Chad Basin countries. The sub-regional response in the Lake Chad Basin was an example of best practice, as the full engagement of political and community leaders was critical to the success of campaigns. In addition, to avoid spread to other countries, the largest ever polio campaign

in Africa was conducted, with over 190 000 polio vaccinators immunizing more than 116 million under-five children in 13 countries in West and Central Africa. This has averted new cases of wild poliovirus. Surveillance is being strengthened in all countries as the world counts down to polio eradication, and polio resources are being transitioned to support other public health programmes.



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## executive summary

### ADDRESSING ENVIRONMENTAL DETERMINANTS OF HEALTH



Africa is particularly vulnerable to climate change, and is currently facing disease outbreaks and malnutrition due to devastating levels of food insecurity through crop failures associated with drought and heavy flooding. Eleven countries have developed national health and climate country profiles, enabling them to be proactive in mitigating the health impacts of climate change. Capacity building on the health impacts of El Niño-induced extreme climate events has enabled 11 affected countries in Southern and Eastern Africa to plan and respond appropriately. A new regional strategy for managing environmental determinants of human health and ecosystem integrity in the African Region (2017 – 2021) will be submitted to the Sixty-seventh session of the Regional Committee.

WHO/AFRO coordinates the Clim-Health Africa Network, a virtual hub of international partners who share expertise and information. The network aims to strengthen resilience in African countries, to better manage the public health effects of climate change and plan resources for climate-sensitive health outcomes. Building on the momentum of the global Climate Change Conference in Paris in 2015, WHO and UN Environment (UNEP) are planning a high-level inter-ministerial conference on health and environment in October 2017.



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## executive summary

### CONFRONTING THE THREAT OF NONCOMMUNICABLE DISEASES (NCDs)

The Region faces a looming threat of NCDs, with predictions that millions of people in Africa will die from NCDs by 2025. There is insufficient recognition of this in the allocation of resources to health in countries, and WHO supports advocacy to raise the profile of NCDs in the Region. WHO has supported countries to conduct STEPwise surveys to monitor trends in the main risk factors for NCDs, in order to guide action. The results from 33 countries show that most adults have at least one risk factor that increases their chances of developing a life-threatening NCD. These NCDs can be prevented through policy, fiscal and regulatory measures such as increasing excise taxes and food labelling, as well as through behaviour change programmes. The number of countries with operational multisectoral action plans on NCDs rose from 14 in 2013 to 22 in 2015, which is promising for increased action to address NCDs.

The African Region is leading in the adoption of the Protocol to Eliminate Illicit Trade in Tobacco Products, with 10 countries out of 27 in the world which have ratified the Protocol. In this reporting period, eight more countries ratified the Protocol following intense technical support and capacity building by WHO AFRO. WHO supported the Government of the Gambia to introduce a

tobacco taxation policy in 2013–2015 which helped to reduce tobacco importation and substantially increased government revenue. The Gambia has now extended the policy for a further three years. The WHO Director-General recognized these efforts in May 2017 by presenting the Ministry of Finance and Economic Affairs, and the National Assembly of the Gambia with two World No Tobacco Day Awards.

The African Region has a critical shortage of mental health workers, and access to treatment and care is severely limited. To address this, WHO has worked to integrate mental health in primary health care in several countries, in line with the Global Mental Health Action Plan (mhGAP). This will help cover the significant gaps and make progress towards equity and access to mental health services in the Region.

In relation to nutrition, the African continent is faced with a double burden of stunting and obesity. WHO supported 11 countries to implement a project on Accelerating Nutrition Improvements. These countries now have at least two of the Maternal, Infant and Young Child Nutrition indicators in their national information systems, and six include them in routine health reports. Over 2600 health managers and workers have been trained to collect and use surveillance data for action, laying a good foundation to support nutritional surveillance in countries.





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## executive summary

### ENABLING THE WORK OF WHO THROUGH TRANSFORMATION

WHO in the African Region is undertaking major reforms aimed at transforming the Organization to become more responsive, results-oriented and efficient to better serve Member States. An independent evaluation of the first two years (2015-2016) of the WHO AFRO Transformation Agenda was undertaken in April 2017. The evaluation reaffirmed the significant progress made in the implementation of the Transformation Agenda in areas such as accountability, compliance and risk management, strategic partnerships, and improved donor grant management. A report on the progress of the Transformation Agenda will be presented to Member States and partners at the Sixty-seventh session of the Regional Committee.

Staff realignment has taken place at the Regional Office and in Inter-country Teams, to ensure that human resources match regional priority health needs. The process is now being rolled out in country offices through functional reviews that will objectively assess human resource needs while aligning them to country priorities. A dedicated team will drive the functional review process, starting with four pilot countries.

A number of changes have been instituted in AFRO's strategic operations to improve effectiveness, timeliness, efficiency and accountability of actions in support of Member States. In order to strengthen accountability for results, programmatic and managerial key performance indicators (KPIs) have been introduced to monitor performance in contributing efficiently to health development in the Region. The performance of all WHO country offices and Regional Office clusters (budget centres) is monitored on a monthly basis. In addition, a quarterly bulletin compares trends over time and performance between budget centres, to inform remedial action.

A new Direct Financial Cooperation (DFC) Accountability and Assurance Framework was developed to ensure that WHO funds advanced to implementers including governments (DFC funds) are used as intended and recipients have the necessary control functions to comply with monitoring and reporting requirements. The number of overdue DFC reports dropped by 60% between April 2016 and May 2017. Efforts to improve compliance with business rules are starting to show results - unsatisfactory audit reports were reduced to 0% in 2016, compared to 50-80% in previous years. All the new audits in 2016 were either fully or partially satisfactory.



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## executive summary

### ADVANCING STRATEGIC PARTNERSHIPS FOR HEALTH

WHO recognizes that to achieve the health outcomes of the SDGs and promote the well-being of populations, collaboration between different actors and with other development sectors is essential. In June 2017, WHO held the first ever Africa Health Forum, themed “*Putting People First: The Road to Universal Health Coverage in Africa*” in Kigali, Rwanda. The Forum provided a platform for a unique mix of stakeholders – government ministers, international agencies, youth and the private sector – to discuss public health challenges and opportunities in the Region through the lens of universal health coverage. It explored innovative ways to advance the health agenda in Africa, including through a new partnership between WHO AFRO and the International Telecommunication Union to scale-up eHealth interventions in health systems delivery. The Forum adopted the *Kigali Call to Action* to promote working together for improved health in the Region.

The Regional Office is pursuing a deliberate strategy of engaging with partners to achieve better health outcomes in the Region. Partnership with the African Union Commission (AUC) has facilitated the adoption of important decisions on health by Heads of State and led to agreement on a framework for collaboration with the Africa CDC.

The Regional Director paid visits to, and welcomed several development partners to the Regional Office in Brazzaville, including the African Development Bank, the Bill and Melinda Gates Foundation, the UK Department for International Development, the UK Department of Health and Public Health England, USAID, and the US Department of Health and Human Security. Relations with governments and institutions in countries such as Germany, China and Japan are also strengthening.

The Harmonization for Health in Africa (HHA) regional mechanism to coordinate partners’ support to countries and enhance synergies in the health sector was re-launched after an independent review in 2016. WHO and partners reaffirmed their commitment to working together in priority areas, including advocacy for increased and sustainable domestic financing for health, and action towards UHC and the SDGs.

WHO in the African Region is transforming into an Organization driven to deliver results, and is committed to transparency, accountability and effectiveness to give the best support to countries, propelled by a desire for a healthier, more prosperous Africa.









# Introduction

This report – The Work of WHO in the African Region, 2016-2017: Biennial Report of the Regional Director – covers the period from January 2016 to June 2017 and reflects the work accomplished over 18 months of the biennium. The report highlights the delivery of results achieved in supporting Member States and collaborating with partners to improve health outcomes in the Region.

The WHO Secretariat in the African Region comprises 47 country offices and the Regional Office, including Inter-country Support Teams. The Secretariat provides support by disseminating norms and standards, providing technical assistance to develop or update national policies, strategies and plans for cost-effective health interventions, strengthening national capacity to implement and monitor activities, advocating for investment in health, mobilizing resources and facilitating partner coordination.

WHO plans biennially and this is the last biennium in the 12th General Programme of Work (GPW), 2014 - 2019. The report is presented according to the six categories of the 12th GPW, namely:

- (i) Communicable diseases;
- (ii) Noncommunicable diseases;
- (iii) Promoting health through the life-course;
- (iv) Health systems;
- (v) WHO Health Emergencies Programme;
- (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: WHO Health Emergencies Programme**

**Category 6: Corporate services and enabling functions**



# Achievements Communicable Diseases



Communicable diseases still remain a major challenge and contribution to the burden of disease in the Region. WHO plays a leading role in supporting countries to tackle diseases such as HIV, tuberculosis, malaria and Neglected Tropical Diseases (NTDs), and to reduce vaccine-preventable diseases, including hepatitis. The focus of WHO's support is on scaling up coverage of effective interventions for prevention and treatment, including using new technologies for better impact.

**Category 1: Communicable  
Diseases**

## Achievements

**Shorter  
MDR-TB  
treatment**



**following evidence from  
11 African countries  
offers hope to thousands  
of patients for completing  
treatment in half the time  
at nearly half the cost**

**World's  
first**

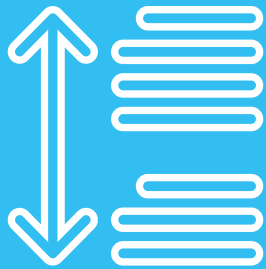


**malaria vaccine  
(RTS,S) to be  
piloted in Kenya,  
Malawi and Ghana  
in 2018**



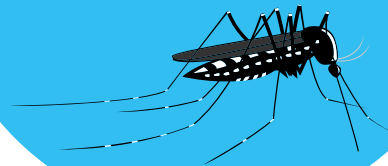
## Achievements

**First**



**baseline endemcity atlas of the five PC-NTDS developed for the African Region**

**New regional atlas produced**



**of insecticide resistance in malaria vectors produced**

**Togo the first country**



**in the African Region to achieve WHO's validation of elimination of lymphatic filariasis as a public health problem**

## Achievements

**New  
Regional  
Strategy  
developed**

**for managing  
environmental  
determinants of  
human health  
and ecosystem  
integrity**

**11  
countries**

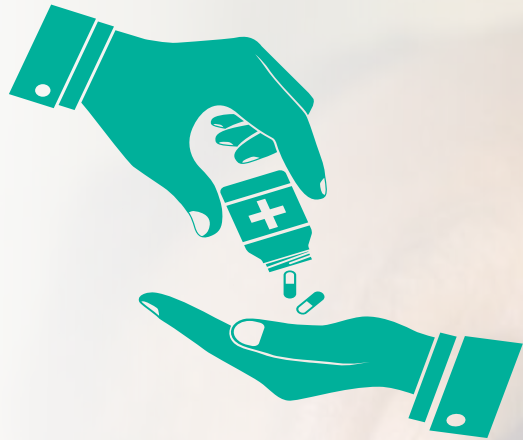


**assessed their  
vulnerability to  
climate-sensitive  
health risks  
and introduced  
adaptation measures  
to manage these risks**



# SUCCESS STORY

## SUCCESS STORY: ESPEN'S IMPACT AFTER 1 YEAR



132 million tablets were recovered through supply chain analysis in 7 countries



\$12 m

Start-up funding mobilized in first 12 months



14

Country NTD elimination annual workplans developed



132 m

Drug tablets recovered through supply chain analysis in 7 countries



8.5 m

People reached through direct support to mass drug administration in 12 countries



40

Countries sharing subnational data and maps through NTD portal ([ntd.afro.who.int](http://ntd.afro.who.int))





# Achievements Noncommunicable Diseases

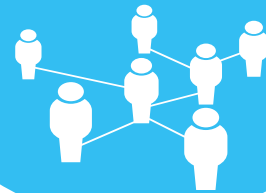


The work of WHO under this category aims to reduce the burden of NCDs such as cardiovascular diseases (CVD), cancers, chronic respiratory diseases, diabetes, eye and oral diseases, as well as violence, injuries, disability and mental health problems. The four major NCDs (CVD, cancer, respiratory diseases and diabetes) share four common risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. WHO focuses on advocacy, health promotion and risk reduction as well as the prevention, treatment and monitoring of these diseases and their risk factors. NCDs are not sufficiently prioritized and resourced in national health agendas; advocacy and making the investment case are critical, while prevention, early detection and treatment are pursued.



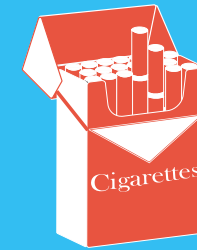
## Achievements

**New  
regional  
network**



**established between  
WHO and civil society  
organizations to  
strengthen advocacy for  
prioritizing NCDs**

**African  
Region leads**



**the adoption of  
the Protocol to  
Eliminate Illicit  
Trade in Tobacco  
Products; 10  
African countries  
out of 27 globally  
have ratified**



## Achievements

**The Gambia  
enacts new 3  
year tobacco  
taxation policy**

**after first policy  
(2013-2015)  
substantially  
increases  
government revenue  
and decreases  
importation**

**31  
master trainers**



**instructed on  
cervical cancer  
prevention and  
control to improve  
screening coverage  
in the African  
Region**

**150  
non-specialist  
care providers**

**trained to identify  
and treat common  
mental health  
problems to increase  
access to health care  
services in primary  
health-care settings**



## Achievements

**New  
Catalogue  
of key eye  
health  
indicators**

**in the African Region  
published to support data  
collection on progress of  
WHO's Global Action Plan  
for universal eye health**

**36  
Member  
States**

**now have dedicated,  
intersectoral  
strategies for  
road traffic safety,  
compared to 11 in 2011**



# SUCCESS STORY

## eHEALTH SOLUTION: mDIABETES PROMOTES MORE EQUITABLE ACCESS TO CARE



Khady received SMS messages on his mobile phone before, during and after the 2016 Ramadan. Before the Ramadan, the message said: “You have diabetes; Ramadan is soon! See a doctor now. If your blood sugar is between 0.90g/l and 1.20g/l, then you surely could fast”. During Ramadan, every time he received the message “Get used to checking your blood sugar everyday, at least in the morning and in the evening; objective: blood sugar before meal between 0.90g/l and 1.20 g/l”, he was reminded and checked his blood sugar before meals.



The mDiabetes programme is part of the WHO “Be He@lthy, Be Mobile” initiative using mobile technology to improve prevention and control of NCDs and their risk factors. Senegal, one of the pilot countries, chose to use mobile telephony to prevent diabetes and its complications by reminding patients to check their blood sugar regularly. Launched by WHO, the Ministry of Health and Social Action and the International Telecommunication Union (ITU), the programme also aimed to help over 12 000 people to prepare for the month of Ramadan.

The mDiabetes programme is an efficient tool for reducing unequal access to care due to financial, geographic or social reasons. It is planned to deliver voice messages or SMS in national languages. Khady thinks it would be really good to send to the general population and patients, not only text but also voice messages, in particular for illiterate people who cannot read or write.

SDG 3 seeks to ensure healthy lives and promote well-being for all at all ages. Through mobile telephony that reaches populations directly, the mDiabetes programme is making strides towards achieving this Goal. The pilot phase of the mDiabetes programme was assessed in January 2017 and the results will be available soon.







# Achievements Promoting Health through the Life Course

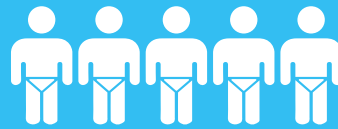


Health needs to be promoted at every stage of life, within the context of the societal conditions in which people are born, grow, live, work and age, together with gender, equity and human rights. WHO promotes the continuum of care extending from pre-pregnancy, pregnancy and childbirth to childhood, adolescence and beyond, bringing care closer to the home by empowering families and the community, improving primary care facilities, and providing referral health facilities.

**Category 3: Promoting Health  
through the Life-Course**

## Achievements

**116**  
million



**Over 116 million children under five years of age immunized against polio by more than 190 000 vaccinators in countries in West and Central Africa**

**1**  
case



**Only 1 case of meningitis due to N meningitidis type A reported in 2016-2017**



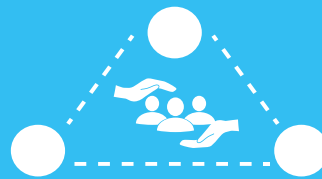
## Achievements

### Expanding vaccination coverage



**Pneumococcal conjugate vaccine and rotavirus vaccines part of routine immunization in 38 and 31 countries respectively**

### New Quality of Care Network



**to improve maternal and newborn health launched in 7 African countries**

### Addis Declaration on Immunization



**to achieve universal access to immunization in Africa endorsed by African Heads of State in January 2017**



## Achievements



**switch from  
trivalent Oral Polio  
Vaccine to bivalent  
Oral Polio Vaccine  
in April 2016**



# SUCCESS STORY NOTIFY, REVIEW, ACT: THE ROLE OF MATERNAL DEATH SURVEILLANCE AND RESPONSE



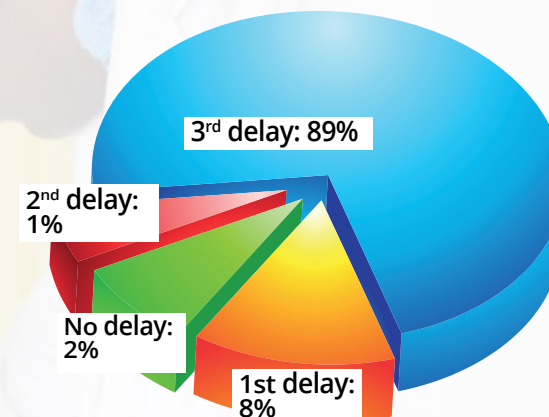
Maternal deaths are a real public health problem and a major cause of death among women in the African Region. A maternal death is one of the priority public health events to be notified weekly as recommended in the Integrated Disease Surveillance and Response (IDSR) technical guidelines. Despite this, there is severe underreporting and notification of maternal deaths due to lack of prioritization and inability to correctly classify a maternal death.

In response, WHO has built the capacity of country teams to correctly identify and notify maternal deaths in health facilities using the International Classification of Diseases-Maternal Mortality (ICD MM). In addition, links with Civil Registration and Vital Statistics (CRVS) and IDSR were created through joint sessions to facilitate weekly reporting of maternal deaths through the IDSR system and correct certification of maternal deaths.

WHO tracks maternal death notifications in countries. In 2015, seventeen countries reported 1045 maternal deaths. By the end of 2016, thirty-eight countries had reported 16 760 maternal deaths. Despite this encouraging increase in the number of reporting countries, underreporting is still occurring.

WHO is working with countries to improve reporting by incorporating maternal death reviews at facility and community levels, and initiating confidential enquiries into maternal deaths, including annual reporting. Maternal death audits show that most of these deaths could have been prevented with good quality care. For example, of the 205 maternal deaths reviewed in 2016 in Congo, delay of action in the health facility (the third delay) contributed to 89% of deaths; only 8% of the deaths were due to delay in seeking care (the first delay) and 1% to delay in getting to a facility (the second delay) (Figure)

Figure: Delays that contributed to maternal death in the Congo, 2016.



Report of the National Observatory of Maternal, Neonatal and Child Deaths in the Congo, 2016

WHO is helping countries to strengthen the teaching of Maternal Death Surveillance and Response in pre-service education by building the capacity of national training institutions in Maternal and Perinatal Deaths Surveillance and Response (MPDSR). Consequently, several countries have expanded their pre-service curricula for comprehensive inclusion of MPDSR.





# Achievements Health Systems



WHO contributes to the attainment of health for all by helping countries to develop responsive, resilient health systems that are centred on people's needs and circumstances, giving them access to quality health services without enduring financial hardship. This includes strengthening leadership and governance, improving health financing, strengthening human resources for health, promoting access to affordable, safe and effective health technologies, ensuring integrated service delivery, and generating and using health information and health research.



## Achievements

**1<sup>st</sup>  
ever  
Regional  
Forum**

**on building resilient  
and responsive health  
systems produced  
action framework  
on health system  
strengthening and  
4 communities of  
practice**

**Unprecedented  
action**



**Data on UHC  
captured from all  
47 Member States  
to develop regional  
UHC monitoring  
framework**



## Achievements

4

countries



**produced National Health Accounts reports annually since 2012; 16 produced health expenditure data for two consecutive years**

17

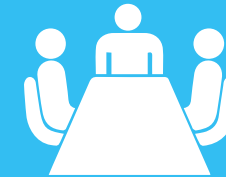
countries



**established health workforce observatories**

296

nationals



**from 44 countries trained in 2017 to develop national action plans for antimicrobial resistance using the 'One Health approach'**

## Achievements

**Research  
manuscripts  
triple**



**The number of manuscripts submitted by Regional Office staff for uploading to the website increases from 27 in 2015 to 79 in 2016**



# SUCCESS STORY CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS STRENGTHENING IN KENYA



Although the coverage of death registration is still below 60%, the country is working to improve registers and re-engineer mobile-based applications, for better tracking and cause-of-death data quality verification, as well as real-time death notification.



In Kenya, WHO has worked closely with partners and other sectors, through the Ministry of Health, to support the improvement of civil registration and vital statistics systems. Kenya for the first time produced its national civil registration reports in 2016. The country has built its mortality and cause-of-death data using ICD10 standards available to WHO for international use.

Although the coverage of death registration is still below 60%, the country is working to improve registers and re-engineer mobile-based applications, for better tracking and cause-of-death data quality verification, as well as real-time death notification. Under the Health Data Collaborative initiative in Kenya, development partners have worked together to synergize efforts on investing in the national health information system.

The recent analysis of results indicates a remarkable improvement of the routine health facility data through HMIS, and consistency with data generated through surveys.







# Achievements Health Emergencies Programme



The WHO Health Emergencies Programme (WHE) in the African Region was established in 2016 as part of the reform of WHO's work on outbreaks and emergencies. The comprehensive global programme is designed to accelerate preparedness and response, promoting collective action across the three levels of the Organization. It functions with one clear line of authority, one workforce, one budget, one set of rules and processes and one set of standard performance metrics.



## Achievements

**30  
million**



**people were  
vaccinated against  
Yellow fever in DRC  
and Angola in 2016**

**Nearly  
US \$12  
million**



**was allocated  
to the Region  
from the new  
Contingency Fund  
for Emergencies  
over the reporting  
period**



## Achievements



**public health events  
were detected and  
responded to in  
2016-2017**



**in the Region  
were trained on  
emergencies and  
outbreak control**



**supported to perform  
outbreak risk  
profiling for evidence-  
based preparedness**

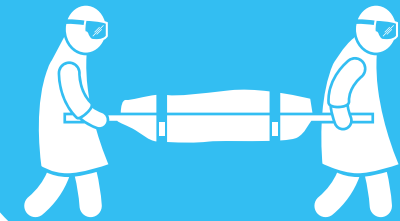
## Achievements

**18**  
countries



**completed Joint  
External Evaluations  
of International  
Health Regulations  
core capacities**

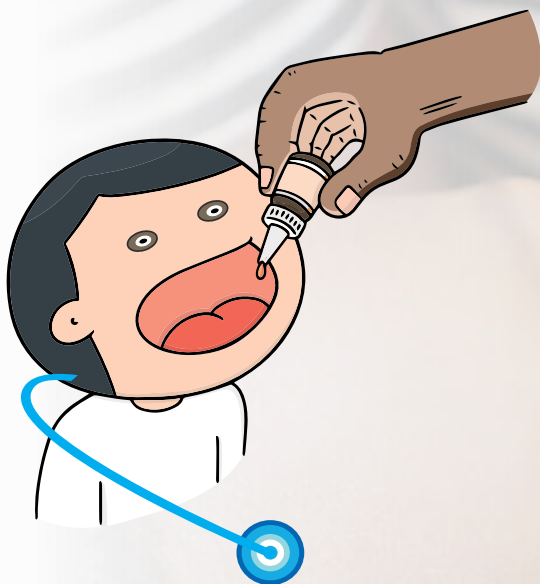
**15**  
countries



**conducted  
simulation  
exercises to test  
their readiness  
for dealing with  
emergencies**



# SUCCESS STORY AFRICA UNITES TO TACKLE THE THREAT OF POLIO



Despite ongoing violence in much of South Sudan, in November 2016, WHO and partners immunized over 155 000 migrant children under the age of 15 in special vaccination posts in South Sudan. WHO, together with the Ministry of Health and health partners scaled up support to ensure that about 300 000 children in the third round of the National Immunization Days campaign of 2016, received polio vaccinations as well as vitamin A supplements and deworming tablets.

WHO also deployed supervisors from different units in all the states to monitor the campaign and ensure that all areas were covered.

The discovery in August 2016 of four children paralysed from polio in security-compromised areas in Borno state, north-eastern Nigeria triggered a synchronized vaccination campaign, the largest ever in Africa, in March 2017. Over 190 000 polio vaccinators immunized more than 116 million children under five years of age to tackle the last remaining stronghold of polio on the continent in 13 countries in West and Central Africa.

They were simultaneously vaccinated in a coordinated effort to raise childhood immunity to polio across the continent. The volunteers and health workers travelled on foot or bicycle, working up to 12 hours a day, often in soaring temperatures of over 40 °C. The full engagement of political and community leaders at every level was critical to the success of the campaign to reach every child.



“Twenty years ago, Nelson Mandela launched the pan-African ‘Kick Polio Out of Africa’ campaign. At that time, every single country on the continent was endemic to polio and every year, more than 75 000 children were paralysed for life by this terrible disease. Thanks to the dedication of governments and partners, communities, parents and health workers, this disease is now beaten back to this final reservoir.” – Dr Matshidiso Moeti, Regional Director







# Achievements Corporate Services and Enabling Functions



This category focuses on organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of WHO. It covers the following programme areas: leadership and governance; transparency, accountability and risk management; strategic planning, resource coordination and reporting; management and administration; and strategic communications.

**Category 6: Corporate Services  
and Enabling Functions**

## Achievements

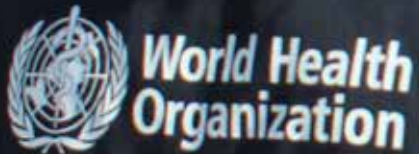
**External  
evaluation**



**of Transformation  
Agenda affirmed  
significant  
progress has been  
made**

**1<sup>st</sup>  
ever  
Africa Health  
Forum**

**in Kigali, Rwanda in  
June 2017 on “Putting  
People First: The Road to  
Universal Health Coverage  
in Africa” engaged new  
public health players,  
including youth and the  
private sector**





## Achievements

### **Staff realignment**



**completed at  
Regional and  
Intercountry Offices;  
now moving to  
countries through  
functional reviews**

### **Stronger partnerships**



**with international  
institutions and  
countries abroad**

### **New framework**



**to strengthen  
compliance and  
controls of Direct  
Financial Cooperation  
(DFC) funds**



## Achievements

**0%**  
**Audits**



**with unsatisfactory rating; 100% of new audits were partially/fully satisfactory**

**New results framework**

**established to enhance transparency and accountability for results of individuals and teams**



# SUCCESS STORY MEASURING WHO'S CONTRIBUTION IN THE AFRICAN REGION – THE BURUNDI ACCOUNT



As part of the Transformation Agenda, WHO in the African Region developed a results framework with indicators linked to performance management – a first for the Organization globally - to better serve Member States while improving transparency, reinforcing accountability and demonstrating results. Managerial and programmatic key performance indicators (KPIs) were developed to measure WHO's contribution to Africa's health. They are aligned with the SDGs and the Programme budget, staff performance appraisals, and at country level with Country Cooperation Strategies. The WHO Country Office (WCO) experience in Burundi is a tangible account of how the KPIs have helped to improve performance at country level.

The Burundi WCO had been facing difficulties in meeting its managerial KPIs in 2016. When the new WHO Representative (WR) assumed office in February 2016, he soon mobilized his staff around the Transformation Agenda, with a strong focus on WHO's accountability and internal control frameworks. Under his leadership, the WCO developed its road map for implementation of the reform agenda. Change agents appointed by their peers were regularly involved in management committee meetings chaired by the WR, to report progress on key transformation milestones, including the KPIs.

To further support the WR, experts from AFRO, the Inter-country Support Team and Headquarters undertook a programme monitoring and administrative assessment mission. The review was instrumental in helping to build on previous efforts to improve risk and compliance management, as well as accountability in administration and programme delivery. Recommendations from the review led to a management response action plan. Workflows and internal controls were strengthened in all enabling functions, and the WCO's responsiveness to emergencies and cooperation with key stakeholders was reinforced.

Managerial KPIs improved significantly over time, translating into results in the country. A cholera outbreak was quickly brought under control after the WCO effectively coordinated and implemented the WHO Emergency Response Framework and related standard operating procedures.



As a result, the Ministry of Public Health and HIV/AIDS, donors and other stakeholders are now relying on WHO leadership to further guide their actions during emergencies. A malaria outbreak response plan, developed under the aegis of the WCO, has received strong support and is being used to guide a multipronged response to a protracted malaria outbreak. The Burundi Country Office has now selected 20 KPIs and is strengthening its operations and implementation of the managerial KPIs, thus maintaining a strategic focus on effective transformation.







# Partner With Us

The World Health Organization in the African Region contributes towards making better health and well-being 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 well-being a reality for people in the Region.

Partner With Us



**WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR AFRICA**

Cité du Djoué, P.O. Box 06, Brazzaville, Republic of Congo

Telephone: + (47 241) 39100 / + (242) 770 02 02 |

Fax: + (47 241) 39503 | E-mail: [afrorgocommunications@who.int](mailto:afrorgocommunications@who.int) |

Website: <http://www.afro.who.int> | Twitter: @WHOAFRO |

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