



WORLD HEALTH ORGANIZATION 68TH SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

**WHO Strengthens Partnerships for Resource
Mobilization to Support Member States**

**The WHO AFRO Transformation Agenda Results
in Better Accountability, Institutional Capacity
and Increased Resource Mobilization and
Allocation at the Country Level**

In pursuit of one of its core functions, the WHO Regional Office for Africa (WHO/AFRO) has strengthened existing partnerships and engaged new ones to mobilize resources to support its Member States to address global public health

challenges. In a report to delegates attending the ongoing 68th Session of the Regional Committee, the secretariat indicated that the WHO Financing Dialogue with donors has resulted in an increase in funding for the programme budget (PB) from 71% in PB2012-2013 (before the financing dialogue) to over 80% in the last two biennium (88% for PB2014-2015 and 87% for PB 2016-2017). This significant increase was partly due to the Ebola virus outbreak and other emergencies.

The report indicated that all budget centres in the region succeeded in securing over 70% of their allocated programme budget in the last two biennia. The top ten contributors accounted for over 75% of contributions, with a significant proportion coming from Member States and partners outside the Region.

The report also showed that WHO has strengthened its donor reporting and internal control systems, and is implementing a regional framework that underpins programmatic implementation for results. Key performance indicators (KPIs) have been developed to facilitate and enable this process. A monitoring system that was launched in March 2016 to improve the technical and financial reports to partners has significantly reduced the number of overdue donor reports with a decrease in the backlog from over 300 to fewer than 50 reports. Efforts are underway to ensure that WHO reaches zero delays in submitting donor reports as well as improving the quality of the reports.

WHO has taken steps to ensure that its relationship with its key partners is more strategic and focused on areas where political traction is most needed. Consequently, the Regional Director and the WHO/AFRO Executive Management Team (EXM) have undertaken extensive discussions with and visits to partners to nurture and strengthen these relationships. In addition, key partner organizations such as the African Union Commission (AUC), the United Kingdom (Ministry of Health, Department for International Development and Public Health, England), the United States (Department of Health and Human Services, the United States Agency for International Development and CDC), the Bill and Melinda Gates Foundation, the African Leaders Malaria Alliance, the Organization of Africa First Ladies against HIV/AIDS, the International



The WHO African Regional Office (WHO/AFRO) has presented the achievements and challenges encountered in the implementation of the Transformation Agenda (TA) which was endorsed in 2015 by the Sixty-fifth Session of the WHO Regional Committee for Africa (RC65).

Making the presentation on behalf of the Regional Director for Africa on the second day of the RC68 in Dakar Senegal, Dr Francis Kasolo highlighted the key achievements made in the last three years of implementation of the TA. These included increased capacity for timely detection and response to emergencies in the Region; introduction of an accountability and internal control strengthening mechanism which has resulted in an increase from 55% to 77% in the overall control effectiveness in the Region thereby moving the organization from the fifth to the third position among the five WHO Regions assessed; introduction of Key Performance Indicators (KPIs) to monitor programmatic and administrative aspects of the organization's work; and increased donor commitment and engagement with increased result mobilization.

Dr. Kasolo reported that through the ongoing functional reviews which had been conducted in 27 WHO Country Offices, the staff complements of the organization are now better aligned to country priorities and more fit-for-purpose. He stated that an independent mid-term evaluation of the TA which was conducted in 2017 has shown its relevance and provided information which has been used to further shape its strategic direction.

Dr. Kasolo indicated that despite the achievements made, challenges such as difficulties in effectively communicating visible changes at country level and inability to effectively prioritize country health needs due to their broad diversities continue to impede effective implementation of the TA. Moving forward, he called on the Member States to take note of and support institutionalization of the TA to ensure its sustainability. He said that WHO will integrate the KPIs into existing processes, systems and

Telecommunication Union (ITU) and the Gavi Alliance also paid visits to the Regional Office . These engagements have resulted in the signing of a number of cooperation agreements, the development and review of joint work plans.

To further broaden partnerships, in June 2017, the Regional Director convened the first ever Africa Health Forum in Kigali, Rwanda under the theme “*Putting People First: The Road to Universal Health Coverage in Africa*”. The Forum, which was attended by over 700 stakeholders, enabled consultations with a broad range of partners and stakeholders within and outside the Region on strategies to pursue the Africa Agenda for Health.

The report also highlighted some challenges related to resource mobilization in the region. For instance, the ramp down of the Global Polio Eradication Initiative is expected to have significant implications on funding to the Region and on the programme areas that depend on polio structures such as routine immunization, laboratories, and surveillance.

There is also a growing need to increase funding in the areas of Universal Health Coverage, Health Systems Strengthening and health emergencies. While Member States have recognized the need for additional funding for emergencies with the creation of the African Public Health Emergency Fund (APHEF), contributions from Member States remain inadequate and often delayed.

Commenting on the report, the delegates underscored the need for flexible funding to support implementation of the WHO 13th Global Programme of Work and called on Member States to increase their domestic investments in health and further explore public-private partnerships to better engage with the private sector.

Programme of Work - DAY 3: Wednesday, 29 August 2018

07:30– 08:45	<i>Breakfast meeting</i>	<i>Saving millions of lives through innovations in mortality surveillance</i>
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structures of WHO/AFRO, improve human capital at the country level through implementation of the recommendations of the functional review of the country offices, ensure alignment of the WHO/AFRO TA to the global transformation plan and more active involvement of Member States in the implementation of the TA.

Several Member States present at the session lauded the introduction and progress made in the implementation of the TA and raised several pertinent issues and areas where they would like to see further improvements. They highlighted the need to rank countries based on a their health system performance, further strengthen WHO audit systems, accelerate the implementation of the recommendations of the functional review, and be more explicit in the reporting of the achievements of the TA.

They requested for more political actions rather than commitments, a more intensive approach to resource mobilization to support the health leadership work of the organization and a more effective link of the impact of the TA to health outcomes at country level. They also called for greater facilitation of south-to-south cooperation mechanisms by establishing a list of the available public health expertise in the Region.

The Regional Director for Africa thanked the Member States for their contributions to the session and sought their cooperation in addressing the issues that they had raised, especially concerning the quick implementation of the recommendations of the functional review.

The Transformation Agenda has made WHO more Responsive to Member States’ Needs



(CHAMPS)

09:00–09:15	Agenda item 4 (cont'd)	Report of the Committee on Credentials
09:15–10	Agenda item 15 (cont'd)	Draft global strategy on health, environment and climate change (Document AFR/RC68/12)
10:30–11:00	Tea Break	
11:00–12:30	Agenda item 13	Ensuring Sustainable financing for Universal Health Coverage in Africa in the midst of changing global and local economic factors (Document AFR/RC68/10)
12:30–14:30	Lunch break	
13:00–14:30	Side Event	Launch of The State of Health Analysis in the African Region
14:30–16:00	Agenda item 11	Framework for certification of polio eradication in the African Region (Document AFR/RC68/8)
16:00–16:30	Tea break	
16:30–18:00	Agenda item 14	Roadmap for access 2019–2023: Comprehensive support for access to medicines and vaccines (Document AFR/RC68/11)
18:00	End of the day's session	
18:00–19:30	Evening Side event	Digital Health expansion in Africa and the AFRO-ITU agreement

*Interview with Honourable Dr David Parirenyatwa,
Minister of Health, Republic of Zimbabwe*

1. What is your assessment of the WHO Transformation Agenda in the African Region so far?

As you are aware, WHO has been in existence since 1948 and now we believe that it is time to transform it and we're very pleased and excited that the Secretariat, both the Regional Office and Headquarters have embraced the Transformation Agenda which means they really want to change the culture of how people work at the WHO Secretariat. They want to focus more on country priorities and for the Secretariat to be responsive to the needs of the people in the African region. That is critical and this is the appropriate time for it.

The Transformation Agenda has so far been well implemented. The time it takes for WHO to respond to emergencies has really been shortened significantly. We have seen what happened with the Ebola outbreak in DRC as compared to the outbreaks in Liberia, Sierra Leone and Guinea where the WHO response was a bit slack. But this time, with the same crisis in DRC, both the Regional Director and the Director-General went there in no time at all and the Ministry of Health together with WHO have acted very quickly to respond to the outbreak. So in that respect, the Transformation Agenda has already worked. In my own country it has been effective. We recently had a crisis with Typhoid Fever and WHO was right at the center of coordinating our response.

2. Do you find WHO more responsive to your country's needs at this stage of the Transformation Agenda?

WHO has been very responsive to our country's needs and I hope that they can continue to sustain, accelerate and institutionalize that. We would like to see WHO reaffirm its public health leadership in our countries. We do not want them to be second to anybody else; we want them to be the lead agency and indeed that is now beginning to be realized.



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The Gavi Alliance Expresses Satisfaction on its Partnership with WHO in Support of Immunization in Africa

3. What more should the Regional Director do to further advance the Transformation Agenda?

I think she should recognize and ensure that WHO responds to the priorities set by countries for them to be addressed in the shortest possible time. But more importantly, is the issue of funding. That's what the Regional Director should now look at. If you see what is happening in countries, the leader among UN agencies in the area of health is sometimes blurred, sometimes you don't know if it is WHO. This is because WHO is not a funding agency, so it has to look for funding from elsewhere and that somehow weakens the organization's leadership capacity. If you look at UNICEF for example, it appears as if they are in the forefront in many programmes and this is because they look for funding very quickly. So for the Director General and Regional Director, that's an area they must not ignore. It will make WHO more credible, they will be on the ground on their own terms and they will be more responsive to country needs.

4. What message do you have for the WHO Secretariat and Member States on the Transformation Agenda?

I think everybody should embrace and understand it. Sometime people just use these words, transformation agenda without really understanding its meaning. Thus I encourage everybody to read about, internalize and explore how to practically adapt it to their countries. Finally, WHO should really recognize countries' priorities and not dictate to them.

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Ministers of Health, WHO and a Donor discuss how to support Countries to scale up reduction of preventable maternal deaths through provision of comprehensive sexual and reproductive health services

A side meeting to discuss a planned initiative for accelerating the reduction of preventable maternal



*Interview with Mrs Hind Khatib-Othman,
Managing Director, Country Programmes*

1. What is your assessment of the current immunization status in the WHO African Region?

First of all, GAVI is very happy and pleased to have been a partner in the African Region in the field of vaccines and immunization. Since its inception, the Gavi Alliance has spent over 7.2 billion USD on vaccines as well as on strengthening health systems in the Africa region. We believe tremendous progress has been made. . All countries have introduced the pentavalent vaccine. We have a large number (about 29 countries) that have introduced the Rota vaccine although not all countries are eligible for our funding. So in terms of introduction of new vaccines, I believe we have done very well. We have to understand that despite the progress made, there are a large number of challenges in immunization in Africa; 1 out of 5 children are not fully immunized with the essential vaccines in the Region.

2. What has been the impact of the Gavi Alliance funds in the Member States of the region?

When you look at when we started, the coverage was very low but now we are speaking of an average coverage of over 70% in the Region, I think we have done quite well. Obviously, we cannot be complacent or relaxed about this achievement because we are aiming to achieve targets of over 90% coverage in all countries. So we are really working to ensure that those children that are being left behind are reached with the essential lifesaving

deaths in four African countries (Benin, Burkina Faso, Rwanda and South Africa) took place on 28th August 2018. The initiative which is a partnership between the donor, WHO and the listed Member States aims to address the Sustainable Development Goal 3.1, 3.7 and 5.6 targets through scaling up and integration of SRHR interventions into health systems strengthening programmes including Universal Health Coverage and emergency response.

The meeting aimed at having a common understanding of the proposed initiative, obtain the countries' perspectives on the initiative, clarify the role of WHO and agree on the next steps in implementing the initiative. Present at the meeting were the WHO Director General, the WHO Regional Director for Africa, Ministers for Health of Benin, Rwanda, South Africa, a representative of the Minister of Health of Burkina Faso, a donor and WHO staff from the three levels of the organization.

The meeting agreed that the initiative should address common areas of context specific SRHR interventions such as: 1) awareness creation to address the information gaps and cultural barriers to access SRHR services; 2) addressing capacity gaps and attitude of healthcare workers; 3) ensuring availability of and access to SRHR services; 4) advocacy and dialogue with various interest groups to address any policy and legal reforms, as necessary; 5) generation of disaggregated information on SRHR gaps to inform policy and strategy development.

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BANKING

The current currency in Senegal is the WAEMU CFA franc.

- US\$ 1 = 574 F CFA
- 1 EURO = 656 FCFA

HOTEL CONTACTS

vaccines.

3. What are the major challenges that the Gavi Alliance has faced in its operations in Africa?

A major challenge for us in Africa is political commitment. And when I talk about political commitment I do not mean people just saying that I believe in vaccines. But political commitment that is translated into strong immunization programmes and allocation of the required human resources to ensure that we reach the communities and all children everywhere with potent vaccines.

One of the pillars of the Gavi Alliance is co-financing. While most of the countries meet that obligation we know there are problems in actually ensuring that there is the required fiscal space to sustain and maintain these immunization programmes. Hopefully, this is what we would like political commitment to be translated into – financing, human resources, facilities and outreach programmes. Another challenge is risk assurance - making sure that we have the right systems to ensure the efficiency and effectiveness of our financing, proper reporting, transparency and accountability.

4. What message do you have for Member States in the Africa Region from GAVI?

To Member States, the Gavi Alliance is very proud of the successes and achievements you have made but we remain concerned about the challenges ahead of you. There is a strong commitment from the Alliance and its board to ensure that we are good partners to you and to customize our support to your needs.

To the Alliance partners, I want to say we are with you in the quest to strengthen immunization services in Africa. It was heart-warming when the Regional Director in her report said that it is no longer one size fits all, we have to customize. We have to understand the challenges in each country and be able to adapt our services. So I really hope the Alliance partners will work to ensure that the money that is put out there by us is properly used to reach all children with the necessary and

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Algeria Responds Appropriately to the Increasing Burden of Non Communicable Diseases

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Stakeholders call for better engagements between the health and finance sectors to improve public finance management and health financing in Africa

The Harmonization for Health in Africa (HHA) partners held a side event to galvanize support for Public Finance Management (PFM) towards the attainment of Universal Health Coverage at the fringes of the ongoing RC68. The event was attended by dignitaries such as the WHO Regional Director for Africa, the Ministers for Health of Burundi, Gambia, Ghana, Togo and Uganda and Director of Human Capital, Youth and Skills Development at the AFDB. The meeting provided an opportunity for Member States and Partners to discuss public finance management and health financing reforms in Africa, present and discuss complimentary tools such as e-solutions and to share successful country experiences on PFM for health in Africa.

Burundi shared its successful story of aligning its performance-based financing reforms with the health sector budget. This was used as a mechanism to improve reporting and accountability at all levels, including the community, thus resulting in improved quality of care and service coverage. Ghana shared its own experience where its President has appointed accountants with experience in financial management into senior management positions in the Ministry of Health.



*Interview with Professor L'HADJ Mohamed,
Director General of Health Services,
Republic of Algeria*

1. Tell us about the progress your country has made in the fight against non-communicable diseases such as cancer, high blood pressure, obesity and diabetes

Algeria has adopted a strategy to combat diseases in general and non-communicable diseases in particular. We have created committees of experts based on the disease conditions. These committees bring together experts from the health sector as well as experts from other ministerial departments because most often there are actions that go beyond the Ministry of Health. Expert committees meet for months or even years to develop national guides or guidelines. They are sponsored by the Ministry of Health and their recommendations are obligatory throughout the country. Their objective is to harmonize and standardize the management of a condition according to aspects of prevention, diagnosis and management.

With regard to prevention, we involve the media and the general public, but at the same time we also organize scientific events. Prevention plays a very important role in the fight against non-communicable diseases. Concerning diagnosis, we standardize the management because there are several medical schools and practitioners who have different approaches of handling a disease. The guidelines indicate the diagnostic criteria. Finally, in relation to treatment, the guidelines indicate what type of drugs should be prescribed for which conditions. This prevents the harmful actions by the

This resulted in improved efficiency.

The event concluded that there is need for engagement between the health and finance sectors to ensure alignment of public finance management reforms. It was stressed that such engagements should be on a regular basis and not limited to budget preparation alone. Furthermore, the need to utilize funds that have been mobilized by the sector was emphasized as well as social accountability and citizen's engagement through the budget cycle and better planning.

Countries urged to strengthen Policy and Financial Structures for Improved Immunization Services

The Gavi Alliance held a side event at the ongoing RC68 on 28th August 2018 intended to advocate for and mobilize the Ministers of Health's renewed commitment to routine immunization as a public good and a basic right for every child everywhere in the context of Primary Health Care revitalization towards Universal Health Coverage (UHC). In his welcome remarks as the chairperson, the Minister for Health of Ethiopia thanked WHO, the Gavi Alliance and UNICEF for organizing the event and applauded them for making strides to address the profound challenges in immunization in the African Region.

Delivering the opening remarks on behalf of the WHO Regional Director for Africa, Dr Joseph Cabore, the Director of Programme Management of WHO/AFRO welcomed and thanked the participants for attending the high-level Ministerial session. *'By vaccinating our children, we are doing more than saving their lives. We are also protecting their education, returning precious time and money to their families and making critical investments in future prosperity'*, he said.

He informed the meeting that WHO has developed a business case to support immunization programmes in African countries. This will help to shift the focus from a disease-specific to an integrated, cross-disease approach for both surveillance and immunization and also provide more tailored support to each Member State. He stressed that WHO will continue to work closely with Member States to strengthen their national immunization programmes.

pharmaceutical industry.

2. What factors have been responsible for your success?

When applying national guidelines, I take cancer as an example. We have developed technical guidelines for the specific management of cancer in adults and children. The patient flow is usually taken into account. You know, cancer sometimes affects several organs, so several specialties are involved. The Technical Guidelines explain the different steps, where to start and where to finish.

The State has also built cancer control centres throughout the country. They are accessible to everyone. The very significant financial effort made by the State has enabled significant progress to be made. For example, we have acquired some 40 Linear Imaging Accelerators for the treatment of cancer by radiotherapy. This is a very heavy investment. Before that, a patient could be scheduled for radiation therapy for a year or more. And most often, the patients did not reach the date of the appointment. Cancer management centres are also equipped with exploration facilities and management services such as surgery and oncology.

3. What is the level of community involvement in the fight against non-communicable diseases?

Already at expert committee level, representatives of patient associations are members. They participate in the development of national guidelines. For prevention, for example, they direct us to the most important elements. These associations participate in awareness campaigns. They also participate in scientific meetings to explain to patients the behaviours to be followed for prevention and treatment. At this level, media action is also very important. In Algeria, the national media regularly broadcast prevention spots free of charge and on the patientflow. Television and radio stations are fully committed to our policy of preventing these diseases.

4. What new challenges are you facing right now?

Like most African countries, we suffer from

The Representative of the Western and Central Africa Regional office of UNICEF indicated that significant progress is being made in improving immunization coverage, partnership and alliance building and strengthening health systems. In order to address the challenges related to access and coverage, it is imperative to do things differently by fostering local ownership and leadership.

The Managing Director for Country Programmes of the Gavi Alliance, Ms Hind Khatib- Othman highlighted the commitment of the Alliance towards ensuring that no child is left behind. This, she said, calls for strong and sustained political commitment from all levels of government. She noted that the Alliance is working with countries to wean them off its funding in a sustainable manner.

Three countries (Nigeria, Chad and Mozambique) shared their immunization experiences. The countries reiterated that the issues of revitalization of primary health care, strengthening of immunization surveillance systems, zero tolerance to falsified data and the need for accountability and transparency across all government programmes are critical.

The session concluded that going forward, countries should strengthen policy and financial structures to improve accountability, transparency and deploy a multisectoral approach to strengthen immunization service delivery in the Region.

EXHIBITION

As in previous Regional Committee sessions, there is an exhibition on the work of WHO and Member States in the African region. The exhibition is mounted in room A0 behind the plenary hall. This year's exhibition focuses on WHO's 70th anniversary (successes and challenges), the Regional Office's Transformation Agenda and Universal Health Coverage. Delegates are invited to visit the exhibition hall.

communicable and non-communicable diseases. The major challenge is the increase of diseases such as diabetes, obesity, and stroke. For diabetes, a national programme and a committee of experts have been set up. Strokes have become common. Unfortunately, the sick are not well taken care of. It was therefore decided to set up a committee of experts to organize the management of this problem. In the meantime, we have opened 40 care units nationwide to receive stroke of patients.

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