A decade of transformation: advancing health across Africa

August 2024

World Health Organization
African Region

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Designed in Brazzaville, Republic of Congo

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Foreword

In a decade marked by the ambitious Transformation Agenda under my leadership, the WHO Secretariat focused on building responsive, resilient and inclusive health systems across the WHO African Region. I assumed office in 2015, during the largest-ever Ebola virus disease outbreak, which ravaged three countries in West Africa and threatened the world, and at a time when the Region was still experiencing wild poliovirus transmission. WHO in the African Region embarked on a Transformation Agenda, aiming to be fit for purpose for our Member States and health development stakeholders and undertaking reforms to become more proactive, responsive, results-driven, innovative, and accountable so as to deliver on our mandate.

As I prepare to conclude my tenure as Regional Director after 10 years of dedicated service, this report highlights the results of our work from 2015 to 2024 under this agenda. Our approach centred on policy dialogue to develop high-performing systems, technical assistance to strengthen national institutions, and operational support for service delivery to address critical gaps in particularly dire emergency settings.

There have been significant gains in enhancing health security, strengthening health systems, controlling, and eliminating communicable diseases, initiating action on noncommunicable diseases including mental health, reducing maternal and child deaths, addressing social determinants of health, and broadening and enhancing partnerships, all aligned with the health goals of the African Union. We fostered an organizational culture defined by excellence, teamwork, accountability, integrity, equity, innovation and openness. Our results-focused technical work aligned with global and regional priorities and commitments, emphasizing evidence-based interventions, innovations and lessons learnt from experience to ensure that all actions were relevant and effective.

We transformed the Secretariat into an organization with stronger management capacity that efficiently supports programme delivery by aligning staffing with organizational needs at different levels, ensuring priority-driven financing and resource allocation, and guaranteeing managerial accountability, transparency and robust risk management. We created a more responsive and interactive organization both internally among staff and externally with stakeholders, enhancing communication and collaboration to foster stronger partnerships and stakeholder engagement.

Throughout the Transformation Agenda, we supported countries in recovering from various health challenges, including the COVID-19 pandemic, responding to health emergencies caused by infectious disease outbreaks and climate change, and strengthening primary health care foundations. We also supported multisectoral actions to promote health and well-being.

I extend my heartfelt gratitude to the governments, health care workers, partners, communities and other stakeholders who have collaborated with WHO to address the health needs of the people of Africa. I wish to thank all WHO staff for their strong teamwork.

Sustaining these hard-fought victories will require ongoing investments, robust partnerships (including with the private sector), active community engagement and addressing the social and economic determinants of health.

As I conclude my tenure, this is an ideal moment to reflect on the invaluable lessons learnt over the past decade and to embrace innovative strategies that will propel us toward attainment of universal health coverage (UHC), enhanced health security and sustainable development.

Dr Matshidiso Moeti
WHO Regional Director for Africa

Acknowledgements

The WHO Secretariat in the African Region gratefully acknowledges the support of the national authorities, partners, health workers, communities and all stakeholders who have contributed to the remarkable achievements over the past decade. Your unwavering commitment, collaboration, and innovative efforts have been instrumental in transforming health outcomes and improving the lives of millions in Africa. This report is a testament to our shared vision and relentless pursuit of a healthier and more equitable future for all.

Abbreviations

AfDB	African Development Bank
Africa CDC	Africa Centres for Disease Control and Prevention
AIRA	Africa Infodemic Response Alliance
AVAREF	African Vaccine Regulatory Forum
COP	Conference of the Parties
ESPEN	Expanded Special Project for Elimination of Neglected Tropical
Diseases	Expanded Special Project for the Elimination of Neglected Tropical Diseases
GTS	Global Technical Strategy for Malaria 2016–2030
HBHI	high burden to high impact
HHA	Harmonization for Health in Africa
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IHR	International Health Regulations
KPI	key performance indicator
MCAT	multicountry assignment team
MDG	Millenium Development Goal
Men5CV	pentavalent meningococcal ACWYX conjugate vaccine
MenACV	monovalent meningococcal A conjugate vaccine
NCD	noncommunicable disease
nOPV2	novel oral polio vaccine type 2
NTD	neglected tropical disease
OAFLAD	Organization of African First Ladies for Development
PHEIC	public health emergency of international concern
PrEP	pre-exposure prophylaxis
UHC	universal health coverage
US CDC	United States Centers for Disease Control and Prevention
SCI	service coverage index
SDG	Sustainable Development Goal
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
SPAR	States Parties Self-Assessment Annual Report
TAI	Transformation Agenda Initiatives
TB	tuberculosis
WASH	water, sanitation, and hygiene
WHO	World Health Organization
WPV	wild poliovirus
WHO	World Health Organization
WPV	wild poliovirus

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Executive summary

Dr Matshidiso Moeti, appointed Regional Director for the WHO African Region in 2015, embarked on a mission to transform the WHO in the African Region into an agile and effective secretariat that would support Member States to enhance health security, strengthen health systems and address social determinants of health. Her tenure began during the Ebola outbreak, which revealed significant gaps in WHO's capacity.

The Transformation Agenda, introduced under her leadership, aimed to reform WHO into a more responsive and effective organization. Conceived as a bold and ambitious strategy, the agenda sought to evolve the WHO Regional Office for Africa into a proactive, results-driven, transparent, accountable and well-resourced organization.

The Transformation Agenda has been a decade-long journey of innovation, resilience and dedication to improving health systems across the WHO African Region. As this transformative journey comes to an end, it is important to reflect on the successes, challenges, and lessons learnt – and to chart a path forward for continued progress in health development in the Region.

Successes of the Transformation Agenda

Over the past decade, the Transformation Agenda has achieved remarkable successes across several key areas. The most significant accomplishments have been the enhancement of the WHO workforce and accountability, guided by values of excellence, integrity and innovation. This focus on values has fostered an organizational culture that emphasizes teamwork, openness and a commitment to achieving results.

The agenda also made significant strides in enhancing public health emergency preparedness and response capacity. This was crucial in the context of recurring health emergencies, such as the Ebola virus disease and cholera outbreaks. The enhanced capacity to respond to outbreaks was highly valuable in the response to the COVID-19 pandemic in the region. By improving readiness and response mechanisms, the WHO Regional Office for Africa has become better equipped to tackle these crises and mitigate their impact on affected populations.

Interruption of wild poliovirus transmission is a landmark achievement of the last decade. There has also been significant progress in disease elimination efforts in the Region, including those targeting NTDs. Progress has also been made in accelerating control of diseases such as malaria, HIV/AIDS and tuberculosis (TB). Additionally, Member State capacity to respond to antimicrobial resistance (AMR) has been scaled up, reflecting a proactive approach to emerging health threats.

The agenda strongly emphasized the strengthening of health systems and advancement of UHC. By prioritizing maternal and child health, addressing social determinants of health, enhancing access to essential services and promoting domestic health financing models in Member States, the WHO Regional Office for Africa has contributed to healthier populations and improved health outcomes across the continent.

The pandemic has shown the strategic relevance of WHO to global health care. The world needs, more urgently than ever before, the know-how of WHO's leadership, which faces the challenge of achieving a common plan on health promotion and combating diseases.

HE José Maria Neves
President, Cabo Verde

Challenges and lessons learnt

Despite the achievements, the implementation of the Transformation Agenda was not without challenges. The period was marked by multiple concurrent crises, including conflicts, climate change impacts, economic instability and the COVID-19 pandemic. These challenges highlighted the need for adaptive strategies and reinforced the importance of resilience in health systems.

A key lesson learnt was the critical importance of strong political leadership and strategic partnerships. The agenda underscored the value of engaging political leaders at the highest levels to advocate for health priorities and secure improved domestic financing of health programme implementation. Collaborative efforts with Member States, the African Union, regional economic communities and other stakeholders were essential in driving progress and ensuring alignment with national priorities.

Investing in leadership development emerged as a vital component of the agenda. By building leadership capacity at all levels, the WHO Regional Office for Africa empowered individuals and teams to drive change and sustain improvements. It also prioritized promoting staff engagement and ensuring gender inclusion, recognizing the diverse contributions of the workforce in achieving organizational goals.

Data-driven decision-making was a cornerstone of the Transformation Agenda, enabling evidence-based interventions and continuous improvement. By leveraging data and analytics, the WHO was able to identify gaps, measure progress and adapt strategies to optimize impact.

Sustaining change and future directions

Sustaining the gains made over the past decade requires ongoing commitment and investment. The lessons learnt from this experience will serve as a foundation for future efforts to strengthen health systems and improve health outcomes in the WHO African Region.

Looking ahead, the WHO Regional Office for Africa will prioritize key areas to accelerate progress and achieve global and continental health targets. These priorities include advancing health equity, building people-centred, resilient health systems based on strong primary health foundations, leveraging digital technologies to enhance service delivery and promoting efficient resource utilization. A strong emphasis will be placed on achieving continental self-sufficiency in areas such as local manufacturing of vaccines, medicines and medical devices.

The WHO Regional Office for Africa will continue to play a crucial role in resource mobilization, providing technical expertise, and fostering partnerships with the African Union and regional economic communities. By adopting a sub-regional approach and leveraging regional platforms, WHO can enhance collaboration and drive collective action towards shared health goals.

WHO is our right hand. They are giving us technical assistance, they are training our health care professionals also and we are having joint coordination meetings in preparedness for these emergencies.

Dr Ader Macar Aciek
Undersecretary, Ministry of Health, South Sudan

Read more

Embracing innovation and adaptation

Innovation will remain a driving force in the efforts of the WHO Regional Office for Africa to address health challenges and improve health systems. The launch of an innovation platform within the WHO African Region has fostered a culture of creativity and problem-solving, enabling the organization to develop home-grown solutions tailored to the unique needs of African populations.

The COVID-19 pandemic underscored the importance of innovation and adaptability in responding to unforeseen challenges such as a sudden need for widespread laboratory testing, and the WHO Regional Office for Africa will continue to harness technological advancements and innovative approaches to strengthen health systems and enhance service delivery.

Conclusion: a legacy of transformation

The Transformation Agenda has laid the groundwork for a more resilient and adaptive health system in the WHO African Region. By embracing the lessons learnt and building on the successes achieved, the WHO Regional Office for Africa is well-positioned to drive meaningful and sustainable change across the continent. The commitment to excellence, accountability, and innovation will guide future efforts to improve health outcomes and achieve UHC.

As Dr Moeti concludes her tenure as Regional Director, her leadership and vision have left an indelible mark on the health landscape in Africa and globally. The legacy of the Transformation Agenda will continue to inspire and inform the organization's ongoing work to create a healthier, more equitable future for all.

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At a glance

Spotlight on achievements

Empowering WHO workforce guided by values of excellence, accountability, integrity and innovation

Staff training and cultivation of a respectful work environment:

- equipping over 200 senior WHO staff with leadership skills to navigate change and help deliver public health impact;
- progressing towards gender equity: gender parity achieved in the Regional Office leadership team at the level of Directors; proportion of female professional staff up from 30% in 2017 to 37% in 2023;
- bridging the gender gap: over 110 young women UN volunteers recruited between 2020 and 2024; and
- bolstering efforts towards zero tolerance to abuse and harassment: 100% of the workforce trained in prevention of sexual exploitation, abuse, and harassment Progress in the development of safe and respectful workplaces as evidence by the increased reporting of sexual harassment by staff using WHO reporting channels.

Enhancing public health emergency preparedness and response capacity

Milestones crossed towards health security:

- average International Health Regulations (IHR) core capacity score increased from 42 in 2018 to 50 in 2023;
- faster outbreak detection: 50% reduction of the median time to detection of outbreaks from 14 days in 2017 to 7 days in 2023;
- effective outbreak control: Median time to control outbreaks reduced from 156 days in 2017 to 63 days in 2023;
- more effective logistical support: lead time for emergency logistics and supplies delivery reduced from an average of 25 days in 2021 to 4 days in 2023; and
- COVID-19 Response: All Member States established high-level multisectoral coordination COVID-19 response platforms that oversaw the implementation of recommended COVID-19 response strategies.

Accelerating progress towards polio eradication

Protecting millions more children from the threat of polio:

- landmark achievement in fight against polio: WHO African Region declared free of wild poliovirus in 2020;
- reaching every child: 50 million children vaccinated in five Southern African countries between 2021 and 2024, resulting in the timely interruption of imported wild poliovirus;
- strengthening surveillance: 97% (44/47) countries in the region have environmental surveillance systems; and
- increasing use of innovative tools: Over 1 billion doses of the novel oral polio vaccine type 2 (nOPV2 vaccine) have been used in the WHO African region since 2021 – and digital and genetic tools are now used to better track the spread of poliovirus.

Controlling, eliminating and eradicating communicable diseases

Disease elimination and eradication:

- Togo became the first country in the world to eliminate four neglected tropical diseases (NTDs): lymphatic filariasis, trachoma, guinea-worm disease and human African trypanosomiasis.
- Forty-two countries were declared free of guinea-worm disease by 2023, an increase from the 40 countries that had been declared guinea-worm free in 2015.
- The Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN) was established in 2016. More than 2.7 billion tablets against NTDs were donated and distributed between 2016 and 2020.
- The last confirmed case of confirmed meningitis case due to Neisseria meningitidis serogroup A in the African meningitis belt was reported in 2017 following widespread use of monovalent meningococcal A conjugate vaccine (MenACV).
- Botswana achieved silver tier status (2022) and Namibia bronze tier status (in 2024) on the path to elimination of mother-to-child transmission of HIV; Namibia also achieved silver tier status on eliminating mother-to-child transmission of hepatitis B.
- Algeria (2019) and Cabo Verde (2024) were certified as having eliminated malaria.

Deployment of new tools:

- Pentavalent meningococcal ACWYX conjugate vaccine (Men5CV) was rolled out in Nigeria in 2024 in response to a Neisseria meningitidis serogoup C outbreak.
- Malaria vaccines (RTS,S/AS01 and R21/Matrix-M) reduced malaria cases by more than 50% during the first year after vaccination. Between 2019 and 2023, over 2 million children in Ghana, Kenya and Malawi were vaccinated with RTS,S.
- By July 2024, the malaria vaccine was introduced in national immunization programmes in Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Kenya, Malawi, Liberia, Sierra Leone and South Sudan.
- Millions of Africans were vaccinated against COVID-19, with Rwanda and Seychelles reaching 70% coverage.

Scaling up national capacity to respond to antimicrobial resistance

Strengthening national capacity to manage antimicrobial use:

- accelerating national response to AMR: all 47 (100%) countries have a National Action Plan on Antimicrobial Resistance in 2024, up from only two in 2015;
- facilitating stronger multisectoral coordination: 41 (87%) countries have AMR multisector coordination mechanisms in 2024, up from 13 (27%) in 2017;
- strengthening surveillance systems: 41 (87%) countries, by 2024, have enrolled in WHO Global Antimicrobial Resistance Surveillance System, up from seven (15%) in 2016;
- improving awareness and understanding of AMR: 16 (34%) countries have conducted nationwide AMR awareness campaigns in 2024, up from two (4%) in 2017; and
- optimizing use of antimicrobials: 20 (42%) countries have national antimicrobial guidelines in 2024, up from 10 (21%) in 2017.

Strengthening health systems and progress towards universal health coverage (UHC)

Increasing the pace towards health for all:

- improving service coverage: increase in UHC service index, from 23 in 2000 to 44 in 2021;
- increasing number of health workers: 5.1 million in 2022, up from 1.6 million in 2013;
- adopting technology to accelerate UHC progress: by 2024, 34 countries had developed national digital health strategies to scale up UHC; and
- Increasing medical products regulation capacity: five countries achieving maturity level 3 for their national regulatory systems by 2023.

Improving maternal and child health

Reversing the trends to lower maternal and child mortality:

- reducing maternal mortality from 788 deaths per 100 000 live births in 2000 to 531 per 100 000 live births in 2020;
- accelerating decline in maternal morality: 17 countries reduced maternal mortality by over 50% between 2000 and 2020;
- progressing towards SDG targets: seven countries have already met the SDG maternal mortality reduction target; and
- reducing child mortality: under-five mortality declined from 150 children in 2000 per 1000 live births to 70 per 1000 live births in 2022.

Advancing healthier populations

Addressing factors influencing health outcomes:

- Life-saving road safety improvements: By 2023, 17 countries had reduced the number of road traffic deaths compared to 2010; five of the 17 countries have reduced road traffic deaths by more than 30% compared with 2010.
- Curbing tobacco use: by 2023, 22 countries were on track to reach 30% relative reduction in tobacco use.
- Exclusive breastfeeding rates were increased from 42% in 2012 to 48% in 2022;
- Mitigating health impacts of climate change: 27 countries have committed to build resilient, sustainable low carbon health systems.
- Improving gender, equity and human rights: 37 of the 47 countries in the region (78%) have integrated gender, equity and human rights into their health policies, strategies and programmes, a significant improvement from three countries (6%) in 2017.

Enabling responsive strategic operations

Streamlining management for better service performance:

- enhancing accountability: 98% improvement in timely submission of direct financial cooperation reports, from 1861 overdue reports in 43 centres in 2016 to 36 in 12 centres in 2024;
- improved internal and external audit outcomes with 98% audits passed as satisfactory;
- accelerating internal reforms: all 47 WHO country offices completed functional reviews between 2017 and 2019;
- providing better technical support to countries: 11 international Multicountry Assignment Teams established across the Region; and
- embracing innovation: over 2400 health innovations submitted to the WHO Regional Office for Africa since 2018; many have been adopted by countries to strengthen health service delivery.

Enhancing effective communications and strengthening partnerships

Stronger partnerships to deliver together:

- building proactive and fruitful partnerships: 84% increase in funds mobilized during the 2022–2023 biennium compared with the 2014–2015 biennium;
- high-level advocacy and collaboration with the African Union and its organs, the United Nations Economic Commission for Africa and Regional Economic Commissions (RECs) to improve health security and build resilient health systems for achieving UHC;
- Widening scope of collaboration: strengthened partnerships with private sector and non-State actors; collaboration with private sector partners has contributed to significant progress in controlling NTDs and in expanding services for noncommunicable diseases
- Enhancing partner engagement expertise at country offices: 38 WHO Country offices now have external relations and partnership officers;
- Strengthening health information: Africa Infodemic Response Alliance (AIRA) established to share accurate and reliable information and counter misinformation. In 2022–2023, AIRA delivered over 300 trainings, produced 50 social media listening reports and published over 480 social media posts;
- Telling our story: impactful documentation of WHO's work in support of national health priorities and proactive outreach for advocacy.

1. Introduction

Health landscape in Africa in 2015

On 1 February 2015, Dr Moeti assumed the role of Regional Director for the WHO African region. The majority of Member States in the Region bore a significant health burden, dealing with a range of communicable, maternal, perinatal, and nutritional conditions alongside a rapidly growing prevalence of noncommunicable diseases and injuries.

By the end of 2015, Member States of the World Health Organization (WHO) African Region had achieved notable progress in several key health indicators. Healthy life expectancy at birth increased to 52.3 years in 2015, up from 46 years in 2000.[1] Similarly, the maternal mortality ratio decreased to 531 per 100 000 live births from 788 per 100 000 live births in 2000. Despite these improvements, many health indicators still fall below those of other low- and middle-income countries globally.

The year 2015 represented the target year for the Millennium Development Goals (MDGs), with the WHO African Region meeting only one target: halting and beginning to reverse the spread of human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS). Although the region achieved a 49% reduction in maternal mortality by 2013 compared to 1990, it fell short of the MDG target of a 75% reduction by 2015.[2] Similarly, with a 53% reduction in under-five mortality, the region fell short of the MDG target of two-thirds reduction in under-five mortality between 1990 and 2015.

In addition to these challenges, the region faced a complex and widespread Ebola virus disease epidemic. This outbreak, which began in rural Guinea in December 2013 and was reported to WHO in March 2014, spread to neighbouring Liberia and Sierra Leone, and later to Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America. In Guinea, Liberia, and Sierra Leone, the epidemic saw intense transmission in densely populated urban areas from June 2014. The outbreak was declared a public health emergency of international concern (PHEIC) in August 2014.

1 World health statistics 2015. Brazzaville: World Health Organization; 2015 (https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/world-health-statistics-2015.pdf, accessed 19 July 2024).

2 The work of WHO in the African Region 2014–2015. Biennial report of the regional director. Brazzaville: World Health Organization Regional Office for Africa; 2015 (https://www.afro.who.int/sites/default/files/2018-03/9789290232926.pdf, accessed 19 July 2024).

Report overview

As Dr Moeti concludes her mandate, it is crucial to reflect on the achievements and lessons learnt during the implementation of the Transformation Agenda. This report is organized into six chapters:

Chapter 1: This chapter sets the context of the health situation in the WHO African Region at the start of Dr Moeti's mandate as Regional Director. It also outlines the Transformation Agenda, including its purpose, focus areas and governance structure.

Chapter 2: This chapter details the implementation of the Transformation Agenda from 2015 to 2024. It highlights key milestones and initiatives aimed at accelerating the achievement of concrete results in line with regional and national health priorities.

Chapter 3: This chapter showcases the progress made in improving the health of people in Africa from 2015 to 2024. The progress presented is the result of actions undertaken by Member States, supported by a broad range of partners, including WHO.

Chapter 4: This chapter outlines the specific contributions made by the WHO Secretariat in the African Region to improving health from 2015 to 2024.

Chapter 5: This chapter presents the challenges faced and lessons learnt during the implementation of the Transformation Agenda.

Chapter 6: This chapter offers conclusions and future directions, focusing on health priorities for the people of Africa. It takes into account lessons from the COVID-19 pandemic, the climate crisis and efforts to accelerate progress towards the Sustainable Development Goals (SDGs).

The Transformation Agenda

Following her nomination as Regional Director of the WHO Regional Office for Africa (AFRO) by the Sixty-fourth session of the WHO Regional Committee for Africa in November 2014, Dr Moeti committed to enhancing health security, strengthening national health systems, maintaining focus on the then Millennium Development Goals (MDGs) and current Sustainable Development Goals (SDGs), addressing the social determinants of health and transforming the WHO Secretariat in the African Region into a responsive and results-driven organization. She reiterated these priorities during her induction speech after being appointed as Regional Director by the 136th session of the WHO Executive Board in January 2015.

Dr Moeti began her mandate amid the devastating Ebola outbreak in West Africa. This outbreak not only exposed the vulnerabilities of national health systems, leading to the loss of tens of thousands of lives, but also highlighted gaps in WHO's capacity to respond effectively to Member State needs. The Region was still experiencing wild poliovirus transmission at the time. Misalignment between WHO's organizational structure and technical capacity, ineffective organizational processes and inadequate funding contributed to shortcomings in the Organization's responsiveness and effectiveness in supporting Member States. These issues hindered progress in preparing for and responding to public health emergencies, strengthening health systems and achieving national, continental and global health targets.

The Transformation Agenda of the WHO Secretariat in the African Region was designed to translate Dr Moeti's commitments into concrete action. This agenda aimed to accelerate the reform of the WHO Secretariat by creating a more effective and responsive organization capable of better meeting the needs of Member States. The Transformation Agenda was developed through an extensive consultative process involving key stakeholders and experts from within the WHO African Region and beyond.

Focus areas

The Transformation Agenda was conceived as a bold and ambitious strategy to evolve WHO's Regional Office for Africa into a proactive, responsive, results-driven, transparent, accountable and well-resourced regional health organization equipped to fulfil its mandate. In order to channel the Regional Office's efforts and closely align with specific outcomes of the WHO reform programme, four focus areas were identified:

Pro-results values
Foster an organizational culture defined by excellence, teamwork, accountability, integrity, equity, innovation and openness.

Smart technical focus
Ensure that WHO's technical work aligns with continental priorities and commitments and emphasizes evidence-based interventions, innovations and lessons learnt from experience, ensuring that all actions are relevant and effective.

Responsive strategic operations
Transform the Secretariat into an organization with enabling functions that efficiently support programme delivery, involve aligning staffing with organizational needs at different levels, ensuring that financing and resource allocation are priority-driven and guaranteeing managerial accountability, transparency and robust risk management.

Effective communications and partnerships
Create a more interactive organization reaching out to leaders, communities and partners.

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I have carefully examined our deliberations in this assembly and examined the scientific literature and information coming through our Country Cooperation Strategies. I have identified five interrelated and overlapping priorities. They are:

1. **improving health security;**
2. **strengthening national health systems;**
3. **sustaining focus on the health-related MDGs/SDGs;**
4. **addressing the social determinants of health; and**
5. **transforming the WHO Secretariat in the African Region into a responsive and results-driven organization.**

These are the priorities I commit myself to and would like to be held accountable for throughout my tenure as WHO Regional Director for Africa.

Dr Matshidiso Moeti, Sixty-fourth session of the WHO Regional Committee for Africa, November 2014

Governance

The Transformation Agenda was governed by an overarching three-level structure (Fig. 1): the Executive leadership, the Management Development Committee and the Regional Change Network, which were each tasked with critical responsibilities to ensure its success. These include:

- strategic guidance and priority setting;
- accountability in implementation;
- championing change at the country level;
- monitoring and evaluating transformation initiatives.

Fig 1. Three-level structure

Executive leadership	The executive leadership, consisting of senior leadership at the country and regional levels, provided oversight, priority setting, strategic advice and decision-making related to the planning, funding and implementation of the Transformation Agenda. Their role was crucial in steering the overall direction and ensuring alignment with organizational goals.
Management Development Committee	This committee, consisting of directors and selected programme coordinators, coordinated the activities of the Transformation Agenda to ensure efficient and effective implementation. They reviewed documents, monitored the implementation of flagship programmes and provided the necessary adjustments for maintaining momentum and achieving the desired outcomes.
Regional Change Network	The Regional Change Network, made up of volunteers among staff members at the regional and country levels, was responsible for recommending activities to enhance buy-in and synergies across the Region. They championed change at both the country and regional levels, implemented change activities, facilitated open communication and addressed potential resistance to change. Their efforts were pivotal in fostering a culture of continuous improvement and adaptation.

2. Operationalizing the Transformation Agenda

The operationalization of the Transformation Agenda commenced immediately after the Regional Director took office. Within the first 100 days, impactful actions were initiated, setting the stage for institutionalizing the Transformation Agenda.[3] A key move was restructuring the Regional Office and country offices to address prevailing health priorities, including the aftermath of the Ebola epidemic[4] and outbreaks of cholera[5] and meningitis.[6]

Strengthening partnerships was a strategic priority from the outset. The Regional Director actively shared her vision for health development with key partners and concluded agreements on collaborative mechanisms. An independent advisory group of high-profile experts was constituted to provide strategic and policy advice to address the Region's health priorities. Over the implementation period, the Regional Director engaged in more than 300 high-level meetings with political leaders, participated in strategic partner dialogues and meetings and undertook country visits.

Strengthening WHO's capacity in the African Region was crucial for achieving the programmatic priorities of the Transformation Agenda. The key actions are highlighted below.

Mainstream WHO reforms

- Aligning senior leadership with the change process via meetings and retreats at the Regional Office and country office levels;
- Engaging and mobilizing staff members to take ownership and implement the Transformation Agenda;
- Championing and leading change by setting a strong example;
- Supporting staff in translating core values into desired behaviours through ethical behavioural training and staff retreats;
- Establishing the ombudsman function and hiring a full-time ombudsman to empower and support staff.

Enhance human resource capacities

- Realigning human resources at the Regional Office, intercountry support teams and country offices;
- Introducing improved recruitment processes;
- Implementing induction and orientation programmes for newly recruited staff;
- Establishing the Regional Learning Focal Point Network.

Strengthen country focus

- Conducting a functional review of all 47 WHO country offices in the Region between 2017 and 2019 and assessing their structures to ensure that they were properly staffed and fit for addressing country and WHO priorities;
- Implementing joint programme management and administrative reviews to identify opportunities for enhancing the capacity of WHO country offices in programme management and enabling functions, including risk controls;
- Improving country office management through regular training, regional programme management meetings and subject-related virtual briefings.

3 Dr Matshidiso Moeti, Leading Change for Enhanced Performance. My First 100 Days in Office.

4 Guinea, Liberia, Sierra Leone

5 Malawi, Mozambique, United Republic of Tanzania

6 Niger

Improve efficiency, compliance and accountability in operations

- Launching the Accountability and internal control strengthening project in February 2015 to:
  - Strengthen the adequacy and effectiveness of internal controls;
  - Improve accountability, transparency and compliance;
  - Enhance the performance of individual staff and budget centres;
  - Measure, monitor and report on progress.
- Developing and sharing a handbook with Member States on working with WHO for financial and administrative accountability.

Strengthen partnerships for health

- Strengthening partnership with the African Union (AU) and its organs and aligning towards the attainment of the SDG 2030 agenda and the AU Agenda 2063 of the "Africa we want".
- Strengthening regional partnerships, including with the African Development Bank, the regional economic communities, the Organization of African First Ladies for Development (OAFLAD), Harmonization for Health in Africa (HHA) partners.
- Engaging the Economic Commission for Africa and the Regional collaborative platforms in the areas of data, innovation and SDG monitoring in Africa.
- Engaging in partner dialogues and meetings, fostering collaboration and alignment with key global health partners including philanthropic foundations and the private sector.
- Establishing agreements on collaborative mechanisms with stakeholders to enhance coordinated health efforts and resource-sharing.
- Supporting national authorities to establish/ strengthen health sector partner coordination platforms.
- Building and strengthening partnerships with non-State actors.

Enhance strategic communications

- Reviewing and updating the Regional communication strategy.
- Strengthening external communication by revamping the WHO website and strengthening AFRO and country offices' social media presence, regular media outreach, publication of editorials.
- Launching Africa Infodemic Response Alliance (AIRA) to counter misinformation and share safe, proven facts on health.
- Strengthening internal WHO communications, including preparing and disseminating regular updates, known as Change Highlights, to all staff across the three levels of WHO to ensure clear and consistent messaging.
- Contributing regularly to the internal regional staff newsletter and hosting town hall meetings to facilitate better information flow and staff engagement regarding the Transformation Agenda.
- Designing and launching the Transformation Agenda microsite on the Regional Office website for external communication, and to provide stakeholders with comprehensive and accessible information;

Enhancing accountability and compliance

The WHO Regional Office for Africa Compliance and Risk Management Committee was established in April 2016 to provide strategic guidance for the Accountability and Internal Control Strengthening project. Its goal was to support the Regional Director in ensuring a strategic, transparent, and effective approach to risk and compliance management. To assess the performance of budget centres, managerial key performance indicators were introduced, focusing on implementing best practices in areas such as budget and finance. Capacity-building for WHO staff and national counterparts from Member States in WHO business rules also played a crucial role in enhancing internal controls and compliance.

To ensure better value for money, the Secretariat identified and implemented innovative tools to enhance efficiency in the procurement of goods and services. Building on the lessons learnt from Phase I of implementation (2015–2018), Phase II of the Transformation Agenda was initiated in 2019.

The focus was on optimizing the technical focus and performance of WHO's work in the African Region, enhancing the quality of efforts while ensuring efficient resource management and generating value for money. A critical component was placing people at the centre of change to achieve sustainable progress in improving health across Africa.

WHO emphasized promoting a healthy, respectful and fair workplace, continuously engaging staff members and enhancing their commitment to change. It also aimed to identify and encourage desired attitudes and behaviours, striving individually and collectively towards effective delivery for quality results while holding individuals and teams accountable.

With people at the centre of the transformation, implementation focused on:

- Building on successful practices and valuable lessons learnt;
- Reinforcing country prioritization and emphasizing the importance of value for money;
- Identifying leverage points for introducing new ideas and innovations;
- Catalysing major shifts in results by attracting greater investments in health;
- Continuously promoting linkages with the WHO Director General's Global Transformation Plan and Architecture;
- Aligning with the WHO Thirteenth General Programme of Work.

Fig. 2. Transformation Agenda's phased implementation approach

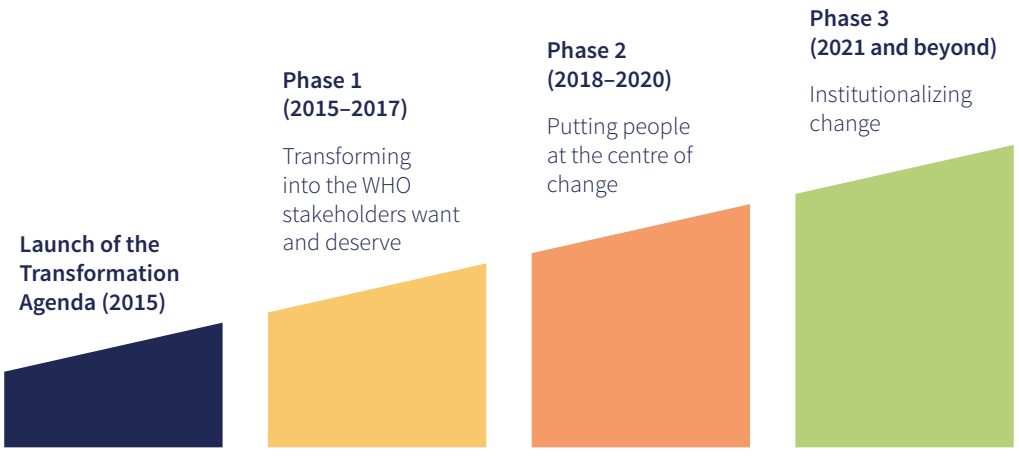

Fig. 3. Transformation Agenda milestones

2015

- Transformation Agenda launched
- Accountability and Internal Control Strengthening Project launched
- Transformation Agenda endorsed by WHO African Region Member States at the Sixty-fifth Session of the Regional Committee for Africa.

2016

- Africa Health Transformation Programme launched
- Africa Region Results Framework created
- Compliance and Risk Management Committee formally established
- Launch of managerial KPIs as part of improving accountability in all budget centres.

2017

- Change management team established
- First Africa Health Forum convened
- Staff Ombudsman Office established
- WHO's Regional Office for Africa becomes first WHO Region to make WHO sexual harassment, exploitation and abuse course mandatory for all staff
- Functional review of WHO country offices initiated
- Mid-term evaluation of the Transformation Agenda.

2018

- WHO Regional Office for Africa adopts new staff recruitment guidelines that make it mandatory to include at least one fully qualified female candidate in all recruitment shortlists
- Pathways to Leadership for Health Transformation in Africa programme launched
- WHO Regional Office for Africa hosted inaugural innovation challenge.

2019

- Memorandum of understanding signed between WHO Regional Office for Africa and the African Academy of Sciences on supporting countries to adopt and scale up local innovations
- Functional reviews of all WHO country offices completed
- Tenth Ebola outbreak in the Democratic Republic of the Congo declared a public health emergency of international concern (PHEIC)
- WHO Values Charter launched
- WHO Regional Office for Africa and United Nations Volunteers partnership launched
- United Nations Joint Inspection Unit highlights the WHO Regional Office for Africa Transformation Agenda as an example for other United Nations organizations.

2020

- COVID-19 declared a PHEIC
- COVID-19 declared a pandemic
- WHO launched the Staff Mentorship Programme
- Africa Health Women Champions initiative launched
- Africa Infodemic Response Alliance (AIRA) established
- Programme Management Officers Network established.

2021

- Multicountry assignment teams (MCATs) established
- External relations officers network established.

2022

- First cohort of Women Leadership Programme named
- New e-workflow system introduced by WHO Regional Office for Africa as part of the global WHO digital transformation agenda
- Pilot team performance programme launched by WHO Regional Office for Africa to enhance team collaboration.

2023

- Second phase of Africa Women Health Champions launched.

2024

- WHO Regional Office for Africa launched Coaching Week.

Transformation Agenda initiatives (TAI)

From the outset, the TAI embraced a phased approach to change, beginning with quick wins to build momentum and confidence and followed by more substantial, long-term initiatives. The TAI strategically defined a robust change management strategy, emphasized strategic communications, invested in capacity-building and built a coalition of change agents. These efforts laid a strong foundation for the successful implementation of the subsequent phases of the Transformation Agenda, driving impactful and sustainable progress.

Building a change coalition

The WHO Regional Office for Africa strived to **embed core WHO values** – excellence, teamwork, equity, and integrity – into everyday operations. This effort involved fostering a culture of ethical behaviour, accountability and mutual respect. To drive and sustain this organizational culture change, the TAI established the **Change Agent Network.** This network consisted of more than 2000 selected staff members from various grade levels and budget centres who were trained to be change champions. These agents played a crucial role in disseminating information about the Transformation Agenda, gathering feedback and promoting a culture of continuous improvement, integrity and excellence within the Organization.

Staff engagement and development

Recognizing the value of knowledge transfer and professional growth, the Secretariat launched the **AFRO Mentorship Programme.** This initiative aims to develop staff skills and competencies while promoting a value-based culture. The programme pairs less experienced staff with seasoned WHO professionals to foster learning, provide guidance on career development pathways and facilitate knowledge sharing. The goal is to build a strong talent pipeline and foster a culture of continuous learning and development. Mentors and mentees are paired based on shared values, thereby enhancing the programme's effectiveness. In 2022, as part of the Transformation Agenda consolidation strategy and in line with the Change Management Strategy's focus on making change sustainable, the programme was transferred to the WHO Regional Office for Africa Human Resource Team.

The **WHO AFRO Pathways to Leadership Programme** was designed to cultivate leadership qualities and equip senior staff with the knowledge and competencies needed to lead, manage and inspire change. Through workshops, coaching and hands-on projects, this programme empowers mid-level and senior managers to take on greater leadership responsibilities, driving WHO's mission and the Transformation Agenda vision with enhanced confidence and capability. The programme focuses on developing essential leadership skills such as strategic thinking, systems thinking, decision-making and team management. It includes assessments (360 feedback, emotional intelligence, Strengths Finder), virtual and face-to-face workshops, executive coaching, seminars, leadership development plans and practical projects.

Additionally, the **Coaching for Health Transformation** initiative was introduced to enhance the coaching capacity of managers and leaders within the WHO African Region, promoting transformative leadership capabilities. This initiative aims to develop a cadre of leaders adept at driving organizational change and achieving health transformation goals.

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Gender diversity and inclusion

The WHO Regional Office for Africa is dedicated to advancing gender equity through targeted initiatives and policies. The Gender Equity Programme aims to ensure equal opportunities for all staff, address gender disparities and cultivate an inclusive work environment. Delivered by the TAI and Human Resources, this comprehensive initiative includes **inclusive recruitment policies,** the **Africa Young Women Health Champions Programme,** and tailored cohorts of the **Pathways to Leadership Programme** to meet the unique leadership development needs of women.

Additionally, the **Women in Leadership Speaker Series** and the **Women in Leadership Coaching Masterclass** are pivotal components. The **AFRO Women in Leadership Speaker Series** provides WHO staff with the opportunity to engage with high-profile African women leaders in health and development, fostering candid discussions on career advancement and leadership development. Through these efforts, the WHO Regional Office for Africa is not only promoting gender diversity but also empowering a new generation of female leaders to drive change in the health sector.

Strategic communications

WHO's Regional Office for Africa has enhanced its strategic communication efforts to ensure clear, transparent and consistent messaging on the Transformation Agenda, both internally and externally. The TAI prepares and disseminates regular updates, known as **Change Highlights,** to all staff across the three levels of WHO. The TAI also led the design and launch of the **Transformation Agenda microsite** on the Regional Office website to facilitate external communications. Additionally, regular contributions to the staff newsletter and town hall meetings have improved internal information flow and staff engagement regarding the Transformation Agenda.

Fostering a results-driven collaborative environment

Efforts have been made to dismantle silos and foster interdepartmental collaboration within the Regional Office. The launch of the Team Performance Programme and Team Performance Feedback Assessment has provided platforms for a more cohesive and unified approach to achieving regional goals.

The **Team Performance Programme** is a co-development and staff engagement initiative targeting general and professional staff (G, P1, and P2). It aims to enhance staff competencies and promote teamwork. Delivered over a three-month period, it complements the Pathways to Leadership Programme by focusing on strengthening staff capacity to work cohesively and effectively together. It delivers a broad array of tools and development concepts through practice-based training workshops and sessions that emphasize self and group awareness, interpersonal communication and effective resource utilization.

The **team performance feedback assessment** is a structured system introduced to provide teams with regular, constructive feedback on their performance. Feedback from team members, leaders, partners, Member States and other Regional Office units helps teams identify areas for improvement and celebrate successes. This initiative aims to enhance team dynamics and performance through regular team-performance accelerator activities, workshops and performance reviews. The focus is on embedding WHO values and improving team output quality, effectiveness, collaboration, accountability and agility.

Focus on results

In 2017, the WHO African Region Results Framework was enhanced to include programmatic key performance indicators (KPIs), complementing the managerial KPIs introduced in 2015–2016. These KPIs provided a more comprehensive means of measuring results, identifying and amplifying successful initiatives and implementing remedial actions for underperforming areas.

The introduction of KPIs promoted evidence-based decision-making. WHO country offices, in collaboration with national authorities and other key stakeholders, frequently used KPI data to inform strategic decisions. This included prioritizing interventions, allocating resources and identifying opportunities for increased efficiency and effectiveness in health programming.

The WHO African Region Results Framework also highlighted neglected programme areas and recommended funding priorities for WHO. The use of KPIs enhanced accountability and transparency with partners and donors.

An additional initiative undertaken to enhance the focus on results was the expansion of the Regional Office's capacity for knowledge generation, utilization and management by:

- enhancing the scope and analytical role of the Africa Health Observatory;
- optimizing the use of WHO collaborating centres;
- strengthening national health research systems;
- supporting the translation of research results into quality health services.

To further enhance coordination beyond WHO for achieving the SDGs, the WHO Regional Office created a framework to strengthen and support health sector partnerships at the country level. The Africa Health Forum facilitated broader engagement with all stakeholders, while regular interactions with the African Union Commission boosted synergy in the roles and functions of both organizations.

The success of Cabo Verde in the combat of COVID-19 is certainly due to the generous support received through different partners, which was made possible by WHO.

HE José Maria Neves
President, Cabo Verde

Read more

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WHO Regional Office for Africa Gender Equity Programme

Background

Dr Moeti is a key advocate for the Regional Office's Gender Equity Programme. Her commitment to the development and success of all staff, especially women, is evident in her efforts to attract, retain and advance women within WHO, recognizing their vital role in the Organization's success.

In October 2019, the Human Resources and Change Management teams organized a series of focus group discussions with women across the Region to understand the workplace challenges they face and identify ways the organization can support their success. Approximately 100 women from diverse backgrounds participated in these discussions, which included face-to-face and virtual sessions. Participants ranged from WHO representatives to general services staff, with 30% from the country or subregional offices and the remainder based at the Regional Office in Brazzaville. These sessions included the staff and leadership from countries such as Botswana, Burkina Faso, Central African Republic, Congo, Ethiopia, Kenya, Madagascar, Mozambique, Nigeria, Seychelles, Sierra Leone, South Africa and Zimbabwe.

The findings from these discussions, along with insights from the Regional Change Agent Network and the 2018 Organizational culture survey, highlighted the need for a more focused and robust strategy to address gender inequality and support systems for women within the WHO African Region. In response, a gender task force was established to address the concerns raised, conceptualize relevant projects, and advance gender equity. This task force represented a significant step towards fostering a more inclusive and supportive environment for women across the WHO African Region, reflecting a commitment to gender equity and instilling hope for the future.

Overview

The WHO Regional Office for Africa (WHO AFRO) Gender Equity Programme was created to address gender disparities and enhance support systems and policies for women within the Organization. The programme focuses on three priority areas, with initiatives organized into short-, medium-, and long-term interventions. The three focus areas are:

- **Communication and advocacy.** This area tackles challenges such as implicit bias, sensitization, advocacy, networks, and support groups. Efforts aim to raise awareness and foster a more inclusive culture.
- **Work-life balance.** This focus area addresses issues like inflexible work hours, difficulty taking time off, family commitments limiting travel and mobility, and the lack of telework options and support. The goal is to create a more flexible and supportive work environment.
- **Empowerment and capacity-building.** This includes increasing the representation of women in leadership and decision-making roles, providing forums for women's issues, and developing strong gender programmes and specific training for women to enhance their skills and opportunities.

To operationalize these transformative initiatives, various institutional policies and practices were reformed, ensuring a more equitable and supportive environment for women in the WHO Regional Office for Africa.

WHO Regional Office for Africa: institutional and policy reforms to advance the Gender Equity Programme

1. **Prevention of sexual exploitation, abuse and harassment policy.** WHO AFRO was the first regional office to mandate training courses on preventing sexual harassment, exploitation and abuse for all staff. The zero-tolerance policy was established to safeguard female staff members in the workplace. This policy also includes comprehensive reporting and protection measures, ensuring no retaliation against those who report incidents.
2. **Human resource policy reforms.** To enhance female representation, WHO AFRO implemented proactive initiatives, such as the mandatory inclusion of at least one fully qualified female candidate in all recruitment shortlists starting in 2018. This initiative contributed to a 6.8% increase in the number of female staff in the professional and higher categories: from 29.9% in 2017 to 36.7% in 2023.[7] Executive management also achieved gender parity with an equal number of men and women (four each) for the first time in the history of WHO AFRO.
3. **Establishment of a Gender, Equity and Human Rights unit.** The Gender, Equity and Human Rights unit, established within the Office of the Director of Programme Management, underscores the importance of gender, equity and human rights in WHO AFRO initiatives. This unit leads the African Region's efforts in awareness creation, advocacy, strategic policy dialogues, and capacity development to ensure equity-focused, gender-responsive and human rights-based health programming toward UHC.
4. **Organizational culture reforms.** The Regional Director's open-door policy dismantled barriers to transparent communication between staff and leadership. Initiatives promoting teamwork and respectful workplaces have fostered more inclusive environments that leverage diversity to enhance operations. Additionally, a regional diversity, equity and inclusion catalyst group was established to promote best practices for addressing discrimination based on gender, sexual orientation and gender identity expression.
5. **Flexible working arrangements policy.** To accommodate women's diverse needs and help balance their professional and personal responsibilities, WHO AFRO introduced flexible work arrangements, including teleworking options, flexible hours, and part-time roles.
6. **Reform of WHO's emergency programme.** Comprehensive reforms of WHO's emergency programme involved restructuring the staffing requirements of the Regional Office and country offices, enhancing connections with country offices, and reinforcing hubs to enhance their response capabilities. Increasing the number of women in senior positions within emergency and health system programmes has been a critical aspect of these reforms.

7 A77/25. May 2024. Human resources: annual report by the Director General to the Seventy-seventh World Health Assembly.

Empowerment and capacity-building initiatives

To attract, recruit and retain top female talent while recognizing the unique experiences of women in the health sector, WHO AFRO launched several targeted initiatives.

- **United Nations Volunteers initiative.** In March 2020, the Regional Director introduced the Africa Women Health Champions initiative, aiming to deploy 100 young African women aged 22–35 years as United Nations Volunteers in 47 African countries. Through this collaboration between WHO AFRO and the United Nations Volunteers programme, 114 young African women from 36 nationalities and over 25 professional areas have been deployed in 32 countries, serving as health champions and developing their careers in public health.
- **AFRO Pathways to Leadership Programme for female staff.** Between 2020 and 2021, WHO AFRO launched two exclusive cohorts of the existing Pathways to Leadership Programme for senior WHO female staff members. This initiative increased the number of female staff equipped with leadership and management competencies to 116. Recognized as a best practice, this programme continues to yield positive outcomes and has been adopted organization-wide.
- **WHO AFRO Women in Leadership Speaker Series.** Launched by the TAI team in 2022, the Women in Leadership Speaker Series brought together WHO staff and high-profile African women leaders in health and development for candid discussions on career advancement and leadership development. The series complemented the TAI team's efforts to broaden the leadership development of female WHO staff, with 843 participants attending five webinars in 2022.
- **The Women in Leadership Masterclass: Power Up Your Executive Presence.** This initiative supports female leaders in enhancing their professional influence and impact within the health sector. It includes activities such as coaching, mentoring and personal leadership assessments, aimed at strengthening women's management and governance competencies, boosting their confidence and leadership skills.
- **The Mwele Malecela Mentorship Programme for Women in NTDs.** This programme supports mid-career African women in becoming leaders and champions in NTD elimination at both national and international levels. Led by WHO AFRO in collaboration with The END Fund and the American Society of Tropical Medicine and Hygiene, the programme provides mentorship, leadership training, skills building, networking opportunities and other exposures for African women working on NTDs.

Strategic partnerships for advancing gender equality

- **Regional Director's leadership in gender equality.** The leadership of the Regional Director has been instrumental in advancing gender equality within the WHO Regional Office for Africa. Her collaboration with WomenLift Health, where she serves as a Board member, exemplifies this commitment. At the WomenLift Health Global Conference 2024, Dr Moeti emphasized the indispensable role of women in global health leadership and highlighted the persistent gender gap. This partnership focuses on implementing gender-transformative leadership approaches, including tailored training and mentorship programmes. Both organizations are set to formalize their collaboration through a Memorandum of Understanding that outlines shared objectives to address the systemic challenges affecting women's career advancement within the WHO Regional Office for Africa.
- **WHO Leadership for Health Transformation Programme.** Launched in 2022, this programme is designed exclusively for leaders and managers in ministries of health across the African Region. Several countries, including Benin, Congo, Ethiopia, Ghana, Lesotho and Niger, have successfully implemented the programme. Women represented 49% of participants, with specific cohorts organized for women in Congo and Ghana. This initiative underscores the commitment to fostering inclusive leadership and empowering women in health sector leadership roles.

Gender, equity and human rights (GER) mainstreaming

- **Commitment to GER.** The Transformation Agenda prioritizes supporting governments and societies to improve population health and achieve health equity across the life course by addressing GER issues. This includes promoting strategic disaggregation of data by sex, income, disability, ethnicity and age group, and supporting intersectional analyses to identify and address gender inequalities, promoting women's empowerment and health equity.
- **Expanding GER integration.** As a result of these efforts, 43 country teams are now utilizing WHO and interagency tools to integrate GER into health programmes. The number of countries incorporating GER into their health policies, strategies and programmes has increased significantly, from just three in 2017 to 37 today. This progress is due to continuous advocacy, policy dialogues, capacity-building, and strategic assessment support.
- **COVID-19 response and GER considerations.** During the COVID-19 pandemic, 43 countries incorporated GER considerations into their response efforts, including vaccination plans, to improve coverage for disadvantaged and vulnerable groups. These efforts were informed by GER inclusion analyses conducted between 2021 and 2022 with support from WHO AFRO. Additionally, 20 countries in the Region are now implementing the WHO guidelines to address gender-based violence (RESPECT framework) through the health sector.
- **Decade of GER initiatives.** Over the past decade, the GER unit has focused on advocacy and policy dialogues to promote GER-integrated health programming, capacity development for effective GER integration, implementation support, and quality assurance of GER initiatives in health programmes. The unit has provided essential information for decision-making through policy briefs and GER research reports and established a community of practice on GER-integrated health programming.

GER programmatic achievements over the past decade

43 country teams[1] now utilizing WHO and interagency tools to integrate GER into health programmes, compared with none before 2017.

37 countries[2] now integrating gender, equity and human rights into their health policies, strategies and programmes as a result of continuing advocacy, policy dialogues, capacity-building, and strategic assessment support – an increase from three in 2017.

43 countries integrated GER considerations in their COVID-19 response, including vaccination plans, to improve the coverage of disadvantaged and vulnerable groups with COVID-19 tools. WHO AFRO-supported GER inclusion analyses conducted between 2021 and 2022 to guide country-specific actions.

20 countries[3] in the Region now implementing WHO guidelines for prevention and response to gender-based violence (RESPECT framework) through the health sector.

15 core teams of consultants available to support the scale-up of WHO GER integration approaches across the Region.

1 Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

2 Angola, Benin, Burkina Faso, Burundi, Central African Republic, Cameroon, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Senegal, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

3 Angola, Botswana, Burkina Faso, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Kenya, Lesotho, Mali, Malawi, Mauritania, Mozambique, Namibia, Nigeria, Senegal, South Africa, Uganda, Zambia, Zimbabwe.

Advancing gender equity: a key driver for sustainable development

The WHO African Region has been at the forefront of implementing the WHO Gender Parity Policy (2023–2026) through the Transformation Agenda initiated in 2015. The flagship Gender Equity Programme and intensified efforts to mainstream GER have led to significant improvements in workforce gender balance and the integration of GER in all programmatic work. These initiatives harness the full potential of the Region's diverse workforce to drive health transformation.

Promoting gender equality in health leadership is essential for achieving SDG 3 (health and well-being) and SDG 5 (gender equality). It also contributes to other SDGs like SDG 4 (quality education) and SDG 8 (decent work and economic growth). Research from the McKinsey Global Institute suggests that this could boost African economies by 10% of their GDP by 2025. By prioritizing GER, WHO AFRO fosters resilient and effective health systems that benefit everyone, especially the most vulnerable populations.

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3. Progress in improving the health of the people of Africa, 2015–2024

© WHO / Ivan Simone Congolo

This chapter details the progress made in improving health in the Region and reflects the leadership, commitment and investment of Member States, supported by stakeholders and partners, including WHO.

Improvements in life expectancy

Prior to the COVID-19 pandemic, the WHO African Region saw a remarkable increase in life expectancy and healthy life expectancy. Between 2000 and 2019, life expectancy rose by 11.2 years, while health-adjusted life expectancy increased by 9.8 years,[8] marking the highest increase among the six WHO regions globally. This progress was largely attributed to improved living conditions and increased access to health services, particularly interventions aimed at preventing and managing infectious diseases such as HIV/AIDS, tuberculosis, malaria, and common childhood infections.[9]

8 World Health Organization. World Health Statistics 2024. Monitoring health for the Sustainable Development Goals.

9 World Health Organization Regional Office for Africa. Tracking universal health coverage in the WHO African Region, 2022.

Improvements in child and adolescent health

The WHO African Region has witnessed remarkable progress in child health outcomes over the past two decades. The under-five mortality rate per 1000 live births decreased from 150 in 2000 to 70 in 2022. Similarly, the neonatal mortality rate per 1000 live births decreased from 40 in 2000 to 26 in 2022.

Five countries across the high, upper-middle and low-middle income brackets have achieved the SDG target for under-five mortality. From 2000 to 2022, Malawi, Rwanda and Sao Tome and Principe successfully lowered under-five mortality by over 75%. Angola, Burundi, Ethiopia, Senegal, Uganda and the United Republic of Tanzania achieved reductions exceeding two thirds. The impressive performance of several low- and lower-middle income countries demonstrates that strategic investment and sustained action can significantly reduce childhood deaths, even in resource-constrained settings.[10]

This progress is attributable to the sustained commitments of governments, local communities, health workers and partner organizations, which commitments have led to increased coverage of proven high-impact interventions. These interventions include family planning, antenatal care, skilled birth attendance, early initiation of breastfeeding, postnatal care for newborns, early infant HIV diagnosis, exclusive breastfeeding, antibiotics for pneumonia, childhood vaccination, ORS and zinc for diarrhoea (albeit from a very low baseline), insecticide-treated net usage, and antiretroviral therapy for HIV. Additionally, several countries have implemented strategies to enhance access to and improve the quality of integrated child health services.

The WHO African Region has also seen significant improvements in adolescent health. Notably, there has been a 17% reduction in the adolescent birth rate per 1000 live births, from 114 in 2010 to 96 in 2023.

Despite these advancements, the death toll among children, adolescents and youth remains unacceptably high. Children face unequal chances of survival based on their location and socio-economic status, with those in the poorest households or living in fragile and conflict-affected settings having the lowest chances of survival. It is critical to accelerate progress in reducing child mortality to meet the SDG targets for newborn and under-five mortality by 2030.

10 IGME, UNICEF, WHO, World Bank Group, United Nations. Levels and trends in child mortality. Report 2023.

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Improvements in women's health

The maternal mortality ratio in the WHO African Region declined significantly, from 788 deaths per 100 000 live births in 2000 to 531 deaths per 100 000 live births in 2020, marking an overall reduction of 33.2%.[11] Notably, 17 countries in the Region achieved at least a 50% reduction in their maternal mortality rate during the period. They are: Algeria, Angola, Cabo Verde, Comoros, Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Mozambique, Namibia, Rwanda, Senegal, Seychelles, Sierra Leone, United Republic of Tanzania, and Zambia. Among these, Seychelles and Mozambique ranked among the top 10 countries globally for the largest reduction in maternal mortality between 2000 and 2020.

Despite this progress, the WHO African Region still bears a disproportionately high burden of global maternal deaths and has the highest maternal mortality rate among the six WHO regions.

Increasing women's access to and utilization of sexual and reproductive health services significantly contributed to the gains made in reducing maternal mortality. For instance, the percentage of births attended by skilled health personnel increased by 20%, from 54% in 2012 to 74% in 2023. Additionally, the number of countries where over 80% of births were attended by skilled health personnel grew from 13 (28%) in 2010 to 28 (60%) in 2023. Postnatal care coverage also improved, with the percentage of countries with more than 60% coverage rising from 28% in 2010 to 46% in 2023. Furthermore, the proportion of women aged 15–49 years in the WHO African Region whose family planning needs were met by modern contraceptive methods increased from 47% in 2010 to 58% in 2023.

Over the last decade, substantial progress was made towards creating supportive legal and policy frameworks for sexual and reproductive health and rights services, including abortion care.

These advancements underscore the critical importance of continued efforts to expand access to quality maternal health services and address the remaining disparities to further reduce maternal mortality in the WHO African Region.

11 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO

Improvements in health security

Investments in health security by Member States in the WHO African Region, supported by partners, have significantly improved their capacity to prevent, prepare for, detect and respond to health emergencies. For example, since 2015, the Region has experienced 18 Ebola and Marburg outbreaks, all of which, except one (the 2018 Ebola virus disease outbreak in the Democratic Republic of the Congo), were contained without any cross-border spread.

The timeliness of outbreak detection has improved. There has been a 50% reduction of the median time to detection of outbreaks from 14 days in 2017 to seven days in 2023. In addition, the median time to contain outbreaks has reduced by 60%, from 156 days in 2017 to 63 days in 2023. Notably, improvements were observed in the time to control the following outbreaks: vector-borne diseases, from 234 days in 2017 to 16 days in 2023; vaccine-preventable diseases, from 308 days in 2017 to 56 days in 2023; and viral haemorrhagic fevers, from 106 days in 2017 to 48 days in 2023.

To strengthen their emergency coordination capacities, 42 countries have established public health emergency operations centres. Of this number, 25 have been given legal mandates, 27 have the minimum routine staff required, and 20 have secured domestic budgets for operationalization.

The COVID-19 pandemic, which exposed significant gaps in emergency preparedness and health system resilience, not only in Africa but globally, resulted in just under 10 million cases and 175 510 cases in the Region. Strong political leadership and regional solidarity underpinned by experience in dealing with frequent infectious disease outbreaks contributed to effective, multisectoral and coordinated response actions at national, subnational and community levels. As a result, Africa experienced far fewer deaths due to COVID-19 than initially predicted.

Member States implemented public health and social measures in response to COVID-19. Over 30 000 health care workers were trained and deployed in various capacities to support the COVID-19 response; intensive care units were reinforced in 10 countries; and oxygen production plants were installed in nine countries, boosting oxygen production by approximately 7.9 million litres per day. This was sufficient to treat 1130 critically ill patients daily. Surveillance and laboratory capacities were also greatly enhanced. COVID-19 vaccination was widely embraced by Member States in the Region once the initial challenges of vaccine access had been overcome.

By 2023, a total of 37 countries in the WHO African Region had conducted strategic risk assessments of all hazards and established risk profiles. The creation of an online strategic tool for assessing risks (STAR) dashboard, the development of a regional risk calendar, and the use of artificial intelligence to generate automatic hazard alerts to all 47 Member States have improved preparedness and informed multi-hazard plans.

All 47 Member States (100%) submitted their IHR State Party self-assessment annual reports (SPAR) from 2017 to 2023. The mean SPAR capacity scores improved from 42 in 2018 to 50 in 2023. IHR core capacity scores remained relatively stagnant at 50%, below the global average of 64%, due to weak investments in areas like chemical and radiation exposures, points of entry, and food safety. However, significant improvements have been observed, particularly in detection, notification and early response times.

Between 2016 and 2023, all 47 Member States in the Region conducted baseline IHR joint external evaluations. Forty-five of them used the findings from the evaluations to guide the development of their national action plans for health security.

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Reduction in disease burden

HIV/AIDS

The trajectory of the HIV epidemic in the WHO African Region has shown remarkable progress, evidenced by a decrease in new HIV infections, an increase in the number of diagnosed individuals, and a rise in the number of those starting antiretroviral therapy and achieving viral suppression. The African Region is leading globally in achieving the 95-95-95 targets, with five countries (Botswana, Eswatini, Rwanda, United Republic of Tanzania and Zimbabwe) having already reached these goals.

Significant milestones have been achieved in preventing mother-to-child transmission of HIV, with 93% of pregnant women living with HIV receiving antiretroviral therapy to prevent vertical transmission in 2022. Five countries (Botswana, Eswatini, Namibia, Rwanda and South Africa) have achieved a mother-to-child transmission rate of 5% or less, resulting in healthier mothers and disease-free infants and children. Botswana and Namibia have been validated on the path to elimination for HIV, with Botswana receiving silver tier status in 2021 and Namibia achieving bronze tier in 2024.

The WHO African Region is also at the forefront of implementing effective biomedical HIV prevention methods. In 2022, one million out of the 1.6 million people globally who started pre-exposure prophylaxis (PrEP) were in Africa.[12] Countries have rapidly adopted and implemented PrEP recommendations, ensuring a range of choices, including oral PrEP, long-acting injectable PrEP, and the Dapivirine vaginal ring.

Recognizing that HIV testing and treatment coverage for children lagged behind, a global initiative to prevent paediatric HIV infections and increase testing and treatment coverage was developed in 2022 and formally launched as the Global Alliance in February 2023. Twelve countries in the African Region committed to accelerate efforts to control the HIV epidemic among children and improve their response: Angola, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Kenya, Mozambique, Nigeria, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. These countries, which account for 80% of the global unmet needs for paediatric HIV, have conducted reviews of their paediatric HIV epidemics and responses, developed acceleration plans, and started implementing innovative solutions.

This concerted effort underscores the African Region's commitment to ending the HIV epidemic and improving health outcomes for all affected populations.

12 UNAIDS DATA 2023. Geneva: Joint United Nations Programme on HIV/AIDS; 2023.

Tuberculosis

During the period 2015–2024, the WHO African Region made significant strides in combating TB:

- the TB incidence rate decreased by 23% from 255 per 100 000 population in 2015 to 205 per 100 000 in 2022;
- the TB mortality rate declined by 38%, from 67 per 100 000 population in 2015 to 42 per 100 000 in 2022;
- the TB treatment success rate increased from 83% in 2015 to 88% in 2022; and
- the proportion of TB patients with drug resistant TB receiving appropriate treatment increased from 54% in 2015 to 72% in 2022.

Africa has achieved significant milestones in diagnosing and treating TB, with the detection rate reaching an unprecedented 70% in 2022. This progress is a result of collective efforts to strengthen national TB programmes and thereby increasing access to quality TB diagnosis, treatment and care.

Nonetheless, TB remains a major health issue. In 2022, an estimated 2.5 million people in the WHO African Region fell ill with TB and approximately 424 000 people died from the disease. The heavy burden of HIV in the Region is evident, with 20% of new TB cases reported among people living with HIV/AIDS.

Malaria

The WHO African Region has made notable progress in reducing malaria incidence and mortality rates between 2015 and 2022. The incidence rate decreased by 8.6%, from 243.6 per 1000 population in 2015 to 222.6 per 1000 population in 2022. Similarly, the mortality rate reduced by 12.6%, from 63.5 per 100 000 population in 2015 to 55.5 per 100 000 population in 2022. Despite this progress, many countries in the African Region with a high malaria burden are not on track to meet the Global technical strategy for malaria 2016–2030 (GTS) targets.

The widespread disruptions of malaria services during the COVID-19 pandemic led to an increase in malaria cases from 218 million in 2019 to 233 million in 2022. The WHO African Region continues to bear the heaviest malaria burden, accounting for 95% of global malaria deaths (580 000) in 2022. Nine of the 11 highest malaria burden countries are in the African Region.

Despite these challenges, significant progress has been made towards malaria elimination in some parts of the Region. Algeria and Cabo Verde were certified for malaria elimination in 2019 and 2024 respectively. Additionally, Ethiopia, Sao Tome and Principe, South Africa and Zimbabwe are on track to achieve the GTS targets for malaria mortality reduction. Ethiopia, Rwanda, South Africa and Zimbabwe are also on track to achieve significant reductions in incidence.

While not all countries are on track, 15 countries achieved reductions in malaria incidence by 2022 compared to 2015, while the mortality rate fell by less than 40% in 20 countries.

Neglected tropical diseases

Since 2015, thirteen countries[13] have successfully eliminated at least one NTD, including Guinea worm disease, which is targeted for eradication. Notably, Togo achieved a world first by eliminating four NTDs, while five other countries[14] were validated for the elimination of more than one NTD. This achievement corresponds to 23 validations/certifications, with 14 (60%) occurring after 2020, following the COVID-19 pandemic.

The number of people in the WHO African Region requiring interventions against NTDs declined from 626 million in 2015 to 579 million in 2022. Since its establishment, ESPEN has significantly contributed to the control and elimination of these diseases. ESPEN was established in 2016 as a public-private partnership involving Member States, donors, the pharmaceutical industry and NTD stakeholders. ESPEN facilitates government requests for medicines, data sharing and capacity-building for NTD programme staff. The project has raised over US$ 74 million since its inception and, until September 2023, provided funding to 44 countries in the WHO African Region. As a result, six countries – Benin, Gambia, Ghana, Malawi, Mali and Togo – have been validated for the elimination of trachoma as a public health problem, and two countries – Malawi and Togo – for lymphatic filariasis.

While this level of funding is commendable, case management of NTDs has not been prioritized, resulting in minimal funding. Moving forward, efforts will focus on integrating NTD case management into resource mobilization endeavours.

By 2024, forty-two of the 47 countries in the Region had been certified free of Guinea worm disease and 12 countries[15] were eligible for certification as free of yaws. Additionally, eight countries eliminated human African trypanosomiasis as a public health problem[16] Leprosy elimination as a public health problem was achieved and sustained in all countries,[17] with eight countries[18] close to achieving interruption of transmission.

Significant progress has also been made in reducing the burden of other NTDs. For instance, over 4000 deaths due to visceral leishmaniasis are averted annually through early case detection and prompt treatment, as the disease is fatal if left untreated. The number of Buruli ulcer cases reported decreased from 5871 in 2004 to 1573 in 2023, representing a remarkable reduction of over 70%.

13 Benin, Chad, the Democratic Republic of the Congo, Equatorial Guinea, The Gambia, Ghana, Côte d'Ivoire, Kenya, Malawi, Mali, Rwanda, Togo and Uganda.
14 Benin, Ghana, Malawi, Rwanda and Uganda.
15 Algeria, Botswana, Cabo Verde, Eritrea, Eswatini, Lesotho, Mauritania, Mauritius, Namibia, Seychelles, Sao Tome and Principe and South Africa.
16 Benin, Equatorial Guinea, Ghana, Côte d'Ivoire, Chad, Rwanda, Togo and Uganda.
17 Except Comoros.
18 Algeria, Botswana, Cabo Verde, Eswatini, Lesotho, Mauritius, Sao Tome and Principe and Seychelles.

Polio eradication

Over the past decade, the incidence of wild poliovirus (WPV) declined dramatically. The number of WPV cases declined from an average of 171 cases per annum between 2010 and 2014 to four cases in 2016 and zero cases by 2017. This progress is attributable to deep commitment by countries at all-levels of government and the sustained engagement of community leaders and communities, health workers and volunteers, and technical and financial partners. This strong commitment and partnership ensured that millions of children, including those previously unreached, received the oral polio vaccine (OPV), boosting population immunity and reducing virus circulation.

New ways of engaging affected communities and the use of innovative strategies were critical in the last areas to interrupt WPV. These innovative strategies included the use of geographic information systems (GIS) technology to track vaccinators, map settlements, support microplanning and enhance outreach to hard-to-reach populations. Between 2015 and 2017, an additional 1.8 million previously unreached children in communities that presented significant challenges to the interruption of WPV transmission were reached. The interruption of WPV transmission in Nigeria, the last polio endemic country in Africa, and the certification of the WHO African Region as indigenous WPV-free in August 2020 was the culmination of this sustained effort.

Even though Africa ended indigenous WPV transmission, the risk of importation remained with ongoing endemic transmission in Afghanistan and Pakistan. This risk became a reality in 2021. WPV imported from Pakistan was detected in Lilongwe, Malawi and subsequently in neighbouring Mozambique. Africa used the lessons learnt to end indigenous WPV transmission and to stop the outbreak. Within 72 hours of the initial detection in Malawi, a multicountry response involving five southern African countries was underway. Over 2 years, at least nine immunization rounds were implemented in Malawi, Mozambique and neighbouring Tanzania, Zambia and Zimbabwe. This concerted effort led to the interruption of WPV transmission in 2024.

Stopping WPV in Africa has been a singular public health triumph of the past decade. This was made possible through the unwavering dedication of African governments, health workers, communities and partners in the Global Polio Eradication Initiative. The clear success in the fight against WPV and the lessons learnt from that success are now being used to address the ongoing challenge of circulating variant poliovirus outbreaks in the Region.

Over the past 10 years, the Region has expanded technical support for active surveillance through polio-related investment. An electronic surveillance system (eSurv) that captures surveillance and other health data from health facilities during active surveillance visits using hand-held devices was rolled out across the African Region. The system, established by the WHO African Region and first made available to countries in 2017, is now ubiquitous. In 2023 alone, over 241 000 active surveillance visits from 46 countries were documented electronically using this system. eSurv is now a cornerstone of the vaccine-preventable surveillance system and provides valuable information on health system capacity.

In addition to the traditional acute flaccid paralysis surveillance, the mainstreaming of wastewater surveillance was prioritized in the past decade. Previously a niche activity, poliovirus environmental surveillance was expanded. At the end of 2014, only three countries had active environmental surveillance sites. By the end of 2017, there were 216 active sites in 20 countries. As of July 2024, samples are now collected every month from 521 active environmental surveillance sites in 46 countries in the Region.

The Polio Laboratories Network in Africa has also made significant advancements. Between 2015 and 2024, considerable efforts were expended to build the capacity of polio laboratories across Africa, ensuring that they could meet the demands of polio surveillance and response. To support polio eradication efforts, the number of WHO-accredited polio laboratories conducting diagnostic testing, for example, intratypic differentiation and genomic sequencing, was increased from three laboratories to 16. These laboratories

were equipped to perform high-quality diagnostics for poliovirus detection and characterization. Many laboratories underwent infrastructure upgrades to enhance their diagnostic capabilities. This included the acquisition of advanced equipment, such as real-time polymerase chain reaction machines and sequencing platforms, which are essential for rapid and accurate poliovirus detection. Training programmes and guidelines were provided to laboratory staff to ensure adherence to international biosafety standards. Collaborative efforts between international organizations such as the United States Centers for Disease Control and Prevention (US CDC) and regional health bodies, facilitated knowledge sharing and technical assistance.

The adoption of real-time polymerase chain reaction and genetic sequencing techniques significantly improved the ability to detect and characterize polioviruses. These advanced diagnostic methods provided rapid and accurate results that are essential for timely outbreak response and virus tracking. In the last two years, efforts have shifted to the roll-out of NextGen sequencing technologies. The investments in expanded sequencing capacity across the Region has also paid huge dividends in ways that were not fully anticipated. For example, the system and the capacity developed for polio was instrumental in helping countries in the Region to accelerate sequencing expansion during the COVID-19 pandemic.

Data and information systems are also critical to all health programmes and investments in polio data management has been instrumental in pushing forward the broader regional health data agenda. In the last 10 years, significant advancements were made in the areas of data collection, analysis, GIS and information systems management to support polio eradication efforts. Integrated supportive supervision systems were developed to consolidate information collected during supportive supervision visits to health facilities. These real-time data include information on surveillance, immunization and other programmatic data. The integration facilitated comprehensive analysis and informed decision-making.

Real-time data reporting systems were implemented to enhance the responsiveness of supplementary immunization campaigns. These systems allowed for the collection of pre-campaign, intra-campaign and post-campaign data and allowed for immediate action in response to detected poliovirus cases and outbreaks. Mobile technology also facilitated real-time communication and coordination among health teams.

GIS technology was employed to map poliovirus cases, environmental surveillance and vaccination activities. Spatial analysis helped identify high-risk areas, track virus transmission patterns and allocate resources more effectively. GIS maps were used to visualize data geographically, aiding in the planning and implementation of immunization campaigns. Dedicated polio information systems were developed to manage and analyse large volumes of data related to polio surveillance and immunization. These systems provided a centralized platform for data storage, retrieval and analysis, enhancing the overall efficiency of data management processes.

In the past 10 years, all 47 Member States have adopted one or more of these tools to enhance supportive supervision and improve surveillance and response. To effectively utilize these advanced information systems, capacity-building and training programmes were conducted for health workers and data managers.

The introduction of new vaccines has been pivotal in the polio eradication strategy. Two significant vaccines were introduced during this period: the inactivated poliovirus vaccine (IPV) and the novel oral poliovirus vaccine type 2 (nOPV2). The IPV was introduced throughout the Region as part of the polio endgame strategy to mitigate the risks associated with the cessation of trivalent oral poliovirus vaccine (tOPV). IPV provides humoral immunity, preventing the spread of poliovirus to the central nervous system. However, it does not provide optimal mucosal immunity on its own. As of 2024, all African countries that had previously relied solely on OPV had introduced at least one dose of IPV into their routine immunization schedules. This was a global health milestone, providing a crucial layer of protection against polio.

The nOPV2 was introduced to address the challenges posed by circulating vaccine-derived poliovirus type 2 (cVDPV2). The nOPV2 is designed to be more genetically stable than the traditional OPV, reducing the risk of vaccine-derived outbreaks. In November 2020, nOPV2 received an Emergency Use Listing, allowing countries to use the vaccine in response to cVDPV2 outbreaks. This approval was a critical step in rapidly deploying the vaccine in regions experiencing cVDPV2 outbreaks. Following its Emergency Use Listing approval, nOPV2 was deployed in several African countries to control cVDPV2 outbreaks. Countries such as Nigeria, Liberia and the Democratic Republic of the Congo were among the first to use nOPV2 in their immunization campaigns. Early results from these deployments indicated that nOPV2 was effective in interrupting virus transmission, demonstrating its potential as an important tool in the final stages of polio eradication. Countries faced logistic challenges, particularly in remote and conflict-affected areas, where infrastructure is limited. The WHO Regional Office for Africa and Global Polio Eradication Initiative partners supported countries to enhance their cold chain capacities.

Polio eradication structures and assets are also being utilized to support other public health priorities, particularly in disease surveillance, immunization coverage and emergency response. This integration ensures that the gains made in polio eradication contribute to broader health system strengthening in the WHO African Region.

Ongoing challenges in this area include raising public awareness about the benefits of IPV and nOPV2 and addressing vaccine hesitancy. Misinformation and rumours hindered immunization efforts in some countries. Public health campaigns and community engagement will remain essential to build trust and encourage vaccine acceptance.

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Vaccine-preventable diseases

The last decade has been a dynamic period for immunization efforts in the WHO African Region, marked by achievements and persistent challenges that require ongoing strategic interventions.

Immunization coverage rates in the WHO African Region increased from 2015 to 2019, with the diphtheria, tetanus and pertussis vaccine coverage rate rising from 71% in 2015 to 77% in 2019. However, widespread disruptions to immunization services during the COVID-19 pandemic led to a decline in diphtheria, tetanus and pertussis vaccine coverage to 73% in 2021, where it remained stagnant in 2022. In 2023, a modest increase brought the coverage rate to 74%.

The WHO African Region has made good progress in the introduction of new and underutilized vaccines into routine immunization programmes. All 47 Member States in the African Region have introduce inactivated polio vaccine, Haemophilus influenzae type B vaccine and hepatitis B vaccine into their routine immunization programmes.

Member States of the WHO African Region are implementing accelerated control strategies for vaccine-preventable diseases including measles, rubella, yellow fever and meningitis, as well as maternal and neonatal tetanus. These efforts have achieved varying levels of success.

The African Region Monitoring Vaccine Effectiveness Network has played a crucial role in monitoring vaccine effectiveness, particularly in response to emerging health threats such as COVID-19. This network has facilitated studies on vaccine effectiveness in real-world conditions, significantly enhancing the Region's capacity for vaccine evaluation and response.

National immunization technical advisory groups provide evidence-based advice to policy-makers and immunization programme managers. This emphasis on country ownership and accountability in immunization programmes is a recurring resolution from WHO and its supporting partners.

The African Vaccine Regulatory Forum (AVAREF) has advanced vaccine regulation and access by harmonizing regulatory standards across African countries. This harmonization has facilitated the efficient review and approval of vaccines while maintaining high safety and efficacy standards. AVAREF has conducted numerous capacity-building initiatives, training regulatory authorities and health care professionals on best practices in vaccine regulation, pharmacovigilance and post-marketing surveillance. By fostering collaboration among regulatory agencies, vaccine manufacturers, international partners and other stakeholders, AVAREF has streamlined vaccine development, licensing and distribution processes in the Region, playing a critical role in ensuring access to safe, effective and quality vaccines.

These combined efforts highlight the Region's commitment to overcoming challenges and building on successes to improve immunization coverage and public health outcomes in Africa.

Thanks to the care and treatment I received for hypertension, I can now walk on my own, and even ride a bicycle for several kilometres. I have hope. I can enjoy spending time with my family without the constant worry of my health holding me back.

Domdasse Adama
Beneficiary, Burkina Faso

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Noncommunicable diseases and mental health

Noncommunicable diseases

NCDs are now the leading cause of death globally, accounting for 41 million deaths per year.[19] In sub-Saharan Africa, NCDs were responsible for 37% of deaths in 2019, up from 26% in 2000.[20] Major NCDs such as cardiovascular diseases, diabetes, cancer and respiratory diseases account for over 80% of NCD-related deaths.[21] Other significant contributors to the disease burden include vision impairment and blindness, oral diseases and ear conditions. This increase is largely due to weaknesses in the implementation of critical control measures, including prevention, diagnosis and care.

The Global action plan for the prevention and control of NCDs 2013–2020 outlines global mechanisms agreed upon by WHO Member States to reduce the avoidable NCD burden and decrease by 25% the number of premature deaths from NCDs by 2025. Key targets include reducing the global prevalence of raised blood pressure by 25% between 2010 and 2025, ensuring that at least 50% of eligible individuals receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes by 2025, and achieving up to 80% availability of affordable basic technologies and essential medicines, including generic medicines, required to treat major NCDs in both public and private facilities.

The results of efforts to strengthen the prevention, control and management of major NCDs are promising. The age-standardized NCD mortality rate in the WHO African Region decreased from 616 per 100 000 in 2015 to 587 per 100 000 in 2019.

19 Gouda, H.N., et al., Burden of noncommunicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017. The Lancet Global Health, 2019. 7(10): p. e1375-e1387.

20 WHO (2022). Deaths from noncommunicable diseases on the rise in Africa. (https://www.afro.who.int/news/deaths-noncommunicable-diseases-rise-africa#:~:text=In%20Africa%2C%20between%2050%25%20and,WHO)%20Noncommunicable%20Disease%20Progress%20Monitor.)

21 Bigna, J.J. and J.J. Noubiap, The rising burden of noncommunicable diseases in sub-Saharan Africa. The Lancet Global Health, 2019. 7(10): p. e1295-e1296.

In the WHO African Region, the modest progress made in NCD-related mortality are due to the following interventions:

- **Development of the Global action plan for the prevention and control of NCDs 2013–2020 (extended to 2030):** This action plan outlines global mechanisms agreed upon by Member States to reduce the avoidable NCD burden and decrease by 25% the number of premature deaths from NCDs by 2025. Key targets include reducing the global prevalence of raised blood pressure by 25% between 2010 and 2025, ensuring that at least 50% of eligible individuals receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes by 2025, and achieving up to 80% availability of affordable basic technologies and essential medicines, including generic medicines, required to treat major NCDs in both public and private facilities. Implementation of the Global action plan is ongoing despite the absence of a specific regional framework for its implementation.
- **Expansion of NCD services integration:** Essential NCD services are increasingly integrated into primary health care using a person-centred approach through the implementation of WHO packages such as the WHO PEN, the package of essential noncommunicable disease interventions, HEARTS, the technical package for cardiovascular disease management in primary health care, and PEN-Plus, the regional strategy to address severe noncommunicable diseases at first-level referral health facilities.
- **Improvement in the availability of NCD prevalence data:** There is a significant enhancement in the availability of prevalence data on NCDs and their risk factors, facilitated by following the WHO STEPwise approach (a standardized method for collecting, analysing and disseminating data in WHO Member States) to NCD risk factor surveillance (STEPS) surveys in Member States. These data are crucial for creating comprehensive strategies and interventions.
- **Leadership, partnership and capacity-building:** Strategic leadership, product generation and capacity-building for programme managers are being enhanced to better prioritize and plan for NCDs and thus ensure their effective and efficient management. Strategic partnerships have been established with, among others, the Helmsley Charitable Trust, the Government of Monaco, the World Diabetes Federation and Roche.
- **Establishment of the High-level NCD Advocacy Committee:** An international Presidential Council on the Prevention and Control of NCDs in Africa chaired by the President of Ghana and the Prime Minister of Norway was launched in 2022 on the sidelines of the seventy-seventh session of the UN General Assembly. The Council has advocated for improved support to NCD prevention and control in Africa and supported integration of NCD prevention and care services into primary health care as well as standardized reporting of NCDs by Member States.

Mental health

Mental health is a critical component of overall health and well-being and a basic human right. Mental health conditions affect approximately one in eight people worldwide and constitute 6% of the total disease burden in Africa. Despite a slow initial response, the Region is now making progress in improving mental health services and addressing this crucial health area.

While the suicide rate in the African Region remains unacceptably high, there has been a 21% decrease in age-standardized suicide rates since 2014, from 14.2 per 100 000 population in 2014 to 11.2 per 100 000 population in 2020.[22,23]

The Region has also seen a 14% increase in specialist mental health workers, including psychiatrists, mental health nurses, clinical psychologists and social workers, from 2014 to 2020.[24] In Zimbabwe, WHO, under the Special Initiative for Mental Health, has trained health workers in mental health and psychosocial support, helping 1.8 million more people to gain access to crucial mental health services. More than 3000 individuals received services for mental, neurological, and substance use conditions for the first time in 2023.[25]

22 Mental Health Atlas 2014 (who.int)
23 Mental Health ATLAS 2020 (who.int)
24 Mental Health ATLAS 2020 (who.int)
25 WHO Special Initiative for Mental Health: Zimbabwe

Member States have supported the transformation of mental health systems through decentralization and integration into primary health care. By 2020, seventy-nine per cent of countries in the WHO African Region had trained primary health care workers in mental health care. The Region has developed several innovative community-based mental health care approaches,[26] such as the Friendship Bench in Zimbabwe, which trains community health workers in basic mental health care, SEEK-GSP in Uganda, which trains community mental health workers in group psychotherapy and the Erq Ma'ed (reconciliation table) in Ethiopia, which provides radio and community-based counselling services.

Government expenditure on mental health, although still below the global median, has increased significantly from US$ 0.10 per capita in 2014[27] to US$ 0.46 per capita in 2020.[28] By 2022, Kenya, Uganda and Zimbabwe had developed country-specific mental health investment cases, now being used to advocate for increased financial investment in mental health.[29, 30, 31]

The proportion of countries in the WHO African Region that collect mental health-specific data for the public and private sectors increased from 3% in 2014 to 11% in 2020.[32] This improvement in data collection is critical for informing policy and resource allocation to address mental health needs effectively.

As of 2020, twenty-eight per cent of countries participating in the Mental Health Atlas Survey had successfully integrated mental health and psychosocial support into their disaster preparedness plans.[33]

26 Innovation Impact Series: Mental Health Innovation in the African Region (AFRO) (who.int)
27 Mental Health Atlas 2014 (who.int)
28 Mental Health ATLAS 2020 (who.int)
29 Investment case for Zimbabwe (2) (who.int)
30 Investment case for Ghana (who.int)
31 Kenya Mental Health Investment Case 2021 – Mental Health (MoH Kenya)
32 Mental Health ATLAS 2020 (who.int)
33 Mental Health ATLAS 2020 (who.int)

Improvements in well-being

Tobacco and reduction of risk factors for noncommunicable diseases (NCDs)

The WHO African Region is on a promising trajectory to meet the 2025 targets of the Global Action Plan and Monitoring Framework for the prevention of risk factors associated with NCDs. This progress also positions the Region well to achieve the 2030 targets, particularly in reducing tobacco use, harmful alcohol consumption and physical inactivity.[34, 35]

Of the 47 Member States in the Region, 45 have ratified the WHO Framework Convention on Tobacco Control, and 22 have ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. Nearly half of the countries in the Region are on track to achieve a 30% relative reduction in tobacco prevalence by 2025, based on 2010 baselines. The prevalence of tobacco use decreased from 13.5% in 2015 to 9.5% in 2022 and is projected to further drop to 8.9% by 2025.[36] Fifty-two per cent of the population (632 million people) in the Region is covered by graphic health warnings on tobacco packs, and over 89% of the population (1.1 billion people) is protected by smoke-free laws. Additionally, the average total tax share of the retail price of a pack of 20 cigarettes for the most sold brands increased from 37% in 2016 to 41% in 2023.[37]

Nineteen per cent of Member States have successfully reduced exposure to second-hand smoke among children aged 13–15 years by more than 10% from 2008 to 2018.[38] Similarly, nearly 20% of Member States achieved a 10% reduction in passive exposure to tobacco smoke among those aged 13–15 years through effective health promotion campaigns.

The Region has also seen a declining trend in alcohol use since 2015. Alcohol consumption, measured in litres of pure alcohol per capita per year, dropped from 6.3 litres in 2015 to 4.2 litres in 2020 among the same age group.[39]

Walking remains the predominant means of daily physical activity for African populations, contributing to the WHO African Region being the only WHO region likely to be on track to meet the 2025 or 2030 physical activity targets.[40]

These achievements reflect a concerted effort to address NCD risk factors and underscore the importance of continued strategic interventions to sustain and build on this progress.

34 WHO 2023: WHO global report on trends in prevalence of tobacco use 2000–2025. https://www.who.int/publications/i/item/9789240088283
35 Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024.
36 https://www.who.int/publications/i/item/9789240088283
37 WHO report on the global tobacco epidemic, 2023. https://www.who.int/publications/i/item/9789240077164
38 Progress report on the implementation of the regional strategy for cancer prevention and control afr/rc69/inf.doc/3
39 Comparative data for APC from the 2018 and 2024 publications on the Global Status Report on Alcohol and Health.
40 Global Levels of Physical Activity in Adults (June 2024)

Nutrition and food safety

The WHO African Region has made progress in reducing malnutrition rates and improving dietary practices over the past decade. The prevalence of stunting among children aged below five years has seen significant reductions, with six countries on track to meet the global target of a 40% reduction from 2012 levels. Similarly, the prevalence of wasting among under-five children remains below the global average, with 19 countries on course to maintain levels below 5%.[41] Dietary practices have also improved, particularly in the area of exclusive breastfeeding. In 2022, exclusive breastfeeding rates among infants under six months of age reached 48%, representing a 6% increase from 2012. Eighteen countries are on track to achieve at least 50% prevalence.

African nations have developed and implemented comprehensive nutritional policies and strategies to address various forms of malnutrition and promote sustainable food systems that support healthy diets. To date, 24 Member States[42] have adopted at least one of seven priority policy actions to deliver sustainable, healthy and safe diets,[43] as part of the recommended menu of actions to transform food systems for health. Additionally, 33 Member States[44] have implemented regulations on the marketing of breast milk substitutes.

Progress has also been noted in adopting good hygienic practices aligned with Codex standards.[45] As of July 2022, twenty-eight Member States[46] have strengthened their national Codex structures to promote harmonization of food standards and technical regulations with the Codex Alimentarius.

Nutrition has been successfully integrated into health systems across the Region. This approach ensures that nutrition is a key component of primary health care services, enhancing the delivery and effectiveness of nutrition interventions. Notably, 25 Member States[47] have implemented the WHO Package of Essential Noncommunicable Disease Interventions,[48] leading to improved management and prevention of NCDs. Additionally, 13 Member States[49] have strengthened the implementation of essential nutrition actions,[50] resulting in enhanced nutritional outcomes and better health for children and women.

Furthermore, 44 Member States[51] are now participating in the International Food Safety Authorities Network through designated emergency contact points, enabling timely reporting and response to food safety outbreaks.

These achievements underscore the Region's commitment to addressing malnutrition and promoting food safety, ensuring better health outcomes for its populations.

41 Global Nutrition Report 2021: https://globalnutritionreport.org/documents/851/2021_Global_Nutrition_Report_aUfTRv0.pdf

42 Benin, Burundi, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia

43 i) Fiscal policies: Implementing taxes and subsidies to discourage unhealthy foods and promote healthy options; ii) Regulation of Marketing: Controlling the marketing of foods and non-alcoholic beverages, including breast milk substitutes, to ensure healthier choices; iii) Front-of-pack labelling: Introducing interpretive labelling on packaged foods to help consumers make informed decisions; iv) Public food procurement: Ensuring that public institutions procure and provide healthy diet options; v) Food reformulation: Reformulating foods to eliminate industrial trans fats and reduce salt and free sugars; vi) Food fortification: Enhancing foods with essential vitamins and minerals; vii) Food Safety: Ensuring the safety of food from production to consumption.

44 Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

45 https://www.fao.org/fao-who-codexalimentarius/codex-texts/list-standards/en/

46 Benin, Burkina Faso, Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

47 Benin, Burkina Faso, Cabo Verde, Central African Republic, Côte d'Ivoire, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Sudan, Togo, Uganda, Zambia, Zimbabwe

48 WHO Package of Essential Noncommunicable (PEN) disease interventions for primary health care: https://www.who.int/publications/i/item/9789240009226

49 Burkina Faso, Cameroon, Chad, Eswatini, Guinea, Kenya, Madagascar, Mali, Niger, Nigeria, South Sudan, Uganda and Zambia

50 Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO: https://www.who.int/publications/i/item/9789241515856.

51 https://www.who.int/groups/fao-who-international-food-safety-authorities-network-infosan/about

Access to water, sanitation and hygiene (WASH)

Communities

The burden of waterborne diseases has continued to decline in the WHO African Region, largely due to the modest yet important strides made in improving WASH services over the past decade. The proportion of people using improved sanitation facilities increased from 22% (30% with basic services) in 2015 to 24% (35% with basic services) in 2023. Additionally, open defecation rates have decreased from 21% to 17%, indicating progress in sanitation practices.

Improvements have also been observed in water access. The proportion of the population using improved water facilities rose from 27% in 2015 to 31% in 2023. Reliance on surface water sources decreased from 10% in 2015 to 6% in 2023. Access to basic water services has seen an increase, with 65% of the population covered compared to 59% in 2015.

Despite these advancements, hygiene services have not experienced significant changes and most countries in the Region are unlikely to meet the SDG 6 targets by 2030 at the current pace of progress. This underscores the need for accelerated efforts and strategic interventions to ensure comprehensive improvements in WASH services for communities across the Region.

WASH in health care facilities

Significant progress has been made in improving WASH in health care facilities across the WHO African Region. In 2021, seventy-three per cent of health care facilities had hand hygiene facilities at points of care, while only 37% had handwashing facilities with soap and water at toilets. This is an improvement from 2016, where 51% of health care facilities reported having alcohol-based hand rub at points of care.

In terms of hospital facilities, 87% had hand hygiene facilities at points of care in 2021, compared to 68% of non-hospital health care facilities. In 2016, eighty-four per cent of hospitals and 64% of other health care facilities had such facilities, demonstrating progress in hand hygiene practices.

However, there has been a decline in basic sanitation services in health care facilities, dropping from 23% in 2016 to 13% in 2021. That said, regional coverage of basic water services increased slightly from 51% in 2016 to 52% in 2021.

The implementation of WASH accounts has expanded significantly. In 2015, Ghana was the only country in the WHO African Region participating in the development of WASH accounts.[52] By 2024, fifteen countries have developed WASH accounts, reflecting a substantial increase in engagement and accountability.

The adoption of the WASH-FIT tool has also grown. In 2015, WHO supported six countries[53] in assessing WASH in health care facilities using the WASH-FIT tool. As of March 2022, this tool has been used in 26 countries,[54] enhancing the assessment and improvement of WASH services.

Participation in the United Nations-Water Global Analysis and Assessment of Drinking Water and Sanitation survey has increased notably. In 2016, WHO supported 18 countries[55] in the African Region to participate in the survey. By the 2022–2023 cycle, 43 countries had participated.

These achievements highlight the Region's ongoing efforts to enhance WASH services in health care facilities, contributing to better health outcomes and a safer environment for both patients and health care workers.

52 Benin, Burkina Faso, Chad, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Uganda, Zimbabwe

53 Eritrea, Ethiopia, Rwanda, Liberia, Guinea and Mali

54 Benin, Burundi, Burkina Faso, Chad, Comoros, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

55 Botswana, Burkina Faso, Burundi, Côte d'Ivoire, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mali, Mozambique Nigeria, Rwanda, Senegal, South Africa, United Republic of Tanzania, Zambia and Zimbabwe

Health and climate change

Africa, despite contributing only 2% to 4% of global greenhouse gas emissions, bears a disproportionate share of the adverse effects, including loss of life, property damage and population displacement. The WHO African Region, prone to natural disasters, recorded 622 events between 2010 and 2020. Climate-related health emergencies are escalating in Africa, accounting for more than half of the public health events recorded in the Region over the past two decades. In 2021 alone, disasters directly impacted 11.1% of Africa's population.

Between 2015 and 2024, twenty-one[56] out of 47 countries in the Region completed climate change and health vulnerability and adaptation assessments, while 22 countries[57] developed health national adaptation plans (HNAPs) for inclusion in their national climate change adaptation plans. Additionally, from 2015 to 2021, twelve[58] out of 47 Member States developed climate change and health country profiles.

Health promotion and social determinants of health

A total of 29 countries have developed comprehensive health promotion strategies and policies. Among these, eight countries – Angola, Botswana, Cabo Verde, Gabon, Gambia, Senegal, South Africa and Uganda – are implementing multisectoral and multidisciplinary strategies that address both risk factors and the social determinants of health.

Additionally, a health literacy approach was introduced to 23 African youth organizations and networks across four countries to promote adolescent health. This approach equipped these organizations and networks with the skills to collaborate effectively with policy-makers and represent their peers in local and international forums. As a result, youth organizations are actively involved in the planning, coordination and implementation of programmes that address their health and developmental needs.

These efforts highlight the Region's commitment to advancing health promotion and literacy, ensuring that health strategies are inclusive and responsive to the needs of diverse populations.

56 Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Sao Tome and Principe, Togo, Zambia, Rwanda, United Republic of Tanzania

57 Algeria, Benin, Botswana, Cabo Verde, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Sao Tome and Principe, Seychelles, South Africa, Togo, Zambia, Rwanda, Uganda, United Republic of Tanzania

58 Algeria, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Mauritius, Nigeria, Sao Tome and Principe, South Africa, Uganda and United Republic of Tanzania

Violence, injuries and disabilities

The WHO African Region has made some progress in reducing road traffic deaths, with 17 countries reporting decreases. Five of them have achieved reductions of more than 30%.

Despite these advancements, violence and injuries remain significant public health challenges, contributing to a considerable burden of disability and mortality across the Region.

Despite having only 2% of the world's vehicles, the WHO African Region accounts for 16% of global road traffic deaths, making it the Region with the highest road fatality rate. Vulnerable road users, including pedestrians, cyclists and motorcyclists, constitute over half (52%) of the fatalities.

Many countries in the Region lack comprehensive policies to protect vulnerable road users and have not enacted laws addressing major risk factors such as speed control, alcohol-impaired driving, helmet and seat-belt use, and child restraints. Where such laws exist, enforcement is often weak, rendering them ineffective. Additionally, post-crash care is lacking in many countries, despite the high economic cost of road traffic injuries.

Effective road safety management must include enforced laws on speed limits, alcohol impairment, helmet and seat-belt use, child restraints and the prohibition of mobile phone use while driving. Roads should be designed for user safety and subjected to independent safety audits. Efficient surveillance and post-crash care, including emergency communication and transportation to trauma-equipped health facilities, are essential to reducing road traffic injuries and fatalities.

WHO is committed to working with stakeholders to create safer environments and reducing the incidence of violence and injuries.

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I am happy that even in old age, I can seek treatment at no cost. I feel valued when I know that I do not have to worry about treatment costs when I go to hospital.

Joel Kioko Wambua
90-year-old UHC beneficiary, Kenya
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Improvements in health systems

Universal health coverage (UHC)

UHC service coverage index (SCI) in the WHO African Region significantly improved from 23 in 2000 to 44 in 2021. In 2000, no country in the Region had achieved high service coverage (UHC SCI of at least 60). By 2021, five countries – Algeria, Mauritius, Namibia, Seychelles[and South Africa – had UHC SCI higher than 60. Additionally, the number of countries with very low or low UHC SCI (less than 40) decreased from 41 in 2000 to 10 in 2021. However, there was a slight decline in the UHC SCI from 45 in 2019 to 44 in 2021,[59] which was attributed to the impact of the COVID-19 pandemic on health services, gaps in primary health care implementation and insufficient health resources.

The incidence of catastrophic health spending at the 10% threshold increased from 7.8% (52 million people) in 2000 to 8.6% (95 million people) in 2019, indicating a growing financial burden on households for health care.

59 WHO, World Bank Group. Tracking universal health coverage. 2023 global monitoring report

Governance and leadership

As of 2023, forty-four out of 47 countries in the Region (94%) had developed comprehensive and up-to-date national health sector policies or strategic plans. These plans articulate clear visions, strategic objectives and the actions and investments needed to achieve them.

Africa health workforce capacity

Over the past decade, the African Region has experienced a significant increase in the quantity and quality of health worker training. Training capacity has increased by 70%, with the number of graduates rising from 150 000 in 2018 to over 255 000 in 2022 across 39 countries.

Medicines, infrastructure and equipment

As of 2024, all 47 countries in the Region have a national essential medicines list, and 45 countries have a national medicines policy. The enforcement of national traditional medicine policies increased from 18 countries in 2010 to 28 in 2020. Five countries – Ghana, Nigeria, South Africa, the United Republic of Tanzania and Zimbabwe – now have national regulatory authorities at Maturity Level 3, marking a significant advancement since 2015, when no regulatory authorities in the Region had achieved this level of capacity.

Health financing

Health funding has grown over the past decade. Domestic government expenditure on health, relative to total government spending, increased from an average of 6.3% in 2012 to 7.3% in 2020, although it still falls short of the 15% target set by the African Union in the 2001 Abuja Declaration.

Research indicates that low- and lower-middle income countries should invest between US$ 249 and US$ 279 per capita per year on health systems, to attain the Sustainable Development Goals.[60] In 2020, only five countries in the Region – Botswana, Mauritius, Namibia, Seychelles and South Africa – met this benchmark by investing at least US$ 271 per capita in health.

Data-driven health

Significant enhancements in data generation, analysis, and utilization have been observed over the last decade. The utilization of the District Health Information Software (DHIS2) more than doubled, from 21 countries (45%) in 2015 to 43 countries (91%) in 2023.

60 Stenberg et al., 2017

© WHO / Genna Print

Research and innovation

The governance of health research increased from 62% in 2014 to 73% in 2022. Additionally, the number of countries with a dedicated budget line for health research increased from 51% in 2014 to 62% in 2022.

Advancing health through digital health and innovations

The Region has demonstrated a strong commitment to advancing health through digital technologies, with the proportion of countries having national digital health strategies increasing from 10.6% in 2016 to 78.7% by 2023.

Strengthening laboratory and diagnostic services

Progress has been made in strengthening laboratory and diagnostic services in the Region. In 2015, only four countries had organized laboratory systems. However, a recent survey revealed that 33 countries (77%) have now established a central directorate or unit dedicated to laboratory services within their ministries of health, with 64% of these units operating independently from medicine and pharmacy services.

Tackling antimicrobial resistance

The number of Member States with national action plans on antimicrobial resistance under the One Health approach increased from two (4%) in 2015 to all 47 (100%) countries in 2024, demonstrating a robust regional commitment to combating antimicrobial resistance.

4. Contribution of the WHO Regional Office for Africa to the health of the people of Africa, 2015–2024

During the Transformation Agenda's implementation period (2015–2024), the WHO African Region has supported Member States to expand health service coverage, reduce risk factors for ill-health, and strengthen national health systems. WHO has played a pivotal role in these achievements through its health leadership, provision of normative guidance, and delivery of technical and data products, offering more effective support. This chapter highlights WHO's contribution to improving the health of the people in the African Region.

Leadership, coordination and strategic partnerships

The WHO Regional Office for Africa exercised its leadership through the following initiatives: convening and agenda-setting; high-level health advocacy; engagement in strategic partnerships; and strengthening communication efforts. These initiatives have resulted in increased political commitment to health, improved capacity to translate commitments into tangible actions at both national and community levels, and enhanced ability to mobilize resources for priority health programmes.

The Secretariat conducted regular briefings for Member States in order to enhance their participation in high-level global meetings, including United Nations high-level meetings and WHO governing body sessions. During the COVID-19 pandemic, joint briefings were convened with the Africa Centres for Disease Control and Prevention (Africa CDC) and the United Nations Economic Commission for Africa. This proactive engagement has amplified the collective voice of African Member States on the global stage, particularly in post-COVID-19 negotiations, including discussions on a new pandemic accord, negotiations to amend the IHR (2005), and discussions on sustainable financing for WHO.

WHO has been a useful partner throughout the development of the health system in Seychelles. And I can say that whatever achievements we've made in Seychelles, WHO has always been there to help.

Dr Bernard Valentin
Principal Secretary, Ministry of Health, Seychelles
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A key priority of the Transformation Agenda was to strengthen the partnership and collaboration between WHO and the African Union to accelerate progress towards the targets contained in Agenda 2063 and the 2030 Agenda for Sustainable Development. Agenda 2063 envisions "a prosperous Africa based on inclusive growth and sustainable development." Achieving this vision requires ensuring that African citizens are healthy and well-nourished, with adequate investment to expand access to quality health care services for all. Health is central to the SDG 2030 Agenda, as demonstrated by SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages.

The African Union has over the last decade expanded its focus in the area of health, leading to the creation of a number of health agencies. WHO AFRO has worked collaboratively with the African Union and its various organs. For example, in 2016, the WHO Regional Office for Africa supported the establishment of the Africa CDC. This included support in assessing and identifying the five regional coordinating centres that now form part of the Africa CDC network and deploying a WHO AFRO technical team to develop the first Africa CDC strategy in 2016.

A collaboration framework for 2016–2021 between Africa CDC and WHO AFRO was signed during the Sixty-sixth session of the WHO Regional Committee for Africa in Addis Ababa in 2016. Since then, subsequent collaborative frameworks and joint work plans have been developed and implemented. In 2023, the Joint Emergency Action Plan – a partnership between Africa CDC, WHO AFRO and WHO EMRO – was launched on the sidelines of the Seventy-sixth World Health Assembly. This collaborative initiative will further expand in 2024 with the inclusion of the United Nations Children's Fund as a member.

The Regional Office has actively supported the establishment of the African Medicines Agency by raising awareness of the treaty and conducting high-level advocacy to encourage Member States to ratify it. WHO AFRO has also seconded staff to the AU Commission to support the operationalization of the African Medicines Agency.

The strengthened partnership between the African Union Commission, the Africa CDC and WHO AFRO has resulted in several high-level commitments by African Heads of State and Government and other key stakeholders. These commitments have been instrumental in the progress made in Africa from 2015 to 2024. Key high-level commitments include:

- the Addis Declaration on Immunization endorsed by African Heads of State and Government attending the 28th African Union Summit, January 2017;
- the Declaration of the Africa Leadership Meeting on health financing endorsed by the African Union Summit in February 2019;
- the Treaty for the establishment of the African Medicines Agency endorsed by the African Union Summit in February 2019;
- the High-level summit on falsified medical products and antimicrobial resistance, January 2020;
- the Declaration on viral hepatitis in Africa endorsed by the African Union Summit in February 2020;
- the Africa Joint Continental Strategy for COVID-19 Outbreak endorsed by African ministers of health in February 2019;
- the establishment of the joint WHO-Africa CDC Africa Task Force for Coronavirus, May 2020;
- the joint meeting of African health and finance ministers on health financing, October–November 2020;
- the Africa strategic framework for food systems transformation, 2022;
- the launch of the Joint Emergency Action Plan for health security by Africa CDC, WHO AFRO and WHO EMRO, 2023;
- the launch of the campaign on accelerated reduction of maternal mortality in Africa (CARMMA Plus 2021–2030), 2024.

The collaborative efforts of the African Union Commission, the Africa CDC, NEPAD and WHO AFRO have been instrumental in helping Member States translate commitments into concrete actions. These efforts have enhanced the effectiveness of responses to public health emergencies such as COVID-19, Ebola virus disease, cholera and mpox outbreaks. The joint work of these organizations is also helping Member States to strengthen their national health systems, including by bolstering the health workforce, enhancing local capacity to manufacture medical products locally, and by reducing maternal mortality on the continent.

Enhanced partnerships between WHO AFRO, RECs, and the Organization of African First Ladies for Development have contributed to progress in numerous priority health areas. These include health security, disease control programmes such as HIV/AIDS, and health workforce development, among others.

WHO AFRO has also strengthened its partnership with the African Development Bank (AfDB). The substantial financial investments by AfDB, combined with WHO's technical expertise, have significantly enhanced regional and national responses to public health emergencies, including outbreaks of Ebola, COVID-19, cholera, and other diseases. Currently, AfDB and WHO AFRO are collaborating on the AfDB health infrastructure strategy.

Between 2015 and 2024, WHO AFRO has also established crucial partnerships with other development banks, including the World Bank, the Islamic Development Bank, and the European Investment Bank. These collaborations have been pivotal in advancing health initiatives across the African Region.

As a way of monitoring SDG implementation in the Region, WHO AFRO signed an MOU in 2018 with the United Nations Economic Commission for Africa (UNECA) to collaborate in the monitoring of SDGs. Through this collaboration, WHO AFRO has helped build the capacity of Member States to monitor progress towards the SDG targets at country level.

The proactive engagement and leadership of WHO AFRO have been pivotal in strengthening partnerships and building trust, not only among partners on the African continent but also globally. The Dr Moeti's "Regional Director Roadshow," a multiyear plan involving partner visits and high-level meetings, included visits to Belgium, Canada, Germany, Japan, South Korea, the United Kingdom, the United States, and more. Dr Moeti conducted over 300 high-level bilateral meetings to strengthen partnerships and garner support from key traditional and non-traditional donors, including new partners such as the Rockefeller Foundation, Helmsley Charitable Trust, Susan Thompson Buffett Foundation, South Korea, Qatar Fund for Development, Kuwait, and OPEC Fund for International Development.

Partnerships were further solidified through the development of multiyear action frameworks with key partners such as the United Kingdom, the Gates Foundation, and the US Department of Health and Human Services. This robust network of alliances enabled WHO AFRO to provide critical support to Member States in the African Region.

The WHO African Region has demonstrated enhanced leadership and coordination in the prevention and management of severe acute malnutrition. Over the past decade, WHO AFRO has strengthened its partnerships with the Food and Agriculture Organization, the United Nations Children's Fund, the United Nations High Commissioner for Refugees, and the World Food Programme, supporting Member States in implementing effective interventions. WHO has led the dissemination of standardized, evidence-based guidelines, ensuring a cohesive approach to managing acute malnutrition in children under five. This leadership has unified governments, civil society and international organizations, fostering an effective response to nutrition and food safety challenges.

WHO representatives in the 47 country offices in the Region have been instrumental in strengthening partnerships for health in their respective countries. The recruitment and deployment of external relations officers, which began in 2021, significantly enhanced the capacity of WHO country offices to expand partnerships and mobilize resources. By 2024, thirty-eight of the 47 WHO country offices had an external relations officer in place.

WHO was here on-the-ground, together with the Department of Health, to help raise awareness of this terrible disease [cholera], which took so many lives.

Adam Mashaba
Ward Councillor, Kanana, South Africa

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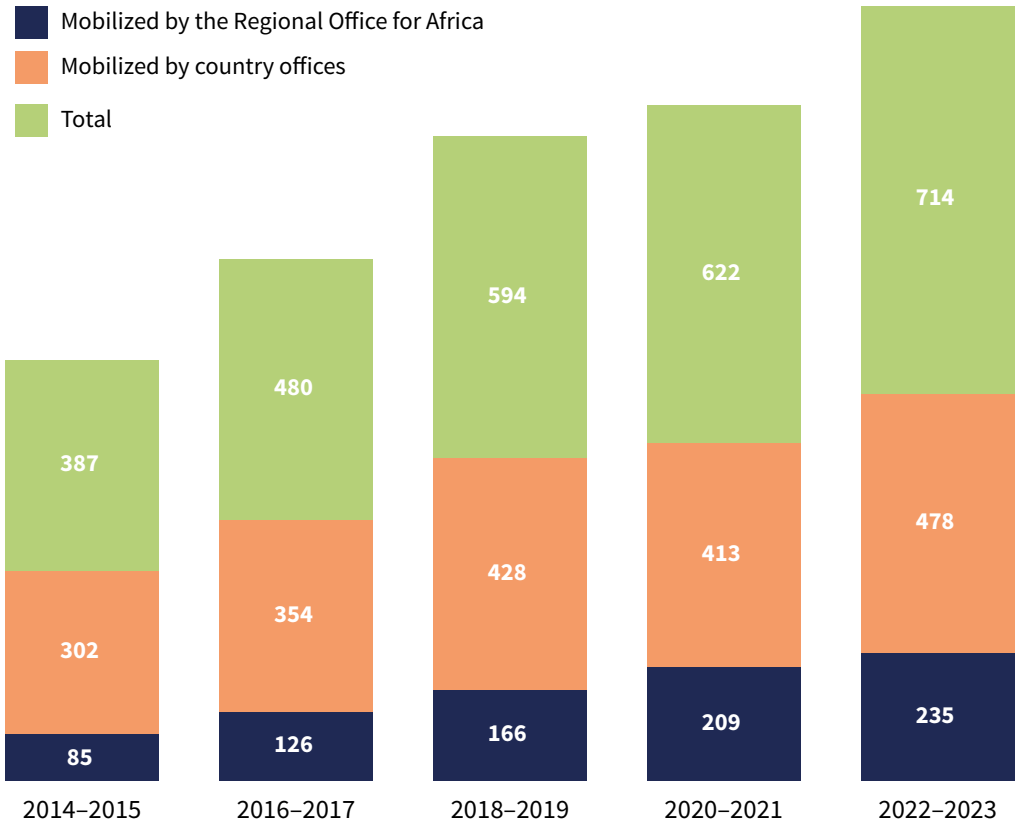
The figure illustrates the increasing financial resources mobilized through the expanded partnerships.

The strengthened partnerships have not only increased financial resources but also enhanced WHO AFRO's advocacy and operational capacity.

Furthermore, several WHO country offices have signed agreements with non-State actors under the framework for engagement with non-State actors to bolster their operational capacity, thereby enabling them to better support Member States in implementing priority health programmes.

Fig. 3. Resource mobilization transformation over past decade (US$ million)



During the decade under review, WHO convened Member States and partners for specific health agendas. These included the following.

- **The high-level Africa health fora,** the first held in Rwanda in 2017 and the second in Cabo Verde in 2019. It brought together a broad range of stakeholders to discuss priority health issues.
- **The Harmonization for Health** in Africa (HHA) partners platform.
- **Meeting on health security for parliamentarians** from the 47 Member States in the Region. This was held in November 2023 in collaboration with the Inter-Parliamentary Union (IPU). Following this conference, the parliamentarians are advocating with the relevant national authorities in their governments to ensure that commitments made at the 2023 United Nations High-level meeting on pandemic prevention, preparedness and response (UNHLM-PPPR) are translated into concrete action at national level.
- **First International Conference on the PEN-Plus Regional Strategy (IPPA), Dar es Salaam, United Republic of Tanzania,** April 2024. The conference brought together key experts and high-level decision-makers to accelerate and scale up the implementation of the PEN-Plus strategy for NCD control in Africa.
- **Meeting of the African Region Monitoring Vaccine Effectiveness Network, March 2023.** The meeting played a crucial role in monitoring vaccine effectiveness, particularly in response to emerging health threats like COVID-19. This network has facilitated studies on vaccine effectiveness under real-world conditions, significantly enhancing the Region's capacity for vaccine evaluation and response.
- **Regional Immunization Technical Advisory Group (RITAG) and national immunization technical advisory groups (NITAGs)** were set up during the period 2016–2024. Supported by WHO and partners, RITAG and NITAGs provided evidence-based advice to policy-makers and immunization programme managers. This emphasis on country ownership and accountability in immunization programmes is a recurring resolution from WHO and its supporting partners.
- **The African Vaccine Regulatory Forum (AVAREF)** has advanced vaccine regulation and access by harmonizing regulatory standards across African countries. This harmonization has facilitated the efficient review and approval of vaccines while maintaining high safety and efficacy standards. AVAREF has conducted numerous capacity-building initiatives, training regulatory authorities and health care professionals on best practices in vaccine regulation, pharmacovigilance, and post-marketing surveillance. By fostering collaboration among regulatory agencies, vaccine manufacturers, international partners and other stakeholders, AVAREF has streamlined vaccine development, licensing and distribution processes in the Region, playing a critical role in ensuring access to safe, effective and quality vaccines.

- **Technical consultation on advancing Africa's leadership and united voice towards realization of the Lusaka Agenda** (June 2024). The purpose of this technical consultation meeting was to convene stakeholders from across the Region to collaboratively develop a draft roadmap that would inform the accountability framework for advancing Africa's unified voice in the engagement of global health initiatives (GHIs) under the Lusaka Agenda. The meeting was attended by over 90 participants, 20 of whom were drawn from Member States, 19 from partners and 10 from CSOs. Co-organized by WHO AFRO, Africa CDC and ACB, and supported by Wellcome Trust and members of the Lusaka Agenda working group, the two-day meeting was specifically tailored towards giving voice to country players, including governments and CSOs, on key themes such as in-country engagement and coordination of GHIs, in-depth discussions on key shifts and near-term priorities of the Lusaka Agenda, pathfinder countries, accountability framework, and regional roadmap for the Lusaka Agenda.

- **High-level meetings on TB in Africa** bringing together Member States, health ministers and key stakeholders to discuss and strategize on TB control efforts. These meetings facilitated the sharing of best practices, challenges and innovations in TB care and prevention. For example, in 2022, the WHO Regional TB team participated in a meeting of permanent secretaries and NTP managers from 12 African countries in Dar-es-Salaam to discuss the catalytic role of leadership in accelerating TB control, reviewing available resources, and exploring innovative financing options. Future meetings are suggested to include ministries of finance to strengthen the financial aspects of TB programme discussions and decision-making.

Partnerships and malaria elimination

Partnerships have been crucial in advancing malaria elimination efforts in the African Region. These collaborations have supported key initiatives to reduce the malaria burden across the Region.

- **High burden to high impact (HBHI) initiative:** Launched in November 2018 by WHO and the RBM Partnership to End Malaria, this HBHI country-led approach supports the 11 highest-burden countries in achieving the GTS milestones. It promotes increased political commitment, strategic information use, better guidance, and coordinated malaria responses. As a result, deaths declined from 444 600 in 2020 to 427 854 in 2021, despite the pandemic. Four of the 11 HBHI countries – Democratic Republic of the Congo, Ghana, Niger and the United Republic of Tanzania – experienced declines in deaths, although their contributions to the malaria burden remained substantial. Incidence rates decreased significantly in Burkina Faso (-40.9%) and Nigeria (-39.2%), while other countries such as Côte d'Ivoire (-30.8%), Mali (-18.2%) and Uganda (-18.3%) also saw reductions. For many countries, malaria mortality rates increased in 2022 compared with 2015. Although Burkina Faso, Côte d'Ivoire and Mali showed decreases, they remained off-track in meeting the GTS milestones.
- **E2020 initiative and E2025 initiative:** These initiatives provided technical and financial support to 21 countries, including six in Africa,[61] to develop and implement malaria elimination plans. The E2025 initiative, launched in 2021, builds on the success of the E2020 initiative. Between 2018 and 2022, malaria cases reduced in Botswana (-25%) and Eswatini (-5%), while cases fluctuated with overall increases in Comoros (4.8%), Sao Tome and Principe, and South Africa (33%).
- **Sahel Malaria Elimination Initiative:** In 2018, the Sahel Malaria Elimination Initiative was launched to accelerate the eradication of malaria in the Sahel region. Partners, including WHO, have since mobilized resources to provide technical support to targeted countries, aiming to reduce the malaria burden and move towards disease elimination. This initiative facilitated preparation for the certification of Cabo Verde and enhanced the coordination of malaria interventions. It also led to the adoption of high-impact malaria policies and strategies, strengthened malaria surveillance systems, and improved the use of data for decision-making and capacity-building in the targeted countries.
- **Strengthening partnerships and resource mobilization for malaria:** Collaborative partnerships between endemic countries and development partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President's Malaria Initiative, ALMA, the Gates Foundation and others have enabled advocacy and resource mobilization to address significant gaps in malaria services.
- **AFRO II project on integrated vector management:** A partnership between the WHO Regional Office for Africa and the United Nations Environment Programme supported a multicountry research project from 2016 to 2022 in 13 countries.[62] The project evaluated non-insecticidal alternatives to DDT for malaria vector control. It demonstrated the potential to reduce DDT use by 73.6%, from 433.1 tonnes in 2017 to 114.5 tonnes in 2021, promoting environmentally safe vector control techniques and reducing malaria transmission.

These collective efforts underscore the commitment of the WHO African Region and its partners to combat malaria, achieve the GTS targets, and ultimately eliminate the disease.

61 Botswana, Cabo Verde, Comoros, Eswatini, Sao Tome and Principe, South Africa

62 Botswana, Eswatini, Gambia, Kenya, Liberia, Madagascar, Mozambique, Namibia, Senegal, South Africa, Uganda, Zambia and Zimbabwe

Provision of WHO normative guidance, technical support and data products

WHO played a pivotal role in enhancing health service coverage, reducing risk factors for ill-health, and strengthening national health systems through the provision of evidence-based, quality-assured normative guidance, technical support and data products to Members States.

WHO's technical staff, spanning all three organizational levels and frequently collaborating with partner agencies, have been instrumental in helping Member States adapt these resources to their unique contexts. This collaborative effort ensured the effective implementation of priority health programmes, leading to improvements in public health outcomes across the Region. The following sections provide examples of WHO's support.

WHO has been a reliable partner in this journey in terms of supporting us with technical expertise. For example, when we were developing the Essential Benefits Package, WHO provided us with technical support and financial support because the development of these initiatives requires numerous consultations, numerous meetings, and WHO has come in handy to be able to support the government to ensure that our journey towards universal health coverage becomes a reality.

Dr Patrick Amoth
Director General, Ministry of Health, Kenya

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Enhancing health security

- Weekly updates on outbreaks and other public health emergencies in the WHO African Region have been disseminated to Member States since 2018.
- The effective implementation of integrated surveillance and response has improved the timeliness of outbreak detection, reducing the median detection time for outbreaks by 50%, from 14 days in 2017 to seven days in 2023; eighty-four per cent of outbreaks are now detected within seven days through Epidemic Intelligence from Open Sources.
- The number of Member States using Epidemic Intelligence from Open Sources increased from two in 2019 to 34 in 2024, with the number of trained users across various sectors rising from 20 in 2019 to 1100 in 2024.
- A total of 84 simulation exercises were conducted in the African Region across more than 31 countries between 2017 and 2023.
- Forty countries conducted COVID-19 intra-action reviews.
- In 2016, the United Republic of Tanzania conducted the first joint external evaluation of IHR core capacities. By 2022, all 47 Member States in the Region had completed their first round of joint external evaluations, with 45 of them using the findings to develop and cost their national action plans for health security. Following the lifting of the COVID-19 PHEIC declaration, 22 countries (43%) in the Region conducted their second round of joint external evaluations.
- Between 2017 and 2023, incident management teams were activated within 24 hours for over 90% of graded emergencies, with additional surge support deployed within 72 hours for over 80% of emergencies. This rapid response has significantly improved operational efficiency and contributed to faster control of emergencies.
- The development of a skilled health emergency workforce programme has emphasized the rapid availability of an emergency workforce within 24–48 hours. All 47 Member States have adopted the Incident Management System as the standard approach for coordinating emergency responses. Over 1700 national emergency responders have been trained as AVoHC-SURGE members.
- Two subregional emergency hubs with storage warehouses were launched with the governments of Kenya and Senegal in September 2022 and December 2023, respectively.
- Since the strengthening of the WHO emergency warehouse in Nairobi in September 2022, the outbound delivery lead time has dramatically reduced, from 45 days to under three days.
- The immunization efforts during emergencies have resulted in 500 000 people in the Region being vaccinated against Ebola since 2022, including contacts of confirmed cases and at-risk health workers receiving preventive vaccination. Over the past decade, 130 million doses of oral cholera vaccine have been shipped to 19 African countries as part of efforts to control cholera outbreaks.

WHO has really been a key partner to our government for so many other things, not just disease outbreaks. Immediately we sent an alert to WHO, the first thing they did was to provide us with a pool of technical expertise and mobilized resources for us within the country office, but also in the neighbouring regions, including from other international, multilateral and bilateral organizations. So really, in that particular area, we were very grateful to WHO. But they went further: they provided financial support for us to deploy skilled health care workers from other regions which were not infected by the outbreak.

Dr Grace Magembe
Deputy Permanent Secretary, United Republic of Tanzania

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Strengthening national health systems

- As a result of the support provided by the WHO Regional Office for Africa, five countries – Ghana, Nigeria, South Africa, the United Republic of Tanzania and Zimbabwe – have developed their regulatory systems and achieved the highest level of maturity (Level 3). At this level, the regulatory system is stable, well-functioning and integrated, ensuring the availability of safe, effective and quality medical products, while providing effective, efficient and transparent regulatory oversight.
- The WHO Regional Office for Africa supported Member States in enhancing their health financing systems for UHC by formulating evidence-based strategies in 32 countries.[63]
- Technical expertise was provided to 19 African countries for the design and implementation of health financing reforms – including health insurance reforms and other prepayment mechanisms focused on vulnerable populations.[64]
- WHO supported the implementation of health facility assessments, providing valuable data to improve the availability of services and the capacity of facilities to deliver those services. In the last decade, 43 WHO-supported assessments have been conducted, with 22 completed in the last four years.
- WHO supported Member States to develop evidence-based health workforce policies and strategic plans. By 2024, eighty per cent of the Member States of the Region had updated health workforce policies and 63% had updated health workforce strategic plans, but only 50% plan to increase budget allocations to implement these strategic plans.
- WHO has supported Member States in the Region to improve health workforce monitoring. In 2013, health workforce data was available for only 26% of cadres in all the 47 countries of the Region. This improved to 81% of all cadres by the end of 2022.
- Thirty-seven countries have adopted national policies and guidelines to notify and account for every maternal death as a strategy to improve the quality of care for mothers and end avoidable deaths.
- Thirty-three countries have adopted multisectoral strategies and plans to improve adolescent health, in line with the Regional Adolescent Health Flagship Programme launched by the Regional Director in 2017.

63 Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Comoros, Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Zanzibar, Togo, Uganda, Tanzania, Zambia and Zimbabwe.

64 Burkina Faso, Chad, Comoros, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mali, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, South Africa, Togo, Uganda and Zambia.

Addressing health worker migration with evidence-based strategies: the Zimbabwe experience

Before the COVID-19 pandemic, Zimbabwe faced significant health workforce challenges, particularly among specialist health workers who were at higher risk of emigrating in search of better opportunities. To address this issue, WHO supported the Government of Zimbabwe in mobilizing funds to conduct a comprehensive health labour market analysis and policy dialogue. These efforts aimed to identify gaps and feasible solutions to health workforce challenges, and to quantify the investments needed.

The analysis revealed alarming levels of outmigration among skilled health professionals, including midwives and specialized nurses, whose numbers had declined by 21% from 5573 in 2018 to 4385 in 2021 in both the public and the private sectors. In 2021 alone, the emigration of health workers (primarily nurses and doctors) left the country with only 47.5% of its required health workforce. The analysis also showed that 41% of health workers intended to migrate, with 53% actively working on their migration plans.

Based on this evidence, and with the support of the WHO Regional Office for Africa, the Government revised its health workforce policy. To address the gaps left by emigrating nurses and midwives, the training of primary care nurses was expanded from 30 to 200 per year. The Government also increased the number of training slots for specialist health workers and enhanced its health worker retention scheme by adding US$ 67.7 million in annual investments for "health-specific allowances".

This evidence-based strategic approach aims to stabilize and strengthen Zimbabwe's health workforce, ensuring better health outcomes for the population.

WHO's timely intervention of renting boats and providing logistics and technical support for us was critical in restoring immunization services in this region.

Dr Osei Kuffour Afreh
Regional Director of Health Services, Oti Region, Ghana

Read more

Strengthening laboratory services in the WHO African Region

Laboratory services are a crucial component of health systems, essential for accurate testing, epidemiological surveillance, research and other health-related activities. Recognizing the need for strengthened laboratory services, the WHO Regional Committee for Africa issued resolution AFR/RC58/R2 in 2008 in Yaoundé, Cameroon, calling for enhanced public health laboratories in the African Region. This initiative was bolstered by the Maputo Declaration, which urged Member States to integrate laboratory support into governance structures and implement national laboratory policies and strategic plans.

Despite these efforts, many governments did not prioritize laboratory service delivery, financing and planning. As a result, many countries did not have comprehensive national laboratory policies and plans. To address this challenge, the WHO Regional Office for Africa, in collaboration with the CDC, the Clinton Health Access Initiative, the American Society for Clinical Pathology and other partners, launched the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) in 2012.

SLIPTA provides a structured approach to strengthening national health laboratory services, guiding laboratories through graduated levels of performance towards achieving ISO 15189 standards. The framework emphasizes affordability, scalability, measurability and accessibility, promoting country ownership and sustainability of improved quality laboratories.

In 2015, the WHO Regional Office for Africa released a SLIPTA guide and checklist to assist Member States with the implementation of the stepwise quality improvement process. This checklist, updated in 2023 in collaboration with the African Society for Laboratory Medicine and other stakeholders, is now routinely used by all Member States in the African Region to manage and assess the quality of laboratory services.

The implementation of SLIPTA has empowered laboratories to engage in continuous and targeted quality improvement. This has significantly impacted the provision of accurate and timely disease diagnoses, enhancing patient care and transforming health systems. The WHO Regional Office for Africa remains committed to collaborating with partners and Member States to promote SLIPTA in the Region.

Building on the success of SLIPTA, the WHO Regional Office for Africa encourages the extension of similar efforts to other diagnostic services, such as medical imaging. Improving these services will lead to early detection and diagnosis of communicable and noncommunicable diseases, including cancers, cardiovascular diseases, strokes and other health conditions such as pregnancy management, enhancing health outcomes across the African Region.

Legal reforms drive progress towards universal health coverage in Côte d'Ivoire

Along with other countries in the WHO African Region, Côte d'Ivoire is committed to achieving UHC, ensuring that all inhabitants have access to quality care without financial hardship. However, an assessment of the country's legal framework revealed inadequate regulations in the health care sector, impeding access to quality care for many people.

In response to these challenges and driven by a concern for the well-being and health of its population, the Government of Côte d'Ivoire is strengthening its legislative and regulatory framework by adopting several important laws. These include Law No. 2019-676 of 23 July 2019 on tobacco control, Law No. 2019-677 of 23 July 2019 on the orientation of public health policy and Law No. 2019-678 of 23 July 2023 on hospital reform.

To facilitate the implementation of these laws, the Ministry of Health initiated the drafting of their implementing instruments, starting with Law No. 2019-678. In collaboration with the WHO Regional Office for Africa, the Ministry of Health provided technical support and guidance on the content of this law to ensure effective implementation.

So far, the Government has signed 27 of 37 decrees necessary for implementing the hospital reform law. These decrees address the creation of a new category of public establishment; strengthen community participation in the planning, monitoring and internal control of budget management; enhance staff motivation and autonomy in human resource management; and improve the availability of pharmaceuticals, among other critical areas.

Enhancing health service coverage

- ESPEN has been pivotal in coordinating technical assistance to strengthen national capacity in integrated NTD programme planning, epidemiological assessments and evidence-driven targeting for the delivery of medicines for mass drug administration in endemic countries. These partnerships are essential for implementing national strategies.
- In 2023, the WHO Regional Office for Africa introduced capacity-building on risk stratification for subnational tailoring of malaria interventions in approximately 30 endemic countries and universities.[65]
- Precision public health has provided technical assistance at the country level in data systems, data use and modelling. This has enabled disease teams to use evidence-based data for action steps in adopting policies and plans, supporting programme reviews and analyses, enhancing surveillance, improving data quality and strategic information, and conducting training and capacity-building workshops.
- WHO has supported Member States in the Region to develop national action plans to address NCDs and 35 Member States have established NCD control programmes.
- To expand the coverage of mental health services, WHO is supporting Member States in integrating mental health into primary health care through the mhGAP training programme for primary health care workers. Notably, WHO assisted Cabo Verde and Côte d'Ivoire in conducting national suicide situation analyses.[66]
- As of 2020, seventy-five per cent of countries in the WHO African Region had a national mental health policy that was either stand-alone or integrated into other national health plans, to direct mental health activities.[67] With WHO support, Ghana undertook a nationwide roll-out of the Quality Rights initiative, assessed three psychiatric and five general hospitals with psychiatric units and initiated quality improvement plans in 2023.[68,69] The Ghana Nurses Board has made it mandatory for nurses working in psychiatric facilities to have a Quality Rights certificate as part of these quality improvement efforts.[70]
- The integration of mental health services into disaster preparedness plans has expanded access to these important services to populations in emergency settings. A notable example of this progress is seen in Ethiopia, where the Ministry of Health, with support from WHO, enhanced its capacity to provide mental health and psychosocial support by training 1230 health workers in the conflict-affected regions of Afar, Amhara and Tigray by 2023.[71] This initiative underscores the importance of integrating mental health services into disaster response frameworks to ensure comprehensive care for affected populations.

65 Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Mozambique, Niger, Senegal, South Sudan, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe, University of Malawi, University of Nairobi, Muhimbili University of Health and Allied Sciences, University of Zambia, Makerere University School of Public Health, University of Zimbabwe and University of Antananarivo

66 Reversing suicide, mental health crisis in Africa | WHO | Regional Office for Africa

67 Mental Health ATLAS 2020 (who.int) 28 of the 39 Responding African Region Countries in the 2020 Mental Health Atlas.

68 WHO Special Initiative for Mental Health – Ghana.

69 QualityRights materials for training, guidance and transformation (who.int).

70 WHO Special Initiative for Mental Health – Ghana.

71 Scaling up mental health and psychosocial support in conflict settings | WHO | Regional Office for Africa

Improving determinants of health

- In Burkina Faso, WASH accounts results indicated that funding should be increased by 268% to achieve the targets outlined in the national WASH plan linked to the SDGs. The Government deployed this finding in high-level meetings to advocate for increased funding for WASH sector investments and institutional development.
- In Madagascar, the Global Antimicrobial Resistance and Use Surveillance System process initiated a series of significant reforms, including the revision of the water code in 2015, the update of the sectoral policy in 2020 and the recent development of the National Water Quality Plan.
- Following the development of countries' health national adaptation plans, the WHO Regional Office for Africa supported Ethiopia and Mozambique in implementing pilot early warning, alerts and response systems for climate-sensitive diseases. In Ethiopia, this system played a key role in anticipating and rapidly controlling a malaria epidemic in the highland areas in 2021. The valuable lessons learnt from this initiative are being shared with other countries in the Region.
- The number of countries integrating gender, equity and human rights into their health policies, strategies, and programmes has increased from three in 2017 to 37[72] currently, thanks to ongoing advocacy, policy dialogues, capacity-building, and strategic assessment support.
- A total of 43 countries incorporated gender, equity, and human rights considerations into their COVID-19 response plans, including vaccination strategies, to improve coverage for disadvantaged populations and vulnerable groups. The gender, equity, and human rights inclusion analysis conducted between 2021 and 2022 with the support of the WHO Regional Office for Africa informed country-specific actions.

Scaling up evidence generation and innovations

- To enhance understanding of the COVID-19 pandemic, the WHO Regional Office for Africa created standardized research protocols for crucial areas to expedite research, leading to studies on COVID-19 seroprevalence and vaccine effectiveness in 31 countries.
- The WHO Regional Office for Africa supported the development of national innovation ecosystems, including the establishment of innovation hubs in several countries such as Nigeria, Kenya, Rwanda and South Africa.
- The WHO Regional Office for Africa established a GIS Centre in the Regional Office to support polio eradication efforts in the Region. This Centre now supports other accelerated disease control efforts.
- The WHO Regional Office for Africa AFRO Innovation Challenge and Innovation Marketplace platform was established to identify, showcase and support promising health innovations. Launched in 2018, it attracted over 2400 applications, highlighting a vibrant ecosystem of innovators. The challenge led to the selection of 30 promising innovations for further support and scaling.
- The WHO Regional Office for Africa actively promoted mHealth initiatives, supporting countries in developing and implementing mHealth platforms for various health programmes. These include "mDiabetes" in Senegal, "MomConnect" in South Africa, "AVADAR" for community-based polio surveillance in 10 countries, mobile-based tracking for supportive supervision activities in all 47 countries, eData tools for environmental surveillance of poliovirus in 45 countries, and M-Tiba for scheduling parental consultations and providing health education in Kenya.

72 Angola, Benin, Burkina Faso, Burundi, Central African Republic, Cameroon, Chad, Comoros, Democratic Republic of the Congo, Congo, Côte d'Ivoire, Eritrea, Ethiopia, Eswatini, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Mauritania, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Senegal, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

- The WHO Regional Office for Africa and the International Telecommunication Union organized a technical training workshop for about 200 participants from all 47 Member States on responsible AI implementation. This workshop established a foundation for ethical AI development and deployment in the Region, prioritizing data protection, protocol sharing and creating platforms for solid governance and regulations.
- Thirty-seven Member States have developed digital health strategies. Nineteen countries have implemented interventions to improve digital health literacy in the general population, while three countries have implemented plans and policies and enhanced capacities for personalized medicine.

Improving the availability and quality of mortality data

Current systems and capacities in the African Region to generate high-quality, disaggregated data on deaths and their causes are insufficient. In 2020, a WHO report indicated that 35 countries in the African Region lack continuous systems to register deaths and their causes.[73] To address this issue, the WHO Regional Office for Africa prioritized support to countries to enhance the availability and quality of mortality data.

This support includes providing technical assistance and training for adopting and implementing WHO tools and standards, such as the international form of the medical certificate of cause of death, the eleventh revision of the International Classification of Diseases (ICD-11), and mortality data analysis tools such as the third edition of the analysis of the cause of death data toolkit.

The Regional Office for Africa has also supported countries in developing strategic plans for civil registration and vital statistics systems, which are crucial for generating birth, death and cause of death data. At least half of the countries in the Region have initiated national roll-outs of medical certification of cause of death and the implementation of the ICD-11. These countries have adopted and begun using WHO tools for medical certification, coding and analysis of causes of death.

In addition, there are now at least 10 policy champions in each country with the knowledge and skills in medical certification and coding of causes of death who can also train other health workers. Four countries – Botswana, Kenya, Namibia and Seychelles – have been trained and now possess the capacity to analyse mortality data. These efforts are critical steps towards improving the quality and availability of mortality data in the African Region.

73 WHO, 2020. SCORE for health data technical package. Global Report on health data systems and capacity. Online at: https://www.who.int/data/data-collection-tools/score/dashboard#, accessed on 21 March 2023.

Transforming data into actionable decisions: lessons from Ghana

In the heart of Ghana, a nation renowned for its rich heritage and warm-hearted people, the concept of district health systems functionality had long been a point of interest. Within the UHC framework, this interest transitioned into actionable exploration. In collaboration with the WHO Regional Office for Africa, Ghana embarked on an assessment of subnational unit functionality to evaluate health systems at the district level. The country had made significant strides towards UHC, reflected in its SCI improvement from 44% in 2015 to 48% in 2021. Recognizing the strong correlation between UHC SCI and health systems functionality, Ghana conducted a thorough analysis to uncover opportunities and identify critical areas of strength and weakness in its districts.

The subnational unit assessment spanned 34 districts, including six newly established regions. Following the assessment, health services headquarters staff travelled to each region to review findings and gather feedback. In the Savannah Region, the analysis highlighted the delicate balance required between primary health care approaches at both primary and hospital levels. Disaggregated data underscored the importance of knowledge transfer and community empowerment. The strengthening of referral systems and gatekeeping mechanisms was essential to optimizing patient flow and ensuring timely access to appropriate care levels.

Enhancing care across public health functions – from promotion to rehabilitation – was crucial to encouraging proactive health-seeking behaviours. The analysis revealed gaps in care for the elderly, urging tailored interventions to meet their unique health care needs. Fostering a culture of trust within the health system emphasized community engagement and social accountability, empowering communities to shape their health outcomes and hold health systems accountable for equitable care.

The impact of this initiative was profound. One district immediately established an elderly care department in its main hospital. Another district mobilized investments, resulting in a new health facility to minimize physical barriers to access. In the Greater Accra Region, youth-friendly services were upscaled and their impact documented. This transformation of data into actionable information showcased the power of evidence-based decision-making in improving health outcomes.

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Towards health sufficiency: improving access to medical products in the African Region

In collaboration with African scientists, the WHO Regional Office for Africa has made significant strides by establishing an mRNA Hub at Afrigen Biologics & Vaccines in Cape Town, South Africa. This initiative, led by local scientists, was a pivotal moment in regional health care as it facilitated the production of the first batches of mRNA COVID-19 vaccines in Africa in 2022. This milestone not only enhanced regional capabilities, but also aligned with WHO's mission to improve the availability and accessibility of essential medicines, vaccines, diagnostics and devices for primary health care.

Since its inception, the mRNA hub has expanded its operations, transferring mRNA technology to 17 international vaccine manufacturing partners, with particular emphasis on low- and middle-income countries, including five in Africa. This expansion has significantly increased regional manufacturing capacity for critical health products, including medicines, vaccines and other essential commodities.

The advancements in mRNA research achieved through this initiative are also poised to drive progress in combating other prevalent diseases in the Region, such as HIV and TB. By leveraging the science of mRNA and its versatile applications, the WHO Regional Office for Africa and its partners are laying a robust foundation for future health care innovations that will benefit communities across Africa and beyond.

Enhancing impact at country level

A central tenet of the Transformation Agenda was the imperative to provide more effective support to countries, ensuring measurable impact in every nation. Recognizing the diverse challenges faced by Member States in improving population health, the WHO Regional Office for Africa acknowledged the need for an adaptive response in its interactions with individual countries. Achieving meaningful impact at the country level required the development of tailored country strategies and operations aligned with the unique priorities and context of each country.

Between 2017 and 2019, as part of the Transformation Agenda, the WHO Regional Office for Africa conducted a functional review of its country offices to ensure that each country office was equipped with the appropriate staff competencies and operational capabilities to respond effectively to national priorities.

The functional reviews followed a comprehensive and consultative process, involving over 300 consultation sessions and more than 900 survey responses from ministries of health, partners, NGOs, civil society organizations, universities and United Nations agencies. The implementation of the recommendations from these reviews led to more strategically aligned and capable staff in each WHO country office. For example, the number of national technical experts increased by 41%, while international technical experts increased by 68%; three Deputy WHO Representatives were deployed to large countries in the Region (the Democratic Republic of the Congo, Ethiopia, and Nigeria); and over 60% of flexible funds were allocated to country offices, enhancing their capacity to address specific national health priorities.

We are truly grateful for the efforts of WHO and our front-line workers all over the world. Here in Zambia our maternal and child mortality rates have reduced significantly. We've made progress towards the HIV pandemic control, and we have reduced malaria-related morbidity and mortality. These and many others are a testament to the achievements of WHO and our own health workers here in Zambia.

HE Hakainde Hichilema
President, Zambia

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Enhancing leadership and technical support

The WHO Regional Office for Africa undertook the following initiatives:

- It strengthened leadership of the country offices through empowered and accountable WHO representatives. These representatives are carefully selected, undertake leadership programme training and coaching, are provided with additional financial and human resources, have the authority to recruit staff, procure goods and services and implement the WHO country office workplan, and are held accountable using managerial and programmatic KPIs.
- It developed a new generation of WHO country cooperation strategies to identify areas of cooperation between the Member States and the Secretariat based on national priorities and WHO's comparative advantage.
- It conducted routine programme management reviews in selected country offices to identify key challenges in technical cooperation and identify opportunities for improving programme management and enabling functions. It also formulated recommendations for WHO strategic positioning.
- The capacity for results-based management at the WHO country office level was enhanced through the deployment of programme management officers. These officers supported country offices in effectively implementing programmatic KPIs and enhancing the monitoring of resource allocation and usage.
- To complement the technical support provided by each country office, 11 MCATs were strategically established across the Region in 2021. Each MCAT covers on average three to four countries; the staff assigned to MCATs are country office staff. The MCATs provided timely and high-quality technical support to achieve impact in eight priority programmatic areas, including women's and child health, and communicable and noncommunicable diseases.

Impacting health outcomes through enhanced coordination, partnerships and technical support

- Improved coordination and leadership: WHO Representatives have improved their involvement in policy dialogue, advocacy, convening and coordination. This was evident in their leadership role in the response to the COVID-19 pandemic and their handling of other health priorities. For example, in South Africa, WHO played an instrumental role in advancing universal health coverage (UHC) reforms through its efforts to implement the national health insurance. Currently, 45 countries (96%) have a health sector partner and donor coordination mechanism for priority setting, brokerage, policy dialogue and the use of evidence in defining and implementing national health agendas.
- Reinforced partnerships and external relations: New partnerships have been established, including with non-State actors. There has been a significant improvement in donor perception, with new interest from non-traditional donors and increased resources for health, mobilized at the country level.
- Improved assessment and provision of technical support: There has been a better assessment of technical support needs, timely provision of technical support, and continuous follow-up in priority areas such as reproductive, maternal, neonatal, child and adolescent health, malaria and vector-borne diseases, HIV/TB, nutrition and health financing.

WHO's support helps improve access to free health care for the population. The staff are motivated and available, and care is made accessible to people in remote areas via the mobile teams.

Dr Tiangoura Traoré
Head doctor, Menaka district, Mali

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A more responsive Secretariat of the WHO African Region

Initiatives to create a more fit-for-purpose and responsive WHO Secretariat in the African Region have yielded concrete results. A bold commitment to reducing gender imbalance has led to a constant increase in women's representation in the workforce since 2015. Efforts in diversity, equity and inclusion have improved gender, age and geographical representation among the staff. The partnership with United Nations Volunteers, particularly the Africa Women Health Champions Initiative, has been celebrated for bringing a significant number of young talented women into WHO's workforce in the African Region.

The promotion of organizational culture change initiatives aimed at giving a voice to the staff has resulted in an increase in reported cases of abuse at the Office of Internal Oversight Services. Investment in capacity-building and staff development initiatives, such as mentoring, coaching and leadership, has resulted in a motivated and engaged workforce, contributing to high performance at both individual and team levels. Staff well-being has been promoted through work-life balance, physical exercise, recreational activities and investment in stress counselling and mental health, creating a healthy, motivated and engaged workforce.

The enforcement of compliance, transparency and accountability has significantly reduced the number of outstanding direct financial cooperation and direct implementation reports across the Region. Moreover, the WHO African Region has not registered any unsatisfactory audit reports throughout the decade. The accountability and internal control strengthening project and managerial key performance indicators to monitor the managerial performance of WHO offices across the Region have resulted in high performance and timely delivery of quality services. In addition, a handbook was developed to guide Member States on WHO's business rules. This contributed to improved compliance with established rules for the management of resources and enhanced accountability.

The roll-out of digital payment solutions and mobile money transactions has enabled WHO country offices and governments to efficiently implement large-scale public health activities, including mass vaccination campaigns, with improved traceability of funds and enhancing transparency and accountability. The pooled procurement initiative, particularly the Small Island Developing States model, has enabled Member States to procure and supply medical products and equipment at reduced prices due to joint/pooled requests, with cost savings estimated at a 40% reduction in the price of medical products across the Small Island Developing States.

All WHO country offices now have a live business continuity plan as a preventive measure against any risks that could disrupt the Organization's work. The paperless initiative has created an environmentally friendly workplace, resulting in an 80% reduction in paper use and equivalent cost savings. Cost recovery measures introduced by the Translation, Interpretation and Publications team, and the use of junior interpreters and interns, have produced cost savings evaluated at 34% of the normal cost of interpretation services.

The Region has also invested heavily in preventing and responding to sexual exploitation, abuse and harassment through a zero-tolerance policy and by encouraging victims and bystanders to report cases, resulting in a significant increase in the number of cases reported at the Office of Internal Oversight Services. All these initiatives have created donor confidence and trust due to improved efficiency, transparency and accountability.

We work closely with WHO, especially the country office, from policy formulation, when we develop our policies, when we work on our strategic plan, when the guidelines are to be updated, when the list of essential drugs is being updated. Different programmes collaborate directly with the country office, and we are also in close contact with the Regional Office and the headquarters, depending on different aspects, technical aspects.

Theophile Dushime
Chief Technical Advisor to Minister of Health, Rwanda

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From cash to clicks

The WHO Regional Office for Africa's transition to digital payments in Africa exemplifies a successful application of digital health innovation to tackle pressing public health challenges. Recognizing the limitations of traditional cash-based interventions and the burgeoning mobile money sector in the Region, the WHO Regional Office for Africa launched a project to digitize payments for campaign workers. This initiative addressed issues such as delayed fund disbursement, lack of transparency and bureaucratic inefficiencies that hindered the effectiveness of polio eradication efforts.

By leveraging mobile money, the WHO Regional Office for Africa implemented a three-phase digital payment system in 14 priority countries. The project has registered over 1 million workers and facilitated payments to more than 577 000 individuals via mobile money, significantly improving worker satisfaction and payment timelines.

This initiative underscored the importance of early engagement with governments, comprehensive planning and continuous learning, setting a valuable precedent for scaling up digital payments in other public health interventions.

Through this effort, the WHO Regional Office for Africa has not only enhanced the efficiency and transparency of public health campaigns but also strengthened health systems across the African continent.

From pandemic response to digital transformation: Cabo Verde embraces innovation

Cabo Verde has achieved a significant milestone in digital health innovation with the implementation of the ComVida-Health Passport. In response to the urgent need for a rapid and secure solution during the COVID-19 pandemic, the Government partnered with the private sector to develop a blockchain-based health passport system. ComVida utilizes distributed ledger technology to ensure data security and transparency, enabling users to manage their own health records and share certified documents.

This initiative has not only addressed immediate pandemic needs but has also catalyzed a broader digital transformation in the country. It has strengthened the government's interoperability platform, laying the groundwork for future innovations in health and public services. The success of the ComVida-Health Passport serves as a compelling example of how strategic partnerships and cutting-edge technology can drive positive change in health care and beyond.

Transforming lives: the impact of the tobacco-free farms initiative on food security and sustainability

Tobacco cultivation in low- and middle-income countries negatively impacts food security and nutrition by diverting scarce arable land from food crops and causing deforestation for tobacco production and curing. Farmers face health risks such as green tobacco sickness from nicotine absorption, pesticide exposure and tobacco dust inhalation. The environment suffers from deforestation, water contamination and soil degradation. Additionally, tobacco farming is linked to child labour and exacerbates gender inequality, as men typically sign contracts and receive payments while women and children perform much of the labour.

To address these issues, the WHO Regional Office for Africa, in collaboration with the World Food Programme, the Food and Agriculture Organization and United Nations Capital Development Fund, is implementing the "Tobacco Free Farms" initiative. Launched in Kenya in 2021, this initiative has helped over 6700 small-scale farmers transition to alternative crops. The benefits include improved food and nutritional security, reduced land degradation and chemical pollution and environmental restoration. Additionally, the alternative crops require less labour, reducing the need for child labour and improving education. Women now have greater control over crop production, enhancing gender equity and empowerment. Economically, farmers are earning more from alternative crops compared to tobacco, leading to better financial stability.

Tackling sexual abuse and exploitation in Mali

A young woman, who was married off at age 12 to a 55-year-old man, recounts the severe abuse she endured, including physical violence and miscarriages, before escaping four years later. She now credits WHO training for empowering her to become an advocate for the voiceless in her community.

Mali, supported by WHO and other partners, is intensifying efforts to enact laws specifically addressing gender-based violence, sexual exploitation and abuse. The prevalence of these issues is exacerbated by ongoing armed conflicts and military operations. Between April and June 2023, over 2800 human rights violations were reported.

Yacouba Maiga, national director of the women's empowerment nongovernmental organization Woiyo Kondeye, notes that victims of gender-based violence face significant challenges in reporting incidents. These challenges stem from outdated approaches to gender issues and inadequate reporting channels for sexual misconduct.

WHO's Preventing and Responding to Sexual Exploitation, Abuse and Harassment training, delivered in collaboration with Mali's Ministry of Health and Social Development and other partners, is beginning to change this situation. Maiga explains that the training of trainers has improved knowledge and technical skills, ensuring sustainable interventions that will change the behaviour of both beneficiaries and humanitarian workers in the long term. Participants now understand how to report sexual exploitation, abuse and sexual harassment allegations effectively and are committed to supporting women and children through information, education and communication.

WHO's interventions also include information and awareness-raising activities for humanitarian actors and community leaders across various regions in Mali. These activities aim to strengthen stakeholders' knowledge and ensure that implementing partners adhere to codes of good conduct, thereby maintaining WHO's credibility, according to Dr Christian Itama Mayikuli, WHO representative in Mali. Communication tools such as leaflets, no excuse cards, diaries, and calendars are distributed to raise awareness and denounce sexual misconduct. Additionally, culturally appropriate channels for reporting abuse in WHO's intervention areas have fostered greater community confidence.

Dr Mayikuli views these efforts as a significant step towards improving the reporting rates of sexual exploitation and abuse in humanitarian responses. Ami Toure, a participant in WHO activities in Mali's Ségou region, believes that capacity-building efforts for United Nations staff, humanitarian actors and community leaders will positively impact the fight against sexual exploitation and abuse. The young woman who escaped her abusive husband, thanks to the support of other women, now actively advocates against gender-based violence. She emphasizes the importance of speaking out about such experiences, stating that remaining silent is akin to committing suicide. She now confidently smiles, having undergone training and becoming a dedicated member of a local organization combating violence against women, committed to being a "voice for the voiceless" in her community.

Read more

How preparedness boosted the United Republic of Tanzania's Marburg outbreak response

In mid-March, Mishana* fell ill and was admitted to Bujunangoma Hospital in Kagera, the United Republic of Tanzania, just as it was designated an isolation centre for a suspected infectious disease outbreak. This facility hosted a mobile laboratory set up as part of response readiness due to a recent Sudan Virus Disease outbreak in neighbouring Uganda. The laboratory, established with support from WHO and the United States Centers for Disease Control and Prevention (US CDC), allowed for rapid investigation and bedside testing.

Within 48 hours of Mishana's admission, the country's Public Health Laboratory in Dar es Salaam confirmed that the illness in Kagera was Marburg virus disease. A rapid response team had already been deployed to Kagera thanks to preparedness measures built through training and simulation exercises in early 2023 and during the 2019 Ebola outbreak in the Democratic Republic of the Congo, along with routine readiness efforts and experience from the COVID-19 pandemic.

The readiness capacity was a result of years of collaboration between the Government of the United Republic of Tanzania and its partners, including WHO, US CDC, Africa Centre for Disease Control and Prevention, and the United States Agency for International Development. They identified five regions, including Kagera, for health emergency preparedness and response support. Dr Issessanda Kaniki, Kagera's regional medical officer, emphasized the critical support from the central Government and partners, which enabled swift fund disbursement and rapid response team mobility.

Just before the Marburg outbreak, 135 first responders from several ministries completed WHO training to reinforce emergency response, qualifying them for immediate deployment. Nineteen were deployed to Kagera for the duration of the outbreak. WHO also rolled out training on its Integrated Disease Surveillance and Response guidelines to bolster emergency response preparedness.

In support of outbreak control, WHO deployed four technical officers to enhance coordination, surveillance, contact tracing, treatment, and infection prevention measures. Identifying and monitoring contacts of infected individuals was crucial in preventing further transmission. The outbreak recorded eight confirmed and one probable case, with six deaths, including a health worker.

Dr Joseph Hokororo, head of infection prevention and control at the country's Ministry of Health, credited the training and on-site support for improving health worker confidence and adherence to infection prevention procedures. As the outbreak neared its end, key emergency response measures remained in place to quickly detect and respond to new cases. Laboratory technicians continued surveillance, while Marburg survivors received mental health and psychosocial support.

Mishana, now home after almost three weeks in the hospital, appreciates the visits from social workers who check on him and his family. Rebeccah Gwambasa, head of the mental health and psychosocial support division, noted the importance of ongoing support for survivors and their communities to aid in mental healing and reintegration.

Read more

*Pseudonym to protect identity

Enhancing polio vaccination campaign quality in Madagascar

Quality assurance surveyor Anja Mandimbisoa employs a random selection method to evaluate polio immunization coverage in Madagascar. She visits randomly selected households to check if children have the vaccination mark on their fingers, ensuring an accurate picture of district-level immunization coverage. Mandimbisoa is one of 16 surveyors trained by WHO in the Analamanga region to identify any missed children.

As Madagascar concludes its third round of polio vaccinations for the year, comprehensive post-campaign evaluations have significantly improved the campaign's effectiveness. The first round in May 2023 saw a 63% effectiveness rate, which increased to 86% in July and 88% in September. This progress is crucial for containing the variant poliovirus outbreak that began in September 2020, which has resulted in 49 cases of paralysis and 226 positive samples for polio variant type 1.

Led by Madagascar's Ministry of Health, with support from WHO and the Global Polio Eradication Initiative partners, the latest national vaccination campaign delivered over 18 million vaccine doses from 5 to 8 September 2023. Nearly 19 million people at risk were immunized against polio, which can cause paralysis and death.

WHO uses both quantitative and qualitative data to assess vaccination campaigns. Lot Quality Assurance Sampling, a methodology adapted from the manufacturing sector, has proven effective in public health. It evaluates campaign quality in pre-defined areas using small sample sizes. For vaccination coverage to be deemed acceptable, at least 57 of 60 children in each sampled lot must have the vaccination mark on their fingers.

Dr Laurent Musango, WHO Representative in Madagascar, emphasizes the importance of preparing for the next vaccination round as soon as the current one ends. Key indicators like LQAS help identify areas needing more support. Once surveyors complete their work, results are archived and shared electronically for timely data submission.

During assessments, WHO epidemiologist Dr Yvonne Kabenga noticed issues with the marking ink used to indicate vaccinated children. This feedback led to procuring better markers and improved instructions for vaccinators in future rounds.

Independent monitors support evaluation efforts during campaigns, allowing Madagascar to implement the lessons learnt quickly. This approach has strengthened coordination at all levels and enhanced both environmental and active surveillance to identify potential polio cases.

Ahead of door-to-door campaigns, teams identify and brief eligible individuals, collaborating with political, religious, and traditional leaders to address misinformation and vaccination refusal. Dr Ndoutabe Modjirom, Polio Rapid Response Team Lead at the WHO Regional Office for Africa, stresses the importance of reaching under-immunized populations to prevent future polio resurgence and protect against all antigens.

Read more

5. Challenges and lessons learnt

Challenges

Despite numerous achievements, several significant challenges persist. The Transformation Agenda implementation period was marked by multiple concurrent crises, including conflict, the adverse impacts of climate change, the COVID-19 pandemic and the economic and debt crises. At the onset of the Transformation Agenda in 2015, nine Member States in the WHO African Region had populations in need of humanitarian assistance. By 2022, this number had risen to 22 Member States, as documented by the United Nations, reflecting the escalating demand for humanitarian aid in the Region.

Suboptimal progress towards SDG targets. The WHO African Region is not on track to meet the SDG targets by 2030, despite progress made over the past decade. Even before the COVID-19 pandemic, advancements towards several SDG health targets in the Region had slowed and, in some cases, stagnated. Insufficient investment in foundational elements of national health systems, gaps in programme implementation, and inadequate attention to primary health care were key factors contributing to the suboptimal progress observed prior to the pandemic.

Impact of COVID-19 on health systems. The COVID-19 pandemic exposed significant weaknesses in already fragile health and logistical systems. This disruption resulted in the reversal or stagnation of public health gains and continues to impede the delivery of essential health services, including the effective implementation of primary health care.

Inadequate collaboration and community engagement. Weak multisectoral collaboration, along with insufficient community engagement and participation in the planning, delivery and evaluation of health services, continues to impede a comprehensive whole-of-government and whole-of-society approach to public health management. This shortfall negatively impacts the sustainability and uptake of health services within the Region.

Suboptimal data management capacity. The suboptimal capacity of national authorities to generate and manage strategic health data continues to hinder the production of timely and high-quality public health information, essential for effective planning and decision-making.

Budget constraints and staffing limitations. The limited budget allocation to health by national governments has constrained the full implementation of national health policies, strategies and plans. The lack of sufficient and sustainable resources within WHO continues to restrict the ability to fully staff the new structures designed for WHO country offices and technical clusters within the WHO African Region, thereby hindering the ability to perform at full capacity and achieve optimal productivity.

Lessons learnt

The Transformation Agenda represented a bold and comprehensive effort to strengthen health systems, enhance leadership capacity, and drive sustainable improvements across the continent. This agenda focused on building a resilient health workforce, promoting gender equality, leveraging data for informed decision-making, and fostering collaboration with Member States.

Throughout the implementation of the Transformation Agenda, several key lessons have emerged: the critical importance of investing in leadership, promoting staff engagement, ensuring gender inclusion, adopting a phased approach with knowledge sharing, making data-driven decisions for continuous improvement, and co-creating strategies with Member States for sustainable transformation.

The COVID-19 pandemic highlighted additional important lessons. Leadership at the highest levels of government and the increasing use of regional platforms such as the African Union and the regional economic communities to collectively advocate for better health are critical in achieving better health outcomes in countries. Home-grown solutions and innovations effectively addressed challenges, contributing to a successful response to the pandemic at both the national and subnational levels.

These lessons underscore the strategic elements essential for achieving lasting positive impacts on public health, aligning WHO's objectives with national priorities and ensuring a more effective and inclusive approach to health care delivery in Africa.

By actively applying these insights to future work, the lasting impacts of the Transformation Agenda will continue to drive meaningful and sustainable change across the continent. Integrating these lessons will not only solidify the progress made but also pave the way for future advancements, fostering a resilient and adaptive health system that can better serve the diverse needs of African populations and create a healthier, more equitable future for all.

Advocate for strong political leadership.

The importance of political leadership and commitment, from the highest levels of government to the community level, was critical to the success of the implementation of the Transformation Agenda. Strong political champions played a key role in overcoming seemingly insurmountable barriers to delivering effective health services and promoting better health outcomes.

Invest in leadership.

Building strong leadership capacity is fundamental for the successful transformation of WHO as well as government entities. The AFRO Pathways to Leadership programme exemplifies the importance of equipping both WHO staff and national health officials with essential skills to navigate a dynamic health landscape. The programme's success in attracting participants from other regions underscores its effectiveness and the critical need for robust leadership development.

Foster stronger and strategic partnerships.

Strong partnerships at all levels – including with communities, civil society, faith-based organizations, professional bodies, the private sector and technical and donor organizations – were crucial to the success of the Transformation Agenda. Effective stakeholder coordination and the intentional engagement of women's groups should be sustained going forward.

Promote staff engagement.

Fostering a motivated and engaged workforce requires open communication channels and ample opportunities for staff participation. The noticeable increase in staff motivation and sense of agency highlights the success of the implemented communication strategies. Engaging staff in meaningful ways not only boosts morale but also enhances organizational performance.

Ensure gender inclusion.

The Transformation Agenda's emphasis on gender equality has yielded significant positive outcomes. Initiatives such as targeted recruitment practices and dedicated women's cohorts in leadership programmes have contributed to a more diverse and effective workforce. These proactive measures are essential for achieving gender parity in leadership roles and within the broader health sector, showcasing the importance of intentional efforts towards gender inclusion.

Implement a phased approach and knowledge sharing.

The phased implementation of the Transformation Agenda, with a focus on consolidating change and sharing lessons learnt, was a valuable strategy. This approach ensures that successful initiatives are institutionalized, maximizing their benefits and facilitating widespread adoption. By systematically sharing knowledge, the Organization can build on successes and drive continuous improvement.

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Facilitate data-driven decisions for continuous improvement.

A robust monitoring and evaluation framework, complete with a feedback loop, is critical for the success of the agenda. This framework enables close monitoring of progress, identification of areas needing improvement, and collection of insights to inform leadership decisions. Such data-driven approaches ensure continuous improvement and the successful implementation of change initiatives.

Co-create for sustainable transformation.

Engaging Member States as active participants and co-creators throughout the transformation process is crucial. This collaborative approach fosters a sense of ownership at the country level, enhancing the sustainability of changes and ensuring better alignment between WHO's goals and national priorities. Co-creation not only strengthens partnerships but also ensures that transformation efforts are relevant and effective.

Facilitate change management.

Change management was essential to the success of the Transformation Agenda. A strong commitment to change was crucial, with key elements including driving organizational transformation, prioritizing training and communication, fostering staff engagement, and creating an open environment for change. Sustainable change is supported by a robust governance structure, a dedicated change management team, and ongoing staff involvement.

Enhance efficiency and value.

Enhancing efficiency and accountability was a key focus, achieved through various initiatives. Conducting user satisfaction surveys helped adjust processes and services to better meet user needs, while a business continuity management plan ensured resilience. Processes were streamlined with defined response times, and paperless initiatives reduced waste. Recruitment was strengthened through standard operating procedures, audits, and targeted outreach. Additionally, cost recovery processes, results-based management training and value-for-money studies were implemented to optimize resource use. Finally, fostering innovation through dedicated platforms enabled the Organization to maximize resource utilization and drive progress effectively.

6. Way forward: driving transformative change in the WHO African Region

Under the remarkable guidance of Dr Moeti, the past decade has seen incredible achievements in the WHO African Region. The Transformation Agenda has delivered enduring improvements to the effectiveness of the Secretariat, evidenced by enhanced country-level engagement, increased gender diversity, advancements in creating an enabling environment for improved staff performance, and heightened efficiency and effectiveness.

The major underlying factors that constrained attainment of the full intent of the Transformation Agenda were: limited access to health services by populations; limited resources to drive the health agenda of countries, disruption of the delivery of essential health care services by the COVID-19 pandemic; and adverse changes in the regional operating environment such as insecurity and other humanitarian crises.

The COVID-19 pandemic reminded the world of the centrality of health to sustainable development. Strong, resilient health systems are essential not only for health security but also for livelihoods, development, peace, and security.

In Africa, thanks to the leadership of our political leaders and the emergence of strong regional solidarity coupled with the implementation of strong multisectoral response plans down to the community level, the continent emerge from the pandemic with much lower mortality than had been predicted.

Expanding access to health services in the Region calls for the integration of technology. Preventing future interruptions of essential health services delivery requires the development of resilient, scalable health systems and peace-time investment in pandemic readiness. Finally, adverse operating environments require a rethink of the organizational business model and repositioning.

As WHO intensifies efforts to accelerate progress towards the Sustainable Development Goals and ensure it is better prepared for the next pandemic, the following three investment pillars will be particularly important:

- **Political leadership for health** with a focus on: enhancing political-level engagement within the WHO African Region, including engagement with the African Union and its organs, as well as Member States; deploying advisers with relevant expertise to countries and continental agencies; and empowering regional economic communities (RECs) to lead health initiatives in the Region. Investments may include embedding WHO skillsets within the RECs and supporting RECs to set and lead subregional health agendas.
- **Technical leadership** for health with a focus on developing health solutions through technology adaptation and research and development. Knowledge and knowledge product development, dissemination and utilization should be the fulcrum of technical leadership for health.
- **Strategic partnerships for health** with a focus on developing, strengthening or sustaining partnerships that are based on ideas and effective cooperation, sunsetting partnerships that do not add value. Consequently, WHO should adopt a strategic agenda or message for each partnership. Every partnership involving the WHO African Region should have an agreed framework for cooperation that clearly spells out its value addition to each cooperating partner.

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Annexes

Annex 1. Acceptance speech by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa, at the 136th session of the WHO Executive Board in Geneva – January 2015

Chairperson and distinguished members of the Executive Board, Director General, Dr Margaret Chan, Regional Directors, ladies and gentlemen and colleagues;

I am deeply honoured by the decision of the Executive Board to appoint me as the WHO Regional Director for Africa. I would like to thank the Member States of the WHO African Region and the Executive Board of WHO for giving me the opportunity to lead the Region, and to work with our Member States to give new impetus to progress towards our common goal of making better health for Africans a reality. I also thank the Government and people of Botswana, my country, for their support for my work, candidacy and campaign. I take up my new position in all humility, fully aware of the challenges that lie ahead.

Allow me to introduce myself briefly. I have worked in health for more than 35 years, about 20 of which have been at international level. But the basis for all this was laid by my background as a child, being the daughter of two physicians in then-apartheid South Africa, living in a township near Johannesburg, with my parents among the few doctors providing services to a community living in poverty and deprivation. My understanding of the need for justice and fairness in health grew out of the daily observation of the struggles of families to stay healthy, since the consulting rooms were in an extension of my parents' small house. It was consolidated by all that I have learnt working in the public health system of my adopted country Botswana.

I have since then had the privilege of occupying positions of increasing responsibility at the country, regional and global levels in WHO, UNICEF and UNAIDS, following my experience in Botswana's public health system. I have been privileged to work with a range of programmes covering the MDGs, and also, as the Director of Noncommunicable Diseases, an emerging problem in our Region. In the recent past, I have worked as the Deputy Regional Director in WHO AFRO for two and a half years under the leadership of Dr Luís Sambo.

The year 2015 in which I take office is a very significant one. During this year, we shall assess how well countries were able to push themselves in meeting health targets. It is also the year that we conclude the planning and launch the post-2015 development agenda. The WHO African Region has made considerable progress over the years although there remains much to be done. Significant declines have been seen in the incidence of HIV, TB and malaria; a number of the neglected tropical diseases that have plagued this part of the world for centuries are close to being eliminated; immunization rates have soared over the past 10 years and deaths from measles have plummeted; and Africa now has a new vaccine that promises to make outbreaks in the meningitis belt a thing of the past. There have also been declines in maternal and child mortality, with some African countries showing the fastest rates of decline in the world.

However, the Region continues to face several challenges. For the past months, the Ebola virus disease epidemic in West Africa has been the top priority that has engaged us all. This tragedy has had a devastating impact on families, livelihoods, security and socioeconomic development in the severely affected countries. It compelled a response that went well beyond the health sector and the actions of ministries of health and WHO, and is demanding the investment of millions of dollars to ensure that the rest of the Region and the world are prepared to limit any spread should cases occur. I would like to respectfully pay tribute to the governments of Guinea, Sierra Leone and Liberia for their leadership and steadfast action in responding to the epidemic; and to the people of

these three countries who have shown extraordinary courage and adaptability in facing up to this completely unknown threat in their midst.

There has been an unprecedented outpouring of support from across the globe, from African countries and the African Union, from development partners, nongovernmental organizations and philanthropists. The Executive Board Special Session on Ebola emerged with a bold and comprehensive resolution that articulates a very clear agenda for action – by Member States, WHO and development partners. I am committed to working closely with Dr Margaret Chan, with colleagues in our Headquarters, the Regional office and country offices, to ensure that we continue to deliver effective and timely WHO support to the countries, working within the coalition led by UNMEER.

After months of extraordinary effort by the governments and people of the three countries and partners including WHO, the tide appears to be turning in the epidemic. However, we will need to sharpen our vigilance and focus on finding and tracing all chains of transmission, treating all those who are infected, and achieving zero cases in each of the countries. This means putting field epidemiologists, data managers and contact tracers on the ground in the required numbers, working side-by-side with skilled community mobilizers, and definitively confirming this progress.

My most urgent task as I take office will be to help the affected countries in their efforts to get to zero cases. I am equally committed to providing the technical support and advocacy needed for these countries to rebuild their health systems which have been destroyed by this unprecedented epidemic and following up on the work that I know is already ongoing between Headquarters and Regional office staff. I intend to strengthen the capacity of the WHO Secretariat in the WHO African Region to lead and coordinate our preparedness for the response to epidemics, through budget reallocation and resource mobilization, restructuring if necessary and recruitment, and will be guided by the resolution adopted during the Special Session.

Chair, this brings me to the first of five priority areas on which I promised action to the WHO African Region Ministers in Cotonou at the Regional Committee in November – improving health security by tackling epidemic-prone diseases, emergencies and new health threats. Tragic as it is, this Ebola epidemic provides an opportunity for the world to take action and progress towards achieving robust national health systems that are adequately staffed and financed, that are resilient to shocks and health threats, and that are able to reach all people with good quality preventive and curative services. Within this, is the need for better preparedness to confront and deal with outbreaks of communicable diseases and emergencies due to other hazards. Today's interconnected world demands that countries work hard to live up to their commitments within the International Health Regulations, and that international solidarity be central to addressing collective vulnerability.

The readiness of the African Region to deal with health threats, within the framework of the International Health Regulations, is profoundly in need of additional investment and strengthening. We will pursue fundraising for the African Public Health Emergency Fund, which was established by the Regional Committee and endorsed by the Heads of State at the African Union Summit in July 2012. We will ensure its appropriate fit within the global contingency fund proposed by the Special EB Session.

This outbreak has also highlighted the need to mobilize hitherto untapped African capacity to be ready to deploy as part of the surge capacity for epidemics and emergencies. I shall promote and support the establishment of a multidisciplinary African health and emergency corps, within the framework of the global public health reserve workforce, in collaboration with our Headquarters and partners.

We shall also work very hard in driving progress towards equity and universal health coverage (UHC) in our Region. We will start by providing support to the recovery of the health systems in the Ebola-affected countries. However, I would like to emphasize that most countries in the African Region need intensive and sustained support to strengthen their health systems. I am excited by the determination of the global health community to tackle this long-standing barrier to improved health in the Region.

I also believe that the commitment expressed by Member States, translated into increased domestic investment in health and sound national health

strategies and accompanied by the support declared by international partners, will deliver the progress that has been desired in the past decade. I eagerly look forward to leading my colleagues in the Region to work on this.

Chair, we will also support the work to ensure that the MDGs are concluded while pursuing the post-2015 development agenda. At the same time, we will need to tackle the growing burden of NCDs to ensure that they do not replace communicable diseases as the major cause of ill-health in the Region. The African Region played a leading role in the negotiation of the global tobacco treaty and now we aim to build on this, focused on prevention to avert the looming NCD epidemic. We will also support our Member States to improve the ability of their ministries of health to tackle the social determinants and work successfully with other sectors in promoting health.

Finally, building a responsive and results-driven WHO Secretariat in Africa will be central to my term as the Regional Director. Much has been said about WHO's reforms in relation to the Ebola epidemic response and my task is to take the reform agenda forward. The intention is to fast-track, with support from our Headquarters, certain key areas of reform. We must build our Organization to be more effective, efficient, responsive, accountable and transparent.

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

Chair, our impact is most important at country level and I would like to ensure that our competence is sharpest at that level. We will review the implementation of the reform of the selection process for WHO representatives and ensure that their skills and leadership capacity are optimally suited to the countries where they are posted.

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

I take this opportunity to reiterate my commitment to working with you, Distinguished Members of the Executive Board, with Member States, with the Director General and my fellow Regional Directors towards our central objective – the attainment by all peoples of the highest possible level of health. I am fully convinced that I can count on your active collaboration and support in my assignment as WHO Regional Director for Africa.

Chairperson, I start on this inspiring journey comforted by the fact that a good foundation has been laid by those who led the African Region in the past. They have done truly remarkable work, and I am particularly grateful to Dr Luís Sambo, the Regional Director Emeritus, for his leadership, support and mentorship over the past 10 years. I wish him all the very best as he returns to his country and his family.

I wish you all a productive and successful Executive Board session and I thank you very much for your attention.

Read more

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Annex 2. Additional resources

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The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

Member States

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cabo Verde
Cameroon
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Eswatini
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
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