

Adaptation of the Transformation Agenda of World Health Organization Regional Office for Africa to the Zambian context

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The focus of this special issue of the *Medical Journal of Zambia* is to showcase the progress made by the World Health Organization (WHO) Country Office for Zambia in domesticating the Transformation Agenda (TA) of the WHO Regional Office for Africa. This TA is the regional vision to fast track implementation of the global WHO reform. The introduction of this Transformation Agenda is timely and smoothly dovetails with the on going implementation of the national Zambia development transformation is a robust process that facilitates effective implementation of the Regional Agenda within WHO. The cardinal feature of the Transformation Agenda in the WHO is the leadership role at country level within the framework of the International Health Regulations 2005.¹

The discussion on the future financing of the WHO reform began with a year long consultative process that culminated in the discussion during the 128th Session of the Executive Board of 2011. The discussion initially focused on uncertainties in the sustainability of financing modalities for the WHO. Suggestions were considered on how the organization could be more effective and better support member states which were experiencing changing demographics and disease profiles including emergencies. The capacity of the WHO to respond to emergencies was tested by the 2014 Ebola outbreak in West Africa. This largest and most complex outbreak in the history of the disease exposed frailties which are being addressed through

the establishment of the health security and emergency cluster in WHO.²

Transformation Agenda was introduced by the WHO Regional Director for the African Region in 2015. The four tenets of the strategy are being results oriented, accountable, having a smart focus and communicating effectively to internal and external customers.

One area of the reform which remains steadfast is the leadership role of the WHO in the health sector as buttressed by the International Health Regulations (IHR) 2005. IHR is a legally binding international law administered by the WHO at all levels. It is operational in all 196 member state signatories compelling them to work together to save lives including at member states like Zambia.

The stated purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. The IHR also require States to strengthen core surveillance and response capacities at the primary, intermediate and national level, as well as at designated international ports, airports and ground crossings".³ Member states are required to report any suspected public health event to the WHO to alert the institution which in turn shall put in place immediate response.¹

Four surveillance officers in WHO Zambia office, currently supported by resources from the polio eradication initiative, were redeployed to centres in four zones of Zambia thus relocating them closest to where they are most required. In addition, two laboratory scientists based in the Virology section of the University Teaching Hospital Laboratory complement the surveillance work by tracking specimen samples from the 10 provinces and providing timely diagnosis of public health events. This zonal deployment process has contributed to increased speed of detection, confirmation and response to public health events in Zambia. The polio legacy is clearly recognizable in Zambia through the strengthened disease surveillance capacity which has heightened Health Security and Emergence interventions.

More than six public health events were reported by the surveillance officers in more than five provinces, within a space of six months since redeployment to the zones. Some of the events are presented in this special issue as an illustration of effective communication. The speedy detection of public events was not effectively and speedily responded to because of the lack of a functional public health emergency operational centre in the health sector according to a rapid assessment conducted by WHO.³ Consequently a public health emergency operation centre is being established in Zambia with support from the WHO, CDC and other partners.

The WHO Zambia has been focusing on Health Security and Emergencies with respect to preparedness, outbreak detection and timely response. A total of nine technical and support staff were deployed to West Africa during the Ebola outbreak to gain first-hand experience on how to handle operations during an emergency setting. WHO Zambia staff in Health Promotion and Community Sensitization, Budget and Finance, Logistics Procurement and Travel and Human Resources participated for periods exceeding six weeks at a time during the reassignment. The experiences of the staff during their missions are documented as lessons learned in this special issue.

Over the years since its inception, nearly 70 years ago the WHO has been quietly doing a lot of work in the six pillars

of health systems and actively supporting member states worldwide. Partners have criticized the WHO for not effectively documenting and communicating this excellent work to its customers.⁴ WHO Zambia has embarked on active documentation and scientific publication of the work being done in support of the health sector.

This special issue of the *Medical Journal of Zambia* is an illustrative example being intended to inform internal and external customers in an easily retrievable manner through scientific publications that also provide electronic archiving. Within this area the WHO has fingerprinted organization visibility through use of the trademark jacket, blue T-shirt and the cap when conducting field visits across the country. This trademark logo was launched during the Golden Jubilee Commemoration of the Presence of the WHO Zambia in 2015 an occasion officiated by the Regional Director, Dr. Matshidiso R. Moeti during the first official non-emergency visit since her inauguration.

Within this special issue, the attention of the reader is refocused on the main theme; transformation agenda of the WHO Regional Office for Africa and how one of the 47 member states has managed to walk the talk on this new journey conducting business unusual. Two sub-thematic areas shall become clearly recognizable; firstly the polio legacy and through transition of the polio surveillance footprint into health security and emergency and secondly the capacity building of WHO support staff in documenting their own areas of work and thus motivate their job satisfaction in a non-financial rewarding system⁵.

The financial support of Polio positions is gradually grinding to halt evidently from 2017 within the polio end game strategy.⁶ In anticipation of this WHO Zambia has transferred this legacy in surveillance to the new Cluster of Health Security and Emergency by redeploying the officers across the country and operating as zonal officers where they are most required and valuable. In addition to the robust surveillance work on all potential public health events these field based staff support the Ministry to rapidly investigate and through the Ministry alert the

WHO within the IHR 2005 to contribute to saving lives and safeguarding livelihoods. The scope of work of two laboratory scientists supporting Polio Eradication has transitioned to support fast tracking of diagnostics of samples from suspected public health events from across the country as part of the Health Security Emergency cluster. There are four publications that illustrate this transition through scientific manuscripts: Matapo *et al* on the recent cholera outbreak in Bauleni in Lusaka; Chirambo *et al* on the documentation of the importation of the same cholera outbreak to Chibombo district Central Province and the rapid containment thereof; Mwambi *et al* reporting on the cholera outbreak near Lake Tanganyika area in Northern province bordering Tanzania a *de novo* outbreak raising the flag about the potential risk of disease importation from the neighbouring including Democratic Republic of Congo (DRC) and Angola currently experiencing yellow fever outbreak; and Mtonga *et al* on preliminary findings of the multi-team investigation of suspected Konzo, a spastic paralysis outbreak in Western Province.

With respect to WHO Zambia support staff members, non-financial rewarding systems were applied to recognize what some staff could achieve in documenting some of their work and share in a retrievable and electronically archival modality through scientific publications. Musumali *et al* clearly demonstrates his mastery of the transformation agenda and provides the leading manuscript in this special issue in a highly commendable manner. Sikazwe *et al* demonstrates succinctly summarizes how the funds allocated to the member states are processed and managed within the WHO accountability framework. Zulu *et al* and Siboonde

et al have shared their robust and daring experiences following their deployment to West Africa during the deadly Ebola outbreak to gain experience and in response to a clarion call from the WHO for support to the overwhelmed population in those countries.

This special issue is the inaugural effective communication tool from WHO Zambia to partners, internal and external on recent, previously unpublished, work which the WHO Zambia has contributed to the health sector in Zambia. Feedback to our work is sincerely appreciated for use to improve quality of our future publications.

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