

Progress of WHO Zambia towards the WHO Reforms through Transformation Agenda

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Background: WHO is going through reforms which started in 2011. The Reform process intensified when the WHO was put to the test during the Ebola outbreak in West Africa in 2014. Weaknesses observed raised widely expressed concern about the response of the WHO in emergencies. Dwindling financial resources and multiple partners interested in its mandate also largely contributed to WHO reforms. WHO African Region introduced the Transformation Agenda programme in 2015 designed to accelerate implementation of WHO reforms within Africa. This study documents progress made in the implementation of Transformation Agenda within the Zambian context with rationale to communicate effectively and share lessons with partners internal and external to the WHO.

Method: The task was undertaken through desk review and analysis of key documents including annual reports, quarterly performance reports, budget implementation reports, end of biennium reports, year 2015 external audit report and other related documents with an emphasis on practices, past performance and domestication of Transformation Agenda within Zambian context. Key informant interviews with relevant staff from WHO, Ministry of Health, other UN agencies and partners were done. Visits were also undertaken to all four zonal offices where WHO staff were strategically deployed in line with Transformation Agenda tenets.

Results: Focus was on 4 tenets of transformation agenda. Within framework of smart technical focus, WHO Zambia deployed staff to 4 zonal offices where they are mostly desired within framework of Integrated Diseases Surveillance and Response and positioned strategic resources for activities. This has resulted in speedy confirmation and response to outbreaks. On pro-results

values, WHO has enhanced leadership, managerial and technical skills improvement and Human Resource in house training. Regarding communicating effectively, WHO Zambia is reinforcing its external communication through publication of manuscripts online for easy electronic archiving and retrieval. Newsletters, Newsflashes, Annual reports are also being produced and widely disseminated. Collaboration with increasing number of partners has also been adopted as part of partnership. With responsive strategic operations, WHO Zambia adopted key performance indicators to measure performance.

Conclusion: WHO Zambia has domesticated Transformation Agenda which has resulted in early disease detection and response as well as effective communication internally and externally, accountability through enhanced internal controls and capacity building.

INTRODUCTION

The World Health Organization (WHO) reforms started in 2011 focusing on effectiveness and efficiency. According to the WHO Executive Board report 2011 on WHO Reforms, the WHO Reform has three aims. These include programmatic reform to improve people's health, governance reform to increase coherence in global health and managerial reform in pursuit of organizational excellence.¹ The Reform process intensified when WHO was put to test during the Ebola outbreak in 2014. Weaknesses observed during the 2014 epidemic in West Africa triggered widely pronounced concerns about the response of the WHO in emergencies and outbreaks.² The reform was also necessitated by the dwindling financial resources as a result of the Global Financial crisis and multiple partners interested in the mandate of the WHO.

The Regional Director of the WHO African Region, Dr Matshidiso Moeti launched the Transformation Agenda in 2015. This is an innovative programme designed to

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accelerate the implementation of WHO reforms within the region.³ It is a vision and a strategy for change aimed at facilitating the emergence of an organization that is desirable by both staff and stakeholders. The Transformation Agenda has an objective of bringing about a regional health organization that is foresighted, proactive, responsive, results-driven, transparent, accountable, appropriately resourced and equipped to deliver on its mandate.⁴ It is driven by four focus areas namely pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships.

The transformation is driven by various expected results indicated below which will guide how the reform will progress and the results that are expected to be yielded.⁵ The expected results of effective communication and partnership focus area include enhanced internal communication between and across all the three levels of the Organization including HQ, Regional office and Country Office, reinforced external communication and strengthened strategic partnerships.

Expected results for Smart Technical Focus include strengthened regional capacity for health security, including effective preparedness and timely response to disease outbreaks and emergencies and polio eradication, implementation of Sustainable Development Goals (SDGs). This focus also includes enhanced knowledge management and integrated approach of working that cut across programs and clusters. This is a direct correction of the frailties in the Ebola outbreak response.

The expected results for Responsive Strategic Operations focus area include human, financial and material resources aligned with the identified priorities; strengthened WHO human resource capacity; enhanced transparency in recruitment, placement and performance management; improved efficiency and accountability in the areas of finance, procurement and general management; and improved leveraging and use of available technologies and tools.

The expected results for pro-results focus area include enhanced accountability by individuals and teams, improved fairness in rewards, recognition and sanctions for staff members, responsive, supportive and inclusive teams and enhanced ethical standards for the staff.

The objective of the study was to document the implementation of the Transformation Agenda within the

Zambia context with a rationale to communicate effectively and share lessons, realizations and level of effort and investment across the organization with partners and stakeholders internal and external to WHO.

METHODS

This study was undertaken through a desk review and analysis of key documents including the annual reports, quarterly performance reports, budget implementation reports and end of biennium reports.

The findings of the 2015 external audit report and other related documents with an emphasis on practices, past performance and domestication of the Transformation Agenda within the Zambia context were also reviewed.

Key informant interviews with relevant staff from WHO Zambia, Ministry of Health, other UN agencies and partners were done. Recommendations were also made on the way forward in enhancing domestication of the Transformation Agenda in Zambia. Visits were also undertaken to all the four zones where WHO staff were strategically deployed in line with the Transformation Agenda tenets.

RESULTS

The focus was on the four tenets of the transformation agenda that include pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships.⁵

Deployment of staff to 4 zonal areas of Zambia

Within the framework of smart technical focus, WHO Zambia in the spirit of strengthening the operations of the office and maximizing the opportunities of the existing physical presence of officers in the provinces subdivided the country into four operational zones. Technical staff were redeployed in each of these zones and provided with transport and communication facilities.⁶ The staff have been deployed to these zones and positioned closest to where their services are mostly required within the framework of Integrated Diseases Surveillance and Response (IDSR). Due to this intervention, WHO has been able to quickly respond to outbreaks from different parts of the country together with the government, confirm outbreaks in a timely manner due to physical proximity and provide the required technical and financial support to mitigate the outbreaks. For instance WHO was the first organization together with the Ministry of Health

to arrive on site and confirm the outbreak within hours during 2015 and 2016 cholera, meningitis, plague, anthrax and typhoid outbreaks that occurred in different parts of the country. WHO Zambia provided the initial catalytic technical and financial support timely towards response activities specifically case management, contact tracing, laboratory, surveillance, health education and community engagement while engaging other partners for more support.

WHO has also facilitated the availability of quality data on epidemics through enhanced public health surveillance system spearheaded by the organization.

To be more effective and efficient to respond to emergencies, WHO Zambia has established an emergency fund within the country office which can be easily accessed and used to provide immediate support.

Pro- results values

In line with the pro-result values, the country office deployed 4 technical and 6 administrative staff from the areas of health promotion, logistics, procurement, finance and HR to the Ebola outbreak in West Africa in 2015 to not only support but gain the required skills and experience to handle an outbreak.⁶ This intervention was also meant to prepare them for deployment in emergencies within Zambia or to other countries when need arises. The country office now has enhanced its capacities in these areas that can provide support at all levels in case of a major outbreak.

Additionally, WHO Zambia has taken strides to enhance staff leadership, managerial and technical skills improvement with the support of the organization where necessary. WHO Zambia office has several staff engaged in skills improvement. Regular and ongoing administrative and operational processes skills trainings have also been introduced and are being administered to all staff. Examples of areas where staff have undertaken steps to enhance their technical and managerial skills include human resources policy awareness, administrative procedures and operational processes in house skills training, language skills, financial management, First Aid, defensive driving, radio communication and customer relations. These skills improvement initiatives are undertaken to enhance accountability and integrity in order to ultimately exhibit standards of excellence in the operations at WHO Zambia.

Communicating effectively internally and externally

With respect to communicating effectively, the country office has reinforced its external communication by encouraging all staff to produce manuscripts to be published in online journals and in books. This policy will ensure that WHO work in Zambia is widely disseminated globally. Collaboration with the Zambia Medical Journal has been established to produce special issues at least twice a year of consolidated peer reviewed WHO manuscripts by staff on different areas of interest starting with the year 2016. In the period 2015 to 2016, an average total of 20 manuscripts have been written by staff in WHO Zambia and published in major journals including *Asia Pacific journal*, *European Journal of Pharmaceutical and Medical Research*, *International Research Journal of Public and Environmental Health*, *PloS One*, *Virology Journal*, *Journal of Public Health*, *Malaria Journal*, *Emerging infectious Diseases*, *Paediatric Infectious Diseases*, *International Breast feeding Journal* and *Medical Journal of Zambia*.⁷ These manuscripts provide documented evidence-based information about WHO and the health sector in Zambia.

Additionally the WHO country office has enhanced its communication via publication of newsletters and news flashes covering all major health events. These are shared on a regular basis through the regional office and country office websites.

The country office has also stepped up the quality and detail of the annual reports and has expanded the target recipients of the annual reports distribution to cover all the relevant partners and stakeholders throughout the country, other WHO country offices, regional office and headquarters. The annual report conveys relevant information on works of the country office in the year in question.

Partnership Strengthening

In terms of partnership, the country office has adapted the Transformation agenda by enhancing collaboration with other local partners for resource mobilization and coordinated support to the government.⁸ It has managed to engage and collaborate with an increasing number of partners including European Union (EU), Department for International Development (DFID), GAVI, CIDA, UNICEF, UNFPA, UNDP, UNAIDS, USAID, FHI and Care International. The implementation of CIDA H4+

maternal, new-born and child health initiative is an excellent example of the United Nations partnership within the framework of the United Nations Development Assistance Framework (UNDAF) and delivering as one UN initiative in Zambia.

This enhanced partnership involving bilateral and multilateral cooperating partners and Non-Governmental Organizations (NGOs) has offered several benefits including reduction in duplication of efforts, complementing of resources, efficient use of funding, improved outputs in line with expected results, stronger collaboration which ultimately yielded efficient and effective coordinated support to government.

Visibility and marketing of WHO

WHO Zambia has supported the engagement of interns as part of partnership in the work of WHO in Zambia. In 2015, five (5) interns were engaged coming from different countries including USA, UK, Germany and worked in the country office with support from different sponsors and donors.

Additionally to increase its visibility, WHO Zambia has procured and will continue to produce WHO regalia including WHO T-shirts, WHO Caps, WHO safari jackets, WHO Pin, WHO Lanyards to be used when staff travel to the field or on special occasions where WHO presence need to be identified. This action has significantly promoted and enhanced visibility of WHO making the public, partners and stakeholders recognize the presence, active role and participation of WHO in important health events and activities.

Responsive Strategic operations

In terms of responsive strategic operations the country office through the Regional Office is working on realignment of staff according to priorities and needs. The country office like all the other 47 country offices in the WHO African Region is undergoing a process whose aim is to come up with an ideal staffing structure. The structure should have the right and competent staff in accordance with the priorities, needs and scope of work. The review is being done by matching staffing skills to country needs and priorities. This process is expected to yield a staffing cadre that is effective, efficient, transparent and accountable. The process is expected to be completed before the end of 2016.

Related to this and in line with the overall WHO reforms, the country office in 2012 put in place a fully-fledged Country Support Unit (CSU) consisting of 8 full time staff which resulted in additional strength and more efficiency in delivering of transparent and accountable financial, logistic, travel, procurement, human resources and ICT services needed to effectively support the Ministry of health and partners.⁹

Accountability and Performance measure

WHO Zambia has adapted and fully implemented the regional office transformation agenda recommendation of implementing key performance indicators (KPIs) at country level for key WHO country office functions including finance, procurement, Human Resources, Asset Management, ICT, travel and security, and has linked these to the annual performance objectives of all relevant staff in the CSU. All relevant CSU staff have KPIs linked to their performance evaluation and they are assessed at the end of the year on the achievements of these KPIs. The KPIs are regularly and closely monitored to ensure compliance. This intervention is being undertaken in order to enable better assessment monitoring and improvement of performance and increased transparency in the country office.

The country office has also established Country specific Standard Operating Procedures (SoPs) established to facilitate functions that efficiently support the delivery of programmes. These SoPs also enhance effective and efficient implementation of the common WHO operational/administrative processes, particularly those related to collaboration with the Ministry of Health and other implementing partners. These country specific SoPs are shared with the ministry to provide relevant information for them to understand WHO procedures, processes and requirements that directly affects them in order to facilitate better collaboration between WHO and the Ministry.

Vindication of Transformation Agenda through external audit

As part of the review of the performance of the country office, an external audit was conducted in November 2015 focusing on review of governance in relation to accountability, risks and control, key and critical business processes and transactions, review, testing of effectiveness of internal controls and determination of

compliance with financial and administrative regulations. The review involved the performance of procedures to obtain reasonable assurance that existing internal control arrangements capacitate the Country Office in achieving its operating objectives. The review focused on both programmatic and administrative areas. According to the Interim Audit report of WHO Zambia for the Financial Year 2015, overall the audit found that there was an acceptable level of assurance that financial controls and operational processes at WCO Zambia are in place and aligned with the commitments of the Organization and made recommendations on a few areas that needed improvement.¹⁰

Change agents

In order to help the country offices transform and to act as catalysts for change for acceleration of the Transformation agenda, the Country Representative has assumed the role of Principal change agent. Additionally the country office has also selected a transformation agenda committee comprising of 5 staff members with representation from all levels. This committee constitutes the secondary change agents for Zambia.

DISCUSSION

Two years since the introduction of the transformation agenda in the WHO AFRO region as part of WHO reforms, Zambia has made significant advances towards meeting the general objectives of being more effective and efficient, transparent and accountable. Great efforts are being made in improving the delivery of programme support and strengthening of response to disease outbreaks and surveillance. This is being done against the backdrop that we must prepare for future epidemics of diseases that may spread more effectively than Ebola.¹¹ Considerable progress has been made but much more needs to be done to fully implement the objectives of the reforms.

Implementation of reforms has always been a challenge for a number of organizations globally from time immemorial. Reforms take time and great effort to fully achieve. According to Everett Rogers, to get an innovation to be adopted is difficult and to increase the rate of its diffusion is even more difficult.¹² Introduction of catalytic intervention like the transformation agenda is an important process in the journey of reform not only to increase the chance of adoption but accelerate the rate of diffusion process and seek wider acceptance.

As expected in any form of reform, different people adapt to change differently.¹³ In the same vein, different countries in Africa are responding differently to the adoption and implementation of these reforms through the transformation agenda. Countries are undertaking these reforms in a step-wise approach with some countries advancing at a faster pace than others. This behaviour also applies at individual staff member level. In Zambia, WHO staff are responding differently to the change and adoption of the reforms. Some staff are embracing and adopting the reforms fast with a change in their behaviour and are departing away from the doing business as usual syndrome. Some staff is conservative and is still in the observation mode waiting to see what others will decide and then follow while some staff are in a resistant mode and oppose the reform process.

This behaviour is similar to that portrayed in the Everett Rogers Diffusion of innovations theory which is the leading and most influential theory of diffusion of innovation which shows 5 categories of adopters of innovation namely visionaries or innovators, early adopters, early majority, late majority and laggards.¹⁴ On one extreme end you have the innovators who are the pace setters and the first to adopt the change or innovation. On the other extreme end you have the laggards who are usually the last to adopt the innovation and will remain behind, exhibit slow progress and are low risk takers. There will also be early adopters who are the second fastest adopters and have the highest degree of opinion leadership among the categories of adopters. This makes them act as change agents due to their characteristic of taking higher risks and have a significant influence on the groups in the middle. The groups in the middle include the early majority and late majority who adopt change or innovations after everybody else has done and after a longer period of time. This is where the majority are expected to fall and mostly just follow what the early adopters are doing.

It is important to note here that during this reform that WHO Zambia has embarked on as part of the transformation agenda and global reform process; similar categories of adopters have emerged. In the case of the transformation agenda, the innovator/transformation agenda champion is the Regional Director with principal agents being the Country Representatives, Cluster Director and IST coordinators and select team who coined the idea of coming up with this initiative. The early adopters are found both at the Regional Office level and at

country offices. In the case of Zambia, the WHO Representative and a few staff members have graduated to this level. The majority of staff is in the early majority and late majority categories. A few laggards as expected are also present. The success or failure of these reforms will be largely determined by how these different groups are handled. According to a leading Organizational expert David Shaner, the bottom line is that, despite how technological and automated organizations have become, at their core they remain a collection of human energies that are merely being applied in an organized environment.¹⁵ Resurrecting and guiding that human core of your organization is the secret to leading and sustaining change. The early adopters need to be encouraged to accelerate their rate of adoption so that they could influence the others. The laggards will be present and could try to frustrate the process because they either do not agree with it or are not willing to take the risk into the uncertain future. This group should not be left behind but continue providing them with more incentives, information and encouragement to join the bandwagon. In all this it should be noted that transformation in corporate environments should be launched with boldness and rapidness in order for them to have a higher change to succeed.¹⁶ A number of challenges and barriers can be met along the way but it is important to maintain consistency in the execution process.

As indicated in the findings, the issue of zonal offices is taking centre stage as part of the reform process in Zambia. If you look at other countries like Nigeria, you will notice that they have organized WHO structures with zonal offices covering the entire country. These zonal offices are placed closest to where services are required. This is one of the reasons why WHO in that country was able to provide better support to the Ebola outbreak and significantly contributed to containing the outbreak in a short period. WHO Zambia need to build up on the first step taken in the establishment of zonal offices in Zambia by making them better organized with qualified staff and adequate resources.

In West Africa countries of Liberia, Sierra Leone and Guinea, WHO's operations and level of support were criticized as being slow. However, it should be noted that inadequate funding could be a major hindrance to any reform process and to any intervention of the magnitude that was required there during the outbreak.² In order for the WHO support to be meaningful, responsive, efficient

and effective, member states should support WHO African country offices like Zambia by providing them with adequate financial resources to drive their efforts. The country office is undergoing major reforms like all the other 47 countries, but to sustain these reforms donors need to support this positive move WHO has undertaken by providing the required resources needed to offer better support as expected. The Ebola virus disease in West Africa was unprecedented and required major resources to contain it.¹⁷

There is an African proverb which says "if you want to go fast, go alone, if you want to go far, go together."¹⁸ This proverb sums up the importance of effective partnership. As articulated in the findings, WHO Zambia has made progress to engage in partnerships with different bilateral, multilateral, NGO and other partners. There is need however not only to continue fostering existing partnerships but also form new ones that could help to improve health dialogue and develop synergies that can enhance the performance of the country's health system.

One of the core functions of the WHO is to shape the research agenda. The research findings stimulate generation, translation and dissemination of valuable knowledge. The country office has embarked on promoting scientific publications by staff members on health related issues as part of shaping the research agenda. It should be noted that WHO's role is to ensure that there is adequate leadership and governance in health research.¹⁸ WHO country offices need to lead by example and ensure that; "they walk the talk" in this area. The next step is for the country office to find a way of focus on publications that have informed knowledge that can specifically be used to address public health issues in Zambia.

CONCLUSION

WHO Zambia has made significant progress in the domestication of the Transformation Agenda but the journey is far from being over. The country office has made progress through enhancement of capacities to deliver the organization's core functions by initiating the process of strengthening the programme units and CSU in order to ensure efficient, effective, accountable and transparent response to the country's health priority needs and WHO set priorities according to its mandate. Some of the interventions already taken have resulted in early disease detection and response; effective internal and

external communication; documentation of achievements, challenges and lessons learnt; efficient and effective coordinated support to government through partnership and enabling of functions that efficiently support the delivery of programmes.

Zambia like any other country's need for WHO support is bound to change over time as its social, economic and health situation progress. WHO therefore needs to be prepared and flexible enough to provide support through those changes. WHO reform in general and transformation agenda in particular are meant to make the country office be prepared and flexible enough to provide the required support in which ever form and nature.

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