

## Offline: Delivering a new future for Africa



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WHO



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Post-Ebola, commentators have been given permission to say in public what they have thought in private for a long time—namely, that WHO’s Regional Office for Africa (AFRO) has a record and reputation for failure second to none in global health today. In advance of an unprecedented meeting convened by the new Regional Director for WHO AFRO, Dr Matshidiso Moeti, earlier this month, I asked a group of Africa health experts for their views on WHO’s work on the continent. WHO AFRO does have strengths. Most importantly of all, its country offices. Africa has one of the fastest growing collections of national economies in the world today. It has progressively expanding scientific capacities. Yet for all of these advantages, WHO AFRO is not well respected. Its performance has been a persistent disappointment. It can claim no important or substantive wins from its work. It is seen as a large bureaucracy with little impact. There has been no effective leadership for decades. Staff are “decent but unambitious”, and are therefore not respected for their competency. One disadvantage is the location of the Regional Office in Brazzaville, Congo. It is isolated, distant, and remote, characteristics that are said to be true of the entire organisation. WHO AFRO needs to be brutally honest with itself, our advisers suggested. A poor history of Regional Directors. A low talent pool across the organisation. Corrupt appointments made as rewards for past service, instead of on merit. Donor voices that dominate because there is no clear strategy from WHO AFRO’s leadership. And basic public health functions in countries that have been ignored or neglected. To worsen WHO AFRO’s influence still further, the Regional Office has a poor relationship with WHO’s headquarters in Geneva. WHO AFRO has the largest regular budget of any WHO region, but there is little or no accountability about how its funds are spent. The prospects for WHO AFRO are bleak: an accelerating brain drain, declining self-determination as a continent, and a chronic erosion of trust and confidence. Yet for all of these dismal weaknesses, the country devastation and institutional crises precipitated by Ebola have created a remarkable opportunity—to lead change, and to promote transparency and accountability, around a clear set of new priorities for Africa. Does such a vision suggest a rationally optimistic outlook or simplistic radical naivety?

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There is one reason to be hopeful: a new Regional Director for WHO AFRO, Dr Moeti, who is motivated for change. She wants to strengthen health and economic security in Africa, and she intends to deliver on the promise of the Sustainable Development Goals for the continent. She knows that her first priority must be to re-establish confidence in WHO AFRO among key partners, especially those who might consider investing in WHO’s work. One decision shows her commitment to working differently. She has appointed an Independent Advisory Group, chaired by Francis Omaswa and Helene Gayle, to give her strategic advice on WHO AFRO and “on mechanisms to support improved health systems performance of Member States towards better health outcomes”. The group met for the first time earlier this month in Johannesburg (full disclosure: I am one of 16 members). Two important strands of work emerged. First, to embark on ambitious internal reforms, changing the culture of WHO AFRO to one of accountability for results and resources. Second, to implement a 10-year African Health Transformation Programme. One aim of this initiative is to deliver universal health coverage across 47 countries. Dr Moeti and her Advisory Group want to make Africa a destination for leadership in health. *The Lancet* will make its contribution to this vision through our Commission on the Future of Health in Sub-Saharan Africa. This Commission, chaired by Peter Piot, includes leading African voices on health and medical science. Last week in London, Tumani Corrah, Peter Lamptey, Nelson Sewankambo, Alex Ezeh, Bongani Mayosi, Bright Simons, and Nduku Kilonzo met with Peter Piot and others to consider what they could do to add value to existing efforts to scale up action on health in Africa. The Commission will complete its work this year, and we plan to launch its findings early in 2016. The next few years will be decisive for Africa. There is also every prospect that a new Director-General of WHO, succeeding Margaret Chan in July, 2017, will come from the continent. Now is therefore not the time for armchair criticism of WHO AFRO or African efforts to advance health on the continent. Now is a moment to join hands and get to work for Africa.

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