



WHO COUNTRY COOPERATION STRATEGY 2009-2013





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MOZAMBIQUE

AFRO Library Cataloguing-in-Publication Data

WHO Country Cooperation Strategy, 2009–2013

Mozambique

- 1. Health Planning
- 2. Health Pan Implementation
- 3. Health Priorities
- 4. International Cooperation
- 5. World Health Organization

ISBN: 978 929 023 1394

(NLM Classification: WA 540 HM7)

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ABBREVIATIONS

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CCS	Country Cooperation Strategy
CF	Common Funds
EOC	Essential Obstetric Care
GoM	Government of Mozambique
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IHP	International Health Partnership
HHA	Harmonization for Health in Africa
ІРТр	Intermittent Preventive Therapy in Pregnancy
ITN	Insecticide Treated Net
MDGs	Millennium Development Goals
MF	Ministry of Finance
MIS	Malaria Indicator Survey
МоН	Ministry of Health
MPD	Ministry of Planning and Development
MTEF	Medium-Term Expenditure Framework
NGO	Nongovernmental Organization
PAP	Programme Aid Partnership
PARPA(PRSP)	Poverty Reduction Strategy Paper
PESS (HSSP)	Health Sector Strategic Plan, 2007-2012
PMTCT	Prevention of Mother-to-Child Transmission
SADC	Southern African Development Community
SWAp	Sector-wide Approach
ТВ	Tuberculosis
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US\$	United States Dollar
WCO	WHO Country Office
WHO	World Health Organization

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PREFACE

The WHO Country Cooperation Strategy (CCS) crystallizes the major reforms adopted by the World Health Organization with a view to intensifying its interventions in the countries. It has infused a decisive qualitative orientation into the modalities of our institution's coordination and advocacy interventions in the African Region. Currently well established as a WHO medium-term planning tool at country level, the cooperation strategy aims at achieving greater relevance and focus in the determination of priorities, effective achievement of objectives and greater efficiency in the use of resources allocated for WHO country activities.

The first generation of country cooperation strategy documents was developed through a participatory process that mobilized the three levels of the Organization, the countries and their partners. For the majority of countries, the 2004-2005 biennium was the crucial point of refocusing of WHO's action. It enabled the countries to better plan their interventions, using a results-based approach and an improved management process that enabled the three levels of the Organization to address their actual needs.

Drawing lessons from the implementation of the first generation CCS documents, the second generation documents, in harmony with the 11th General Work Programme of WHO and the Medium-term Strategic Framework, address the country health priorities defined in their health development and poverty reduction sector plans. The CCSs are also in line with the new global health context and integrated the principles of alignment, harmonization, efficiency, as formulated in the Paris Declaration on Aid Effectiveness and in recent initiatives like the "Harmonization for Health in Africa" (HHA) and "International Health Partnership Plus" (IHP+). They also reflect the policy of decentralization implemented and which enhances the decision-making capacity of countries to improve the quality of public health programmes and interventions.

Finally, the second generation CCS documents are synchronized with the United Nations development Assistance Framework (UNDAF) with a view to achieving the Millennium Development Goals.

I commend the efficient and effective leadershin role played by the countries in the



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