

Second Country Support Unit Network Meeting

**Country Focus and
Health Systems Development**

The Cairo Report

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WHO • OMS

WORLD HEALTH ORGANIZATION



**WHO Regional Office for Eastern Mediterranean
Department of Country Focus
Sustainable Development and Healthy Environments**

Table of Contents

	Pages
Key recommendations for Action	2
I. Introduction	5
A. Opening session	5
B. Objectives	6
C. Expected outcome	7
D. Methodology	7
E. Agenda	7
II. Country Focus Policy and Strategies	7
III. Country Office Work in WHO Regional Office for Eastern Mediterranean	8
IV. Country Focus and Health Systems Development	8
A. Update on Global WHO Health Systems Development	8
B. Regional Approaches and Innovations	8
i. WHO Regional Office for Africa	8
ii. WHO Regional Offices for the Americas	8
iii. WHO Regional Office for the Eastern Mediterranean	8
iv. WHO Regional Office for Europe	9
v. WHO Regional Office for South-East Asia	9
vi. WHO Regional Office for the Western Pacific	9
V. National Health Development	9
VI. Reporting from Working Groups	10
VII. Implications on ways of Working in Country Offices, Regional Offices and Headquarters: Summary of Discussions	10
VIII. Country Support Unit Network matters	13
IX. Concluding Session	14
• Agenda	15
• List of Participants	16
CD CONTENT	19

KEY RECOMMENDATIONS FOR ACTION

- Countries are “at the heart of the WHO work”, making the strengthening of their health system the central element of WHO's work. It is the Members States' concern to mobilize national resources for the development of policies and institutions that are able to address the social, political and economic determinants of health and deliver health outcomes through a well balanced set of personal and public health services.
- The current and planned WHO shift towards increased and enhanced country work needs to be accompanied by a renewed emphasis on health systems work at country level. WHO, through its country office team, needs to focus its support to Member States (technical, advisory and normative work) in a way that supports them in their own efforts to develop health systems that adequately respond to the needs of its citizens and its society.
- This policy approach needs to be articulated in terms of management and organization at the three levels of WHO. Budgets, resource allocation mechanisms, human resource development, information communication technology, and organizational adjustments all have to be aligned with the mission to help countries build their own health systems.
- In line with Director General's commitment to the 3rd global meeting of WHO Representatives and Liaison Officers to improve WHO's response to critical challenges in country work, urgent measures need to be taken to improve the responsiveness of WHO country and regional offices to the needs of Member States. This should be done at the same time that WHO refines its shared vision on health systems.

SUGGESTED ACTIONS

- I. **Directors of Programme Management (DPM) to endorse and monitor the implementation of a package of actions** intended to improve WHO's capacity for health systems oriented country work. This is to be compiled by the Cluster on Evidence and Information for Policy (EIP), Country Support Units (CSUs) and Health Systems Advisers, by January 2005. These actions would include:
 - a. Developing an understanding of regional efforts to improve country office responsiveness in the field of national health system development, by:
 - i. undertaking a cross-regional review of health systems expertise in country offices
 - ii. developing strategies to better share health systems development experts among countries and mobilize resources for this
 - iii. mapping WHO existing plans and resources for training professional staff in health systems development, in particular training of staff at country level
 - b. Submitting regional applications to the Global Staff Development Fund to train country office teams, regional advisers and some HQ program officers in health systems development.
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2. A series of ongoing policy discussions need to be finalized and communicated across WHO if efforts to strengthen WHO's work on health systems development are to proceed. The next meetings of **DPMs** will:
 - a. respond to the preliminary draft paper to the Executive Board on the WHO Country Focus Policy
 - b. clarify, together with HQ Decentralisation Informal Working Group, a 'road map' and milestones for WHO's decentralisation agenda
 - c. ensure that 2006/07 budget adequately covers the need for 'health systems' core capacity in WHO country office teams
 - d. endorse and disseminate the code of conduct for WHO staff on working with countries (including preliminary results of a quick 'study' on travel patterns of HQ technical staff to countries)

 3. **The CSU network to lead a 'task force' on the regional implementation of Country Cooperation Strategies (CCS).** The task force would set up and report on a cross-regional study of the management and organizational implications of regional implementation of the CCS. This would be completed by March 2005. Priorities would include:
 - a. sharing experiences and innovations on efforts to take forward integrated health system development
 - b. identifying how WHO technical work-plans could be explicitly linked to the national health system structures and functions
 - c. involving health systems focal points in the development of technical programme plans, and undertaking concrete actions for working across Areas of Work to deliver on objectives outlined in the CCS
 - d. introducing performance indicators related to a, b, c, above
 - e. developing support structures and other structural adjustments at the regional & HQ level to facilitate health systems oriented country work
 - f. identifying planning and budgetary implications of the above

 4. Ensure **strong linkage of CCS to national health development by addressing health systems issues.** A working group will be set up, comprised of volunteers from the Cairo meeting participants and EIP colleagues. They will identify issues related to health systems that they consider important for inclusion in the CCS, and share their findings with the CSU network by September 2005. This work will contribute to finalizing the CCS guidance document and ensure that the following information is included in CCS :
 - a. information on the involvement of all major stakeholders, in particular that of national authorities in the process of development or revision of the CCS
 - b. a situation analysis to identify issues and challenges related to health systems
 - c. any review or update of CCS should incorporate the major changes in health systems.
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5. **Mainstream CCS into the WHO managerial process** with special emphasis on the programme budget, and on monitoring and evaluation starting with 2006/07 in order to ensure that health system priorities identified in the CCS are adequately reflected. Activities include:
 - a. ensuring that the issue is addressed in the renewal of the WHO Managerial Framework (at the forthcoming meeting in August 2004)
 - b. making the link between CCS and WHO managerial framework explicit in the CCS Guidance document (following the meeting of Planning Officers in Washington last June a working group was set up to work on this)
 - c. the endorsement by DPMs of the CCS linkage with the WHO managerial framework at their meeting of October 2004 in Copenhagen.

 6. **ADG/EIP and regional health systems advisers to be requested to create a widely accessible inventory of health systems tools in WHO.** Regional Health Systems Advisers could work with EIP and other HQ units to develop the following :
 - a. a common framework/ WHO position papers on issues related to health systems for use at country level. Agreement needs to be reached that all levels of WHO be involved in the preparation of EIP/HQ policy papers
 - b. an inventory and review based on exchange of information between regions, of existing WHO tools and a set of appropriate tools based on gaps identified
 - c. common position papers/tools that could be used in advocating for health systems development amongst development partners at country level - this could be done by the Cluster on Sustainable Development and Healthy Environments (SDE) and EIP clusters, together with the regions
 - d. mechanisms for dissemination across regions and countries, of agreed 'best practice' on approaches to developing health systems, for example, Observatories on health systems, health sector analysis tools and regional and global initiatives to extend social protection and insurance for health.

 7. **Immediate follow up**
 - a. to share the findings of the Cairo meeting with all health systems advisers
 - b. Director, Country Focus Department to meet with Assistant Director General (ADG)/EIP and his team to share views and suggestions for follow up.
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I. INTRODUCTION

A. Opening session

Dr Hussein A. Gezairy, Regional Director (RD) of WHO Regional Office for Eastern Mediterranean (EMRO) opened the meeting and highlighted the importance of all regions working together as one WHO. WHO is now using the same language and 'one WHO' has the same meaning for all. The Director-General has placed emphasis on the work of WHO at country level and he is supporting Regional Offices in this regard. Decentralization is taking place. RD has delegated all the authorities he has to WRs. However, HQ needs to decentralize resources to country offices more effectively since most of the regions have small country offices which need strengthening.

EMRO has a good relationship with all Member States based on mutual confidence and transparency and WHO is accepted as a real partner. EMRO conducts joint program review missions before every biennial program development. Through this mechanism, agreement is reached between WHO and a Member State, on priorities for technical cooperation and allocation of funds. EMRO is also working with other regions in the area of Information Technology and support to the managerial process. EMRO is proud of having very good relations with all regional offices.

There are no WHO priorities - there are only national priorities and these vary from one Member State to another. There are no WHO programmes - the programmes are national and some are supported more than others by WHO. For instance, the Expanded Programme on Immunization (EPI) is a priority for all countries but this does not mean that WHO needs to allocate more funds to EPI since most countries are already funding this priority. Cases do also exist, of priorities that are not supported by anybody but WHO.

The understanding of what constitutes country support can vary. Some tend to think that it means that they can go and work directly with the country office. While newcomers to WHO may think that Country Focus is a new initiative, it is not a new concept. Country focus has been part of WHO agenda for the last 10-15 years and while it has been given different names the meaning has been the same. Dr LEE Jong-Wook has clearly translated country focus into redistribution of resources towards regions and countries. Implementing country focus is not an easy task. Functions need to be better defined between the different levels of the Secretariat. While HQ could focus more on normative work, direct technical cooperation with countries could be undertaken much better by regional and country offices.

With regard to health systems development, Dr Hussein A. Gezairy invited the participants to focus on community leadership as part of the Primary Health Care principles. Even before the Alma Ata Conference, EMRO had developed the basic development minimum needs approach (BDN) as a way of working directly with communities. EMRO would like to see Health for All as WHO's guiding principle. In the EMRO region, priority is now given to health systems development, including human resource development. However, while there is a need to strengthen national capacity with regard to health systems, other programs should not be neglected.

The CCS process is a good way of involving the Ministry of Health but also other partners together with the WR, Regional Office and HQ, especially now that the number of actors in health has increased at national level. EMRO has a good experience with Global Alliance for Vaccines and Immunizations and has received a lot of support from Roll Back Malaria.

Dr Hussein A. Gezairy highlighted the importance of the meeting to further strengthen relationships between country office, RO and HQ, and also with Member States.

Director Country Focus Department thanked the Regional Director for his valuable guidance and an untiring support in both technical and logistical aspect of the meeting. In the first meeting of the Country Support Unit Network in Copenhagen, EMRO had kindly offered to host the second meeting and the main theme selected for the meeting was 'Country Focus and the development of national health systems'. Particular thanks went to DRD, ARD and their teams. RD had pointed out that the Country Focus is not a new concept. In fact, it is an essential part of the WHO Constitution. The Country Focus was presented in 2002 to the Executive Board as an Initiative but since July 2003, when the Director-General clearly put countries at the heart of WHO's work, it has become an Organizational policy. Direct country office backstopping is the responsibility of the Regional Office and HQ should backstop regional offices in supporting country offices and Member States.

Dr Mohamed A. Jama, Deputy Regional Director chaired the first session of the meeting. In his opening remarks, he stimulated the discussion around the main theme and presented the agenda.



The Cairo meeting team

B. Main Objectives of the meeting

1. To agree a common set of principles and approaches across WHO for strengthening WHO's support to national health systems development through the implementation of Country Cooperation Strategies
 2. To further strengthen the Country Support Unit Network
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Specific objectives

- 1.1 To reach a common understanding on the progress across regions in enhancing health systems development through the strengthening of country offices in line with CCS and other WHO Country Focus policies and strategies
- 1.2 To promote learning across regions on approaches to:
 - a. the analysis of health systems needs during formulation of the CCS
 - b. the integration of WHO programs at country level to build health systems
 - c. technical backstopping to country offices from within and outside WHO
 - d. managing knowledge on country health systems
- 1.3 To share information on the functions and structure of the EMRO Country Support Unit

C. Expected outcomes

- Agreement among participants reached on common principles across regions, key lessons learnt, and actions and timetable for taking forward recommendations for WHO at country, regional and HQ levels.
- A report summarizing this agreement.

D. Methodology

The proposed agenda was organised around three themes:

- Setting the scene
- Different WHO country approaches to the building of health systems
- Common principles and implications for countries, regions and HQ

E. Agenda

The agenda of the meeting is attached.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_29915

