The Country Support Unit Network

Revisiting the Country Cooperation Strategy

The Copenhagen Report

3-5 March, 2004

WORLD HEALTH ORGANIZATION

EURO Division of Country Support
Department of Country Focus
Sustainable Development and Healthy Environments

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INTRODUCTION

The meeting was the first thematic meeting of the WHO country support units (CSU) network. Its objectives were:

1. To reach a consensus across countries, regions and HQ on the core features of the WHO Country Cooperation Strategy (CCS): process and product

- Agreeing on key elements of the CCS;
- Strengthening the articulation between the CCS, the planning process and the allocation of resources and, more broadly, the articulation between country support and planning units;
- Identifying mechanisms for linking the CCS and operations at country level, looking at implementation and follow up.

2. To strengthen the CSU network

- Understanding the structure and functioning of one of the CSUs, the Division of Country Support in the WHO office for the European region (EURO);
- Continuing to enhance the dialogue between regions and HQ, around key aspects of WHO's presence in countries.

The report aims at giving an overview of the key outcomes of the meeting, and proposals for next steps.

The meeting was set up by the Division of Country Support (DCS) in EURO with support from the Department of Country Focus in HQ. The agenda and list of participants are respectively in annexes 1 and 2. In view of the importance of the managerial process for WHO country focus, and the CCS in particular, staff from planning units of regional offices and headquarters had been invited.

Dr Marc Danzon, Regional Director of EURO, introduced the meeting. He stressed the importance of the meeting, in line with WHO country focus policy. "The issue is not either country specific work or inter-country work, but looking for a balance in supporting member states to fulfil their mission. This is now the direction for all UN agencies. Regions can learn a lot from one another, and interregional exchanges are a very positive development in WHO". The Regional Director, making reference to the Director General's policy on country focus, outlined the particular challenge of getting to an adequate WHO presence in countries, in technical and administrative terms, where staff represent all levels of WHO.

Dr Kerstin Leitner, ADG/SDE, joined the meeting through videoconference. She underlined the nature of the country focus policy. "The different levels of WHO add value to each other's work. Country focus is not about a new structure, but about strengthening the whole Organization. We still have a number of "loose ends" in the CCS: format, endorsement etc… but the product needs to remain simple. The CCS should be a mid-term strategy, an agreement between WHO and a Government, based as much as possible on the UN CCA/UNDAF. Management and resource allocation in WHO should be an internal process, based on the CCS".

Part I of the report presents the management of country work in EURO. Part II constitutes the core of the report, summarizing the work done by the participants on the main elements of the CCS in order to produce a common, corporate framework. Part III looks at the particular issue of articulation between country support and planning units in WHO. Proposed next steps, and possible themes for future meetings, are also presented. Part IV is a proposed CCS framework resulting from the Copenhagen meeting.

PART I

Managing country work in EURO: main features

EURO country work was presented around three main items: organisational structure, management process and country presence[1].

1. The Division of Country Support is promoting the integration of EURO support to countries, based on a "bottom up" assessment of needs.

The Division is organised around:

- The Country Policies and Systems unit (CPS), with country strategic desk officers who are also regional advisers on health policies and systems.
- A Help Desk (HD), which makes the link between country teams and country strategic desk officers - and more broadly, the whole EURO office.
- Operations in Countries (OIC): liaison officers and country teams.

2. Country work management for countries of Eastern Europe is structured around three main instruments:

- The Report on Country Strategic Health Needs and Priorities for WHO Cooperation, prepared in Copenhagen by the country strategic desk officers and based on an in depth analysis of country information. It is a EURO perspective on the cooperation with a particular country for the medium term.
- The Biennial Collaborative Agreement (BCA): an iterative process for agreeing with the Government on priorities and support for the biennium. It may sometimes involve intense negotiations necessitating a high-level policy dialogue, as shown by the example of Turkey.
- Operational planning that focuses on the deliverables, activities, tasks and resources of the whole of EURO, for the particular country.

The Future Fora is a new framework for EURO cooperation with Western European member states. It includes a policy forum for senior managers of ministries of health and support to "one off", specific operations, in response to particular demands.

3. Country presence: towards unified WHO country offices.

EURO is strengthening WHO country offices in the region through improved selection and training of liaison officers, better staffing, and moving towards integrating different types of offices under a single one, with an international head of office when resources permit.

1. Annex 3: Four presentations on managing country work in EURO.

PART II

Basis for elaborating a new CCS corporate framework

1. The WHO Country Cooperation Strategy: overview and update

HQ gave a global overview, with an historical perspective[2].

Each regional office then presented key features, lessons learnt and issues related to their approach to the CCS.

Main points of regional presentations and following discussion are presented below[3]:

WHO Regional Office for Africa (AFRO):

- Leadership and commitment at the highest level
- All countries soon covered
- Regional guidance developed based on initial global guidance
- CCSs reviewed by MDC (Management Development Committee) and endorsed by the Regional Director
- Involvement of RO staff is still an issue, but progress is being made
- CCS teams include MoH staff, staff from the country office, the regional office and headquarters, under WR leadership
- Roles of each WHO level need to be reviewed, and the link of the CCS with the managerial process clarified/strengthened.

WHO Regional Office for the Americas (AMRO):

- Leadership role of the country office, with participation from the two other levels
- Flexibility is key
- Capitalisation on the national health development process
- Process includes country "counterparts"
- CCS endorsement is done at country level with nationals. Then a "validation" session is held in the regional office
- Biennial programme budget reviewed according to the CCS at country level, but this is not yet happening at regional level
- Articulation of the three levels of WHO still a challenge
- 15 countries to go through the process in 2004-2005.

2. Annex 4: HQ overview and CCS state of play.

3. Annex 5: Six regional presentations (including two pages sent by SEARO after the meeting).

WHO Regional Office for the Eastern Mediterranean (EMRO):

- One mission only
- Involvement of the three levels of WHO in the CCS formulation process
- Intensification of the process planned for 2004-2005 (11 countries)
- Consultants will be used for preparing the missions and writing the two first chapters
- Flexibility is key for adapting to country context
- Ownership of the Regional Office to be strengthened.

WHO Regional Office for Europe (EURO):

- The region produces a Country Strategic Health Needs Report and Priorities for WHO Cooperation
- The country strategic health needs report and priorities for WHO cooperation presents EURO's analysis
- It includes facts and figures, strategic challenges and issues, WHO priorities and collaboration, and feeds immediately into biennial planning
- It is mostly developed in Copenhagen, through in depth analysis of country documents and interaction with key informants
- All countries of Eastern Europe have been "covered" in a few months (end of 2003) in a very intensive process.

WHO Regional Office for South-East Asia (SEARO):

- All countries covered by CCS at least once
- Requests for updating: how and when the CCS is reviewed has to be clarified
- Using the CCS for planning still a challenge
- Regional office performing an analysis of the 11 CCSs to look at implications for strengthening WHO country presence.

WHO Regional Office for the Western Pacific (WPRO):

- Flexible and selective approach, in line with the diversity of countries in the region
- CCS for Western Pacific planned in 2004 as a multi-country approach. Co-operation with AMRO is very much looked for (in view of their experience with the Caribbean Country Programme)
- CCS regional focal points for each country going through the process
- Monitoring, and articulation with the programme budget preparation, still a challenge.

Other key point of discussion:

Priority setting in the CCS is both a critical requirement and a challenge. It has been agreed that the CCS reflects WHO's priorities for technical cooperation. The priority setting exercise should involve some structured methodologies. However, it is also very much about policy analysis and negotiation.

2. The WHO Country Cooperation Strategy: key principles

The participants have discussed the principles guiding the CCS, based on a list proposed by the Department of Country Focus. They have agreed on the following:

- The CCS reflects ***a medium term vision of WHO for its technical cooperation with a given country, and defines a strategic framework for working with the country.***
- The CCS expresses ***a WHO cooperation strategy at country level for the medium term*** (4-6 years). It represents a sound balance between country priorities, as analysed by the Secretariat, and regional as well as global orientations and priorities. It constitutes a framework for WHO cooperation in and with the country concerned, highlighting both what WHO will do and how it will do it.
- The CCS clarifies WHO's role in supporting the national health plan and other national health and development frameworks like PRSP, SWAp, and others. It draws from, and contributes to, aid coordination and partnership platforms.
- The CCS is used as a common reference for country work, guiding planning, budgeting, and resource allocation, throughout the Organization. It is ***the basis for developing "one WHO country strategy, plan and budget"*** and is used for mobilising human and financial resources for strengthening WHO at country level, in order to contribute to national health development. In a two way process, it feeds into, and takes into consideration, both the WHO Programme Budget and the General Programme of Work.
- The CCS is ***a learning process***, introducing new ways of working in WHO. It is based on an in depth and intensive dialogue at country level, with government and civil society as well as external partners, aiming at identifying WHO's comparative advantages. It involves a consultation across technical units, at the three levels of WHO, and produces a "live" document, to be adjusted according to the country needs.

3. The WHO Country Cooperation Strategy: core features

The participants discussed in plenary some of the basic characteristics of the CCS, based on a presentation done by the Department of Country Focus[4]. Three working groups then further developed the proposals. Their reports are in annex 7. The work mostly focused on the CCS formulation process, acknowledged as being critical, although it was stressed that the quality of the CCS document is extremely important as well.

3.1 The CCS formulation process (revisiting existing framework in light of experience):

Points agreed

The CCS is a strategy, a process, not a plan. It reflects the WHO strategic vision for the medium term and defines WHO strategy in a particular country. The CCS formulation process can be structured around ***four key generic phases: preparation, consultation, development, review and endorsement.*** One of those phases puts a particular emphasis on consultation and strategic dialogue, but consulting stakeholders at country level and inside the Organization, is actually a feature of all the four phases. Most of the responsibility for the process lies with the country office. The WR leads, with inputs from the regional office and HQ.

4. Annex 6: CCS core features.

More specific points include the following:

- Timing and justification for formulating a CCS depend on the country context
- Health systems provide a framework for looking at some of the critical challenges at country level
- The CCS is a WHO process that relates to other processes in the country: national (PRSP, SWAp, others) and agency led (CCA/UNDAF, other agencies' frameworks)
- The CCS formulation process would include at least one mission that visits the country. This process should comprise the three levels of the Organization, with the involvement of colleagues from other regions, when relevant
- The situation analysis should look at challenges for the future, not only the past
- Looking at the articulation with the WHO planning process is part of the CCS formulation. Specific planning elements should be built in the formulation process

It was strongly suggested during the meeting that a note describing the process be included in the CCS document.

Pending issues:

- Approximate time frame for the entire process
- Length of the document
- Modalities of consultation/involvement in WHO
- Revisiting, evaluating and reformulating the CCS
- Analysis of the CCS documents
- Publication, communication and mainstreaming in WHO.

3.2 The particular aspect of the analysis of the implications for WHO (proposed framework)

Points agreed

A key step of the CCS process is to look at implications of the proposed WHO strategic agenda, for the different levels of the Organization. Those implications are technical, managerial and financial. When changes required are significant, it has been recommended to