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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 presence¹.

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

I. The WHO Country Cooperation Strategy: overview and update

HQ gave a global overview, with an historical perspective².

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 below³:

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 Focus⁴. 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 plan a "transition" phase, during which ways of working can be adapted.

Four main aspects of implementation have to be looked at during the CCS process:

- Reprogramming activities (revisiting existing plans)
- Implications for the country office
- Support from regional office and HQ
- Needs for resource mobilisation.

Implications should be a full-fledged part of the CCS document. Participants have discussed the relationship between the CCS and strategic planning (a two way process), workplans and resource mobilisation. The CCS should be the basis for, and main input into, a single country plan for all levels of WHO. Ensuring staffing patterns and short-term technical assistance are based on the CCS is one of the most important implications. The need to ensure a

managerial decision at the highest level, to reposition WHO on country priorities, was discussed.

Pending issues:

- Defining clearly the contribution of each level of WHO for supporting the implementation of the CCS
- Looking in sufficient detail and depth at shifts in WHO functions, to better shape country presence
- Possibility of defining intermediate objectives for each component of the strategic agenda
- Articulating the CCS with the planning process and resource mobilisation.

3.3 Quality assurance, review process, and endorsement**Points agreed**

Participants have stressed the need to ensure quality at all stages of the CCS formulation process, evolving from “quality control” to “quality assurance”. Quality assurance is both about the process itself and the document. It requires agreed upon standards and consultation/review mechanisms. The quality assurance process, including final peer review, should be led by the regional offices, with HQ input as needed. The CCS should be endorsed by the Regional Director. The endorsement from the whole Organization will be translated into planning and resource allocation.

Pending issues:

- Producing standards to ensure corporate quality assurance
- Ensuring that, beyond formal endorsement, the CCS becomes the basis for WHO's work.

4. Sharing the CCS

A rich discussion took place on ways and means for ensuring the CCS is mainstreamed across WHO.

Follow up activities related to regional offices:

Regions should choose their tools and document their work in the following areas:

- Fora or methods to disseminate the CCS, including Web sites and platforms of exchange such as "country days"
- Management of instruments such as matrix of countries and priority areas, with related WHO functions. Such a matrix could then be used for the following:
 - Estimating funding amounts (RB and EB) by country and area of work, as well as staffing patterns
 - Guiding regional planning
 - Managing regional office operational activities (e.g. travel to countries).

Follow up activities related to headquarters:

- Strategies/mechanisms for disseminating CCS issues and reports to units and staff in HQ
- Steps taken by managers to ensure the CCS is used (while keeping attention on "emerging areas" of concern not necessarily included in the CCSs, such as health ethics and human rights)
- Budget mechanisms to ensure consistency between the CCS and funding allocations
- Mechanisms to use the CCS to ensure "demand driven" technical support and resource mobilisation, and reduce HQ activities in countries in low-priority areas
- Identifying the necessary steps to link the CCS with the managerial process including the GPW and the PB.

PART III

Articulating country support and planning units in relation to the CCS

Organisational settings for country support and planning - including size of units - differ from one region to another: from one single staff covering the whole agenda, to full fledged separate units.

Participants acknowledged that resource deployment is still significantly de-linked from the WHO country strategic agendas; the issue is particularly critical for HQ resources. Beyond collaborations between units, the challenge is thus to articulate the different processes.

No agreement could be reached on the question of whether CCSs should include broad medium term objectives, that would facilitate the linkage with the Programme Budget and provide an important basis for evaluation. A consensus however prevails, that articulation does not mean integration, and that the CCS, beyond providing a basis for planning and resource allocation, should feed into a reflection on the WHO managerial process itself. The Country Focus policy aims at making WHO cycles and processes more responsive to cycles and processes at country level.

The articulation between the CCS and the planning framework will be further discussed at the next meeting of planning officers (Washington, 7-11 June 2004). CSUs and some WRs/LOs will be invited to participate.

Follow up and next steps

- By end of March, the Department of Country Focus to produce, in consultation with the rapporteurs, the first draft of the report of the meeting.
- Once adopted, the report will provide the basis for developing a new CCS corporate framework, including an annotated outline of the CCS document (Department of Country Focus to propose first draft).
- By mid May, participants to review the draft CCS corporate framework and CCO to finalise. The framework will be then incorporated as the chapter IV of the meeting report.
- May/June: CCS corporate framework to be proposed to DPMs for endorsement.

Proposed topics for next CSU network meetings

The CCS will be a standing agenda item in the meetings of the CSU network.

WHO country work in support to national health systems was suggested as theme for the next meeting.

Topics for other meetings include:

- CCS analysis
- Articulation with other units beyond planning (on administrative and managerial issues) and looking at alignment of work processes
- CSUs and technical units: operational mechanisms for country support
- How the different CSUs support the country offices
- Sharing lessons learnt between countries
- Human resource development for improved WHO cooperation at country level
- WHO country presence
- Country "demand" versus country "needs": clarifying the issues
- Case studies on groups of countries in similar situations across regions
- Countries in crisis.

EMRO has kindly proposed to host the next meeting of the CSU network in Cairo.

PART IV

WHO Country Cooperation Strategies (CCS): A draft corporate framework

Introductory remarks

The formulation of WHO Country Cooperation Strategies started in 1999. The approach to the CCS was learning by doing. It was presented in two reports on improving WHO's work at country level to the WHO Executive Board: in January 2000⁵ and 2003⁶.

A majority of countries with a WHO presence now have a CCS document. Much experience has been accumulated, on which it is worth building to move forward and improve the quality of the CCS formulation processes, of the documents produced and, last but not least, of the follow up in WHO.

The Organization is thus starting a second phase in the formulation of its country cooperation strategies, for which regional offices are now taking full responsibility. They have agreed on the core elements of the CCS – both process and product. A key step in building that consensus across WHO has been a meeting held in Copenhagen in March 2004. The proposed guidance stems from that meeting.

The guidance recalls the main principles underlying the CCS and presents very briefly the main phases of the CCS formulation process. It then proposes a detailed outline of a CCS document incorporating suggestions on how to develop each of the main sections.

The WHO Country Cooperation strategy is based on the following principles:

The CCS reflects a medium term (4-6 years)⁷ vision of WHO for its cooperation with a given country and defines a strategic framework for working with the country.

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 roles and functions 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 General Programme of Work.

5. "Working in and with countries", report by the Director General (EB105/7)

6. "Improving WHO performance at country level: the Country Focus Initiative", report by the Director General (EB111/33)

7. The time frame will be shorter for countries in crisis

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 country situations and needs.

Core features of the CCS formulation process:

The WR leads the whole process, with inputs from the Regional office and HQ, and possibly other regions and country offices. An important challenge for WHO is to actually develop a cooperation strategy which goes beyond a mere situation analysis, and at the same time does not fall into a "planning mode".

The CCS formulation process has four main generic phases: preparation, consultation, development, and review and endorsement. One of those phases puts a particular emphasis on consultation and strategic dialogue, but consulting others at country level and inside WHO secretariat is actually a feature of all four phases.

The average length of a CCS formulation process would be around 3 months: long enough to allow in depth reflection and strategic thinking, short enough to keep the momentum in the team and at country level.

The four main phases are presented briefly below:

Preparation: the preparatory phase involves putting the CCS team together and building a consensus at country level on CCS concept and process. The main task is then for the team to perform an analysis of:

- the country situation in relation to health and development challenges – current and as anticipated
- levels and approaches of external cooperation when relevant
- current WHO's work in the country (all levels).

By the end of this phase, the team will have produced the sections of the document that cover the situation analysis (sections 1 to 4 according to the outline of a CCS document presented below).

Consultation: the core of the consultation process is one (or more) mission (s) of the whole CCS team at country level, engaging in a strategic dialogue with national stakeholders and partners. That dialogue is pursued by the WHO country office all along the CCS process. Consultation also occurs within WHO secretariat at all levels in order to assess past and current cooperation with the country, and to help shape a strategic agenda for the future, promoting synergies and effectiveness.

Development: this phase involves a review of the situation analysis. Based on that analysis, the main task is to propose, and develop consensus on, priority areas of cooperation for the future, clarifying the role and the key functions of WHO in each of those areas. Further, the CCS team has to outline the implications of that agenda for WHO resources and ways of working, looking at the articulation with the planning process.

By the end of this phase, the team will have produced the draft sections of the document on the strategic agenda and its implications for the Organization (sections 6 and 7 according to the outline of a CCS document presented below).

Review and endorsement: this phase is mostly handled by the regional office, once the CCS team has completed the process above and handed over the completed document. That document is reviewed by an appropriate body and endorsed by the Regional Director. This translates then into a commitment from the entire Organization to support the implementation of the CCS through WHO managerial process.

The WHO Country Cooperation Strategy is not an end in itself. It is about WHO capacity to contribute to national health development. This requires a clear articulation of the CCS with WHO planning and budgeting and with the management of operational activities, in order to ensure support is based on the strategic agenda (while keeping attention on “emerging areas” of concern not necessarily included in the CCS, such as gender, health ethics and human rights).

The WHO Country cooperation strategy: outline of document and related process

The numbering and ordering of the sections are for ease of reference. They are purely indicative and totally flexible. Some sections could also be regrouped. The framework needs to be adapted further to the context of countries in crisis.

Executive Summary

This is a sharp and crisp summary of the critical elements from sections 1 to 7 below. It should remain short and not be an excuse for extending the size of the CCS document itself (25 to 30 pages maximum), which also has to be focused and to the point, for use by key decision makers at country level and in WHO.

2 pages

Section 1

Introduction

This section sets out the principles underlying the CCS and the ultimate goal of improving WHO performance for health development at country level. One may refer to the articulation with key national and international frameworks. The section states briefly the justification for formulating a CCS at this time, as well as the objectives of the CCS process in the country.

1 page

Section 2

Country Health and Development Challenge

- the macro picture: socio-political context, economic situation, public sector reforms, governance, equity, poverty reduction, ethics, voice of civil society

- assessment/indicators of vulnerability/risk of emergencies, where applicable
- health profile: main features related to the health status of the population
- health sector development: national policies, priorities and plan, finance, regulation, key national actors (government and non-governmental)
- key health and development challenges, as well as main assets and opportunities: present and anticipated

This section should convey a clear and concise picture of the current situation and trends with regard to health and development. It should be brief, using maps and boxes. Data should be accurate, up-to-date, and extracted from official documents. Inconsistencies with other sources, if any, should be stated. Sources of information have to be mentioned. The section should be analytical, with challenges clearly stated. Although a basic description of the health system and key health indicators will be included, we need to remember that the CCS is not a country profile: the most important part of this section is the analysis of key policy and institutional issues which should also convey a sense of possible gaps between stated policy, and current practice / performance, and also the analysis of strengths, and the potential for others to learn from them.

5 – 6 pages

Section 3

Development Assistance and Partnerships: Aid Flows, Instruments and Coordination

- overall trends in development aid (funding as % of total government spending; main modalities of aid: grants, loans, projects, technical assistance, budget support); main collaborations and strategic alliances between the country and external partners
- major external agencies active in the health sector; their key programmes / comparative advantages and the interactions between them
- mechanisms for coordination, aid instruments, collaborative frameworks: at macro-level (CDF, PRSP, CCA/UNDAF, CAP), at sector-level (e.g. sector-wide approach), and/or for specific health issues (GFATM/CCM, 3x5, targeted diseases etc...)
- aid absorption capacity of the country
- key challenges related to development aid and partnerships

In addition to providing information on aid flows for overall development and for health, and on the roles and “weight” of key agencies in the health sector, this section should present a good analysis of external agencies’ current approaches to providing aid – funds and technical assistance – and to working in partnership with each other and with government. There is no need for presenting detailed information on activities of agencies in the health sector although, if judged necessary, a summary table of this information could be put in annex. For countries in crisis, a summary of the Country Appeal Process - if any - should be included in the annexes as well. For countries without external development aid, the section will look at collaborations and alliances with external partners.

2 – 3 pages

Section 4**WHO current cooperation**

- brief historical perspective
- key areas, modalities of work and roles of WHO: analysis of workplan and of WHO's current roles and functions not appearing in the workplan
- financial resources, from the Regular Budget and Other Sources, including an analysis of types of expenditure
- human resources, including the distribution between general service staff and professionals, international staff and national programme officers, short and fixed-term staff; current organigram if any
- WHO partnerships with other agencies and comparative advantages
- support from RO and/or HQ, and country team's participation in RO and HQ activities
- sub-regional/inter-country activities
- resource mobilisation
- strengths and weaknesses of WHO cooperation, as well as key opportunities and challenges

This section presents the main areas and modalities of work of WHO – all levels, not only country office operations. It describes WHO presence in the country - including intercountry teams where relevant - as well as current collaborative efforts with other development partners. It is sufficiently analytical to allow an understanding of the shifts that might be proposed later in the document and their implications for WHO's future work at all levels of the Organization.

3 - 4 pages

Section 5**WHO Corporate Policy Framework: Global and Regional Directions**

This section puts forward the mission, strategic directions and priorities of the Organization – global and regional - and its intention to promote a country focus in its work, developing new ways of working. Standard section at RO level.

2 pages

Section 6**Strategic Agenda / WHO priorities for Country X: The Next Four (to Six) Years**

- brief introductory comments indicating overall goal of, and proposed shifts in, WHO's work with the country, based on situation analysis and challenges identified

- structure of the strategic agenda: main components
- description of component 1 of the strategic agenda (or strategic direction 1), outlining specific roles and functions of WHO
- description of component 2 of the strategic agenda (or strategic direction 2), ...
- etc...

The formulation of the strategic agenda is the core element of the CCS process. It entails making strategic choices as to which aspects of the country's total work on health and health development WHO is best placed to support. It is helpful to define the agenda in terms of a limited number of components and sub-components. The headings and the composition of the components should reflect country-specific orientations. They should be grouped in ways that are likely to achieve greater synergy between programmes. The relationship with the findings in sections 1, 2 and 3 should be clear.

This section presents not only the content of WHO's work but also the functions WHO will perform. Several typologies of WHO functions have been developed until now and the Organization might move towards an agreed set of functions with the 11th GPW. In the meantime, regional offices might want to give guidance to the CCS teams on that aspect. It is important to ensure the CCS team uses description and wording it feels comfortable with. The intention is to consider carefully – and not in a mechanistic way – where we focus our inputs, what will be our key modalities of work and how to get the balance right between direct support to routine implementation on the one end of the spectrum, and high level advice and influence on the other.

Priority setting in the CCS is both a critical requirement and a real challenge for an Organization with such a broad mandate in health. It is about focusing WHO's staff time and funding on its core functions and a few areas of work, in support to the national agenda. It does not necessarily mean "abandoning" other areas, but remaining light on those in terms of quantitative input (which can be very strategic, still). The priority setting exercise should use some structured methodology. However it is also very much about policy analysis and negotiation.

Also included in this section should be the rationale and justification as to why the content areas and functions have been chosen so as to allow an independent assessment.

The selection of the items on the strategic agenda will be informed by

- country needs and challenges, assets and strengths
- WHO's corporate objectives and directions
- the activities of other agencies
- the perspectives of different stakeholders on the role of WHO
- actual and potential comparative advantage of WHO
- actual and potential capacity of the Organization, to implement and support the strategic agenda, and opportunity for new and strengthened partnerships.

6 – 8 pages

Section 7

Supporting and implementing the CCS: implications for WHO

- developing the capacity of the WHO country office to implement the agenda: assessment of gaps, review of organisational structure and functions (including the possible decentralization of technical cooperation in some contexts), looking at improving skills of the country team and working conditions – equipment, communications, meeting rooms etc.
- revisiting existing plans: reprogramming of activities and existing resources at the country level
- implications for RO and HQ and support expected i) to respond to the new priorities and ensure the country office has both the managerial capacity and the technical support required, ii) to address longer term shortfall in human and financial resources through appropriate strategies and advocacy.
- *possibly: CCS indicative results and resource framework / outline of a WHO country strategic plan, based on the strategic agenda and covering the duration of the CCS (to be discussed).*

This section should summarize the implications of the proposed strategic agenda for each level of the Organization. Preparation of this section requires careful consideration of the profile of long-term and short-term country-level staff; the allocation of financial resources from country, inter-country, regional and HQ budgets; the availability of relevant user-friendly information and technical expertise (of the right kind at the right time) and the type of support expected from ROs and HQ. It requires a critical rethink of the way we work, including our current approach to 'project implementation' by Regional and HQ program managers. When changes required are significant, a transition phase should be envisaged, during which ways of working can be adapted. For countries in crisis, the timeframe for implementing the CCS should be flexible enough to adapt to rapidly evolving situations, and include both short term and mid term implications.

2 – 3 pages

Conclusion

- highlighting WHO's commitment to the strategic agenda
- mentioning how the CCS articulates with WHO planning and resource allocation, how it will be evaluated and reformulated

Annexes

- Bibliography
- Note presenting the CCS formulation process, including persons and institutions consulted

ANNEXES

Annex 1: Agenda

Annex 2: List of participants

Annexes 3 to 7 are available upon request to the Department of Country Focus (WHO/HQ)

Annex 3: Four presentations on managing country work in EURO

- EURO country work and country presence
- EURO country strategy
- The strategic approach in practice: the BCA in Turkey
- Country office work in EURO

Annex 4: HQ overview and CCS state of play, CCO

Annex 5: Regional presentations

- AFRO: Overview of CCS in the African region; Linking the CCS to PB/the Ghana experience
- AMRO: CCS overview, AMRO experience
- EURO: page 1 to 6 of presentation on EURO country strategy
- EMRO: CCS in EMRO
- SEARO: SEARO CCS and Country Focus work
- WPRO: Overview of the CCS development in WPRO

Annex 6: CCS core features, CCO

Annex 7: Report back from working groups

- WG 1: the CCS formulation process
- WG 2: Implications for WHO/implementation framework
- WG 3: Quality control and endorsement

AGENDA

Background

The country support units network was initiated in November 2003, during the third global meeting of WRs and LOs in Geneva. It is formed by the Country Support Unit of AMRO, the Country Analysis and Support Unit of AFRO, the ARD/WR Liaison officer of EMRO, the Division of Country Support of EURO, the Officer in charge of Liaison with Country Offices of SEARO, the Programme Development & Operations Officer of WPRO and the Department of Country Focus (SDE/CCO).

The meeting is part of the country support units network's agenda; it corresponds to the first product outlined in the implementation framework of WHO decentralization strategy, under objective 1⁸. The facilitating units in HQ for that first product, "Organizational agreement for CCS development and its use for "one WHO" country plan and budget", are SDE/CCO and GMG/PRP.

Main objective

1. To reach a consensus across countries, regions and HQ on the core features of the Country Cooperation Strategy (CCS): process and product.
2. To strengthen the Country Support Unit's network

Specific Objectives

- 1.1 To agree on key elements of the CCS
- 1.2 To strengthen the articulation between the CCS, the planning process and the allocation of resources and, more broadly, the articulation between country support and planning units
- 1.3 To identify mechanisms for linking the CCS and operations at country level, looking at implementation and follow up
- 2.1 To understand the structure and functioning of the Division of Country Support in EURO
- 2.2 To continue to strengthen the CSU network and enhance the dialogue between regions and HQ, around key aspects of WHO's presence in countries.

Expected outcomes

- A simple, corporate, CCS template and process outline, including roles and responsibilities for each level and collaboration mechanisms
- A clear proposal of steps for further developing, endorsing and implementing the above template
- A practical proposal for articulating the work of country support and planning units.

8. Decentralizing WHO's work for results in countries, Annex 1, 16 February 2004

Methodology

The proposed agenda is organised around one major thematic item: the CCS. The meeting will also provide an opportunity for EURO to present the Division of Country Support and EURO's process for managing country work.

The meeting will have plenary and working group sessions. The three working groups will include participants from all regions and HQ. Each group will have a facilitator and a rapporteur.

Background documents

Contributions to the meeting

- copies of the presentations of the six country support units
- AFRO: contribution to CSU network meeting, first ideas
- AFRO: elements of reflection on technical guidelines for the CCS process
- AFRO: CCS methodological framework
- CCO: checklist on CCS principles and core features

Resource documents

- draft CCS guidance, global: The CCS guide, the process at a glance, the annotated document outline
- short extracts of relevant reports of CCS meetings and analysis

AFRO

- Practical guide for elaborating the CCS in AFRO
- Procedure for internal peer review of CCS documents
- Guidelines for presentation at MDC reviews
- Procedure for MDC evaluation of the CCS documents for approval
- Revised Table of Content for CCS documents
- Generic list of bibliography

EURO

- Country Work Management System. Guidelines for Country Work
- Country Work Management System. Manual of Procedures for Country Work
- Country strategic health needs report and priorities for WHO collaboration, 2004-2010 for Albania, Moldova, Kyrgyzstan, Turkey, Slovenia
- BCA 2004-2005 for Albania, Moldova, Kyrgyzstan, Turkey, Slovenia
- Regional Committee 53: Progress report on implementation of the WHO Regional Office for Europe's Country Strategy since 2000

WPRO

- CCS procedures in WPRO

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