

Fourth Country Support Unit Network Meeting

The Montreux Report

20 to 21 October 2005



**World Health
Organization**

Department of Country Focus

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KEY RECOMMENDATIONS FOR ACTION

A number of issues related to the Country Support Unit (CSU) Network were discussed, debated and agreed during the meeting. Rich discussions led to the key recommendations and next steps for action summarized in the table below. The CSU Network, as a whole, is responsible for following up on the implementation of these key action points. Where relevant, specific units of the Network have been identified to take the lead.

Key recommendations and next steps	Deadline
<i>Section II: Review of key action points from the third meeting</i>	
<p>1. Map/identify countries receiving disproportionately low levels of financial assistance</p> <ul style="list-style-type: none"> • Jointly develop a standard template to map funding to countries • Begin exercise where there is greatest contrast between countries • Discuss progress at the next CSU Network meeting <p><i>Responsibility:</i> WHO Regional Office for Africa (AFRO) Technical Cooperation with Countries Unit</p>	30 June 2006
<p>2. Prepare a Governing Bodies paper articulating WHO country presence in terms of budget, implementation and evaluation processes</p> <ul style="list-style-type: none"> • Establish a small working group to prepare a new paper drawing on concepts proposed by the cross-WHO working group and incorporating comments from the Directors of Programme Management (DPMs). <p><i>Responsibility:</i> Small working group (to be established by the CSU Network)</p>	31 March 2006
<p>3. Develop an assessment framework to measure the performance of WHO country teams</p> <ul style="list-style-type: none"> • Provide consolidated feedback on the memorandum of 27 September from the Director, Internal Audit on performance assessment at country level • Establish, in light of dialogue with the Planning, Internal Audit and Business Change units, an inter-regional working group to develop a methodology for measuring performance <p><i>Responsibility:</i> CSU Network, in collaboration with Planning, Internal Audit and Business Change units</p>	30 June 2006
<i>Section III: Communication strategy for the Country Focus Policy and intelligence on countries</i>	
<p>4. Revise the Country Focus communication plan to convey a stronger and more proactive message</p> <ul style="list-style-type: none"> • Extend the Country Focus video to include the voices of senior executive management, national authorities, key partners and technical departments in WHO. • Give illustrative examples of operational changes and new ways of doing business (e.g. Country Cooperation Strategies (CCSs), joint-planning) resulting from country focus <p><i>Responsibility:</i> Pan American Health Organization (PAHO)/WHO Communications Unit and the Department of Country Focus</p>	31 March 2006
<p>5. Implement the CSU Network Portal</p> <ul style="list-style-type: none"> • Decide on the location of the platform and source of technical assistance • Further refine the cost scenarios for the portal within the next 3–4 weeks and select the option with the best technical and financial feasibility • Share proposal for decision within the CSU Network <p><i>Responsibility:</i> WHO Regional Office for the Eastern Mediterranean (EMRO) Program Planning, Monitoring and Evaluation Unit and the Department of Country Focus</p>	31 March 2006

Section IV: Specific agenda items	
<p>6. Advocate the development of a WHO health systems strategy aligned with country perspectives</p> <ul style="list-style-type: none"> • CSU focal points to the reference group tasked with developing a WHO health systems strategy to articulate country needs in regard to strengthening health systems • The CSU Network to facilitate the backstopping of health systems expertise from regional offices and headquarters to the country offices <p><i>Responsibility:</i> CSU Network</p>	Ongoing
<p>7. Strengthen the Country Cooperation Strategy process</p> <ul style="list-style-type: none"> • Assess the first generation of CCSs (regions to share methodologies) • Keep the CCS process flexible and synchronize with national strategies and cycles at country level • Retain the existing CCS guide and complement with: a review of Section 5, briefs on WHO policies and strategies, links with country presence and a communications component <p><i>Responsibility:</i> CSU Network</p>	Ongoing
<p>8. Publish the 2005 CSU Network Report</p> <ul style="list-style-type: none"> • Regions that have not yet submitted case-studies on partnerships and coordination should submit them as soon as possible • Regions are to provide their contributions to the report by 15 November • The Department of Country Focus is to compile and consolidate the report highlighting key information provided by regions <p><i>Responsibility:</i> The Department of Country Focus</p>	31 Dec. 2005
<p>9. Assess the baseline in the quality of technical support to WHO country offices</p> <ul style="list-style-type: none"> • The Department of Country Focus is to develop a simple assessment tool with measurable elements and a clearly defined objective • Regions are to provide feedback on the tool • The Department of Country Focus is to send the assessment tool through regional CSUs to WHO Representatives/Liaison Officers for completion <p><i>Responsibility:</i> The Department of Country Focus</p>	31 Dec. 2005

Section V: Thematic issue: harmonization and alignment at country level	
<p>10. Develop and facilitate the implementation of a strategy for building the capacity of country teams to respond to the harmonization and alignment agenda at country level</p> <ul style="list-style-type: none"> • Refine the draft strategy for building the capacity of country teams to respond to the harmonization and alignment agenda at country level • Advocate adequate resources for country offices to respond to the harmonization and alignment agenda • Facilitate technical back-up from regions and headquarters to enable country offices to build their capacity • Share good practices as well as information on constraints at the country, regional and global levels for constructive dialogue with partners • Facilitate building national capacity to lead the UN and development partners • Integrate harmonization and alignment issues into staff development and meetings of WHO Representatives and Liaison Officers • Ensure that the forthcoming regional consultation process includes all relevant groups <p><i>Responsibility:</i> AFRO Technical Cooperation with Countries Unit and the Department of Country Focus</p>	30 June 2006

I Introduction

The Country Support Unit (CSU) Network holds meetings twice a year. These meetings aim to strengthen WHO's support to Member States by enhancing the dialogue between regional offices and headquarters on WHO's presence in countries and on WHO's work at the country level.

Three meetings of the Network have been held to date; the first two focused on specific themes¹ and the third dealt primarily with internal matters of the Network.² This fourth meeting, in addition to core business issues of the Network, focused on a specific theme: *Harmonization and alignment at country level.*

CSU Network members from the regional offices, selected country offices, and headquarters participated in this meeting. The Director of the Department of Program Planning, Resource Coordination and Performance Monitoring (PRP) and the Coordinator of the unit dealing with Coordination with the United Nations and other Intergovernmental Agencies (UNI) also participated. The agenda and list of participants can be found in Annexes 1 and 2, respectively.

The Director of the Department of Country Focus opened the meeting by highlighting the principal function of the Network in strengthening country teams. She emphasized the diversity in the structures of the CSUs across regions, and consequently the need for dialogue to ensure the collective benefit of the Network at country level. She expressed her gratitude for the valuable participation of the regional CSUs and selected WHO Representatives in this meeting and to her team for their support in its preparation.

A. Main objective of the meeting

The main objective of the meeting was to propose ways to further strengthen the CSU Network to better support WHO country teams and to build their capacity in implementing the harmonization and alignment agenda at country level.

B. Specific objectives

1. CSU Network core business

- 1.1 To review and analyse the degree of implementation of the key action points identified at the 3rd CSU Network Meeting in Santo Domingo.
- 1.2 To provide an update on standing agenda items:
 - second generation of CCSs;
 - health systems; and
 - CSU Network information and communication.

¹ *The Copenhagen Report – Revisiting the Country Cooperation Strategy.* The First Country Support Unit Network Meeting, 3–5 March 2004.

The Cairo Report – Country Focus and Health Systems Development. The Second Country Support Unit Network Meeting, 3–5 August 2004.

² *The Santo Domingo Report.* The Third Meeting of the Country Support Unit Network, 31 May–2 June 2005.

- 1.3 To discuss proposals for the CSU Network Report 2005 and the WHO Representatives/Liaison Officers satisfaction survey on technical support from regional offices or headquarters.
2. ***Specific theme: harmonization and alignment at country level***
 - 2.1 To identify the challenges and implications for WHO in the changing environment at country level as regards international development assistance, the Paris Declaration and the UN reform.
 - 2.2 To share regional responses to the harmonization and alignment agenda at country level.
 - 2.3 To propose a CSU Network strategy for strengthening WHO capacity for harmonization and alignment at country level, building on good practices.

This report provides an overview of the progress made in implementing key action points identified during the third meeting of the Network. It identifies challenges for WHO in the changing environment at country level and proposes a strategy for building the capacity of country teams in implementing the harmonization and alignment agenda at this level.

II. Review of key action points from the third meeting

The key action points that had been identified during the third meeting of the CSU Network were reviewed to assess the extent of their implementation (see CD ROM Item 2: *Review of key action points from the third meeting*). Whereas progress on several of the action points is covered in later sections of this report, three specific points are considered here.

A. Identification of 'forgotten' countries

Concerns have been raised that financial support within and external to the Organization favours certain countries at the expense of other countries in need. An analysis of financial assistance to countries would reveal the varying levels of funding across countries and provide a 'snapshot', or general overview, of the pattern of support across countries. As a result, countries that are receiving disproportionately lower levels of donor support would be highlighted.

Key points highlighted during discussion

- All regional CSUs have expressed concern that financial support favours certain countries at the expense of others. The analysis of financial support should initially be carried out in the WHO African Region, where the apparent disparity between support to countries is the greatest.
- Findings from this analysis should be communicated throughout the Organization and to other partners. The CSU Network should ensure adequate and appropriate allocation of funding to countries. The Network may also act as an advocate in directing the resources being mobilized.
- Concerns were also raised over the disproportionate financial support being given to certain programmes within WHO. A large proportion of funds is often earmarked for the same programmes (e.g. communicable diseases) thereby overlooking other important programmes (e.g. health systems and Making Pregnancy Safer).

- Internal processes also need to be addressed. For example, unspecified funds at the headquarters level should, as far as possible, remain unspecified at the regional and country levels. Coordination is also needed for unspecified funds. Additionally, the method of allocating the Programme Budget to the various Areas of Work should be uniform and consistent. The Programme Budget should reflect the priorities identified from the CCSs.

Key recommendation and next steps

Map/identify countries receiving disproportionately lower levels of financial assistance.

- Jointly develop a standard template for tracking funding to countries.
- Begin the exercise where the contrast between countries is greatest.
- Discuss progress at the next meeting of the CSU Network.

B. WHO country presence

The draft paper, '*WHO country presence*,' prepared by the cross-WHO working group has been divided into two parts:

— *Current picture of WHO country presence*

This paper provides the first global picture of WHO country presence as of September 2005. It presents an analysis of all responses received from a global survey on WHO country presence and information on WHO Country Offices, WHO Representatives, Liaison Officers and Heads of Office.

— *A proposal on criteria and approaches for defining WHO country presence*

This paper proposes a set of criteria and an approach for defining WHO country presence. It outlines the implications of ensuring an adequate and appropriate country presence.

These papers were presented to the Directors of Programme Management (DPMs) during their meeting in Lima from 12–14 October 2005.

Key points highlighted during discussion:

- The first paper was well-received by the DPMs who considered it to be extremely useful for providing the first global picture of WHO country presence. They recommended that the information be regularly updated and shared across the Organization.
- Regarding the second policy paper, decisions on next steps need to be made to take the proposal forward rather than "fine tuning" the present paper. The DPMs recommended that the proposal be articulated in a prescriptive and forward-looking paper addressed to governing bodies to enable it to have an impact on budgeting processes.

Key recommendation and next steps

Prepare a Governing Bodies paper articulating WHO country presence in terms of budget, implementation and evaluation processes.

- Establish a small working group to prepare a new paper drawing on concepts proposed by the cross-WHO working group and incorporating the comments of DPMs regarding the following:
 - translating core WHO functions to those at country level to make them consistent with the General Programme of Work and the Medium-term Strategic Framework;
 - highlighting the re-profiling of country teams to illustrate the link between competencies and presence; and
 - adopting a prescriptive and forward-looking approach, that will have an impact on budgeting processes.

C. WHO's performance at country level

During the last CSU Network meeting it was decided to establish an inter-regional working group composed of regional and headquarters' country support and planning units and Internal Audit. The need to re-start the consultation process was emphasized as was the need to include the new Business Change Unit at headquarters, which is charged with developing a business model and accountability framework.

Key points highlighted during discussion

- Information was provided in a memorandum sent by the Director of Internal Audit to all Assistant Director-Generals (ADGs) and DPMs regarding performance assessment at country level and requesting regional CSUs to review the memorandum and provide their comments.
- Although tools already exist to measure performance³ (e.g. mid-term and end-of-biennium reviews) there is a need to build on these tools to ensure regular assessment of the performance of WHO's work at country level.
- As this work involves several units (i.e. Planning, Internal Audit and Business Change), a participatory approach to take this work forward needs to be fostered. The work should be led by the WHO country teams in collaboration with relevant departments and units and facilitated by the Network.

Key recommendation and next steps

Develop an assessment framework to measure the performance of WHO's country work.

- Provide consolidated feedback on the memorandum of 27 September from the Director of Internal Audit to all ADGS and DPMs regarding performance assessment at country level.

³ External assessments should also be considered, e.g. the 2004 Department for International Development (DFID) study on global health partnerships (See CD ROM Item 3: *DFID Health Resource Centre – Assessing the impact of global health partnerships*).

- Re-initiate dialogue with the units of Planning, Internal Audit and Business Change emphasizing the need to work together and to clarify roles and responsibilities.
- Establish an inter-regional working group to develop a methodology for measuring the performance of country work, as agreed during the third meeting of the Network in Santo Domingo.

III. Communication strategy for the Country Focus Policy and intelligence on countries

A. Communication strategy for Country Focus

This session was opened with a screening of a Country Focus video which includes excerpts of interviews with Network members and scenes of WHO's country work. This video was developed during the third meeting of the Network with technical support from PAHO/WHO.

This was followed by a presentation of the draft Country Focus communication plan (See CD ROM Item 4: PowerPoint presentation on the "*Country focus communications plan*"). This plan was developed during the visit of the Head of PAHO/WHO Communications Unit to headquarters during which input was gathered from regions and selected WHO Representatives and Liaison Officers by teleconferences as well as from headquarters.

Key points highlighted during discussion

- It is important to convey what each level of the Organization has to offer and to illustrate what operational changes have taken place since the Country Focus Policy was put in place (e.g. CCSs, "One WHO country plan and budget" and reprofiling of WHO country offices).
- Internal consensus needs to be reached on the idea that there is a better and more efficient way of doing business. Country Focus serves a change process within WHO, beginning with a change in mindset.
- Mechanisms need to be developed for effectively sharing good regional experiences for strengthening Country Focus.
- *A separate WHO web site dedicated to Country Focus was deemed unnecessary.* The objective should be that the Country Focus perspective permeates across the levels of WHO and across all WHO programmes and policies.

Key recommendation and next steps

Revise the Country Focus communication plan to convey a stronger and more proactive message by:

- extending the Country Focus video to include voices from senior executive management, national authorities, key partners and technical departments in WHO;
- emphasizing the institutional change process and new ways of doing business; and
- illustrating examples of operational changes that have occurred since the Country Focus Policy was put in place (e.g. CCSs, "One WHO country plan and budget" and reprofiling of WHO country offices).

B. Intelligence on countries

During the third Network meeting, the decision was made to develop a CSU Network portal for information sharing on countries, and the WHO Regional Office for the Eastern Mediterranean (EMRO) took the lead in its development.

The Program Planning, Monitoring and Evaluation (PME) Unit of EMRO presented a prototype of the portal which was jointly developed with the Department of Country Focus. This presentation included a demonstration of the portal's functionality, a structure for its organization and management and an operational plan for its development, deployment, maintenance and administration. Three options for the location of the platform and source of technical assistance were also proposed for discussion by the participants (Table 1).

Table 1. CSU Network portal for information sharing on countries: options for location of platform and source of technical assistance

Option	Location of platform	Source of technical assistance
I	EMRO	EMRO
II	Headquarters	Headquarters
III	Headquarters	EMRO

Key points highlighted during discussion

- The prototype for the portal's functionality was well-received by the Network. Discussion focused on the technical and financial aspects of its development and maintenance.
- Cost-sharing between headquarters and regions was proposed as a means for ensuring the financial sustainability of the portal.
- It was decided to reject Option II as it does not make use of the technical expertise available in EMRO.
- Representatives of the regions expressed concern about connectivity and access time to the portal.

Key recommendation and next steps

Implement the CSU Network Portal.

- Decide on the location of the platform and source of technical assistance.
- Further refine the cost scenarios for the portal within the next 3–4 weeks and select the option with the greatest technical and financial feasibility.
- Share proposal for decision within the CSU Network.

IV. Specific agenda items

A. Health Systems: WHO strategy for strengthening institutional health systems

The WHO Regional Office for Europe (EURO) informed participants that strengthening health systems had been an agenda item for the last Regional Committee in September. A

resolution was passed identifying key issues and challenges to be addressed (See CD ROM Item 5: “*Strengthening European health systems*” (EUR.RC55.R8)). Based on this resolution, EURO, in collaboration with its Member States, will develop a regional health systems strategy. Additionally, a Ministerial Conference on improving health systems stewardship is planned for 2008.

At the global level, the development of an Organization-wide health systems strategy is currently under way. A working group of 12 members from across the levels of the Organization has been established under the Chairmanship of the Assistant Director-General for the Evidence for Information and Policy (EIP) cluster. This group is charged with coming up with a pragmatic and country perspective health system strategy through consultation. The group met from 24 to 25 October 2005 to review the draft strategy following wide consultation across the three levels of the Organization and across its areas of work. The objective is to present the final draft to the 117th session of the Executive Board in January 2006 and then to the 59th World Health Assembly in May 2006.

Key points highlighted during discussion

- An Organization-wide strategy for strengthening health systems is currently being developed. This should be used as a key opportunity to articulate health systems with the Country Focus Policy. This is in line with the recommendations made during the second meeting of the CSU Network in Cairo, Egypt.
- At present, health systems capacity within the Organization is weak and needs to be strengthened with staff who have practical country experience. In addition to health financing, service delivery capacity also needs to be strengthened.
- At country level, there are strong demands from Member States for health systems support. Efforts need to be made to attract resources through networking, from collaborative centres and from other institutions. The profiles of health systems staff need to be matched with what is required at country level.
- The Organization as a whole needs to agree on a common agenda. There are internal discrepancies regarding which strategy to follow and which framework to use. For instance, what is WHO's perspective on user fees and does it contribute to creating gaps in access to services? WHO, as a lead agency, needs to influence such strategies and develop one that is based on equity and solidarity.

Key recommendation and next steps

Advocate the development of a WHO health systems strategy aligned with country perspectives.

- CSU focal points to the reference group tasked with developing a WHO health systems strategy should ensure that the needs of a country with regard to strengthening health systems are well articulated in the strategy.
- As agreed during the second meeting of the CSU Network in Cairo, Egypt, the Network is to facilitate the backstopping of health systems expertise from regional offices and headquarters to the country offices.

B. Second-generation Country Cooperation Strategies

There are clear signals that the CCSs are now widely acknowledged by Member States and WHO country offices as a key strategic instrument (e.g. *Report of the 55th Session of the WHO Regional Committee for Africa*, August 2005). However, there is still room for improvement in both the CCS process and the CCS document to adapt it to a changing context. The existing CCS guide, published in early 2005, is used and appreciated, but needs to be updated to address the new features of the CCS process. Some lessons learnt from the first-generation of CCSs, and proposals for how these implications could be incorporated into revised guidelines, were shared (See CD ROM Item 6: *CCS 2nd generation – elements of guidance*).

Key points highlighted during discussion

- Assessment of the first generation of CCSs is needed before entering into the second generation. The CSU in the WHO Regional Office for the Eastern Mediterranean has already begun such an assessment.
- Some of the features of the next generation, however, are already clear: the CCS is a key instrument with which to position WHO within the harmonization and alignment of external aid and the process needs to be kept flexible and responsive to cycles and frameworks at country level.
- The CCS process is an opportunity for strategic dialogue at country level and for taking on board key WHO policies and strategies collectively approved by Member States. Internally, this will help to better engage technical departments and programmes.
- Better articulation of the CCS with the WHO managerial process and human resource issues needs to be ensured.

Key recommendation and next steps

Strengthen the CCS process with further systematic guidance.

- Encourage regions to share their methodologies and approaches for assessing the first generation of CCSs and headquarters to consolidate lessons learnt.
- Progressively complement the existing CCS guide with updates on the following aspects: a review of section 5 of the CCS document; briefs on key WHO policies and strategies; links with country presence; and a communications component.

C. Country Support Unit Network Report 2005

A review of the CSU Network Report 2004 and a proposed outline for the 2005 report were presented to the Network (See CD ROM Item 7: *CSU Network Report 2005*). The CSU Network Report 2004 was well-received by donors and partners, both in terms of its layout and format and of its content. The report has been widely disseminated (1000 copies in English and 500 each in French and Spanish) throughout the Organization and to external agencies and individuals. However, it was also acknowledged that there is still room for improvement and that it is important to draw lessons from last year's report to feed into the preparation for the 2005 report.

The 2005 report would be the second of its kind and is expected to be published in its final form by January 2006. It was agreed and accepted by members of the CSU Network that this would be a thematic report divided into two sections:

Section one – a general description of the work done through and by the CSU Network, focusing as much as possible on country cases

Section two – a specific thematic section covering partnerships and coordination at country level. Selected case-studies from various countries will be presented, highlighting examples of good practice, documenting successes and major achievements and outlining steps forward.

Key points highlighted during discussion

- Although the report was originally used for informational purposes, it has a strong potential as an advocacy and resource mobilization tool for the Network and should therefore be a part of the Country Focus Communication Plan. Partners have expressed interest in understanding how resources are being utilized to improve health at country level. The 2004 report was welcomed by development partners; this audience should be kept in mind when preparing the 2005 report.
- The proposed draft outline (See CD ROM Item 8: *Outline for the CSU Network Report 2005* (Draft of 19.10.05)) should be used as a rough guide to aid regions in preparing their contributions. In addition to the information outlined in the draft, the report should also include the following:
 - region-wide initiatives;
 - regional assessments of CCS processes and CCS documents;
 - examples of resource mobilization and how the CCS has been instrumental in facilitating and contributing to these processes; and
 - consideration of shortfalls and obstacles faced by the CSU Network.
- The report should also document challenges faced by the CSU Network to enable the Network to address obstacles and thus further improve its value and strength.

Key recommendation and next steps

The 2005 CSU Network Report is to be published by January 2006.

- Regions that have not yet submitted case-studies on partnerships and coordination are to submit them to the Department of Country Focus as soon as possible.
- Regions are to provide their contribution to the report by 15 November 2005.
- The Department of Country Focus is to compile and consolidate the contributions into a report highlighting key information provided by regions.

D. Survey on satisfaction of WHO Representatives and Liaison Officers

This activity is defined in the 2006–2007 Programme Budget under the Area of Work *WHO's core presence in countries*. The item is an indicator for measuring the "level of satisfaction among WHO Representatives and Liaison Officers with the technical support and back-up from regional offices and headquarters for their Country Cooperation Strategies". A baseline assessment will be performed at the end of 2005 and the exercise will be repeated at the end of 2007 (See CD ROM Item 9: PowerPoint Presentation of the "WR/LO Satisfaction Survey").

Key points highlighted during discussion

- This exercise should not be viewed as a research study, but rather as an operational exercise or baseline assessment that should be approached in a practical and pragmatic manner.
- Key Performance Indicators (KPI) for measuring country work have already been developed by the WHO Regional Office for Europe (EURO) and a satisfaction survey of the help desk within the EURO Division of Country Support has already been conducted (See CD ROM Item 10: *EURO Help Desk Support satisfaction survey – overview and findings*). Both should be used for reference when developing the satisfaction survey.
- Satisfaction should refer to the overall quality of technical support received by WHO country offices from regional offices and headquarters. A set of clear and objective indicators should be developed to assess satisfaction with the quality, timeliness and adequacy of support provided.
- It is important to have a clear purpose for the assessment exercise and a clear understanding of its political and administrative implications. The results of the assessment could be used as a catalyst, highlighting the need for improving the current situation.
- The important role of business processes was stressed. To see an increase in the levels of satisfaction, changes in business rules and procedures would be needed; however, these are not necessarily within the Network's realm of control.

Key recommendation and next steps

Assess the baseline level of satisfaction of WHO Representatives and Liaison Officers with the quality of technical support provided to WHO country offices.

- The Department of Country Focus is to develop a simple tool with measurable elements and a clearly defined objective for establishing a baseline assessment of the quality of support provided to WHO country offices.
- Regions are to provide feedback on the assessment tool for its finalization.
- The Department of Country Focus is to send the assessment tool to WHO Representatives and Liaison Officers for completion. The Department of Country Focus is to consolidate, analyse and disseminate the results through the CSU Network.

V. Thematic issue: Harmonization and alignment at country level

This fourth meeting selected as its specific theme: “Harmonization and alignment at country level”. This theme was selected in response to requests from WHO Representatives and Liaison Officers for more clarity from WHO on the Organization's position in response to the changing environment at country level with regard to international development assistance, the Paris Declaration and the UN reform.

A. Challenges and implications for WHO

Presentations from Governance and its unit dealing with Coordination with the United Nations and other Intergovernmental Agencies (UNI), the Department of Programme Planning, Resource Coordination and Performance Monitoring (PRP) and the Department of Country Focus set the scene of the various changes in international support to countries for health and development and outlined some of the key challenges facing WHO, particularly at country level. (See CD ROM Item 11: PowerPoint presentation of *WHO harmonization and alignment – country action* and CD ROM Item 12: PowerPoint Presentation of the *UN(DG) Reform Process*.)

The environment at country level is rapidly changing in response to the international development architecture (e.g. Joint Assistance Strategies (JAS)), the Paris and Rome Declarations and the UN reform. These changes have implications for the way in which WHO responds, including its internal policies, procedures and capacities. Key issues to be addressed include engaging in dialogue with donors regarding national health strategies, sector-wide approaches (SWAs) and harmonization and alignment issues such as aligning donor strategies and programmes with national programmes, simplifying donor procedures to facilitate implementation, and use of common services.

B. Regional experiences

Each CSU gave a brief, verbal update of the current work of each region on the harmonization and alignment agenda at country level, particularly as regards building the capacity of WHO country teams, and the institutional arrangements in place.

In the *WHO African Region*, the CCS is the main instrument for engagement. SWAs are an important mechanism, but WHO's position is not always clear. The issue of UN common services and business processes is left to the discretion of the WHO Representative. Reporting lines will remain to the Regional Director.

In the *WHO Region of the Americas*, the harmonization and alignment agenda is primarily donor-driven. In Nicaragua, this agenda has become particularly important for WHO, and there are concerns relating to its code of conduct. PAHO/WHO was actively involved in the Common Country Assessment/UN Development Assistance Framework (CCA/UNDAF) roll-out and takes responsibility for quality support and assurance. It participates in the 180-degree evaluation of the UN Resident Coordinator. WHO needs to respond to calls for it to be on UN common premises.

In the *WHO Eastern Mediterranean Region*, the WHA Resolution 58.25 will be discussed with WHO Representatives in February 2006, but many issues remain contentious. Accountability remains with the Regional Director. Annual meetings of Regional Directors (i.e. with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the United Nations (FAO), and the United Nations Educational, Scientific and Cultural Organization (UNESCO)) except the United Nations Development Programme (UNDP) are organized. There are useful regional agreements with UNAIDS (who are housed with WHO) on HIV/AIDS and a tri-partite agreement with UNICEF and the United Nations Population Fund (UNFPA) on reproductive and child health. Examples of good case-studies exist in Yemen where the Millennium Development

Project has been successfully implemented, and in Iraq and Sudan where the WHO Representatives are the team leaders for the health sector on the Millennium Development Goals (MDGs). The issue of common premises is left to the discretion of the WHO Representative, but two countries have not had good experiences. The CCS is increasingly being used as a tool during Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) discussions.

In the **WHO European Region**, harmonization and alignment is not a major concern. In 14 countries WHO offices are situated on UN common premises. Experiences with this arrangement are generally satisfactory although integration is sometimes a concern for those countries with larger WHO programmes. This region has a different history with development agencies only being involved since 1997. This common history had led to a more uniform experience. The UN Resident Coordinator system does not seem to make the UN more powerful, but it does bring the UN country team closer together. WHO is usually given the role of chair for different country thematic groups (e.g. in Albania, WHO has the coordination role for the UN Working Thematic Group on HIV/AIDS). The UNDAF works in many European countries. Three staff act as resource persons to provide training on the UNDAF process. What is important is to have clear and relevant guidance, competencies and skills at field level. None of the Liaison Officers or Heads of Office report to UN Resident Coordinator.

In the **WHO South-East Asia Region**, three countries have been particularly active. In Bhutan, WHO has provided a response to the UN reform process and is involved in the CCA exercise; in Bangladesh, WHO has made longstanding efforts, particularly in collaboration with the World Bank; in Nepal, WHO now has an active forum and is seen as the leader in health development. The WHA Resolution 58.25 is the main agenda item for the next meeting of WHO Representatives in November 2005. Donors seem interested in harmonization, but this is not always the case for the UN.

In the **WHO Western Pacific Region**, WHO Representatives are increasingly interested in addressing the harmonization and alignment agenda. Good case-studies exist in the "three ones"⁴ for HIV/AIDS. Although the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) has some good elements, it still tends to distort many systems; efforts are under way to integrate its activities into SWAps. The Asian Development Bank has held a forum on harmonization and alignment and has developed an inventory of best practices, outlining training opportunities. Governments often have a vested interest in avoiding harmonization, and there is therefore a need for incentives and strong leadership to enable this to happen. The CCS is key to harmonization and alignment.

Key points highlighted during discussion

- Because WHO is not a member of the United Nations Development Group's (UNDG) Executive Committee (ExCom), it needs to develop a more active and clearer voice as a specialized agency. WHO needs to make better use of its offices in New York, its 25 focal points for working groups and task forces of the UNGD, and its interagency Regional Directors' meetings.

⁴ One agreed national action framework that provides the basis for coordinating the work of all partners; One national coordinating authority with a broad-based multisectoral mandate; and One agreed country-level monitoring and evaluation system.

- The UN reform dialogue should focus more on substantive issues and less on processes.
- In some countries, arrangements with international partners are rapidly changing; for example those with a Joint Assistance Strategy (JAS) in Africa (e.g. Uganda, United Republic of Tanzania and Zambia). Although changes are occurring in regards to UN joint programming, these changes are not reflected at the governance level.
- WHO Representatives and Liaison Officers emphasized the need for clear and timely information on relevant technical cooperation with the UNDG. A streamlined information flow to countries needs to be consistently employed for communicating information and directives. It has been agreed that information be sent directly to WHO Representatives and Liaison Officers with copies to regional CSUs.
- Reporting lines are not always clear as WHO's membership of the UNDG implies some degree of accountability to the UN. Clarification is needed on those issues that are to be reported to the UN Resident Coordinator. For all other purposes, the country team reports to WHO's Regional Director and Director-General.
- WHO is already a strong member of UN Country Team in some countries. This experience should be built upon by collecting and disseminating experiences gained by countries in dealing with the harmonization and alignment agenda.
- The UN Resident Coordinator system is evolving, and there is increasing recognition that specialized agencies should be more involved. WHO has a particular advantage as it has been actively involved since 1997, is the largest specialized UN agency, has a clear mandate and has a strong country presence.
- Although WHO is already the acting UN Resident Coordinator in a few countries, it needs to be increasingly proactive in the selection process. Currently, there is no UN Resident Coordinator from WHO. WHO should encourage staff to undergo the UN Resident Coordinator assessment so that they can be included in the active list for consideration. Regions are requested to propose competent candidates for consideration.
- The Paris Declaration was initially a donor-driven exercise, but the UN adherence to those principles is becoming more evident. This is not new for WHO as the CCS is its primary mechanism for aligning its work with national priorities and strategies.
- There are many advantages to working with the UN System. As the WHO's tool for alignment, the CCS should push health into the Poverty Reduction Strategy agenda. Although good coordination with the UN Resident Coordinator is needed, WHO's existence should be ensured and not jeopardized.
- Information and guidance on the UN Reform, involvement with the UN Resident Coordinator, and on harmonization and alignment issues need to be provided to WHO Representatives and Liaison Officers, particularly those newly inducted. The system of credentials may need reviewing.
- Communications between headquarters and country offices regarding key UN matters need to be improved. Currently, information is communicated to country teams via the UN Resident Coordinator and not by WHO channels. Information on the "high-level" dialogue between WHO and the UN can be found on web sites, but is not constructively presented.
- Major donors are moving towards direct budgetary support. Under these circumstances, UN Country Teams are focusing more on technical assistance and capacity building. Both have implications for WHO, i.e. as a specialized agency, WHO cannot fully participate in budgetary support and it has to strengthen its capacity at country level to provide high-quality technical assistance.

- WHO's strength lies in its expertise and its public health perspective. These strengths should be used to improve country support. Over time, new areas of expertise can be built up in areas where the demand for this is high (e.g. health financing).
- National strategies and plans should ideally be well-developed. In some contexts, there are limitations to how far the "Paris Declaration" can be taken forward. Full alignment, for instance, can be difficult in the context of human rights issues.

C. Building WHO capacity

The draft document "*WHO harmonization and alignment: Country action*" (See CD ROM Item 13: *WHO harmonization and alignment: Country action* (Draft of 19.10.05)) contains a strategy for building the capacity of country teams to respond to the harmonization and alignment agenda at country level. This strategy was reviewed by two working groups (see CD ROM Item 14: *Strategy for building WHO capacity for harmonization and alignment at country level* (Draft of 19.10.05)). Working groups made recommendations (See CD ROM Item 15: *Working Group 1* and CD ROM Item 16: *Working Group 2*) in response to the following questions:

- How could the recommendations in the draft document "*WHO harmonization and alignment: country action*" be strengthened to allow WHO to better respond to the harmonization and alignment agenda at country level?
- What are the "good practices" in the countries of your region and how could they be used for taking forward this strategy?
- What specific activities need to be taken forward in 2006–2007, and by whom in WHO, to implement the harmonization and alignment agenda at country level?

Key recommendation and next steps

Amend the draft strategy for strengthening WHO's ability to take forward the harmonization and alignment agenda as articulated in the draft document "*WHO harmonization and alignment: country action*", particularly by the following steps:

- Make clear the resource implications of building country office capacity to respond to the harmonization and alignment agenda.
- Ensure the strategy is more action-oriented with responsibilities and time frames that will later be included in a costed action plan.
- Ensure that the strategy includes the sharing of good practices as well as information on constraints at country, regional and global levels to facilitate constructive dialogue with partners.
- Ensure that an important focus for WHO is the building of national capacity to lead the UN and development partners.
- Emphasize that technical back-up is required from regions and headquarters to enable country offices to build their capacity and take forward WHO's response.
- Integrate harmonization and alignment issues into staff development and WHO Representatives/Liaison Officers meetings.
- Ensure that the forthcoming regional consultation process includes all relevant groups.

Concluding session

The fourth meeting of the CSU Network concluded on a successful note with a number of issues richly discussed and key action points agreed upon for strengthening the Network and for strengthening WHO's support to Member States, particularly on harmonization and alignment at country level.

**Annex 1: Agenda for the Fourth Country Support Unit Network Meeting
Montreux - 20 to 21 October 2005**

Thursday, 20 October 2005	Friday, 21 October
Setting the Scene	08:30–9:00 Welcome coffee for CSU guests
08:30–9:00 Plenary <ul style="list-style-type: none"> – Welcome and introduction to meeting objectives – Discussion of the agenda 	Harmonization and Alignment at Country Level
	09:00–10:30 UN Reform and harmonization and alignment for improving aid effectiveness: Implications for WHO at country level <ul style="list-style-type: none"> – <i>Scene-setting: Implications of the WHA Resolution 58.25, UN reform and Paris Declaration</i> – <i>Plenary discussion: Challenges for WHO's Response</i>
09:00–09:30 <i>Tea break</i>	10:30–11:00 <i>Tea break</i>
CSU Network Core Business	
09:30–11:00 Review of the key action points from the Santo Domingo Meeting, followed by discussion for identifying next steps	11:00–12:30 Regional responses to the harmonization and alignment agenda at country level; Role of the CSUs <ul style="list-style-type: none"> – <i>Update: Regional responses to the harmonization and alignment agenda at country level</i> – <i>Plenary discussion: Capacity building and institutional arrangements at country level; Role of the CSUs</i>
11:00–12:30 Updates on standing agenda items (Plenary) <ul style="list-style-type: none"> – <i>2nd generation CCS</i> – <i>Health systems</i> 	
12:30–14:00 Lunch break	12:30–14:00 Lunch break
14:00–15:30 CSU Network Information and Communication (Plenary) <ul style="list-style-type: none"> – <i>Update: CSU communication strategy</i> – <i>Update: CSU Network information portal</i> 	14:00–15:30 Group work: Building WHO capacity for harmonization and alignment at country level <ul style="list-style-type: none"> – <i>Proposal for supporting a capacity-building strategy, including building on good practices</i>
15:30–16:00 <i>Tea break</i>	15:30–16:00 <i>Tea break</i>
16:00–16:45 Follow-up and update on CSU Network issues (Plenary) <ul style="list-style-type: none"> – <i>Proposal for the 2005 CSU Network Report</i> 	16:00–17:15 Presentation of group work and plenary discussion
16:45–17:35 Survey on WR/LO Satisfaction with technical support received from RO or HQ	Concluding session
	17:15–18:00 Closing remarks

Annotated Agenda for the Fourth Country Support Unit Network Meeting**THURSDAY, 20 OCTOBER 2005****Setting the Scene****Chair: WPRO****08:30–09:00 Opening session**

- Welcome and introduction to meeting objectives (CCO)
 - *Plenary discussion of the agenda*

09:00–09:30 Tea Break**CSU Network Core Business****09:30–11:00 Key action points from the Santo Domingo Meeting**

- Review of key action points (AMRO, 30 min)
 - *Plenary discussion: Next steps (1 hour)*

11:00–12:30 Updates on standing agenda items

- 2nd-generation CCS (AFRO, 15 min)
 - *Plenary discussion (30 min)*
- Updates: (15 min total)
 - EURO Resolution: Health systems & Country Focus (EURO)
 - WHO strategy on health systems strengthening (CCO)
 - *Plenary discussion (30 min)*

12:30–14:00 Lunch Break**CSU Network Core Business (cont'd)****Chair: AFRO****14:00–15:30 CSU Network Information and Communication**

- Update: CSU communication strategy (CCO, 10 min)
 - *Plenary discussion: Clarification and next steps (35 min)*
- Update: CSU Network information portal (EMRO, 10 min)
 - *Plenary discussion: Clarification and next steps (35 min)*

15:30–16:00 Tea Break**16:00–16:45 Follow-up and update on CSU Network issues**

- Proposal for the 2005 CSU Network Report (WPRO, 15 min)
 - *Plenary discussion (30 min)*

16:45–17:30 Survey on WR/LO satisfaction with technical support received from RO or HQ

- Presentation of and proposal for WR/LO satisfaction survey (CCO, 15 min)
 - *Plenary discussion: Clarification and next steps (30 min)*

FRIDAY, 21 OCTOBER 2005

08:30–09:00 Welcome coffee for CSU guests (PRP, UNI)

Harmonization and Alignment at Country Level

Chair: EURO

09:00–10:30 UN reform and harmonization and alignment for improving aid effectiveness: Implications for WHO at country level

- Scene-setting: Implications of WHA Resolution 58.25, UN Reform and Paris Declaration (CCO, 10 min)
 - *Plenary discussion: Challenges for WHO (1 hour, 20 min)*

10:30–11:00 Tea Break

11:00–12:30 Regional responses to the harmonization and alignment agenda at country level: Role of the CSUs

- Regional responses to the harmonization and alignment agenda at country level (short update by each CSU–3 min each)
 - *Plenary discussion: WHO's response (1 hour, 15 min)*
 - Capacity building and institutional arrangements at regional and country level
 - Role of the CSUs

12:30–14:00 Lunch Break

Harmonization and Alignment at Country Level (cont'd)

Chair: PWR AMRO

14:00 – 15:30 Group work: Building WHO capacity for harmonization and alignment at country level

- Presentation: Group work methodology (SEARO)
- Group work: Proposal for supporting a capacity-building strategy, and building on good practices

15:30–16:00 Tea Break

16:00–17:15 Presentation of group work and plenary discussion

Concluding Session

17:15–18:00 Next steps and Closing remarks (WR AFRO)

18:30 Departure by bus for WHO HQ, Geneva

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Annex 3: CD-ROM content

1. Final report
2. Review of key action points from the third meeting
3. DFID Health Resource Centre – assessing the impact of global health partnerships
4. PowerPoint presentation of the “Country focus communications plan”
5. EURO Resolution: Strengthening European Health Systems (EUR.RC55.R8)
6. PowerPoint presentation on the “CCS 2nd generation – elements of guidance”
7. PowerPoint presentation of the “CSU Network report 2005”
8. Outline for the CSU Network report 2005 (Draft of 19.10.05)
9. PowerPoint presentation of the “WR/LO satisfaction survey”
10. EURO Help Desk Support satisfaction survey – overview and findings
11. PowerPoint presentation of “WHO harmonization and alignment – country action”
12. PowerPoint presentation on the “UN(DG) reform process”
13. WHO harmonization and alignment: Country action (Draft of 19.10.05)
14. Strategy for building WHO capacity for harmonization and alignment at country level (Draft of 19.10.05)
15. PowerPoint presentation of Working Group 1
16. PowerPoint presentation of Working Group 2