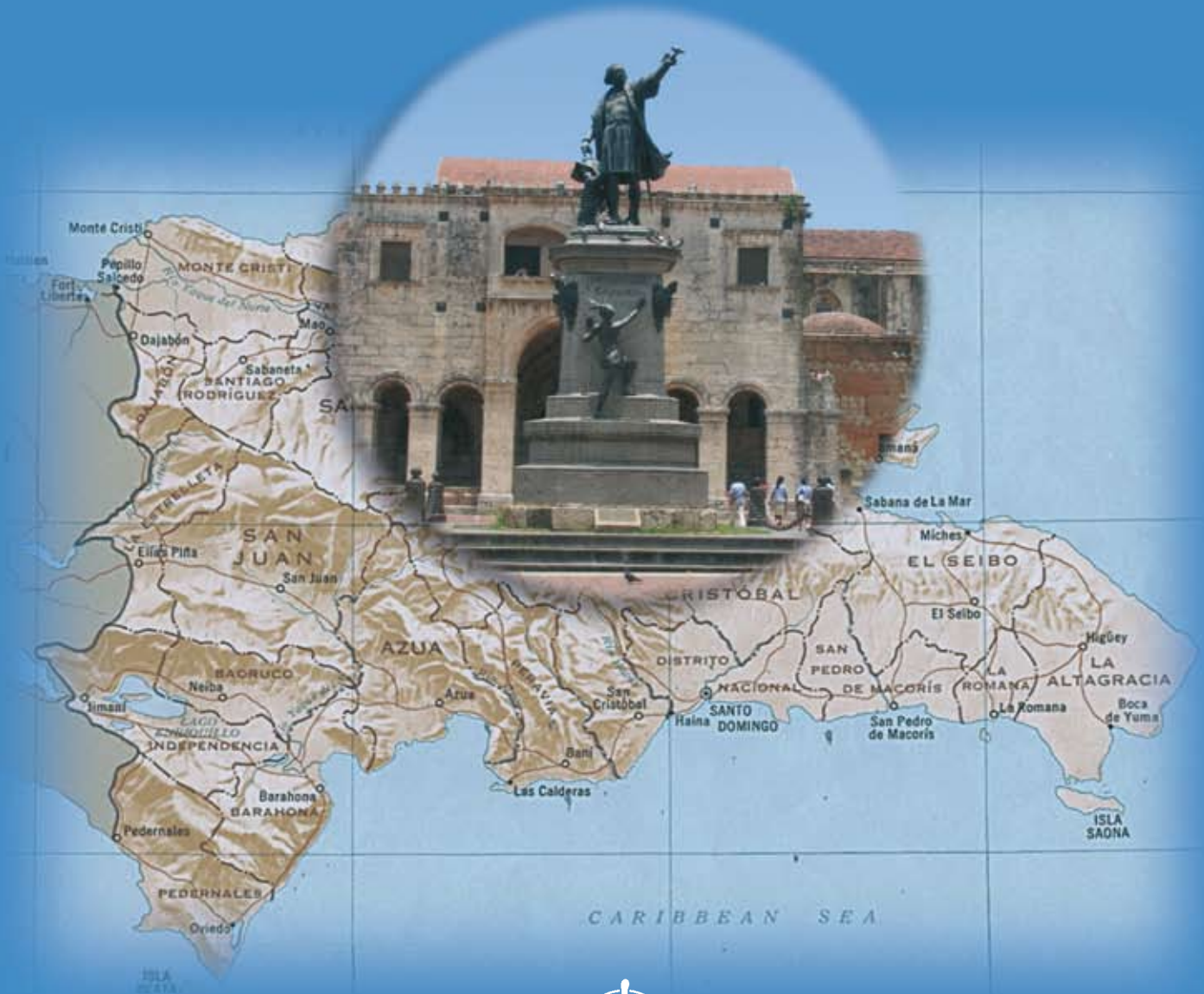


THIRD MEETING OF THE COUNTRY SUPPORT UNIT NETWORK

The Santo Domingo Report

31 May to 02 June 2005



**World Health
Organization**

Pan American Health Organization / WHO Regional Office for the Americas
Department of Country Focus

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‘Some Great Challenges of the 21st Century’

Opening Speech of Doctor Sabino Báez García
Secretario de Estado de Salud Pública y Asistencia Social

It is a great honor for our Ministry of Public Health and Social Assistance that the World Health Organization hosts the Third Country Support Unit Network Meeting in the Dominican Republic. Thank you for selecting us, a small land in the Caribbean with peaceful people who try every day to do a better job in order to bring happiness and health to all.

All the health ministries, institutions and non-governmental organizations of the world, need to respond to rapid and global changes - democratization, globalization of the economy, and revolution in technologies of communication – which constitute the principal elements of the remarkable evolutions during the last decades of the past century. Focusing on these critical points requires rethinking our job.

The health sector will have to adapt to these new realities and draw conclusions from them, both at the national level as well as at the international level; therefore, there is a need to carefully study and reform the health system.

Considering that all the members of society have a role to play in the area of health, the new priorities should be:

- FIRST: To reduce disparities in health conditions;*
- SECOND: To establish universal access to health and life saving interventions; and*
- THIRD: To ensure the availability of potable water and proper sanitation.*

The goal of ‘health for all’, adopted by all Member States of WHO, inspires the above-mentioned priorities and is based on the following:

- A. The fundamental universal right to reach the most advanced level of health;*
- B. Ethical standards ensured in health plans and policies, research and provision of services as one of the means to achieve health objectives;*
- C. Institutional policies guided by equity and solidarity;*
- D. Equal opportunity for both women and men in accessing health services and in health policies and strategies.*

This policy proposes:

- Emphasizing hope and quality of life for all;*
- Reducing the disparity of health conditions within and between countries, and finally;*
- Guaranteeing access to sustainable health systems and services.*

To reach these objectives in the Americas, it is imperative to establish fair and equitable health policies that will reduce the gap between countries. For this objective, concerted planning and active solidarity are keys to success.

Finally, on behalf of the Government of the Dominican Republic, I welcome all of you and once again offer our friendship and willingness to cooperate in order to make this Third CSU Network Meeting a great success.

Enjoy your stay on this island that Christopher Columbus baptized and described as “the most beautiful land that human eyes have ever seen.”

KEY POINTS FOR ACTION

A number of CSU Network related issues were discussed, debated and agreed during the meeting. Based on the rich discussions, the following are key agreed points for action:

Report Section	Key points for action	Deadline
Section II: Country Focus Policy Update	1. The CSU Network will work with relevant WHO units in order to identify countries which are receiving disproportionately lower levels of partners' attention. <i>Responsibility: Department of Country Focus</i>	30 Mar. 2006
	2. The CSUs will support the implementation of resolutions WHA 58.25 on United Nations reform process and WHO's role in harmonization of operational development activities at country level and WHA 58.30 on Accelerating the achievement of the internationally agreed health-related development goals including those contained in Millennium declaration. <i>Responsibility: CSU Network</i>	Ongoing
Section III: WHO at country level: functions, presence and performance assessment	3. The cross-WHO working group will finalize the paper on WHO country presence, including incorporating new responses from the survey on current WHO country presence and taking into account the comments and suggestions made at this meeting. <i>Responsibility: Department of Country Focus</i>	30 Sept. 2005
	4. The final proposal of the cross-WHO working group for defining core functions at country level and WHO country presence will be shared with GMC to discuss how to take the process forward. <i>Responsibility: Department of Country Focus</i>	31 Oct. 2005
	5. An inter-regional working group will be established involving at least the networks of country support and planning units, Internal Audit and selected WRs/LOs, to develop an assessment framework, including a common approach for corporate indicators to measure performance of WHO's country work. The working group should work in a collaborative manner, and build on existing tools. <i>Responsibility: Department of Country Focus</i>	31 Oct. 2005
Section IV: Intelligence on countries and communication strategy for the Country Focus	6. The CSU Network members will jointly decide on a minimum essential set of information to be included and shared virtually via a portal system. The portal system will be functional by the next CSU Network Meeting (tentatively scheduled to coincide with the Senior Staff Meeting in November 2005). <i>Responsibility: CSU Network (EMRO to lead on portal development)</i>	01 Nov. 2005

Report Section	Key points for action	Deadline
	7. The CSU Network will design a framework for the Country Focus communication strategy that identifies objectives, priorities and first steps. Technical support will be provided by PAHO/WHO and related common costs covered by the Department of Country Focus. This includes identifying target audiences and decoding messages that suit these audiences. Priority target audience is the internal headquarters staff who should be increasingly sensitized to the concept of Country Focus. <i>Responsibility: CSU Network</i>	30 Sept. 2005
Section V: Role of the Country Support Unit Network	8. The outlined roles and functions of different levels of the CSU Network (Table 1, page 20) will be a basis for developing their plans of work in 2006-07. <i>Responsibility: Regional CSUs and Department of Country Focus</i>	31 Dec. 2005
Section VI: Specific agenda items	9. The next Country Cooperation Strategy guide will incorporate the process for the development of the second generation of CCSs. This improved instrument will establish a clear link with WHO Country Presence. It will further advocate for alignment with national health and development strategies as well as harmonization with UN agencies and other development partners. <i>Responsibility: Department of Country Focus and Regional CSUs.</i>	Mid-2006
	10. The CSU Network will promote buy-in and support of technical programmes for the CCS, particularly in headquarters, through «communities of practice» around particular countries: WRs / LOs will provide guidance on whom to involve. <i>Responsibility: CSU Network</i>	Ongoing
Section VI: Specific agenda items	11. Regional CSUs will share their draft plans, as ready, so that the Department of Country Focus develops its own based on those. It will then share its proposal for feedback. <i>Responsibility: CSU Network</i>	31 July 2005
Section VI	12. The CSU Network will support the implementation of the WHO health systems strategy. <i>Responsibility: CSU Network</i>	31 Dec. 2005

I. Introduction

After the first two thematic Country Support Unit (CSU) Network meetings in Copenhagen¹ and Cairo², the members of the Network agreed that the third meeting should deal with internal matters of the Network. Representatives from the regional offices, country offices and headquarters participated in this meeting. The agenda and list of participants are in Annexes 1 and 2, respectively.

The meeting was hosted by the CSU of the Pan American Health Organization (PAHO) / WHO Regional Office for the Americas (AMRO) and the Office of the PAHO/WHO Representative (PWR) in the Dominican Republic.

The Honorable Minister of Health of the Dominican Republic opened the meeting by highlighting the global challenges of this century which impact the health sector (see full speech as the preface to this report).

The PWR to the Dominican Republic extended a warm welcome to everyone on behalf of her country team. She highlighted the rich diversity of regions and countries, and the need for all to work together as one organization through networking and team-building for achieving national, regional and global goals. She emphasized the meaning of the Country Focus Policy. It is not only about how regional offices and headquarters could better support country work, but also about how countries can effectively contribute to global and regional public health action. She also noted that although two countries with different peoples, cultures, and languages share the island of Hispaniola, many problems were common to both, which the countries have to solve together.

The Head of the CSU in PAHO/WHO highlighted the important issues of the meeting agenda for strengthening the CSU Network for better supporting country teams. The decentralized structure is WHO's asset, as each level contributes its added value in an integrated manner to the provision of effective support to the Member States.

The Director of the Department of Country Focus expressed her gratitude to the Honourable Minister of Health of the Dominican Republic for kindly opening the meeting and to the PAHO/WHO regional and country teams for their outstanding support to its preparation.

A. Main objective of the meeting

To propose ways to further strengthen the CSU Network to better support WHO country teams.

B. Specific objectives

1. To inform and share the outcomes of the DPMs' (Directors of Programme Management of regional offices) Meeting in April 2005, the 58th World Health Assembly, and the 116th Session of the Executive Board.
2. To share experiences and discuss a number of CSU Network core business issues, specifically:
 - a. To reach a common understanding around WHO Country Office core functions,
 - b. To take stock of the work carried out by the cross-WHO working group on WHO country presence and to discuss next steps,
 - c. To clarify concepts, principles and a practical way forward for assessing the performance of WHO Country Offices, based on existing tools and mechanisms.
3. To review and follow-up on issues for further strengthening the CSU Network, specifically:
 - a. Setting up a common information tool,
 - b. Developing a communication strategy for promoting the Country Focus Policy and for disseminating good practices,

1. The Copenhagen Report - Revisiting the Country Cooperation Strategy, The Country Support Unit Network Meeting, 3 - 5 March 2004.
2. The Cairo Report - Country Focus and Health Systems Development, The Second Country Support Unit Network Meeting, 3 - 5 August 2004.

- c. Improving the quality assurance process of the 'second generation' of Country Cooperation Strategies (CCSs) based on the past experience
- d. Defining the contribution of the CSU Network to the development of the Organization-wide Health Systems strategy,
- e. Clarifying the role of the CSU Network.

This report aims to provide an overview of progress in implementing the Country Focus Policy, updates on work in WHO country offices concerning WHO functions, presence and performance assessment at country level, Country Support Unit information tool and communication strategy and the role of CSU Network, including proposals for next steps.

C. Presentation by CSU, PAHO/WHO

The Head of the CSU in PAHO/WHO presented the structure and the role of the Country Support Unit. The Unit is located in the office of the Regional Director. Its main functions are: to coordinate the technical and administrative support to country offices and the field office on the US-Mexican border; to supervise technical cooperation activities; to coordinate support to sub-regional initiatives; and to support the articulation of normative functions and technical cooperation between global, regional, sub-regional and country levels. The Unit, in coordination with the DPM, supports and monitors health-related initiatives in support to other regional groupings such as the Caribbean Community (CARICOM), the Association of the Caribbean States (ACS), the Amazon Cooperation Treaty (TCA), etc. The Unit liaises with the Department of Country Focus at headquarters as well as with other regional CSUs.

The presentation was complemented by two panellists, the PWR Dominican Republic and the PWR Haiti. They highlighted the level of cooperation and coordination between the countries. While these two countries share the same island, their health indicators are remarkably different. They support joint strategies, particularly along the border area, and organize meetings between the two health ministries. Joint activities such as the Vaccination Week of the Americas and meetings of the UN country teams are organized.

II. Country Focus Policy: update

A. Directors of Programme Management (DPMs) meeting

The paper prepared by the cross-WHO working group on WHO country presence was well received at the DPMs meeting. Suggestions were made to better define (i) what is meant by 'presence' and 'core presence,' (ii) the WHO core functions of country offices, and (iii) the link between presence and core functions. Performance assessment was considered essential at country level. Efforts should be made to identify tools already in place in each region and those that are available at the corporate level for undertaking the performance assessment exercise at country level. Country presence should be linked with the performance of country teams so as to find out what is the result of improved presence. (Please see Section III, 'WHO at country level: functions, presence and performance assessment' for key highlights and next steps).

B. The 58th World Health Assembly (WHA)

While Country Focus was not officially an item on the agenda, it received a lot of support during all sessions of the WHA. In addition, two new WHA Resolutions will have a large influence on WHO's work at country level:

- United Nations reform process and WHO's role in harmonization of operational development activities at country level (WHA 58.25, item 22)
- Accelerating the achievement of the internationally agreed health-related development goals including those contained in Millennium declaration (WHA 58.30, item 13.2)

C. The 116th session of the Executive Board (EB)

The Report by the Secretariat on 'WHO country offices and country focus' was developed in consultation with all CSUs and with the DPMs' guidance (EB116/6 item 5.2). It was presented to the 116th Session of the Executive Board in May 2005. Given the importance of WHO's work in countries, the paper was welcomed by all delegates of the Member States.

Key points highlighted during discussion:

- The African delegate, on behalf of 46 Member States, highlighted that this approach brings a greater focus on equity in countries, hence more support will be provided to countries in greatest need, countries in crisis, and small island states. It was suggested to better identify those countries which are not within the compass of current donor support so that these countries are properly identified and given equitable support.
- Member States strongly expressed the need to measure the performance of country offices and assess WHO's output and its contribution to health outcomes at country level. Nepal requested that a mechanism be established to measure performance at country level and a report be given on performance assessments carried out in a few countries by 2007.
- Australia requested that the WHO Secretariat provide an update on the evolution of the Country Focus Policy at the next session of the Executive Board in January 2006.
- The approved resolution on UN reform and harmonization is an incentive for the country offices to better work within the United Nations Resident Coordinator (UNRC) system and to contribute to the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) process.

Next steps:

- The CSU Network will work with relevant WHO units in order to identify countries which are receiving disproportionately lower levels of partners' attention.
- The CSUs will support the implementation of resolutions WHA 58.25 and WHA 58.30 at country level.

III. WHO at country level: functions, presence and performance assessment

Various typologies for WHO country offices, roles and functions have been proposed by Member States and the WHO Secretariat³. During an October 2004 meeting in Copenhagen, DPMS expressed interest in reviewing and defining WHO country presence. Subsequently, a cross-WHO working group, comprised of the General Management Cluster, the Department of Country Focus, regional Country Support Units and selected WHO Representatives (WRs) and Liaison Officers (LOs), prepared a draft working paper, the latest version of which was shared during the meeting (See CD ROM Item 2: WHO Presence in Countries (Draft Report of 17.05.05).

A. WHO functions at country level

Several past attempts for defining WHO core functions at country level were reviewed and discussed based on an inventory of resource materials on WHO functions and performance (See CD ROM Item 3: WHO functions and performance - List of resource materials). The functions presented were those listed in the WHO Constitution, other typologies including those functions identified specifically for country level, such as in the papers: 'WHO reform and response to global change' (EB97/5,1995), 'Report of a WHO working group on partnerships for health development' (1998), 'Working typology of WHO functions at country level' developed in year 2000 for CCS approach under the guidance of the Global Program Management Group (GPMG)⁴ (2000), the WHO Country Focus, the vision and WHO's role at country level (2003) and those listed in WHO country presence working draft paper which were drawn from the agreed-upon Terms of References of WRs.

Participants highlighted that while defining WHO core functions at country level, distinctions should be made between the work of the Secretariat at each level. There are functions that WHO as a whole has to perform (e.g. normative, research and technical support) and there are those which are assigned or delegated specifically to country level, e.g. national capacity building, generating and sharing information, disseminating WHO mandates, norms and standards at the country level.

Key points highlighted during discussion:

As past attempts did not result in consensus on WHO core functions at country level, participants underlined the need to have a common understanding of those core functions and how these would lead to the identification of core competencies and skills required at country level.

While there was general consensus on the six core functions listed in the current draft paper on the WHO country presence, which were drawn from the agreed-upon Terms of References of WRs, the approaches adopted were somewhat different. The agreed six core functions are:

- (i) Technical advice and support
- (ii) Advocacy and policy development
- (iii) Partnerships and coordination
- (iv) Representation
- (v) Management and administration
- (vi) Resource mobilization

3. WHO Constitution (1948); WHO reform and response to global change (1995); WHO working group on partnership for health development (1998), WHO corporate strategy/10th GPW (2000); CCS development (2000); Country Focus Initiative (2003); WHO CAP compendium - crisis situation (2005)

4. Now referred to as the DPMS' group

It has been suggested to consider the following option to prioritize and cluster the above-mentioned functions as follows:

1. Policy and systems development
 - Systems as per current WHO definition
 - Social determinants not part of health systems but covered through policy/stewardship
2. Technical advice and support
 - To accompany the implementation when necessary
 - May include interventions in some countries
3. Representation, management and coordination
 - Partnership building
 - Advocacy/exerting influence
 - Resource mobilization
 - Administration

Each region should decide on the approach for defining WHO core functions at country level based on its regional specificity and contexts. At country level, the CCS should identify from the above 'menu of functions', agreed by the region, those that are essential for its operations within a country during a given period of time. The mix and the weight of these functions will differ as per country specific needs. For instance, in one country, technical support may be identified as a high priority function while partnerships and resource mobilization may be considered as low priority function; whereas in another country, policy and systems development may be the most important function. The relative priority of core functions at country level will vary from zero to 100 percent based on the needs and priorities as identified in CCS.

B. WHO country presence

The draft paper, 'WHO Country Presence' prepared by the cross-WHO working group served as a background document for the discussion. It identifies a set of criteria and approaches for defining country presence. The criteria include:

- Priorities for technical cooperation as identified in each CCS;
- Key development and health-sector priorities as specified in national development and health strategies, including poverty reduction strategies
- Capacity of country (e.g. as measured by Essential Public Health Functions)⁵;
- Burden of disease (e.g. as measured by key morbidity and mortality rates such as Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), immunization coverage);
- Availability of human resources (e.g. per capita ratio of doctors, nurses and paramedics);
- Contributions of other partners (e.g. number of health sector specialists in the country that are staffed by multilaterals and bilaterals).

These criteria, together with the WHO core functions at country level, will be considered when defining WHO country presence. Among the approaches considered by the cross-WHO working group, preference was given by the DPMs at their meeting in April for an approach which combines a minimum permanent presence and a flexible, time-limited presence. Under this approach, WHO country presence will be based on a set of competencies and skills required to carry out the workplan developed from the strategic objectives and approaches outlined in the CCS.

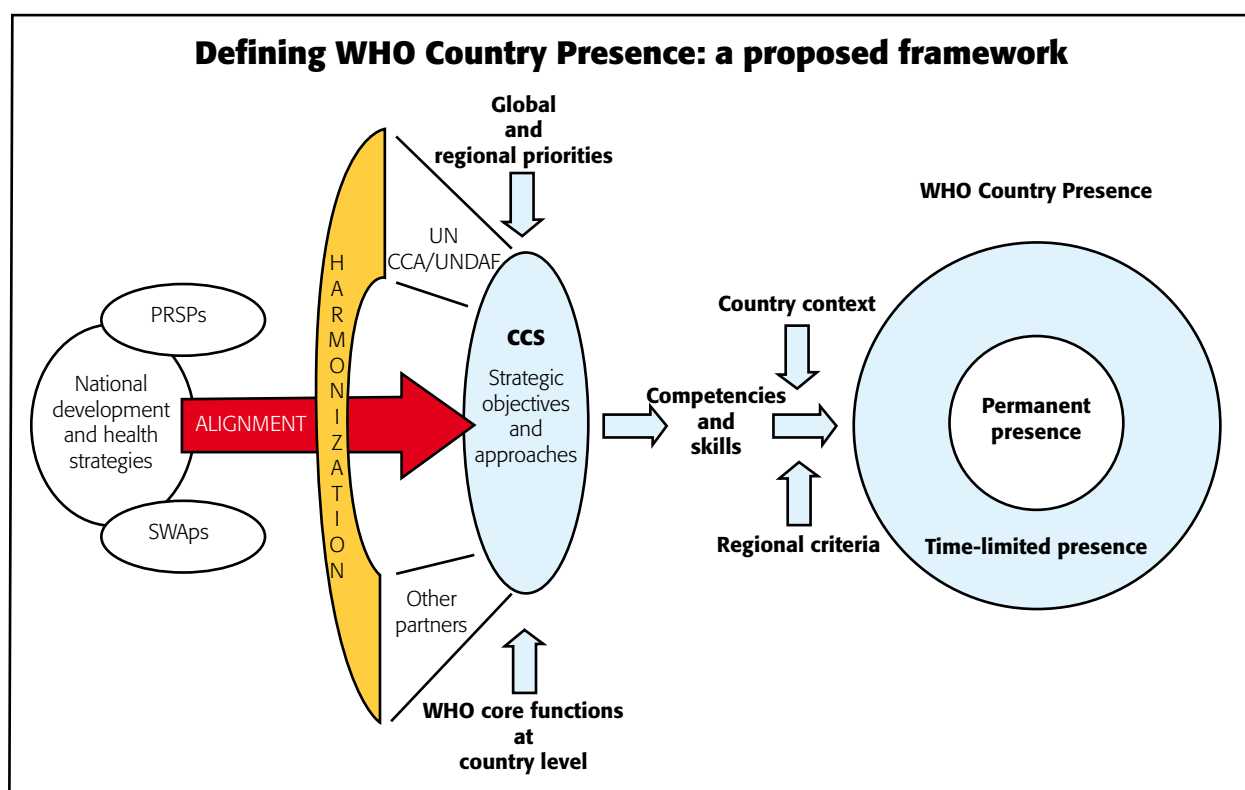
Using this approach as a starting point, the participants clarified and further developed the process of defining WHO country presence. As described in the previous section, the CCS should determine for each country the mix and weight of WHO core functions at country level.

5. WHO Regional Office for the Americas, 2002.

The functions of WHO at country level, together with the needs for technical cooperation as identified in the CCS, will be used to identify the set of competencies and skills required to carry out the workplan developed from the strategic objectives and approaches outlined in the CCS. Competencies and skills should cover both administrative and technical needs.

The participants thus clarified that defining WHO country presence should not be thought in terms of number of staff but rather, as a set of competencies and skills essential for carrying out the strategic objectives of the CCS. For instance, in some countries, it may be adequate to have one staff who possesses several essential competencies whereas in other countries, it may be required to have several staff who possess the same competency.

Some of these competencies and skills may be required on a permanent basis for some specific functions as long as WHO has a presence in the country, whereas others may be required to support time-limited or programme-specific demands or needs ranging from short to medium term. Thus, it is proposed that the term “core presence” be replaced with “permanent presence”. The use of this term would better reflect its ongoing nature and more clearly distinguish it from “time-limited presence”. (See Figure).



Key points highlighted during discussion:

The above-mentioned approach based on competencies and skills implies that revisiting WHO country presence does not necessarily mean increasing the number of staff, but rather identifying the needs, or realigning and re-adjusting the current staffing capacity based on a strategic dialogue between the WHO Secretariat and a Member State through the CCS process. It was agreed that each Region should apply its own criteria based on regional specificities and decide whether there should be a WHO physical presence in a specific country.

6. The CCS formulation process should ensure that:

- (i) The strategic agenda be developed in alignment with the national health and development strategies.
- (ii) The strategic agenda is harmonised with the other processes such as the CCA / UNDAF, Poverty Reduction Strategy Papers (PRSPs), and Sector-Wide Approaches (SWAp). As such, the objectives and strategies of WHO at country level take into consideration other partners, in particular with other organizations of the UN system and other relevant stakeholders.
- (iii) Global and regional priorities are taken on board such that new and innovative approaches are included in national health programmes.

- Different **models of country presence** were discussed and some examples were given:

Decentralized presence: In some countries WHO has decentralized its presence at the regional and sub-national levels. The experience of PAHO/WHO on decentralized technical cooperation was presented in the meeting. Seven cases of such decentralized presence were analysed in three groups of countries with different levels of decentralization. Two models were looked at – with permanent presence and infrastructure at the local level (Bolivia, Colombia, Ecuador, Guatemala) and with national infrastructure and presence at local level (Brazil, Cuba, Honduras).

Multi-country technical support: Some regions are considering the establishment of a multi-country technical support platform so as to provide the needed technical and managerial support on demand.

Horizontal collaboration: Some regions are encouraging country offices to share technical support between them through horizontal collaboration. The experience of WHO Regional Office for South-East Asia (SEARO) highlights how one country office is supporting another country office in a specific technical area.

Balance of national and international competencies and skills: Discussion also highlighted that when defining country presence, consideration should be given to the national/international balance of competencies and skills.

Staff secondment: Staff from national/regional and sub-regional institutions can be seconded on a case-by-case basis for strengthening WHO country presence.

- **Mobility policies** should create incentives for posting staff in countries. Mobility of staff to country offices should be viewed as part of career development. The policy of not enhancing current grade (even on personal bases) when reassigning in country offices could be perceived as demotion, thus becoming a disincentive.
- **Costing and funding of WHO country presence**

The regions should be given flexibility to adapt to different regional practices and approaches when making decisions for (i) costing, using a mechanism or regional typology, (ii) determining the number of staff in countries based on explicit criteria, and (iii) deciding how they are to be funded. As such, it was suggested that Regions develop a costing methodology to come up with an estimate of the funds required to maintain permanent presence and to secure the funding under the Regular Budget. Other resources through Voluntary Contribution should be mobilized for funding WHO country presence. One particular issue raised was that the Programme Support Costs (PSC) should remain at country level when raised at that level.

- **Advocacy with Member States**

Member States should be engaged in the process to fully understand the direct link between defining an adequate and effective country presence and improved WHO's service to Member States at the country level. To ensure Member States support the process, evidence on the benefits of having an adequate and appropriate country presence should be provided by concentrating and building on success stories.

The above suggestions are in line with the priority action outlined in the report of the Secretariat to the 116th Session of the Executive Board on WHO country offices and country focus. This report emphasizes the need to define common criteria and approaches for establishing and maintaining adequate country presence, including support from collaborating centres and institutions, so that WHO's core functions are carried out as agreed with Member States.

Next steps:

- The cross-WHO working group will finalize the paper on WHO country presence, including incorporating new responses from the survey on current WHO country presence and taking into account the comments and suggestions made at this meeting.
- The Department of Country Focus will circulate the final paper among CSUs and DPMs.
- The proposal will be shared with General Management to discuss how to take the process forward, including the following steps:
 - To present the proposal at the global and regional levels for consideration.
 - Regions to revisit and define country presence based on competencies and skills required to achieve the objectives of the CCS.

- Regions to conduct a costing exercise based on a methodology (As an example, see CD ROM Item 4: WHO Regional Office for Europe (EURO) Methodology for Costing Country Presence) to secure Regular Budget funding for permanent presence in the Programme Budget and to identify estimated budget for overall presence in each country.
- Guidance on linking the strategic agenda of the CCS with WHO country presence to be provided (e.g. to be covered within guidelines and checklists for the development of the second generation of CCSs).

C. Assessing WHO Country Performance

At the 116th Executive Board, Member States highlighted the following priority action for WHO Country Focus and Country Offices :

“A system will be devised to monitor performance of WHO at country level, including its influence, together with key partners, on the public health agenda, and its contribution to health outcomes in Member States”.

Progress made in this area has also been highlighted. There is regular monitoring of WHO activities under the Results Based Management framework. For the first time, WHO produced an assessment of biennium 2002-03 and presented this to the Governing Bodies. In addition, the Secretariat performs ad-hoc audits and evaluations.

While substantial improvements have been made, there is a need to complement the set of existing tools by establishing a system of regular auto-assessment of the performance of all country offices. WHO needs to focus more on outcomes and to build on positive experiences in regions by better using existing tools within WHO and with governments and partners. Country teams need to assess their own performance on a regular basis, in partnerships with other stakeholders and, as much as possible, linked to national timetables. This will be carried forward by a broad group across WHO Secretariat.

Experience in this area has been developed with the planning group in PAHO/WHO (See CD ROM Item 5: PAHO/WHO Joint Evaluation Guide in English). The CSU role includes both a monitoring and support role, and PAHO/WHO is encouraging a ‘culture of evaluation’, with 360° reviews with peers. For many years, the Regional Office and countries in the Americas have successfully implemented ‘joint evaluation’ with the government and partners; in recent years this was discontinued, but is now being revisited.

In EURO Key Performance Indicators have recently been developed (See CD ROM Item 6: Memorandum from the Director, EURO Division of Country Support on Introduction of Key Performance Indicators for Country Work) covering: WHO country planning and country level implementation, and WHO organizational development. These are being finalised and will be introduced during the 2006-07 biennium. In Kyrgyzstan (See CD ROM Item 7: PowerPoint Presentation on ‘EURO Kyrgyzstan Health Systems Performance Indicators’) WHO has had a good experience of assessing its support to improving the health system, focusing on health financing, restructuring, quality improvement and public health. The indicators developed could show how WHO support from all levels can contribute to the strengthening of the national health system.

Key points highlighted during discussion:

- The assessment of WHO’s performance must cover the work of the WHO Secretariat as a whole. This will cover the work of the country office and the support provided by the Regional Office and headquarters to achieve country objectives.
- Mechanisms for assessing WHO performance at country level should be based on existing tools and further developed in a way that addresses the current gaps in WHO monitoring and evaluation systems, focusing on auto-assessment by country teams, implementation and better use of current systems.
- The performance measurement should not only be based on outputs, but focus on strategic objectives as identified in the CCS and outcomes to enable WHO to analyse and change its strategies as appropriate.
- A link needs to be established between country presence and the performance of country teams to identify the extent to which improved presence is being translated into better outputs. Quality tools to measure the

7. EB 116/6, Item 5.2. May 2005

performance of country teams need to be developed, and starting point are the regional and corporate performance assessment tools which have already been developed based on existing tools.

- An inter-regional working group should be established involving at least the networks of country support and planning units, Internal Audit and selected WRs/LOs, to develop an assessment framework, including a common approach for corporate indicators to measure performance of WHO's country work. The working group should work in a collaborative manner and build on existing tools.

Next steps:

- The Department of Country Focus will meet with the Department of Program Planning, Resource Coordination and Performance Monitoring and Internal Audit and propose the establishment of the above-mentioned group to develop a country-based assessment framework. The Terms of Reference for this group should at least consider:
 - Preparing an inventory of existing tools and identify good practices and lessons learnt for dissemination;
 - Agreeing on a methodology based on a common approach to corporate indicators;
 - Using the CCS as part of the performance assessment process;
 - Better using WR/LO meetings and peer review processes;
 - Including capacity building needs at regional and country level, such as training in Results Based Management and other tools for assessing performance;
 - Preparing a work-plan on performance assessment, to be endorsed by senior management;
 - Clarifying organizational responsibilities and establishing a mechanism of coordination to avoid duplication and overlap;
 - Monitoring follow-up across the regions, sharing experiences, and later evaluating implementation in a transparent and shared way.

IV. Intelligence on countries and communication strategy for the Country Focus

Participants highlighted the importance of sharing intelligence on countries and taking advantage of the most recent technologies to improve access to relevant country information, share best practices, and enhance communication among WRs/LOs, country teams, regional Country Support Units, planning units and headquarters.

A. Intelligence on Countries

In order to build the discussion around current information mechanisms, the following tools were presented: i) The WHO Regional Office for Eastern Mediterranean (EMRO) Programme Management and Evaluation Portal, ii) the WR/LOs database set up by the Department of Country Focus at headquarters, and iii) the findings of the 2005 survey on WHO country presence.

Key points highlighted during discussion:

- The EMRO Program Planning, Monitoring and Evaluation (PME) Portal is an action-oriented platform for sharing country data and documents, and for dialogue and communication. It is currently being used by the PME team members for their work. Technical units are given administrator responsibility to complete or modify documents or the databases by entering their particular folder/area in the Portal. The experience of utilizing the Portal in exercises such as Mid-term Review of work-plans for 2004-05, proved to be useful in terms of reducing the paperwork and time for communication. The Portal is a “live environment” and has been and will continue to be modified and improved, based on lessons learnt and feedback from users in the regional office and country offices.
- The Department of Country Focus WHO Representatives/Liaison Officers (WRs/LOs) database gathers the available information on WRs and LOs by gender, grade, nationality, background, etc. and allows the issue of automatic analytical reports. This information automatically fuels the main headquarters’ information system. A basic set of WR-related data is currently transferred from the WR Information System every night through the Central Depository of Reference Data to all necessary directories and information systems, namely: the Global Staff Directory, the Global Telephone Directory, Microsoft Exchange/Outlook (Active Directory), the Official List of Addresses and the TB Global Drugs Facility. Since the information is disseminated to different points through the Central Depository of Reference Data it is readily available to all other information systems in WHO. The current system requires continuous manual updating based on the information sent from regional CSUs and WRs/LOs to the Department of Country Focus. The above-mentioned Portal will allow immediate update and data analysis. Information will continue to be produced and made available through the same Portal.
- The 2005 survey on WHO country presence was carried out by the cross-WHO working group to show the current picture of the various country realities. Findings from this survey based on information received from 139 country offices, 4 desk offices in EMRO and 2 field offices were presented. (For more detailed information, see CD ROM Item⁸: PowerPoint Presentation on ‘Current WHO Country Presence (30.05.05)’).

Next steps:

- While the work to set up a CSU Network portal with EMRO technical support will start immediately, the system will be functional by the next CSU Network meeting (November 2005). Related common costs will be covered by the Department of Country Focus.
- The CSU Network members will jointly decide on a minimum essential set of information to be included and shared virtually. As a starting point, a set of basic information has already been identified. Among these:
 - CCS and background documents
 - WRs/LOs visiting headquarters

8. Represents findings received as of 17 May 2005.

- CSU Network meeting reports and selected background documents
- WRs/LOs global meeting reports and follow-up on recommendations
- Country presence data, as jointly agreed
- Hyperlinks to existing country office websites
- WRs/LOs database, reports and situation analysis
- WR induction package
- Useful presentations (PowerPoint slides and selected material received from departments)
- After having defined the contents, each member of the CSU Network will identify one portal administrator/manager who will be the Focal Point having i) authorized access for modifying their data and ii) the responsibility for keeping their part of the portal alive and updated. Besides the administrator/manager designated by each CSU, the other members of the Network will be read-only users. Based on the EMRO experience the current ICT staff can be read-and-write users without any difficulty. No additional staff will be needed.
- The 2005 survey on Country Presence will incorporate the few missing data from country offices. Findings will be disseminated and incorporated into the final paper on WHO Country Presence by the cross-WHO working group.

B. Communication strategy for Country Focus

The rationale for developing a communication strategy for the Country Focus policy and the importance of communications for WHO work at country level was presented by the Coordinator of the PAHO/WHO Communication Unit (See CD ROM Item 9: PowerPoint Presentation on 'Communicating WHO's Country Focus').

- Internally at WHO, improved communication creates buy-in and support, fosters understanding of the Country Focus Policy, redirects and renews the Organization's efforts towards countries and stimulates contributions from all part of the Secretariat.
- Externally, better communication increases links with partners, supports funding and contributes to building awareness, influencing positive health outcomes and behaviour changes.

Developing a communication strategy entails the following necessary steps: identification of target audiences, defining objectives, developing key messages, identifying channels for getting the message across, and understanding the political context of communicating messages.

Key points highlighted during discussion:

- A simple message should be developed on the uniqueness of Country Focus as a policy but also as a tool and mandate for the Organization.
- Successes in implementing Country Focus need to be documented and shared.
- There is a need to identify and build on components of the Country Focus policy that are receiving attention by WHO at high level especially the implementation of 'One WHO Country Strategy, Plan and Budget'.
- It has been acknowledged that the lack of understanding for Country Focus is not only a communication problem but also reflects an internal operational issue that must be dealt with. Country Focus means changing the way the Organization works and some may perceive this to be a threat. Some misconceptions need to be rectified, such as considering that the implementation of the Country Focus policy competes against WHO's normative functions. Communication on Country Focus must therefore be accompanied by advocacy to modify/adapt managerial and administrative arrangements that support the policy and promote cooperation with countries.
- The entry point for communicating Country Focus is understanding the communication needs, capacities and gaps within WHO. There is also a need for analysing the political context within WHO that influences the Organization's commitment to implement its Country Focus policy.
- Target audiences need to be identified and messages need to be decoded to suit the different audiences.

Target audiences should include the general public (communicating through channels that will reach ordinary people) and development partners but priority should be given to sensitizing staff at headquarters.

- Increasing the number of communications officers at country and sub-regional levels can significantly contribute towards more effective and realistic interactions with partners as well as influence positive health outcomes and behaviour changes.

Next steps:

- The CSU Network will design a framework for the Country Focus communication strategy that identifies objectives, priorities and first steps. Technical support will be provided by PAHO/WHO and related common costs covered by the Department of Country Focus. This includes identifying target audiences and decoding messages that suit these audiences. The priority target audience is the internal headquarters staff who should be increasingly sensitized to the concept of Country Focus.
- The Department of Country Focus will ensure that guidelines for the second generation of CCSs incorporate a communication component in the CCS process from the start in order to share the implications of the CCS with internal and external audiences.
- The Department of Country Focus will collaborate with the relevant managerial and technical units to include the advocacy for 'One WHO Country Strategy, Plan and Budget' within the Country Focus communication strategy.
- The CSU Network will identify and share successes in implementing the WHO Country Focus policy, including Country Days, Country presentations during the WHA, as well as successful implementations of the implications of the CCS (e.g. re-profiling, increased delegation of authority)
- The CSU Network will initiate a platform for interactive communication tailored to expressed country office needs into the Country Support Unit Network Portal.
- The CSU Network will advocate and support as much as possible the recruitment of communications officers at country or sub-regional level.

V. Role of the CSU Network

Role of the regional CSUs and headquarters

The CSU Network is a well-established mechanism to strengthen the support provided to Member States by enhancing the dialogue between country and regional offices and headquarters, regarding key aspects of WHO country presence and to improve support for WHO's work at country level. Exchange of experiences has been at the core of the CSU Network since its establishment in November 2003. The functioning of the Network has been improving continuously. It is an excellent example of cooperation across the three levels of the Organization, with added value to its actions mediated by each region. The members of the Network usually meet virtually through videoconference, teleconference and e-mails. They also meet with WRs/LOs and specialized units around internal 'themes' such as the development and scaling up of CCS and the role of health systems in relation to country focus and CSU core business issues.

In the functioning of the Network, all members of the CSU Network are considered as equal partners, however, regional and HQ units play different roles. For instance, with regard to backstopping WHO country offices, the primary responsibility lies with the regional CSUs with the Department of Country Focus providing 'second tier' support, i.e. supporting this function through regional CSUs. Headquarters has a specific mediator function for the corporate WHO policy in relation to country focus and also serves as a secretariat for common action, e.g. the development of various position papers and guidelines (e.g. SWAPs, The Global Fund to fight AIDS, Tuberculosis and Malaria and United Nations Resident Coordinator (UNRC) system). In addition, there has been considerable resource mobilisation for the common work of the Network and implementation of the Country Focus Policy.

The role of the Network is seen as evolving, thus, the meeting was an occasion for reiterating, reemphasising and renewing the role played by the Network and its constituent partners. The table below summarises the discussions around the functions of the Network and the roles of the different levels of the Organization in fulfilling these functions. While the table outlines seven major functions of the Network, it was recognised that these functions are closely interlinked and should not be considered as being mutually exclusive. The table additionally describes in general terms the previously mentioned core functions of the WHO Country Office.

The overarching function of the Network is to articulate and promote WHO's Country Focus Policy, as agreed with Governing Bodies, through close collaboration and dialogue with key stakeholders.

The following seven specific functions of the CSU Network have been identified:

Function 1 *To facilitate the adoption of National Policies in line with WHO Governing Body resolutions.*

The CSU Network will support the alignment between national health and development policies and the Organization-wide policies of Governing Bodies. Regional CSUs play a role in carrying out this function by ensuring that global policy briefs are being adapted to the regional context and by outlining the implications for the work of WHO at country level. The role of headquarters is to communicate to WRs/LOs the latest policy developments (technical as well as managerial) in the form of integrated policy briefs covering related areas of work.

Function 2 *To facilitate the provision of technical expertise in response to needs defined at country level.*

Regional CSUs have an important technical backstopping role given their ideal position for making sure that technical units are identifying relevant technical expertise for engagement in countries. Technical support should come first from the regional office and, in some cases, from other regional offices. Headquarters should, upon request, facilitate the role of regional CSUs by playing a similar role at headquarters' level. The CSU Network should not become a bottleneck for technical cooperation. Country offices should dialogue directly with technical units and the Network should intervene only when the situation requires it.

Technical backstopping of country offices should include the use of collaborating centres, regional, national and sub-national institutions. CSUs can help to coordinate and synchronize various technical inputs across the Organization in order to avoid disjointed vertical interventions from across the levels of the Organization.

The Network should also monitor the quality assurance process for technical backstopping making sure that country offices receive a timely and adequate response.

Table 1: Functions and roles of WHO Country Offices and the WHO Country Support Unit (CSU) Network

Functions of the Country Support Unit Network*	HQ role in the Country Support Network	Role of the Regional Country Support Unit	Generic functions of the WHO Country Office (with specific weighting and mix for each country)
1. <i>Facilitate adoption of National Policies in line with WHO Governing Body resolutions</i>	Ensure that global and integrated policy 'briefs' are available to guide WHO engagement with Member States.	Adapt global Policy 'Briefs' to regional context as agreed with Regional Committees.	1. <i>Advocacy and support to the development of national health and development policies</i>
2. <i>Facilitate the provision of technical expertise in response to needs defined at country level.</i>	Technical 'back-stopping': facilitate additional expertise as defined by CSU and/or WCOs.	Technical 'back-stopping': facilitate high quality technical expertise as defined by WCO in response to national needs.	2. <i>Technical advice and support for strengthening public health programmes & related institutions</i>
3. <i>Facilitate management & administrative 'back-stopping' to ensure systems in place for well-run, well staffed country offices</i>	Ensure, along with relevant units, cross-regional standards are available to quality assure WHO country office management, covering: <ul style="list-style-type: none"> • Strategic engagement (CCS) & operational planning • WHO country presence • Performance Assessment of WCOs. 	Adapt global 'country office standards' (e.g. strategic planning, operational planning, WHO country presence and performance assessment) to regional context, and provide regional oversight, and support when required, to the quality assurance of WHO country operations.	3. <i>Effective and efficient management of WHO country offices, in line with standards defined by regional offices</i>
4. <i>Share knowledge and intelligence on countries across regions, to improve the quality of WHO cooperation</i>	Define global standards for sharing of knowledge on WHO country work and cross-regional learning, and to use information provided to promote the WHO Country Focus policy.	Share within the CSU Network information and knowledge on country cooperation (e.g. on country presence, CCSs, and innovations in technical support) and promote learning across WCOs.	
5. <i>Support WHO global and regional efforts to implement WHO resolutions on MDGs, harmonization, alignment & simplification.</i>	Articulate, along with relevant units, WHO policy positions and guidance on WHO's engagement in the UN and in global health partnerships.	Amend and apply WHO guidance within regional context, provide support to WCOs as requested, and share lessons with other CSUs.	4. <i>Support government in facilitating and coordinating international partnerships for the development and implementation of national health policies</i>
6. <i>Support resource mobilization for Member States in line with the CCS and with the WHO global resource mobilization strategy.</i>	Mobilize resources for flexible funding of WHO country work, in line with the CCS.	Facilitate the provision of technical support to national resource mobilization efforts, and supply flexible funding to WCOs to enable full implementation of WHO Country Cooperation Strategies.	5. <i>Work with international partners to mobilise resources in support of national health and development policies, including WHO operations</i>
7. <i>Facilitate the full participation of the Member State in global and regional Governing Bodies through adequate briefing and preparation</i>	Coordinate with Governance to ensure CSUs and WCOs: <ul style="list-style-type: none"> • Are adequately briefed and prepared for Member State involvement in Governing Bodies and interaction with the Director-General. • Receive feedback on HQ engagements. 	Facilitate the full participation of the Member State in global and regional Governing Bodies through close interaction with WHO Representative/Liaison Officers.	6. <i>Represent the Director-General and Regional Director in the interaction with Government and international agencies at country level, and support Member State involvement in Governing Bodies</i>

* The overarching function of the Network is to articulate and promote WHO's Country Focus Policy, as agreed with Governing Bodies, through close collaboration and dialogue with key stakeholders.

Function 3 *To facilitate the management & administrative back-stopping to ensure that systems are in place for well-run, well-staffed country offices.*

The effective administration and management system is essential to effectively deliver technical work at country level. Where appropriate, the CSU Network should facilitate administrative and management backstopping of WHO country offices. Headquarters, together with regional CSUs, should establish cross-regional standards which would act as a form of quality assurance of country offices. Regions play an important role in adapting these global “country office standards” to the regional context.

The CSU Network also promotes and monitors the strengthening of the capacity of country offices, e.g. through setting up or organizing access to specific needs-based training courses, developing tool kits for improving country work, and facilitating regional and cross-regional consultations. Regions have their own training and staff development programmes which need to be coordinated with that of headquarters. With a global strategic perspective, headquarters should share interregional experiences in staff development and take the lead in preparing induction and orientation packages for new WRs and LOs in collaboration with the relevant headquarters and regional units.

Function 4 *To share knowledge and intelligence on countries across regions to improve the quality of WHO cooperation.*

The CSU Network facilitates the flow of information and knowledge on WHO country offices and countries. This will be done through the establishment of a CSU Network portal that will be linked to existing country specific web sites.

Regional CSUs are in a good position to systematically capture and disseminate country specific intelligence and “good practices” across the region and beyond through a portal. Regional CSUs should further ensure that CCSs are made available to the whole Organization and will facilitate the sharing of country information (e.g. Country Days). Headquarters will facilitate inter-regional cooperation and act as a ‘hub’ for sharing information across regions.

Function 5 *To support WHO global and regional efforts to implement WHA resolutions on Millennium Development Goals (MDGs), harmonization, alignment & simplification.*

The Network will support WHO’s engagement at country level in adapting and implementing a global agenda, including UN reform, partnerships and coordination mechanisms. Headquarters will work with the relevant units and regional offices to articulate WHO policy positions and guidance on alignment and harmonization with other partners and processes. Regional CSUs will adapt these policy guidelines to the regional context such that WHO country offices can use them in their day-to-day operations.

Function 6 *To support resource mobilization for Member States in line with the CCS and with the WHO global resource mobilization strategy.*

The WHO resource mobilization strategy is being developed to add value to current resource mobilization activities, globally, regionally and at country level. The CSU Network should work with relevant units at headquarters and regional level to provide support needed to facilitate resource mobilization at country level. In particular, “flexible funding” is needed at the CSU level to ensure that WRs can respond to emerging needs without jeopardising the implementation of their workplans in line with their CCS. Therefore, efforts should be made by headquarters, regional offices and country offices to mobilize such flexible resources in order to ensure that the financial and technical resources required for regional and country offices are available.

Function 7 *To facilitate the full participation of the Member State in global and regional Governing Bodies through adequate briefing and preparation*

This representational function is supported by the routine dissemination by headquarters of specific types of information, such as packages of relevant material from Governing Bodies: World Health Assembly, Executive Board and the Director-General’s speeches, all of which can have a specific relevance for the work in the regions and countries. Regions and headquarters should work with Governance to ensure the timely and relevant flow of information/in-country briefings to WRs/LOs.

Next steps:

- The outlined roles and functions of different levels of the CSU Network will be a basis for developing their plans of work in 2006-07.
- The CSU Network will promote the strengthening of collaboration between technical units and country offices (e.g. via standards or guidelines). EURO will draft a 2-3 page document by September 2005 describing in generic terms the concept of “quality assurance”. This paper will be circulated and discussed at the next CSU Network Meeting (tentatively planned to coincide with the Senior Staff Meeting in late October 2005).
- WRs and LOs frequently visit headquarters. Their presence will be valued/made use of in meetings, briefings, participation in lunchtime seminars, etc. A system or mechanism for alerting the Department of Country Focus of such visits will be developed and agreed upon. This system or mechanism will further contribute to ensure that there is a fair distribution in the frequency of WR/LO visits to headquarters.
- The establishment of a mentorship or peer-relations programme for WRs was highlighted as a means for exchanging experiences. Such a mechanism will be developed jointly and agreed for regional adaptation.
- As requested by the participants, the Department of County Focus will follow-up on the ‘Guidelines for working with WHO Country Offices’.

VI. Specific agenda items

A. Health Systems: WHO institutional health systems strengthening strategy

The second CSU meeting had emphasized the importance of improving WHO's ability to strengthen national health systems. The recent announcement from Assistant Director General (ADG), Evidence and Information for Policy Cluster (EIP) on the development of a strategy for strengthening health systems (See CD ROM Item 10: Memorandum from ADG/EIP on Developing and Articulating an Institutional-Wide Strategy on Health Systems Strengthening) was therefore welcome. An example of a regional approach was provided from EURO (See CD ROM Item 11: EMRO CSU's Role in Supporting an Organization-wide Health Systems Strategy), which focused on a coordinated approach to health systems development across all of WHO's areas of work, coordinated at a regional level. The CSU Network should engage in the WHO strategy as it provides an opportunity to bring a much needed health systems perspective to WHO's country work. The proposed institution-wide strategy includes plans to 'launch country specific operational work-plans in 2006'.

Key points highlighted during discussion:

- The key focus for a WHO health systems strategy should be on sustainable development of health systems.
- The experience of EURO shows that a regional approach to supporting the development of national health systems has only been possible because of the support of senior management and with considerable efforts on re-training WHO staff.
- As discussed with major international partners at the 2005 Montreux meeting organized by EIP, emphasis would need to be on a country-by-country approach, focusing on the national health system and the current use of international resources.
- The balance needs to be right between coordination of support within WHO at regional level, and a flexible approach to supporting national health system development at country level.
- Local approaches to health systems development should be better coordinated in WHO and properly documented to allow WHO to learn as a whole.
- The World Health Report 2005 was accompanied by Policy Briefs that aimed at linking the delivery of a key Maternal, Newborn and Child Health goals with the development to sustainable health systems; this experience should be expanded.

B. Second-generation CCS

There is a need to build on lessons learnt from the 120 CCSs that have been developed since 2000 in order to improve on the quality and use of future ones.

The recent years have seen positive developments: the CCS is now acknowledged as the strategic agenda for WHO cooperation at country level. A guiding framework developed by all levels of WHO is available, based on common principles while preserving diversity and flexibility. The quality of the CCS processes and documents has improved and WRs and LOs are increasingly taking the lead. Regional offices have the entire responsibility for the process, including its endorsement. Regional Directors will send the endorsed CCSs to the Director-General for dissemination across units in headquarters.

Key points highlighted during discussion:

Remaining issues: The CCS, which offers a key opportunity for strategic dialogue at country level on WHO's strategic objectives and approaches / functions, should be visionary and vigorously supported by the entire Organization (as is the case for UNICEF and UNDP's multi-year cooperation frameworks). Headquarters' participation in specific CCS processes still involves more individuals than it stimulates institutional engagement.

Many CCSs are still not yet analytical enough: they need to be much less descriptive and extensive, and concentrate on key issues related to:

- Health and development in the country, focusing on inequities
- WHO's performance at country level

The strategic agenda is still too much focused on «what» WHO will do and not explicit enough on «how» to do it, and what it implies for WHO country presence and for its resources and ways of working at all levels.

Some regions are actually using the CCS as a basis for planning country work and resource allocation; however, the translation of the CCS into 'one country plan and budget' supported by the three levels of the Organization, is yet to be realized. There are issues related to lack of corporate alignment and support, and to our planning structure (multiple, "programmatic", areas of work).

Despite these issues, it is understood that the CCS is potentially the WHO instrument to:

- (i) Align with the national health and development strategies.
- (ii) Harmonize with the other processes such as the CCA / UNDAF, PRSPs, and SWAps. As such, the objectives and strategies of WHO at country level take into consideration other partners, in particular other agencies of the UN system and relevant stakeholders.
- (iii) Take on board global and regional priorities so that new and innovative approaches are included in national health programmes.

The CCS should be a tool for the WR/LO to advocate and negotiate support inside and outside WHO.

There are many positive examples where the CCS has led to changes within the WHO country office, and where it has been shared at the regional level to foster new ways of working.

Next steps:

- The CSU Network will promote buy-in and support of technical programmes, particularly at headquarters, through 'communities of practice' around particular countries: regional CSUs and WRs / LOs will provide guidance on whom to involve.
- Quality assurance will be improved through sharing information on practices in regions and learning from the CCA/UNDAF processes.
- The next Country Cooperation Strategy guide will incorporate the process for the development of the second generation of CCSs. This improved instrument will establish a clear link with WHO Country presence. It will further advocate for alignment with national health and development strategies as well as harmonization with UN agencies and other development partners.
- CSUs and planning units will work together on linking WHO country presence to the strategic agenda as defined in the CCS (Please see Section III, 'WHO at country level: functions, presence and performance assessment').

C. Join operational planning process for the SCC area of work, 2006-07

The members of the CSU Network agreed to be a role model and adopt a bottom-up approach to their own planning (i.e. starting with country offices and regional units, which would then provide a basis for headquarters' plans). Since the process is well-advanced in most regions, such planning process is compatible with the deadlines set by the Department of Planning, Resource Coordination and Performance Monitoring (PRP). Sharing these plans will promote coherence and consistency in supporting country offices. The deadlines set by headquarters will be met, i.e. end of July for submission of office-specific expected results, end of October for submission of products and services, activities, implementation schedule and planned costs, and end of November for final review and approval.

Next steps:

- Regional CSUs will share their draft plans, as ready, so that the Department of Country Focus may develop its own plans based on those. It will then share its proposal for feedback.

- EURO will also send the country Biennial Collaborative Agreements (BCAs) to the Department of Country Focus, for stimulating a dialogue between relevant headquarter units and their counterparts in the regional office, and engaging headquarters in country support.

D. Follow-up of the recommendations of the 3rd Global Meeting of WRs/LOs

The Department of Country Focus is monitoring the status of recommendations made from the 3rd Global Meeting of WRs/LOs (See CD ROM Item 12: Monitoring of recommendations from the Third Global Meeting of WHO Representatives and Liaison Officers). Contributions and feedback will be reported at a more advanced stage to WRs/LOs and relevant units by November 2005.

Annex 1: Agenda for the Third Country Support Unit Network Meeting -Santo Domingo, 31 May-2 June 2005

Tuesday, 31 May 2005

Setting the Scene

09.00 - 09.30 Plenary

Welcome and introduction: PAHO/WHO

Objectives of the meeting: CCO

Opening by Honorable Minister of Health, Dominican Republic

Presentation of the agenda: CCO

Debriefings on Country Focus Policy discussions

09.30 - 10:30 Debriefings

- EB discussion on WHO Country Offices and Country Focus
- DPMs' Meeting
- Presentation of findings from the survey

10.30 - 11.00 Tea break

CSU Network Core Business

11.00 - 12.30 WHO Country Office core functions and WHO country presence

Lunch break 12.30 - 14.00

14.00 - 15:30 Performance assessment of WHO Country Offices

15.30 - 16:00 Agreeing on methodology for group work

16.00 - 18.00 Working Groups (tentative)

1. WHO Country Office Core Functions
2. WHO country presence
3. Performance of WHO Country Offices

(Tea to be served during group work)

Wednesday, 1 June

CSU Network : follow up work Contd...

08.30 - 10.30 Group work presentation and plenary discussion

10.30 - 11.00 Tea break

CSU information and communication

11.00 - 12.30 CSU Network information tool: EMRO Country Information Presentation and plenary discussion

Lunch break 12.30 - 14.00

14.00 - 15.30 Communication strategy- plenary discussion

15.30 -16:00 Tea break

Country Support Unit Network : follow up work

16.00 - 17.30 Plenary discussion on 2nd generation of CCS

Joint operational planning process for SCC Area of Work, 2006-07

Thursday, 2 June

CSU Network : follow up work Contd...

08.30 - 10:00 Health Systems Development at country level

- CSU's role in shaping Organization wide Health Systems Strategy - CSU/EURO
- Decentralized technical cooperation: findings from a Decentralization Study - CSU/PAHO

10.00 - 10.30 Tea break

PAHO/WHO presentation

10.30 - 12.00 Panel discussion: Role of Country support Unit in PAHO/WHO

- CSU,PAHO/WHO
- Two WRs from PAHO/WHO

Lunch break 12.00 - 13.30

Country Support Unit Network : the way forward

13.30 - 15.15 Plenary discussion

- Follow-up on recommendations from 3rd Global WRs/LOs meeting
- Role of CSUs at RO and HQ, including technical backstopping

15.15 - 15.30 Tea break

15.30 - 16.45 Concluding session

- Wrap up and next steps
- Closing remarks and expressions of appreciation

Annotated Agenda for the Third Country Support Unit Network Meeting

TUESDAY, 31 MAY 2005

Setting the Scene

Chair: PAHO/WHO

- 09:00 – 09:30 Plenary:**
Welcome and Introduction (PAHO/AMRO, 10 min)
Objectives of the meeting (CCO, 10 min)
Opening by Honourable Minister of Health, Dominican Republic (10 min)

- 09:30 – 09:50 Tea Break**

- 09:50 – 10:00 Presentation of the Agenda (CCO, 10 min)**

Debriefings on Country Focus Policy discussions

Chair: PAHO/WHO

- 10:00 – 10:30 Debriefing on discussions of Country Focus Policy (CCO)**

- EB discussion on WHO Country Offices and Country Focus
- DPM's comments to working draft on WHO country presence

- 10:30 – 11:00 Presentation of findings from the survey on current WHO country presence (CCO)**

CSU Network Core Business

Chair: AFRO

- 11:00 – 12:30 WHO Country Office core functions, WHO country presence, and Performance assessment of WHO Country Offices**

- Introduction to WHO Country Office core functions (WPRO, 15 min)*
- Introduction to WHO country presence (WR from Cross-WHO Working Group on Core Presence, 15 min)*
- Introduction to performance assessment of WHO Country Offices (CCO, PAHO/WHO, EURO, 10 min each)*
- Plenary discussion for clarification (30 min)*

- 12:30 – 14:00 Lunch Break**

- 14:00 – 14:30 Agreeing on methodology for group work (CCO)**

- 14:30 – 17:30 Working groups (each group to discuss all three of the following topics:**

- WHO Country Office core functions
- WHO country presence
- Performance Assessment of WHO Country Offices

(Tea Break to be taken during group work)

WEDNESDAY, 01 JUNE 2005

CSU Network Core Business...Continued

Chair: AFRO

08:30 – 10:30 Presentation of group work and plenary discussion

10:30 – 11:00 Tea Break

CSU Information and Communication

Chair: EURO

11:00 – 12:30 CSU Network Information Tool

EMRO Country Information Tool Presentation (EMRO, 20 min)

WR Database (CCO, 10 min)

Plenary discussion (1 hour)

12:30 – 14:00 Lunch Break

14:00 – 15:30 Brainstorming a communication strategy for Country Focus (PAHO/WHO)

15:30 – 16:00 Tea Break

Country Support Unit Network: Follow-up work

Chair: SEARO

16:00 – 17:15 Plenary: Discussion on 2nd generation of CCSs

Introduction 2nd generation CCSs (CCO, 15 min)

Plenary discussion (1 hour)

17:15 – 17:30 Joint operational planning process for SCC Area of Work, 2006-07 (CCO, 15 min)

THURSDAY, 02 JUNE 2005

Country Support Unit Network: Follow-up work...Continued

Chair: SEARO

08:30 – 09:15 Health systems development at country level

• CSU's role in supporting an Organization-wide health systems strategy (DCS/EURO, 15 min)

• Plenary discussion (30 min)

09:15 – 10:00 Decentralized technical cooperation

• Presentation on findings from a decentralisation study (CSU/PAHO/WHO, 15 min)

• Plenary discussion (30 min)

10:00 – 10:30 Tea Break

PAHO/AMRO Presentation

Chair: EMRO

10:30 – 12:00 Panel discussion: Country Support Unit in PAHO/WHO

(Panellists: CSU PAHO/WHO and two WRs from PAHO/WHO)

12:00 – 13:30 Lunch Break

Country Support Unit Network: The way forward

Chair: WPRO

13:30 – 15:15 Plenary: Role of CSUs at regional and headquarter level

• Follow-up on recommendations from the 3rd Global WRs/LOs meeting (15 min)

• Role of CSUs at regional and headquarter level, including facilitating technical backstopping (1 hour, 30 min)

• Remaining issues

15:15 – 15:30 Tea Break

Concluding Session

WPRO

15:30 – 16:30 Wrap-up and next steps (60 min)

16:30 – 16:45 Closing remarks and expressions of appreciation (PAHO/WHO)

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Annex 3: CD ROM Content

1. Final Report
2. WHO Presence in Countries (Draft Report of 17.05.05)
3. WHO functions and performance - List of resource materials
4. EURO Methodology for Costing Core Country Presence
5. AMRO/PAHO Joint Evaluation Guide in English
6. Memorandum from the Director, EURO Division of Country Support on Introduction of Key Performance Indicators for Country Work
7. PowerPoint Presentation on 'EURO Kyrgyzstan Health Systems Performance Indicators
8. PowerPoint Presentation on 'Current WHO Country Presence (30.05.05)'
9. PowerPoint Presentation on 'Communicating WHO's Country Focus'
10. Memorandum from ADG/EIP on Developing and Articulating an Institutional-Wide Strategy on Health Systems Strengthening
11. EMRO CSU's Role in Supporting an Organization-wide Health Systems Strategy
12. Monitoring of recommendations from the Third Global Meeting of WHO Representatives and Liaison Officers (18.05.05)



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