

WHO support to countries for scaling up essential interventions towards universal coverage in Africa

The Maputo Report



**World Health
Organization**

Regional Office for Africa

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Acronyms

ADG	Assistant Director-General
AFRO	WHO Regional Office for Africa
AMS	Activity Management System
AoW	Area of Work
CCS	Country Cooperation Strategy
DPM	Director Programme Management
EC	European Commission
EIP	Evidence and Information for Policy
FCH	Family and Community Health
GAVI	Global Alliance for Vaccines and Immunizations
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMG	General Management
GPW	General Programme of Work
IMCI	Integrated Management of Childhood Illness
MDG	Millennium Development Goal
NEPAD	The New Partnership for Africa's Development
PERFAR	Presidential Emergency Plan for AIDS Relief
PMDS	Performance Management and Development System
PRSP	Poverty Reduction Strategy Paper
RPM	Regional Programme Meeting
SWAps	Sector-Wide Approaches
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

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1. Background

Challenges and opportunities in the WHO African Region

1.1. The African region accounts for 10% of the world's population yet is confronted with 20% of the global burden of disease. African nations are faced with high levels of poverty, with 39% of the population below the poverty line; and slow economic growth, with annual per capita expenditure on health in most countries limited to between US\$ 10 and US\$ 29. Other well-documented challenges to the region include limited financial and human resources, uncoordinated and inconsistent policy action on the determinants of health, limited use of knowledge and evidence to inform policies, and frequent occurrences of natural and man-made disasters.

1.2. Although much has happened, WHO requires radical new approaches for how it does business in the region. The 21st century presents extensive opportunities for improving health in the region – building on the momentum of the Millennium Development Goals (MDGs), resolutions of the WHO World Health Assembly (WHA) and the Regional Committee, coordinated work of the African Union, and the strategic framework of the New Partnership for Africa's Development (NEPAD) – offering opportunities for the mobilization of political, technical and other resources for the region. In addition to health investments from national, bilateral and multilateral sources, commitments are being crystallized in distinct initiatives such as the Millennium Challenge Account, the Presidential Emergency Plan for AIDS Relief (PEPFAR), the Report on the Commission for Africa, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), and the Global Alliance for Vaccines and Immunizations (GAVI). These initiatives come at a time when international agreements such as the Paris Declaration¹ reaffirm the importance of countries taking the lead in their own health agendas in regards to international development assistance.

Progress since Nairobi

1.3. In 2004, the WHO Regional Office for Africa (AFRO) and Headquarters worked together to develop a framework for strengthening WHO's technical support to countries. This framework is summarized in the “The Nairobi Report”²; an outline of its recommendations and progress on implementation are given in Box 1. The lessons learnt from these exercises were shared and discussed with AFRO during its Regional Programme Management (RPM) meetings. Key examples of lessons learnt and progress achieved are given in Box 2. The reprofiling process is now being implemented across the Region. Furthermore, a majority of the Region's WHO Representatives have participated in the Global Learning Programme on Management and Leadership Development. The recruitment process for WHO Representatives is being further developed using an external recruitment and selection process.³

¹ Paris Declaration on Aid Effectiveness, High Level Forum, Paris, February 28, 2005 to March 02, 2005.

² The Nairobi Report: *Strengthening WHO support to countries for better health outcomes in the African Region*. WHO Regional Office for Africa/WHO Department of Country Focus, Geneva, September 2004.

³ As of October 2005 this applies to Burkina Faso, Burundi and South Africa.

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Box 1: Summary of progress on key recommendations from "The Nairobi Report: Strengthening WHO support to countries in the African Region," September 2004.

Recommendation	Progress at end of 2005
Operationalize new 'cluster' arrangements in country teams	In place in Kenya, United Republic of Tanzania amongst other countries (e.g. Ghana); Malawi delayed due to absence of a WHO Representative
Work with AFRO and Headquarters on an interim "one WHO country plan and budget"	Principles taken forward in the European Commission (EC)–WHO Strategic partnership in health development, covering 6 countries in the WHO African Region
Update the Country Cooperation Strategies	Will start after agreement of the General Programme of Work by Governing Bodies in 2006
Review methodologies for taking forward the country strengthening process	New guidance prepared for all country teams as part of the roll-out of reprofiling
Clarify criteria for selecting countries to participate in subsequent phases	All country offices in the Region currently undergoing reprofiling exercises
Develop clearer criteria to guide country presence	Cross-regional working group met in 2005, and a paper is currently being prepared for Governing Bodies
Consider subregional grouping of expertise	The strengthening of subregional teams to better respond to countries is part of the new strategic orientations for the Region
Assistant Director-Generals (ADGs) and Office of the Director-General to be committed to providing support to the overall strategy	All ADGs were in support of the next phase, in particular the move towards joint planning for 2006–2007 in 13 countries
ADGs to promote decentralization of resources and promote new ways of working with regional and country teams	Director-General agreed that 75% of resources will go to regions and countries in 2006–2007
Evidence and Information for Policy (EIP) Cluster at Headquarters to work in collaboration with the Region to develop a "health system" platform for programmes	A WHO institutional strategy to strengthen health systems is being defined by a group from across WHO, including country teams

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Box 2: Are we seeing a difference? *Lessons learnt from Kenya, United Republic of Tanzania, Ghana, Swaziland, Seychelles and Namibia*

Kenya: The benefits of “clustering”

- **WHO engagement with the Ministry of Health.** The new "clustering" of programmes has enabled WHO to provide more effective support to the development of the National Health Sector Strategic Plan II 2005–2010, which focuses on critical areas of development where programmes converge. Specific examples include:
 - the strengthening of the Health Management Information System and Integrated Disease Surveillance and Response System where financial and technical resources from various areas of work allowed one training programme for national data managers;
 - the measles campaign where the Expanded Programme on Immunization is working with the Malaria and Child Health programme to provide insecticide-treated mosquito nets and vitamin A for under 5-year-olds.
- **Sharing of the available resources.** In instances where one area does not have enough funds for an activity, funds have been sourced from other areas of work after agreeing with the WHO Representative and the focal person.

Joint activities. At present, the Maternal Child Health cluster is planning joint campaigns and a child health baseline survey. The Health Systems cluster is coordinating efforts in the Ministry of Health as it operationalizes the sector-wide approach process.

United Republic of Tanzania: Advantages to WHO staff following the reprofiling exercise

- Staff are positive about their own **capacity development**, which forms part of the reprofiling process.
- **Joint action** with other programmes has been made easier, in particular between tuberculosis and HIV, and between Integrated Management of Childhood Illness (IMCI) and Malaria; joint training has been possible, for example between Essential Drugs and HIV; and joint development of tools, such as between IMCI and Malaria.
- There have been gains in the roll-out of **essential health interventions**, such as collaboration between IMCI and Health Systems.
- **Staff reporting** is now done by cluster, and some administrative functions are within “clusters”.
- **Regularization of posts** assessed as part of the core team is being advised in order to sustain the work currently being performed.

Some shortcomings include the “resistance” to change from old traditions, the difficulty of moving from a “hierarchical” to a “team” mentality; the “one WHO country plan and budget” not happening as fast as had been hoped, and uncertainty over whether previously recommended changes for reprofiling required “approval”.

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Ghana: Benefits and challenges to staff in the new arrangements

- Although there has been an increase in the frequency of meetings, work is proceeding more efficiently. Meetings emphasize the **sharing of information across areas of work, joint planning and team building**.
- Two of the original clusters are to be merged to ensure **coordinated support** and avoid duplication of effort.
- While there has been an increase in demand for out-of-country training of staff, various categories of staff have benefited from a number of **training programmes**. For example, a project, planning and management training programme to enhance the skills of all National Professional Officers in effective and efficient management practices has been very useful for developing country plans.
- Some cross-cutting programme officers have been over-burdened, e.g. those dealing with **health economics and health promotion**.
- Staff are sometimes **reluctant to 'outsource'** work.

Swaziland: Effective business operations

- **Key areas:** facilitation, advocacy and information sharing, resource mobilization and partnership building, strengthening management.
- **Skills required:** facilitation, policy briefing, dialogue, communications, lobbying, effective writing, programme planning and management, proposal development, team-building, monitoring and evaluation.
- **Appropriate skills for support staff:** communication, public relations, book-keeping, computer skills, equipment maintenance, language mastery (English), writing effectively.
- **A WHO country office staff retreat** was held in September 2005 to examine ways of focusing the 2006–2007 workplans by narrowing down the areas of work to be addressed from 28 to 15. The workplans are to highlight aspects of health systems strengthening, planning and management support and health promotion.

Seychelles: New ways of working

- **Joint planning mechanisms** are in place between the WHO Liaison Office, the Ministry of Health and Social Services and other partners. Regular meetings are held at the highest level of the Ministry of Health to identify constraints and means to overcome any problems identified.
- **Exchange of information regarding planned activities** with other agencies and funds of the United Nations system reduces duplication of activities. Recently, the country office carried out joint activities with the United Nations Population Fund (UNFPA) in the evaluation of educational material produced in the area of HIV and AIDS and in the preparation of the Indian Ocean Colloquium on HIV and AIDS which was held in November 2005.
- **Cooperation with the National Health Sector through the Ministry of Health and Social Services.** The formulation of the 2006–2007 biennium workplan institutionalized a bottom-up approach. This has allowed the different units of the Ministry of Health to define priority interventions based on the core functions of WHO and increased ownership by the different units of the Ministry of Health in the planned interventions and budget control.

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Namibia: Achievements and constraints

- For bienniums 2004–2005 and 2006–2007, ***workplans were aligned with the strategic agenda of the Country Cooperation Strategy*** and developed under a joint planning approach with the Ministry of Health. Improvement is needed in the ***application of the concept of “One WHO country, plan and budget”***.
- The majority of technical staff in the country office are responsible for more than one area of work. In a small office, such as that in Namibia, the ***clustering*** concept is the only solution.
- The country office was heavily involved in the development of the second generation of the Common Country Assessment/United Nations Development Assistance Framework (***CCA/UNDAF***) and efforts undertaken in ***joint programming with the other agencies and funds of the United Nations system*** (e.g. UNFPA, United Nations Children’s Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS)) for the 2006–2007 workplan).
- The biggest challenge for the country office is limited financial resources. A ***strong resource mobilization strategy is needed***.

New policy environment for WHO in Africa

1.4. ***Global resolutions.*** During the 58th meeting of the WHA in 2005, a series of interrelated resolutions were passed that signalled a new direction for WHO’s engagement with Member States. This engagement is in line with the demands articulated in the CCSs and with the Strategic Orientations to Guide WHO Action in the African Region (2005–2009), particular highlights include:

- ***A more structured engagement by WHO at the national health policy level.*** Resolution WHA 58.31 emphasized the importance of the following: universal access and coverage of maternal, newborn and child health interventions involving all stakeholders including civil society; promoting the rights of women and children; strengthening health care delivery systems through linking them to national development processes, addressing human resources for health, building realistic scenarios for scaling up the health system, building capacity for financing reform, developing a national consensus on moving towards universal coverage, creating partnerships between government, civil society and development agencies and involvement in not-for-profit organizations.
- ***Strengthening WHO’s role in supporting the development of national health systems.*** Resolution WHA 58.33 focused on sustainable health financing, emphasizing: pre-payment, risk-sharing and avoiding catastrophic health-care expenditure; equitable and good-quality health care services; sustainable financing; the transition to universal coverage within the context of each country; public–private collaborations; and institutional mechanisms for addressing the principle functions of the health-financing system. This builds on previous resolutions (e.g. Resolution WHA 57.19) that place emphasis on national policies and strategies for effective retention of health personnel.
- ***Working with Member States and partners to support the scaling up of public health programmes.*** Resolution WHA 58.30 requested WHO to support Member States in accelerating progress towards the internationally agreed health-related development goals (e.g. MDGs). Other resolutions focused on

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malaria (Resolution WHA 58.2), disease surveillance and epidemic response (Resolution WHA 58.3), tuberculosis (resolution WHA 58.14), immunization (Resolution WHA58.15), working towards universal coverage of maternal, newborn and child health interventions (Resolution WHA 58.31), and nutrition of infants and young children (Resolution WHA 58.32). Similar resolutions from previous WHAs focused on child and adolescent health (Resolution WHA 56.21), reproductive health (Resolution WHA 57.12) and HIV/AIDS (Resolution WHA 57.14).

- *Ensuring that in times of crisis all affected populations, including displaced people, have access to essential health care:* In the wake of recent global disasters, Resolution WHA 58.1 emphasizes the need to ensure adequate capacity for emergency preparedness and response.
- *Harmonizing WHO efforts with those of the United Nations and, where appropriate, with other development partners in line with the priorities of the Member States:* Resolution WHA 58.25 emphasized the importance of coordination within the United Nations system and adherence to the harmonization and alignment agenda as in the Paris and Rome Declarations.

1.5. Changes to WHO strategic planning: the General Programme of Work and the Medium-term Strategic Plan. WHO has recently completed a comprehensive consultation process for its 10-year General Programme of Work (GPW). The GPW outlines key global challenges in health, many of which are already reflected in the Strategic Orientations to Guide WHO Action in the African Region (2005–2009). Starting in 2008, in response to these challenges, WHO will move to a 6-year strategic planning cycle to be guided by 15 objectives replacing the current 36 Areas of Work.

1.6. Resolutions of the WHO Regional Committee for Africa. Mirroring the commitments made during the 58th meeting of the WHA, the 46 governments represented in the WHO Regional Committee for Africa passed a key resolution for *Achieving the health Millennium Development Goals: Situation analysis and perspectives in the Africa Region (AFR/RC55/R2)* urging Member States to support the MDGs, strengthen health systems, collaborate across sectors, ensure strong stewardship and governance, improve disease surveillance, address the health professional crisis and work with development partners. The resolution further reiterated the need to commit 15% of annual national budgets for health, as agreed in the Abuja Declaration of 2001, and committed WHO to:

- Support countries to conduct needs assessments to gauge the extent to which health systems need strengthening and the investments required to achieve the health MDGs in the context of national strategic plans.
- Advocate more resources to be allocated and disbursed to health.
- Engage in technical and policy dialogue with international financial institutions on the impact of their policies on poverty and health.
- Support the training, recruitment and retention of appropriate health professionals in countries.
- Provide technical support to countries for the scaling up of interventions to reduce child mortality (Goal 4), maternal mortality (Goal 5), and morbidity and mortality due to HIV/AIDS, tuberculosis, malaria and other priority diseases (Goal 6).
- Support countries in the use of appropriate monitoring and evaluation frameworks to track progress in achieving the health MDGs.

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- Report to the fifty-seventh meeting of the WHO Regional Committee for Africa, and thereafter every other year, on progress made in attainment of the specified outcomes.

1.7. In addition, the Regional Committee passed resolutions for scaling up efforts to combat trypanosomiasis and to prevent HIV and cardiovascular diseases, and declared tuberculosis an emergency in the African Region.

1.8. *Strategic Orientations to Guide WHO Action in the African Region (2005–2009)*. With the aim of taking forward these new policy positions, a major consultation was held on the future of WHO in the African Region. This, together with the experience and lessons being learnt as a result of WHO's engagements in the Region, led to the formulation of Strategic Orientations to Guide WHO Action in the African Region (2005–2009). This orientation is composed of five components:

- strengthening WHO support to countries;
- strengthening and expanding partnerships for health;
- strengthening health policies and systems;
- promoting the scaling up of essential health interventions; and
- enhancing the response to the key determinants of health.

The strengthening of WHO support to countries emphasized that technical and managerial responsibility will be decentralized from AFRO to country offices with support from inter-country teams and AFRO. There will also be an increased emphasis on the oversight, monitoring and supervisory roles of the Organization.

2. Reprofile WHO country offices

Update on progress

2.1. In 2005, the WHO Regional Director for Africa, desiring to build on previous experiences and lessons learnt, initiated a programme to reprofile all WHO country teams in the Region. This initiative began with three reprofiling workshops held in Accra, Brazzaville and Nairobi, during which the necessary skills and understanding of WHO Representatives and their Administrative Officers were developed. The participants were taken through the process of reprofiling their country teams, enabling their teams to work across programmes and focusing on the priorities agreed in the CCS. Following these workshops, WHO Representatives briefed their country teams and prepared plans for the reprofiling exercise. Various common issues arose during the three workshops:⁴

- **Repositioning the WHO country office to deliver programmes in a changing environment.** The reprofiling exercise is an opportunity for WHO to better reposition itself with the Government and other partners. In particular, WHO should better assist the Ministry of Health in its dialogue with the Ministry of Finance and Planning in order to advocate for increases in funds available for health systems. WHO should also better position itself with development partners, in particular with those who supply significant funds and technical support.

⁴ Full reports from the three workshops are included in the Annex (CD-ROM).

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- **Defining and implementing reprofiling.** WHO needs a common definition of reprofiling and the various terms related to the exercise. It should be clearly linked to the CCSs and be carried out following regional guidance and in an objective manner.
- **Reprofiling with a human face.** Reprofiling is not a mechanism for removing underperforming staff from the Organization. Rather, the process of reprofiling aims at getting the best out of existing staff. Underperformance should be dealt with according to the currently available mechanisms, particularly through the Performance Management and Development System (PMDS). With respect to functions that are no longer needed, staff performing these functions should initially be considered for other similar posts; if and when this option fails, other mechanisms should be sought. With respect to Administrative Officers, the grades for this position vary widely across the Region with several staff unable to perform according to the grades they occupy. Nevertheless, standardizing the position of Administrative Officers may prove difficult because of differences across country offices. As the reprofiling exercise is a sensitive one, representation of the Staff Association across the Region should be considered to be part of the exercise.
- **Need for long-term perspective.** WHO is working in an increasingly complex and dynamic environment which require the country offices to face new challenges. Reprofiling should be built into the regular managerial processes such that the competencies of country teams are regularly reviewed to ensure their relevance. WHO needs to consider how inter-country teams will be included in the reprofiling process, and be clearer on the implications of the broader decentralization process in the Region.
- **Review AFRO management procedures and use of tools (e.g. PMDS, Activity Management System (AMS)).** The “clustering” of WHO work around national priorities has consequences for this team approach will be reflected in the PMDS and AMS. For example, in Kenya, resources are now being shared across areas of work within a cluster, e.g. for malaria and IMCI. The “one WHO country plan and budget” needs to have clear objectives that are understood by actors across all levels of WHO.
- **Resource mobilization strategy.** If the expectations of the reprofiling exercise are to be met, it will have to be linked to a resource mobilization process involving the country office, AFRO and Headquarters. The first step must be to ensure that existing resources are being used as effectively as possible.

The reprofiling of country offices will form part of the broader decentralization process in the Region; next steps are summarized in Box 3.

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Box 3: Taking forward the reprofiling exercise in the WHO African Region

- **Operational Guidance.** AFRO will update its guidance based on comments received during the reprofiling workshops. AFRO will ensure availability of this guidance document as a resource for country teams.
- **Informing Country Teams.** Following the workshop, the WHO Representative will brief the country team on what the reprofiling exercise will entail in order to dispel any concerns or misunderstandings.
- **Making plans.** The Regional Director has instructed all WHO Representatives to work with their teams in preparing a proposal for submission to AFRO by early 2006. Proposals will be incorporated into workplans for 2006–2007.
- **Work with United Nations Country Team and other partners.** As an occasion to seek opportunities for harmonization of efforts, plans for reprofiling the country team will be shared with agencies and funds of the United Nations system and with development partners.
- **Approval and search for regional synergies.** AFRO has set up mechanisms for review of the draft reprofiling plans. This will bring ownership to senior management in AFRO and help to ensure fit with the overall decentralization plans for the Region.
- **Resources for reprofiling.** The majority of reprofiling plans do not require additional financial resources; however where extra finances are required, resource mobilization from within WHO, and if necessary from external sources, should take place.
- **Back-up from the AFRO and Headquarters.** Implementation of reprofiling plans may require back-up in the form of human resources expertise and facilitation skills. AFRO and Headquarters will form a resource group for WHO Representatives to call upon.

3. Maputo Workshop: Joint planning towards universal access

Initial moves towards the “one WHO country plan and budget”

3.1. Following agreement between WHO and each Member State on medium-term priorities to guide WHO's engagement in the country, as expressed in the CCS, biennial operational plans are amended to fit with these priorities. In line with recommendations made in Nairobi, efforts have been made towards a “one WHO country plan and budget”⁵. This translates into the adjustment of WHO country plans such that they reflect the efforts of WHO, as a whole, in working with Member States on country priorities. This principle has been taken forward by the EC–WHO Strategic Partnership for six countries in the African Region (i.e. Angola, Burkina Faso, Kenya, Malawi, Niger and the United Republic of Tanzania)⁶. The purpose of the Partnership is to enhance national capacity for the formulation and implementation of health policies, including strengthened engagement in Poverty Reduction Strategy Papers (PRSPs), Sector-Wide Approaches (SWAs) and budget support processes. The Partnership focuses on monitoring the progress of the MDGs, making pregnancy safer, disease surveillance and health information systems. The work builds on defined results required in countries, and how and what the country, Region and Headquarters could contribute to ensure expected results are realized. This Partnership will be taken forward as part of WHO's programme of work for 2006–2007.

Preparatory work for the Maputo Workshop

3.2. In May 2005, the Regional Director for Africa and the Assistant Director-Generals (ADGs) agreed on a country-regional-Headquarters joint planning exercise for 2006–2007 in 13 African countries (i.e. Angola, Central African Republic, Congo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania). This exercise took place in Maputo, Mozambique from 31 August to 01 September 2005. The overall objective of this workshop was to develop a coherent institutional strategy for the three levels of the Organization in its support to countries, with the aim of promoting universal coverage and access through the strengthening of WHO capacity in countries, supporting the development of national health systems and the scaling up of essential interventions. The specific objectives were to reach common understanding of universal coverage and access and the role of WHO in its achievement, and to agree on priorities identified by the 13 selected countries for the 2006–2007 biennium for which AFRO and Headquarters will provide support.

3.3. *Regional Programme Meeting (RPM)*. All WHO Representatives prepared, in conjunction with counterparts in the government, draft workplans for the biennium based on the priorities identified in the CCS. At the 55th RPM in August 2005, these

⁵ "The 'one WHO country plan and budget' is to be largely based on the CCS, and will show all key activities in the country, including inter-country and normative work. This approach will help ensure that WHO's efforts are better coordinated and focused on improving impact on national health development". *Strengthening WHO support to countries for better health outcomes in the African Region*. The Nairobi Report. April-September 2004.

⁶ EC–WHO partnership.

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draft workplans were shared with AFRO Regional Divisions, leading to a dialogue on priorities and on how AFRO can best support country teams.

3.4. *Headquarters.* In response to the request received from AFRO to take part in the joint planning exercise, a core group composed of representatives from across clusters in Headquarters was formed. Two exercises were carried out: (i) collection of technical input from relevant departments in Headquarters on each country office workplan (to complement a similar process occurring during the RPM); (ii) strategic review of the country office workplans in the context of global policies and WHA resolutions related to scaling up essential interventions to achieve universal access and coverage. The second exercise was conducted using a “checklist” adapted from the World Health Report 2005 Policy Briefs (see Box 4) with additional criteria to assess the adequacy of country plans against the CCS.

Box 4: “Checklist of actions” for scaling up towards universal access (adapted from World Health Report 2005 Policy Briefs)

Policy and stewardship: is WHO providing sufficient support to government for scaling up to universal coverage by:

- building a consensus on putting universal access and social protection at the core of citizens health **rights and entitlements**
- developing a consensus on mechanisms for predictable, sustained and increased **funding**
- creating **partnerships** between government, civil society organizations and development agencies
- establishing participation mechanisms for **civil society organizations** to establish the accountability mechanisms and systems of checks and balances

Health systems: is WHO providing sufficient support to:

- obtain the strategic **information** and system intelligence for strategy formulation and planning and ensure systems are in place to **monitor** progress in scaling up
- build a consensus on, and ensure, the realignment of **human resources** for health policies to prevent escalation of the workforce crisis, implement immediate corrective measures, establish long-term plans for correcting shortages and skill-mix mismatch
- build and cost realistic **scenarios for scaling up** the health systems, programmes and service delivery required to fill current gaps and overcome system constraints
- build institutional capacity to move from user fees to **pre-payment and pooling** systems and organize financing mechanisms around universal access and social protection

Programme and service delivery: is WHO providing sufficient support to the scaling up of essential health interventions by:

- ensuring the national programmes cover the correct **scope, packages and strategies** and are consistent with WHO norms and policies (global and regional)
- adapting the national programme **management** structures for their delivery
- building the institutional and individual **capacities** for scaling up

WHO Country Cooperation Strategies:

- does the country workplan reflect the **strategic priorities** highlighted in the CCS
- is the CCS showing evidence of adequate **alignment** with national policies for health and development
- is the CCS showing evidence of **harmonization** with the UN and other partners
- does the CCS promote an **integrated approach** to programmes and systems, i.e. coordination, collaboration and synergies

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The Maputo Workshop

3.5. A two-day WHO country offices-AFRO-Headquarters workshop was held in Maputo, Mozambique from 31 August to 01 September 2005, with 65 participants including the WHO Regional Director for Africa, ADGs from the Headquarters clusters of Evidence and Information for Policy (EIP), Family and Community Health (FCH) and General Management (GMG), WHO DPM for Africa, 13 WHO Representatives, seven AFRO Divisional Directors, 26 AFRO Regional Focal Points for areas of work, five directors and nine other senior-level staff from Headquarters. The participating WHO Representatives were from Angola, Central African Republic, Congo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania.

3.6. The meeting began by exploring the synergies in the recent WHA resolutions covering the concepts, framework and commitments on universal coverage and access, and strategic orientations to guide WHO action in the African Region in 2005–2009. Group work and plenary sessions were held to arrive at key recommendations, follow-up actions and timelines. The group work discussed two themes:

- adapting country workplans to support moves towards universal coverage and the AFRO strategic orientations; and
- strengthening coordinated support from AFRO and Headquarters to countries.

3.7. During the working groups, a three-way dialogue took place between the WHO country offices, AFRO and Headquarters. The 13 WHO Representatives had the opportunity to react and provide further clarification on the feedback received from Headquarters on their draft country office workplans. WHO Representatives further expressed specific needs for support across the various areas of work covering technical and financial assistance, and, in some cases, political backup. The working groups also identified key priority interventions and areas for action where further coordinated support from AFRO and Headquarters to the country offices will be required.

Key issues arising

- ***WHO's role at country level.*** WHO must enhance its performance in countries in order to meet the increasing expectations of governments. This means expanding WHO's engagement, taking account of the challenging environment and the need for accountability to relevant stakeholders within each country context. WHO's technical support to countries must be strategically positioned to influence legislative framework and outputs that ensure the sustainability of technical assistance. To achieve this, WHO's functions at country level need to be balanced across its roles in providing policy advice, in giving normative guidance and in supporting national implementation. WHO must take this forward by building on its comparative advantages, such as its close relationship with the government, its neutral stance and its ability to convene multiple partners.
- ***WHO's engagement in the scaling up of health interventions.*** The scaling up of priority health interventions for achieving universal access and coverage is inextricably linked with strengthening health systems, in particular district

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health systems, essential health packages, and community and civil society participation. The risk that the quality of health interventions may be compromised in the process of scaling up access underlines the need to strengthen the role of the ministries of health in stewardship and management, and to strengthen the capacities at the local level to revitalize the district health systems approach. More attention is required to defining and costing packages for scaling up and to addressing the financial gaps for implementation.

- ***WHO collaboration with other United Nations agencies and partners.*** For this agenda to be effective, WHO must work with various partners at the country level, focusing on harmonization of approaches and alignment with national policies and strategies. To this end, WHO must work innovatively within the context of its procedures and financial rules. WHO's technical leadership should come through these collaborations.
- ***Changing the way WHO does business.*** The working groups expressed a clear need for WHO to provide greater and more responsive technical assistance to countries and to monitor WHO's attempts to improve its technical assistance. Coordinated support is required from AFRO and Headquarters for the ongoing reprofiling exercises of country offices and to facilitate concrete alignment of country office workplans with the improvements required to move towards universal access and coverage. For this to be successful, WHO must continue the decentralization process, strengthen its presence in countries, and improve its resource mobilization capacity at country level. WHO will also need to continue to improve various internal and managerial procedures to be more effective at country level. Joint planning and coordinated implementation processes as part of strengthening WHO's support to countries need to be institutionalized. A coordination team to take this forward and to effectively monitor the outcomes in the 13 countries needs to be put in place. Enhancing vertical and horizontal integration within WHO is critically important, and will require clear definition of the roles and responsibilities across the different levels and units of the Organization. These changes will need to continue to allow for some shift from a medical to social model to address wider issues of health determinants, as emphasized in the context of the forthcoming GPW.

4 The way forward

4.1 In follow-up to the Maputo Workshop, it was agreed that a joint AFRO-Headquarters working group would be established under the leadership of the DPM and ADGs to oversee the completion of the joint planning exercise in the 13 countries, take forward the recommendations of the meeting, and develop instruments for monitoring the implementation of the plans and the sharing of information regarding coordinated support to countries. This will be achieved as follows:

4.2 ***A senior-level group***, chaired by the DPM, will oversee all matters. In AFRO, three or four Divisional Directors will be appointed to represent other areas of work. In Headquarters, all the ADGs will be represented by the three participating ADGs

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(i.e. EIP, FCH and GMG), who, in turn, will each nominate a Director to work on his/her behalf. The role of this senior-level group will be to ensure that the recommendations from the Maputo Workshop are adequately followed up, and that working groups are established with clear directions to facilitate the implementation of the follow-up activities as outlined in the summary report of the workshop. The group will convene by video-conference as needed.

4.3 *A joint AFRO-Headquarters⁷ secretariat:* was established through three interlinked working groups to facilitate the implementation of the follow-up actions as identified at the end of the Maputo Workshop. The joint secretariat will oversee coordination, monitor progress, ensure access to the existing 'Share-point'⁸ for all relevant stakeholders, ensure good communications (both internal and external) through regular briefings, and prepare a final report. The work will cover three main issues:

- managerial systems and priority-setting processes
- capacity building of country offices
- strengthened technical assistance for scaling up essential interventions.

4.4 Each interlinked working group is led by an ADG and a representative from relevant units in AFRO. The work of the three groups is coordinated by moderators from AFRO and Headquarters around specific deliverables and with identified lead persons and a specified timetable. The preliminary set of deliverables expected is summarized in Box 4. Each working group will:

- Identify any ongoing or previous work in the terms of reference such that the group can collaborate, as necessary, with other individuals.
- Draft short progress reports, with recommendations where necessary, to the senior-level group, or elsewhere as appropriate.
- Make notes of all discussions and key presentations available to all WHO staff.⁹

⁷ AFRO/PPE, AFRO/TCC, AFRO/CAS, SDE/CCO, GMG/PRP

⁸ A secured collaborative workspace on the Internet allowing several people to access and share resources in order to provide support for the joint planning exercise (http://sharepoint.who.int/sites/AFRO-Joint_Planning/default.aspx)

⁹ Details can be found in “*Joint planning workshop on scaling up essential interventions towards universal coverage and access in thirteen African countries: summary report.*”

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Box 5: Deliverables of three interlinked working groups
Revamped managerial systems and priority-setting processes
<ul style="list-style-type: none"> • Joint planning report and recommendations on the exchange of workplans, response to requests for technical support and implementation of priority activities such that WHO's support to countries is better aligned • Priority-setting processes reviewed and guidance provided for ensuring coherence and consistency across the Organization • Monitoring reports to assess the impact of this initiative and its agreed deliverables for strengthening country offices and providing better support to countries
Capacity building of country offices
<ul style="list-style-type: none"> • Support and guidance for reprofiling exercises and recommendations on WHO's rotation and mobility policy to ensure optimal staffing of country teams • Training module on harmonization and alignment to increase the effectiveness of country offices in taking up emerging opportunities for health and development at country level • Resource mobilization position papers and kits to guide mobilization in response to country priorities and to build capacity at country level • Inter-country activities covering managerial framework and AMS/GSM
Strengthened AFRO-Headquarters technical assistance for scaling up essential interventions
<ul style="list-style-type: none"> • Information package for scaling up public health interventions, starting with an inventory of current tools for providing technical support to countries • Key policy briefs to guide the scaling up effort • Lessons learnt systematically documented and disseminated • Strategic joint missions will be coordinated for the 13 countries ensuring that relevant programmes and levels of WHO are properly prepared for engagement • Strategy for technical support to countries, internal and external coordination mechanisms, and systems for quality assurance • Communication strategy to engage with external partners regarding the revitalization of WHO technical support and universal access and coverage

4.5 The role of the three interlinked working groups is as an intermediary coordinator for facilitating the implementation of the above deliverables. This is part of a strategic change process which is under the guidance of the senior-level group. This change process will ultimately be mainstreamed into relevant technical departments and units in AFRO and Headquarters. Progress will be carefully monitored by the senior-level group and reported on in 2006.

5. WHO country office workplans: Samples

5.1 WHO country office workplans for 2006–2007 are agreed with the government and based on the priorities for WHO technical support, as agreed in CCSs. Summaries of workplans are provided below and detailed workplans are located on the CD-ROM. A few sections are shown here to illustrate the range of support WHO can provide. In the detailed plans, descriptions of activities and indicators are included and will be reviewed with the government in the middle and at the end of the biennium. The workplans are based on the resources available in the Programme Budget 2006–2007. Some of these costs are already covered; others will need to be covered by the mobilization of additional resources. The detailed country office workplans form part of the Global Results Based Management Framework¹⁰ in the Programme Budget. The expected results shown here are linked to Organization-wide expected results (agreed in the Programme Budget), which are classified around areas of work, listed in the left-hand column of the illustrative sections of the country office workplans. Table 1 lists the areas of work covered and the acronyms used in the country office workplans.

Table 1: Areas of work covered in the country plans

Acronym	Area of work (AoW)
BCT	Essential health technologies
CAH	Child and adolescent health
CDR	Communicable disease research
CPC	Communicable disease prevention and control
CSR	Epidemic alert and response
EDM	Essential medicines
EHA	Emergency preparedness and response
FOS	Food safety
HFS	Health financing and social protection
HIV	HIV/AIDS
HPR	Health promotion
HRH	Human resources for health
HSD	Policy-making for health in development
HSP	Health system policies and service delivery
IER	Health information, evidence and research policy
INJ	Violence, injuries and disabilities
IVD	Immunization and vaccine development
MAL	Malaria
MNH	Mental health and substance abuse
MPS	Making pregnancy safer
NCD	Surveillance, prevention and management of chronic non-communicable diseases
NUT	Nutrition
PHE	Health and environment
RHR	Reproductive health
SCC	WHO's core presence in countries
TOB	Tobacco
TUB	Tuberculosis
WMH	Gender, women and health

¹⁰ WHO/PRP/05.1. Programme Management in WHO: Operational Planning Guidelines, Department of Planning, Resource Coordination, and Performance Monitoring, Geneva, February 2005.

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ANGOLA SAMPLE OF COUNTRY PLAN: 2006–2007	
AoW	Office expected result
HSD	Enhanced capacity in the WHO Country Office to assist the country to shape health content of national poverty reduction strategy, implement steps to improve the macroeconomic situation, meet the Millennium Development Goals and improve health-related process.
HSP	Strengthened capacity in developing policy to improve performance of the health service.
HFS	Strengthened capacity of Ministry of Health to organize and set up financing of the health sector.
HPR	Strengthened national programme capacity in management of health promotion strategies.
HRH	Strengthened national human resources capacity for health development and management, including nursing and midwifery.
CAH	Strengthened capacity of the health system to develop policy and strategies for improving infant, child and adolescent health. Strengthened skills of health professionals to manage illness in infants and children in selected provinces. Strengthened capacity of the health system to deliver quality services of infant, child and adolescent health (ADH) in selected provinces. Enhanced capacity of health system to promote good practices of breastfeeding and infant nutrition in selected provinces.
FOS	Strengthened national capacity on food safety improvement and management.
INJ	Development of multisectoral policies and strategies for prevention of violence, injury and disabilities and care for the disabled.

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CENTRAL AFRICAN REPUBLIC

SAMPLE OF COUNTRY PLANS: 2006–2007

AoW	Office expected result
HSD	Les structures nationales en charge de l'organisation des services de santé sont renforcées pour accroître leurs capacités en matière de définition des normes et standards, de réglementation et de gestion des systèmes de santé.
HFS	Les structures nationales en charge de l'organisation des services santé et du développement des ressources humaines sont renforcées pour accroître leurs capacités en matière de planification; de gestion des districts et des programmes; de formation des formateurs et de développement des enseignants au niveau de la faculté de médecine.
HSR	Les structures nationales en charge de l'organisation des services santé sont renforcées pour accroître leurs capacités en matière de renforcement du système d'information sanitaire; de recherche sur le système de santé et de politique de recherche.
HRH	Les structures nationales en charge du développement des ressources humaines sont renforcées dans le domaine de planification et des gestion des ressources humaines pour la santé; de formation/recyclage du personnel; de formation des formateurs et de développement des enseignants au niveau de la Faculté des Sciences de la Santé.
BCT	Les structures nationales en charge de l'organisation des services de santé sont renforcées pour développer une politique d'Assurance Qualité dans les établissements de soins et de diagnostics.
CAH	Les structures nationales de prise en charge des enfants sont appuyées en matière de formation de personnel et médicaments pour l'intégration de la Stratégie PCIME.
CPC	Les services en charge du contrôle des endémies sont renforcés dans les domaines concernant la lèpre, la dracunculose, l'onchocercose, la filariose lymphatique, la schistosomiase les helminthiases et la trypanosomiase humaine africaine.

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CONGO SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HSD	<p>Fourniture d'un appui pour le développement des capacités du MSP et des autres partenaires pour le renforcement des liens entre la santé , les secteurs économiques sociaux et environnementaux du développement durable.</p> <p>Fourniture d'un appui au MSP pour l'élaboration des comptes nationaux de santé et la mise en oeuvre des recommandations de la Commission macro économie et santé.</p>
HSP	<p>Fourniture d'un appui technique au MSP dans l'adoption et la mise en oeuvre du PNDS et la coordination des interventions dans le cadre de la Politique Nationale de Santé.</p> <p>Fourniture de l'appui technique et logistique au MSP pour le développement de la CSS de Gamboma en district sanitaire modèle.</p> <p>Fourniture de l'appui technique et logistique pour le renforcement des aires de santé des CSI Poto-Poto Djoué, Madibou et Quénum (CSS de Makelekele).</p> <p>Evaluation au niveau national, des progrès accomplis et la performance du système de santé.</p> <p>Renforcement du système santé, planification, suivi de la mise en oeuvre et évaluation du Programme de Coopération Technique Congo-OMS.</p>
HIV	<p>Renforcement des capacités nationales dans la prévention du VIH/SIDA et des IST.</p> <p>Fourniture d'un appui technique et logistique dans la mise en oeuvre du plan national de mise a échelle de la TAR et la prise en charge des infections opportunistes.</p> <p>Renforcement des capacités nationales pour la surveillance épidémiologique et le suivi des résistances aux ARV.</p> <p>Fourniture d'un appui technique et logistique dans la prévention du VIH/SIDA et la mise en oeuvre du plan national de mise a échelle de la TAR et la prise en charge des infections opportunistes.</p>
INJ	<p>Fourniture d'un appui a la mise en oeuvre des plans nationaux pour les personnes handicapées.</p> <p>Fourniture d'un soutien pour la mise en place de systèmes de surveillance des principaux déterminants des causes et de l'issue des traumatismes en particulier ceux des accidents de la route.</p>

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DEMOCRATIC REPUBLIC OF CONGO SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HRH	Le pays dispose d'une politique de développement de ressources humaines pour la santé. Capacités du personnel en gestion des SSP renforcée dans 300 zones de santé.
HSD	Le volet santé du DRSP et les OMD sont pris en compte dans les plans sanitaires des provinces.
HSP	40 Zones de santé sont revitalisées dans 4 districts sanitaires cibles. Soutien au pays pour la mise en route de la reforme du système de santé.
HIV	Elargissement du partenariat pour l'accélération de la prévention du VIH/SIDA. Amélioration de la qualité de l'offre du paquet minimum de services de prévention, soins et traitement du VIH/SIDA dans 10% des zones de santé. Renforcement des capacités du PNLS en matière de gestion de l'information stratégique sur la situation du VIH/SIDA en RDC.
HPR	Formulation et appui a la mise en oeuvre de la stratégie nationale et du plan intègre de promotion de la santé.
IVD	Renforcement de la politique d'éradication de la poliomyélite. Renforcement de la politique de lutte contre les maladies de l'enfance évitables par la vaccination.
MNH	Fourniture d'un soutien a la mise en oeuvre du PMA santé mentale dans 50 zones de santé. Fourniture d'un soutien en vue de renforcer les capacités du PNSM et de réviser la politique et le plan d'action santé mentale. Fourniture d'un soutien pour la promotion de la lutte contre les toxicomanies et la tabac.
WMH	Prise en compte des études et directives du 'GENRE' dans les politiques et programmes de santé de la femmes et les domaines apparentes. La prise en charge medico-sanitaire et psychosociale des victimes des violences sexuelles faites a la femme et a l'enfant en RDC est assurée dans cinquante zones de santé supplémentaires.

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ETHIOPIA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
EHA	<p>A health emergency response plan will have been prepared and implemented.</p> <p>Capacity to respond to health emergencies improved.</p> <p>Health sector coordination function strengthened.</p> <p>Emergency/disaster-prone areas with health risks identified and mapped.</p> <p>Immediate and long-term morbidity and mortality related to emergencies reduced through the scaling up of WHO's own capacity to support health sector partners and through direct inputs into strengthening the capacity of national and regional health authorities.</p>
HIV	<p>National HIV/AIDS prevention, care and treatment programmes supported.</p> <p>Health sector HIV/AIDS monitoring and evaluation improved.</p> <p>Country office capacity to provide technical support strengthened.</p>
MAL	<p>RBM interventions scaled up.</p> <p>National Roll Back Malaria partnership strengthened.</p> <p>RBM monitoring and evaluation strengthened.</p> <p>Local capacity on operational research strengthened.</p> <p>Technical support provided to Federal Ministry of Health.</p>
PHE	<p>Environmental health in health facilities, schools and towns promoted.</p>

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GHANA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HSD	<p>The recommendations of the Ghana Macro-Economic and Health Initiative institutionalized in the health sector.</p> <p>Framework to monitor and assess progress towards health Millennium Development Goals developed.</p> <p>Incorporating research into national health policy.</p> <p>Institutional capacity strengthening for management of health services improved.</p> <p>Strengthened collaboration between WHO, NGVF and other private sector providers in support of the 5-year programme of work.</p>
CAH	<p>Policies and strategies for sustainable improvements in child survival and development strengthened.</p> <p>Child health interventions including Integrated Management of Childhood Illness (IMCI) scaled up in selected regions and districts.</p> <p>Interventions for protecting adolescents against diseases and risky behaviours, and provision of essential services enhanced.</p>
IVD	<p>Routine immunization services strengthened (high coverage and improved quality of service sustained in all districts using the Reaching Every District (RED) approach).</p> <p>Burden of mortality and morbidity of vaccine-preventable diseases reduced. Quality Supplementary Immunization Activities (SIAs) implemented to sustain interruption of circulation of wild polio virus.</p> <p>Improved surveillance of targeted vaccine-preventable diseases for elimination/eradication and accelerated control.</p>
HIV	<p>Epidemiological and behavioural surveillance of the HIV/AIDS/STI and TB/HIV epidemic strengthened to monitor progress</p> <p>Scale-up of the District Response Initiative and antiretroviral therapy within the 3 by 5 Initiative.</p>
NUT	<p>Health care system for planning, implementing and monitoring nutritional interventions strengthened.</p> <p>Institutional capacity for the management of feeding of infants and young children to combat protein energy malnutrition enhanced.</p> <p>Enhanced institutional capacity to provide nutritional support for people living with HIV/AIDS.</p>

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KENYA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HFS	Health services inputs provided in a manner that ensures efficiency and equity of service provision. Required evidence available on good practices relating to health financing and social protection particularly in regard to social health insurance.
HRH	Strengthened support to optimize available human resources for health.
HSD	Human rights appropriately factored into the implementation approach for the National Health Sector Strategic Plan. Contribution of better health and health systems to poverty reduction initiatives maximized.
MPS	Enhanced national capacity to implement initiatives to reduce deaths among women of reproductive age. Enhanced capacity to offer adolescent/youth-friendly health services. Enhanced national capacity to care for obstetric fistula. Support national capacity to track the implementation of interventions.
RHR	Enhanced national capacity to carry out necessary research, surveys and evaluations. Enhanced national capacity to diagnose and manage cancer of the cervix. Advocacy for enhanced male participation in women's health issues. Enhanced capacity of nationals in integration of gender, sexual and reproductive rights into policies, strategies, research and service delivery.
TOB	Tobacco Control Bill enacted by Parliament. Two World No Tobacco Days observed. Protecting Youth Against Tobacco (PYAT) activities enhanced. National Tobacco Free Initiative Committee strengthened.

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MALAWI SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HIV	<p>Capacity of health sector to provide essential HIV prevention, care, treatment and support services strengthened.</p> <p>Capacity for the Ministry of Health and partners to provide effective supervision, monitoring and mentoring strengthened.</p> <p>Capacity to carry out operational research on antiretroviral in Ministry of Health and among partners enhanced.</p> <p>Programme management for effective support to Ministry of Health and partners strengthened.</p>
TUB	<p>Strengthened support for Community Directly Observed Treatments (DOTS) expansion, monitoring and evaluation.</p> <p>Sustained financial commitment and resource mobilization for TB control at planning levels with effective communication of the concept and strategy for TB control.</p> <p>Partnerships with nongovernmental organizations and the private sector in TB control strengthened.</p> <p>Programme management for effective support to Ministry of Health strengthened.</p> <p>Capacity to carry out joint TB/HIV activities strengthened.</p>
MPS	<p>Technical support provided for improving access, quality and use of maternal and neonatal services.</p> <p>Technical support provided to enhance community participation in maternal and newborn health.</p> <p>Technical support for programme management supported.</p>

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MOZAMBIQUE SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
CSR	<p>Support for the revision of the national surveillance guidelines including reporting forms with inclusion of sex and age group variables and community participation in surveillance.</p> <p>Support provided for strengthening the performance of integrated surveillance system.</p> <p>Coordination supported for the development of a national multisectoral and multidisciplinary long-term plan to prevent and control cholera.</p> <p>Support provided for strengthening preparedness for epidemics and health aspects of crises/natural disasters.</p> <p>Strengthening emergency and pre-hospital care services for injuries and mass disaster.</p>
MAL	<p>Standard guidelines, strategy and policy and their implementation supported.</p> <p>Surveillance systems and monitoring of antimalarial drugs supported.</p> <p>Technical support provided to Ministry of Health in implementation of Insulin Potentiation Therapy (IPT) activities.</p> <p>Advocacy and promotion of partnership approach to malaria prevention.</p> <p>Efficient integrated vector control programme and map of vector resistance established.</p>
NCD	<p>Support for analysis and dissemination of data from STEPwise approach to Surveillance (STEPS) 1, 2 and 3 survey to be conducted from September 2005.</p> <p>Support provided for the translation of information on chronic, noncommunicable diseases and their risk factors into strategies and policies for their prevention and control.</p> <p>Support provided for the population-based cancer registry.</p> <p>Strengthening national injury surveillance system.</p> <p>Advocacy and multisectoral partnership for injury prevention.</p> <p>Provision of rehabilitation services through community based rehabilitation (CBR) supported.</p>
NUT	<p>Support for national strategy on infant and young child feeding (IYCF) developed and disseminated.</p> <p>Nutritional situation and good child health practices at community level improved.</p> <p>Institutional and health system capacity in nutrition, HIV/AIDS and breastfeeding counselling and therapeutic feeding reinforced.</p> <p>Joint initiatives through partnership with stakeholders established to address special needs and vulnerable groups.</p>

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NIGER SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
CAH	Extension de la PCIME dans 5 nouveaux districts. Amélioration de la prise en charge communautaire des enfants malades dans six districts identifiés. Contribution à l'amélioration de la santé sexuelle des jeunes et des adolescents
CPC	Contribution à la réduction de la morbidité due aux maladies transmissibles visées (lèpre, filariose lymphatique, schistosomiase, dracunculose, onchocercose).
CSR	Epidémies précocement détectées et riposte adéquate. Renforcement de la surveillance des maladies transmissibles à tous les niveaux du système de santé.
EDM	Etablissement de mécanismes pour accroître l'accessibilité économique des populations aux médicaments. Renforcement du contrôle de la qualité des médicaments et de leur usage rationnel. Promotion des médicaments issus de la médecine traditionnelle et des médecines complémentaires et parallèles assurée.
EHA	Contribution à la mise en œuvre du Plan national de Préparation et de Réponse aux situations d'urgences Sanitaires (PRUS).

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NIGERIA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
IER	<p>Strengthened national health information system that provides timely and high-quality information for decision-making.</p> <p>Strengthened evidence generation and health systems research capability.</p>
MAL	<p>Access of populations at risk to effective treatment of malaria promoted and facilitated through guidance on treatment policy and implementation.</p> <p>Application of effective preventive measures against malaria for populations at risk promoted nationally.</p> <p>Adequate support provided for capacity building in malaria control at all levels.</p> <p>Malaria surveillance systems and monitoring and evaluation of control programmes functioning at Local Government Authority (LGA), State and national levels.</p> <p>Effective partnerships established and maintained for implementing the national Roll Back Malaria strategic plan to maximize national malaria-control performance.</p>
MPS	<p>Technical support provided for strategies to improve access, quality and use of maternal and neonatal health care services.</p> <p>Support provided for instituting monitoring and evaluation systems for maternal deaths at LGA, State and Federal levels and implementation of the road map for accelerating attainment of the Millennium Development Goal 5.</p> <p>Community participation in MPS strengthened.</p> <p>Family planning repositioned.</p> <p>Harmful traditional practices affecting women and children reduced.</p> <p>National replication of female functional literacy accelerated.</p> <p>Support provided for research on cancer of the cervix.</p>
SCC	<p>Health aspects of National Economic Empowerment and Development Strategy (NEEDS) and Millennium Development Goals supported with full participation of WHO in UNDAF.</p> <p>Effective administrative, communication and managerial systems for WHO work in Nigeria.</p>

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UGANDA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HFS	<p>Social protection aspects of health sector reform promoted.</p> <p>National capacity for sector budgeting, resource allocation and management strengthened.</p> <p>Capacity in health economics strengthened.</p> <p>Evidence on the cost-effectiveness of the different interventions and economic burden of diseases provided.</p>
CSR	<p>Implementation of integrated disease surveillance and response system strengthened at all levels.</p> <p>Maintenance of a functional alert and response system at national, district, HSD and community levels supported.</p> <p>Data management and utilization at national, district, sub district and lower levels consolidated.</p> <p>Improvement of laboratory capacity, coordination and networking for surveillance and confirmation of epidemics supported.</p>
EDM	<p>Capacity for national medicines policy (NMP) implementation and monitoring strengthened.</p> <p>National capacity for promoting and monitoring the safety, efficacy and quality of traditional medicines improved.</p> <p>National medicines supply systems strengthened.</p> <p>Medicines regulation and quality assurance systems strengthened.</p> <p>Capacity for promoting and monitoring the rational use of medicines improved.</p>
PHE	<p>Capacity of environmental health workers to advocate improving sanitation strengthened in 20 districts.</p> <p>Awareness about economic losses from poor environmental sanitation amongst community leaders of all categories increased in 15 districts.</p> <p>Capacity for drinking-water quality strengthened in 20 districts.</p>

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UNITED REPUBLIC OF TANZANIA SAMPLE OF COUNTRY PLANS: 2006–2007	
AoW	Office expected result
HRH	<p>Implementation of an evidence based human resources for a health strategic plan contributed to. Increased capacity of Ministry of Health to produce required human resources for health.</p> <p>Implementation of an evidence-based human resources for a health strategic plan contributed to (Zanzibar).</p>
MPS	<p>Appropriate evidence-based guidelines, standards and tools for maternal and newborn care developed and adopted. Skilled care attendance expanded in selected districts. Ministry of Health performance enhanced in supporting the implementation of MPS activities. Documentation and monitoring of MPS and reproductive health best practices improved and maintained. Appropriate evidence-based guidelines, standards and tools for maternal and new born care developed and adapted (Zanzibar). Skilled care attendance expanded in selected districts (Zanzibar). Ministry of Health performance enhanced in supporting the implementation of MPS activities (Zanzibar).</p>
IVD	<p>Functioning safe injection system established. Financial sustainability plan in place. Improved system for monitoring immunization and disease control interventions. Developed district capacity for implementing immunization activities. Polio-free status and certification level Acute Flaccid Paralysis (AFP) surveillance maintained. Functioning safe injection practices (Zanzibar). Financial sustainability plan in place (Zanzibar). Improved system for monitoring immunization and disease control interventions (Zanzibar). A developed district capacity for implementing immunization activities (Zanzibar). Polio-free status and certification level AFP surveillance maintained (Zanzibar).</p>

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Annex 1: CD-ROM contents

Reports of the AFRO Reprofiting Workshops of WHO Country Offices

Report of the Nairobi Reprofiting Workshop (11–15 July 2005)

Report of the Accra Reprofiting Workshop (25–29 July 2005)

Report of the Brazzaville Reprofiting Workshop (25–29 July 2005)

Thirteen participating WHO country offices

- **Angola**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters support

- **Central African Republic**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Congo**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007

- **Democratic Republic of Congo**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Ethiopia**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007

- **Ghana**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Kenya**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Malawi**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007

- **Mozambique**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Niger**

- Country Cooperation Strategy – Draft
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **Nigeria**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007

- **Uganda**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

- **United Republic of Tanzania**

- Country Cooperation Strategy
- Country Office Workplan 2006–2007
- Request for AFRO and Headquarters Support

Scaling Up Essential Interventions Towards Universal Coverage and Access in 13 African Countries

Annex 2: List of participants to the Maputo Workshop

WHO African Region	
<i>WHO country office</i>	
Dr F. B. Diallo	WHO Representative, Angola
Dr L. Bazira	WHO Representative, Central African Republic
Dr A. Yada	WHO Representative, Congo
Dr L. Tapsoba	WHO Representative, Democratic Republic of Congo
Dr O. A. Babaniyi	WHO Representative, Ethiopia
Dr M. O. George	WHO Representative, Ghana
Dr P. Eriki	WHO Representative, Kenya
Dr M. Moeti	WHO Representative, Malawi
Dr B. Touré	WHO Representative, Mozambique
Dr R. Z. Coddy	WHO Representative, Niger
Dr M. Belhocine	WHO Representative, Nigeria
Dr F. Zaiwara	WHO Representative a.i, Uganda
Dr E. Maganu	WHO Representative, United Republic of Tanzania
<i>Directors</i>	
Dr L. G. Sambo	Regional Director
Dr P.S. Lusamba-Dikassa	Director Programme Management
Dr A. Kabore	Division of AIDs, Tuberculosis and Malaria
Dr J.N. Mwanzia	Division of Communicable Disease Prevention & Control
Dr C. Mwikisa	Division of Healthy Environments and Sustainable Development
Dr R. Chatora	Division of Prevention and Control of Non-Communicable Diseases
Dr D. Oluwole	Division of Family and Reproductive Health
Dr A.J. Diarra-Nama	Division of Health Systems and Services Development
Mr G. Bromson	Division of Administration and Finance
<i>Focal Points: Director Programme Management</i>	
Dr O. Walker	Technical Cooperation with Countries
Mr B Cardoso	Governing Bodies and External Coordination
Dr D. Ngo-Bebe	Planning Programme and Evaluation
Dr F. Bogunjoko	Technical Cooperation with Countries
<i>Focal Points: Division of AIDs, Tuberculosis and Malaria</i>	
Dr M. Robalo	Malaria
Dr E. Asamoah-Odei	HIV/AIDs
Dr W. Nkhoma	Tuberculosis
<i>Focal Points: Division of Communicable Disease Prevention & Control</i>	
Dr D. Nshimirimana	Immunization and Vaccine Development
Dr J.B. ROUNGOU	Other Tropical Diseases
Dr T. Sukwa	Communicable Disease Research
Dr I. Sow	Communicable Disease Surveillance

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<i>Focal Points: Division of Family and Reproductive Health</i>	
Dr S. Mothebesoane-Anoh	Making Pregnancy Safer
Dr T. Ketsela	Child and Adolescent Health
Dr T. Lesikel	Reproductive Health Research
<i>Focal Points: Division of Prevention and Control of Non-Communicable Diseases</i>	
Dr J.P. Baptiste	Tobacco
Dr D. Nyamwaya	Health Promotion
Dr T. Agossou	Mental Health and Substance Abuse
<i>Focal Points: Division of Health Systems and Services Development</i>	
Dr P. Tumusiime	Health Systems Policies
Dr A. R. Gbary	Human Resources for Health
Dr J. M. Trapsida	Essential Drugs
<i>Focal Points: Division of Administration and Finance</i>	
Dr M. M. Hacén	Knowledge Management and Information Technology
Mr J. Atuke	Budget and Finance
<i>Focal Points: Division of Healthy Environments and Sustainable Development</i>	
Dr P. Mensah	Food Safety
Dr O. Khatib	Emergency Preparedness and Response
Dr L. Manga	Health and Environment
Dr A. Mawaya	Policy Making for Health in Development
WHO Headquarters	
Dr T. Evans	Assistant Director-General/Evidence and Information for Policy
Mrs J. Phumaphi	Assistant Director-General /Family and Community Health
Dr A. Norström	Assistant Director-General /General Management
Dr D. Coitinho	Director/Nutrition for Health and Development
Dr E. Mason	Director/Child and Adolescent Health
Dr M. Islam	Director/Making Pregnancy Safer
Mrs M. Matsoso	Director/Technical Cooperation for Essential Drugs and Traditional Medicine
Dr M.A. Romisch-Diouf	Director/Department of Country Focus
Dr E. Anikpo N'tame	Senior Adviser/Health Actions in Crises
Dr M. Banda	Team Leader/HIV/AIDSs
Dr J. Bartram	Coordinator/Water, Sanitation and Health
Dr W. Van Lerberghe	Coordinator/Health System Policies and Operations
Dr P. Nunn	Coordinator/Tuberculosis/HIV/AIDS
Dr A. Schapira	Coordinator/Malaria Strategy and Policy
Dr B. K. Nguyen	Planning Officer/Planning, Resource Coordination and Performance Monitoring
Dr R. Fryatt	Public Health Officer/ Department of Country Focus
Mr K. Khow	Technical Officer/Department of Country Focus

