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WORKING IN AND WITH COUNTRIES: COUNTRY COOPERATION STRATEGY

BACKGROUND

1. The environment in which WHO works is changing as are the roles and expectations of its partners. Good health is increasingly recognized not merely as a basic human right but also as a prerequisite for human and economic development. Other changes include democratization and the increasing role of civil society, the communication technology revolution, globalization and its effects, the ever-widening gap between developed and developing countries, alarming trends in the HIV/AIDS epidemic, and more ownership expected from Member countries. As a result of all these changes, WHO is increasingly called upon to negotiate with partners and to catalyse the actions of others. This calls for a wider role for WHO to establish national-level consensus on health policies and strategies.

2. In order to respond to the changing environment, WHO at the global level adopted a corporate strategy which emphasizes the following:

- (a) a broader approach to the Organization's work in the context of human development;
- (b) a greater role for WHO in establishing national consensus on health policy;
- (c) a carefully negotiated partnership and the catalysis of actions of others;
- (d) an organizational culture that encourages strategic thinking, global influence, prompt action, creative networking and innovation; and
- (e) the definition of priority areas on which WHO will focus its work in order to make more impact on health.

3. The Country Cooperation Strategy (CCS) is a process that reflects WHO's corporate strategy at country level, enhancing a corporate culture and unity of purpose. It constitutes a framework for WHO cooperation with the country concerned, highlighting both what WHO will do and what it will not do.

4. In a global meeting of WHO country representatives (WRs) held in Geneva in April 2001, there was an extensive review of the CCS process. Among other things, the meeting explored several options for making the CCS effective. Some of the suggestions made to increase WHO corporate effectiveness at country level included: (i) strengthening the WHO country team; (ii) engaging a wider range of partners; and (iii) defining new ways of doing business. For the Regional level, the meeting suggested the establishment of a unit close to the Director, Programme Management (DPM), to provide analytical and strategic support to country offices.

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5. The 27th session of the Regional Programme Meeting (RPM27), held in Harare, Zimbabwe, 9-12 April 2001, endorsed the suggestion of the global WRs' meeting and recommended the establishment of a Country Analysis and Support (CAS) unit under DPM to accelerate the development of CCS in the Region. RPM27 also emphasized the need to mobilize additional resources for implementing the CCS process.

JUSTIFICATION FOR THE CCS

6. The principles and values underpinning the CCS are based on the strategy for health for all in the 21st century adopted by Member States at the World Health Assembly in 1998. It gives expression to the aspiration of the people to better their health status. The CCS provides a mechanism for WHO to work with governments, development partners and other stakeholders in countries on a wider human development agenda that includes poverty reduction. It is driven by a desire to ultimately reduce inequities and achieve better health outcomes. The CCS, along with other ongoing corporate changes, is a vehicle for responding to the external environment and realigning the way in which WHO engages itself in a country.

7. The CCS is intended to provide an approach to country work that enhances the corporate culture of "One WHO", while fostering strategic thinking, with a shift to fewer priorities and addressing gaps in the Organization's response repertoire.

EXPECTED RESULTS

8. The CCS is expected to yield several results. One is a clear description of the Organization's strategy for cooperation with a particular country, providing an umbrella within which WHO contributes to the attainment of national health goals. Another is contribution to the orientation of staff to ensure corporate response to new challenges and closer collaboration among different arms of the Organization. What is hoped to be achieved is a more focused selective programme of work, greater coherence, a more strategic role for WHO and increased emphasis on wider partnerships.

APPROACH TO DEVELOPING THE CCS

9. The CCS is an intensive consultative process leading to the development of a document that provides a coherent and consistent basis, within WHO, to proceed with country work. At the moment, efforts are being made to formulate such a document for each country. But this can only be done in a step-wise manner, starting with a few countries and picking up lessons along the way.

10. The development of the CCS for each country will also be carried out in stages, with intense consultations with the government and development partners to define their respective roles and responsibilities. There will be several missions from headquarters and the Regional Office to countries to provide support for the situation analysis, drafting of the CCS document, refining and editing it, and further review and endorsement by stakeholders. The entire process may extend over a period of up to six weeks.

11. A major challenge at this stage is to identify a critical mass of technical staff to start the CCS process in the Member countries. An approach adopted by headquarters and the Regional Office is to provide a series of orientation seminars to a core team of staff to participate in country missions to develop the CCS. The core team will include WRs, staff from the Regional Office, and from headquarters as much as possible. The Regional Office will ensure that the team will be competent enough to measure up to the task of development of the CCS in the Region.

OTHER CRITICAL ISSUES

12. For the CCS process to succeed, it is clear that there should be a common understanding and agreement on the following key issues:

- (a) Extensive consultation will be a critical element of the CCS process in order to ensure real cooperation of all and to achieve a consensus with key stakeholders.
- (b) Endorsement within WHO will be essential in order to ensure that the CCS is respected as the common framework for action with the active involvement of all at all levels of the Organization.
- (c) The timing and periodicity of the CCS will vary between countries, depending on each country's planning and political cycles.
- (d) Once completed, the CCS should provide the *framework* for the preparation of the Programme Budget.