



**WHO Country
Cooperation Strategies
Guide 2010**



**World Health
Organization**

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List of abbreviations and acronyms

CCA	Common Country Assessment
CCS	Country Cooperation Strategy
GPW	General Programme of Work
HWCO	Head of WHO Country Office
MDG	Millennium Development Goal
MTSP	Medium-term Strategic Plan
NEEDS	National Economic Empowerment and Development Strategy
NHPSP	National Health Policy, Strategy or Plan
OWER	Organization-wide Expected Results
SO	Strategic objective
UN	United Nations
UNDAF	United Nations Development Assistance Framework
WHO	World Health Organization

Background

The Country Cooperation Strategy (CCS) is the World Health Organization (WHO)'s key instrument to guide its work in countries.

The WHO Country Cooperation Strategy is a medium-term vision for its technical cooperation with a given Member State, in support of the country's National Health Policy, Strategy or Plan.

- The time frame is flexible to align with national cycles. It is generally 4–6 years.
- It is the main instrument for harmonizing WHO cooperation in countries with that of other UN Agencies and development partners.

The CCS Guide 2010 is a new corporate tool intended for use **by all WHO staff and national counterparts** involved with the **review and development of CCSs**. The guide provides a flexible framework for undertaking a high quality CCS process and developing the CCS document.

The CCS guide **is built on lessons learned over the past decade** from developing CCSs with all of the 145 countries with a WHO physical presence. The analysis of these CCSs revealed the need to **improve the CCS process and document** to include:

- a more **analytical section** on health and development challenges;
- a more thorough **stakeholder analysis**;
- greater focus on the **determinants of health and the aid effectiveness principles** of ownership, harmonization and alignment;
- stronger linkage between the CCS and the WHO managerial framework;
- a better fit between the **CCS and the Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) process**; and
- better follow-up, monitoring and **review of the implementation of CCSs**.

This new Guide has been developed to respond to these requirements and provide up-to-date and comprehensive guidance to all CCS participants.

The CCS guide **considers** the evolution in global health development, the aid environment and the renewed Country Focus Policy.

The renewed WHO Country Focus seeks to improve the performance of the WHO Secretariat in countries, according to their needs. WHO in countries is expected to:

- **actively support** the development, implementation, monitoring and assessment of **national health policies, strategies and plans (NHPSPs)**;
- **work with UN agencies and other development partners** to advocate and mobilize multisectoral contributions for, and to support interventions aimed at better health outcomes. These efforts include **shaping the health dimension** of the UNDAF and other partnership platforms while maximizing synergies with existing Global Health Initiatives;
- **build capacity** for and support risk assessment and response to crisis situations and national public health emergencies; and
- **monitor implementation of global agreements** such as the Millennium Development Goals (MDGs), the International Health Regulations (2005) and the Framework Convention on Tobacco Control.

The new CCS Guide reflects the changing roles of WHO in countries and lessons learnt from undertaking CCSs over the past decade.

The Guide is divided into three parts:

Part I: covers the values, principles and essential requirements guiding the CCSs, and explains how the CCS links with the national health platforms, CCA/UNDAF and WHO managerial frameworks.

Part II: covers the core features of the CCS formulation process.

Part III: gives an outline of the CCS document and how to develop it.

The Guide should be **used in conjunction with the accompanying CD-ROM** which contains the glossary, detailed criteria, consultation guide, analysis, tools for health systems and stakeholder analyses, references and additional resources.

Part I:

Values, principles and
essential requirements

Values, principles and essential requirements

The CCS reflects the overarching **values of the United Nations**¹ which underpin WHO's Constitution and its contributions to improving global population health. These include **health-related human rights, equity and gender equality**.²

1. Principles for WHO cooperation in countries

The key principles guiding WHO cooperation in countries and upon which the CCS is based are:

- **ownership** of the development process by the country;
- **alignment** with national priorities and strengthening **national systems** in support of the NHPSP;
- **harmonization** with the work of sister UN Agencies and other partners in the country, towards better aid effectiveness;
- **collaboration as a two-way process** that fosters Member States' contributions to the global health agenda.

*According to these principles, the CCS is an organization-wide reference for country work, **which guides** partnership, planning, budgeting and resource allocation.*

2. Essential requirements for the CCS development process³

Throughout the CCS process, and during its implementation, the CCS team should take care to:

- adopt an **analytical approach** to capture the health needs and priorities of the country;
- build **ownership** through consultation and strategic dialogue with national authorities and other stakeholders at country level;
- be **flexible**, taking into account the nature and uniqueness of each country, such as vulnerability to crisis, peculiarities of its geographical setting and status of development;

¹ See CD-ROM reference 1

² See CD-ROM reference 2

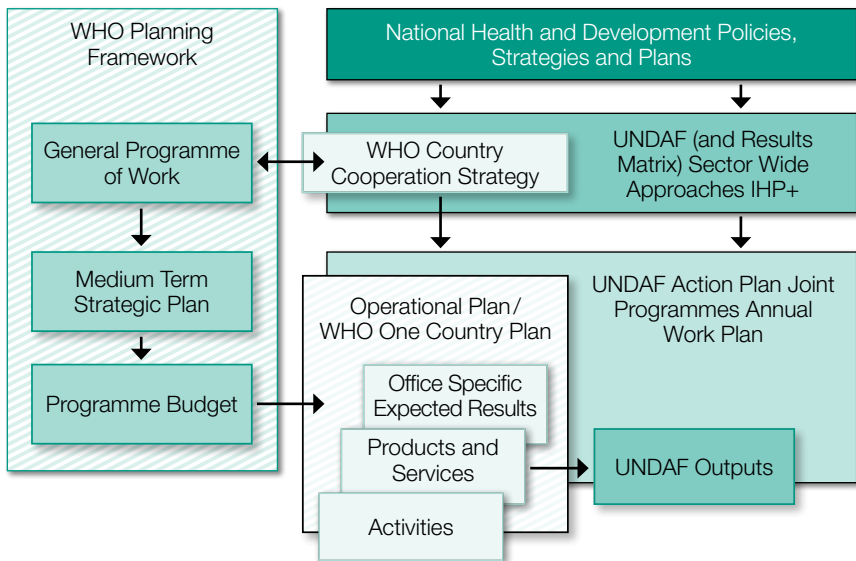
³ See CD-ROM reference 3

- make **strategic choices** about what WHO will do and will not do, focusing on what it does best based on its Core Functions;
- prioritize work aimed at **building national and institutional capacity**;
- consider **complementarities and synergy** with contributions from other partners;
- use and/or **build on existing analyses** including the CCA;
- advocate and support use of the **CCS to shape the health dimension of** the CCA/UNDAF and other partnership platforms in the country.

3. Country Cooperation Strategies in the national health platforms, CCA/UNDAF and WHO managerial frameworks

The CCSs, based on priorities expressed in the countries’ NHPSP, help to bring country health priorities into the work of WHO, as depicted in Figure 1. The Medium-term Strategic Plan (MTSP 2008–2013) is an integral element of WHO’s framework for results-based management and translates the Eleventh General Programme of Work’s (GPW 2006–2015) long-term vision for health into strategic objectives. The MTSP provides the Organization with strategic direction over a period of six years, for advancing the global health agenda as well as guiding preparation of three biennial programme budgets and operational plans.

Figure 1: WHO planning framework at country level



Linking the Strategic Agenda of all CCSs to the strategic objectives (SOs) and the Organization-wide Expected Results (OWERs) of the MTSP enables the CCS to inform planning for the activities at country level, the preparation of the programme budgets, and the development of the next MTSP (Figure 1). A mapping tool¹ has been developed to facilitate the linkage between the CCS Strategic Agenda and the MTSP.

Furthermore, the CCS process and product can be effectively used to shape the health dimension of the UNDAF and other partnership platforms in the country, thereby providing a significant opportunity to mobilize a multisectoral approach to addressing priority health issues.

¹ See CD-ROM reference 4

Part II:

Core features of the CCS
formulation process

Core features of the CCS formulation process

The following core features of the CCS formulation process are guided by the above-mentioned principles:

- **Leadership:** The CCS process is led by the Head of WHO Country Office (HWCO) who involves all WHO country office staff.
- **Inclusive dialogue:** The process involves extensive consultations between the entire Secretariat and the country's government, as well as other UN agencies, bilateral and multilateral agencies, private sector, civil society and non-governmental organizations, community groups, academic institutions and collaborating centres. Inclusive dialogue contributes to ensuring broad support and maximization of complementarity and synergies with partners throughout the CCS process.
- **Appropriate timing:** The time frame of the CCS document is aligned to the cycle of the NHPSP and therefore, it is also aligned to the UNDAF.
- **Use of country mechanisms:** The timing of the CCS formulation and review processes coincides with national planning and review processes to reduce transaction costs.

The **CCS process**, as seen in Figure 2, consists of:

- preparation;
- development of the CCS document and by-products;
- implementation of the CCS; and
- monitoring and evaluation of the CCS.

1. Preparation

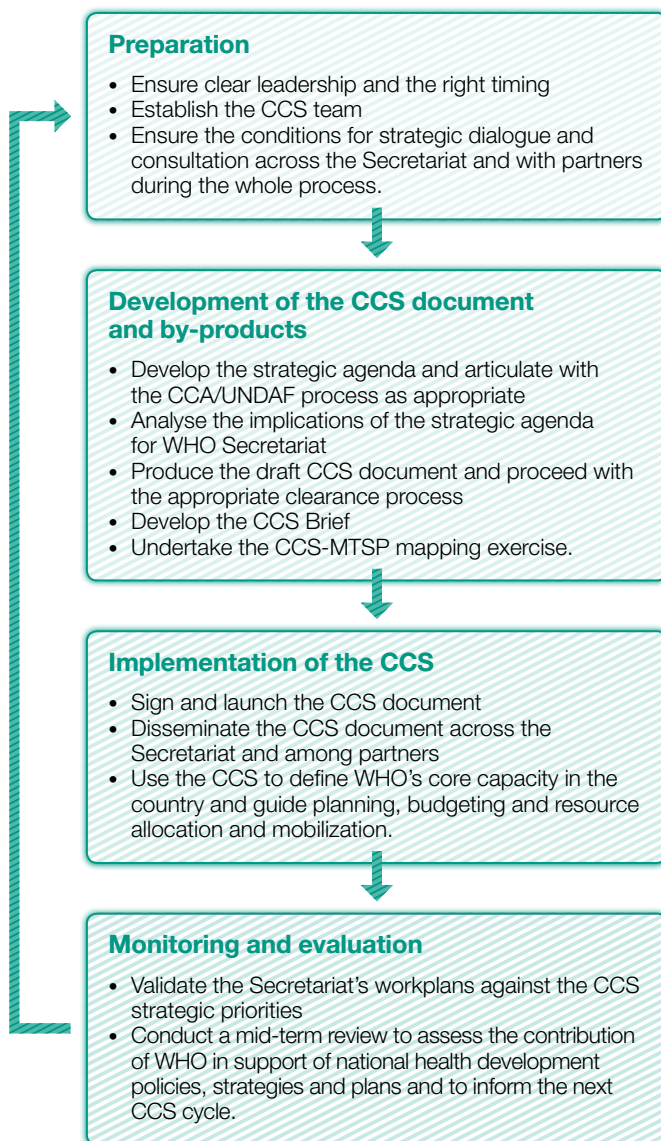
The first task is **identifying the CCS Team**. The team is always **led by the HWCO** and involves **all country office staff**, regional and headquarters staff, as well as national counterparts, as appropriate.¹

According to the **timing** of national processes, the CCS Team proposes an appropriate schedule for the entire CCS process, including the mission(s)² involving regional and Headquarters Team members, as relevant.

¹ See CD-ROM reference 5

² See CD-ROM reference 6

Figure 2: The CCS cycle: an overview of the process and products



Essential information, **documentation and data are gathered and shared** among the CCS Team which will then undertake a **critical analysis**¹ of:

- the health and development situation;
- the NHPSP;
- WHO cooperation over the past CCS cycle; and
- the contributions of UN and other development partners.

2. Development of the CCS document and by-products

Developing the Strategic Agenda

The formulation of the CCS Strategic Agenda is the key aspect of the CCS process.

The Strategic Agenda consists of a set of strategic priorities for WHO cooperation with the country that are jointly agreed with national authorities, and support the National Health Policy, Strategy or Plan.

The Strategic Agenda² takes into account the outcomes of the analysis undertaken in the preparation phase, the national health priorities, the contributions of the other UN agencies and development partners to the NHPSP, and WHO's comparative advantage.

Under each **Strategic Priority**, the team will identify the **Main Focus Areas** of the CCS as well as the **Strategic Approaches** used to deliver on the Main Focus Areas.

This phase may or may not involve a mission of the regional office and headquarters members of the CCS team.

Analysis of the implications of implementing the Strategic Agenda

The team identifies:

- the gaps, if any, between the **core capacity**³ needed to implement the CCS Strategic Agenda and the current WHO capacity in the country; and
- their implications for the **entire Secretariat**, which **shares responsibility** for filling the gaps.

1 See CD-ROM reference 7

2 See CD-ROM reference 8

3 See CD-ROM reference 2

The degree of detail in this section and/or its inclusion in the final CCS document is decided by the CCS team. This section can be fully or partially included in the document; if partially, it is supported by an internal memorandum.

Finalization of the CCS document

The draft of the CCS document **is shared** with the national authorities and other stakeholders in the country, the regional office and headquarters to enable them to make their comments.

The HWCO follows the appropriate procedures to **obtain clearance** before the document is finalized. After clearance, the **CCS Brief** is developed and the CCS Team undertakes the **CCS–MTSP mapping** exercise.

3. Implementation of the Country Cooperation Strategy

The modalities of signing and launching the CCS are flexible.

The different modalities of signing the CCS document to date have included:

- signing by the WHO Regional Director
- co-signing by the government (minister of health) and the Regional Director
- co-signing by the WHO Director-General, the WHO Regional Director and the government (minister of health)
- co-signing by the government (minister of health) and the HWCO.

The ultimate decision regarding the most appropriate option for the country concerned is left to the regional and country office. The increasing trend in countries is for the government and the WHO Secretariat to co-sign the CCS document. This translates to greater **joint ownership** of the CCS process.

The finalized CCS is endorsed by the entire Secretariat and becomes the Organization-wide reference for WHO's work in the country.

The CCS document and Brief are **widely disseminated** – on the Internet and intranet as well as in hard copy – across the Secretariat and among partners.

The CCS is **used to:**

- **define WHO's core capacity in the country; and**
- **guide planning, budgeting and resource allocation across the Secretariat.**

The CCS is also a **tool for advocacy, resource mobilization, and for shaping the health dimension of the UNDAF and other partnership platforms.**

4. Monitoring and evaluation of the Country Cooperation Strategy

The implementation of the CCS Strategic Agenda is regularly monitored through the following mechanisms:

- the **validation** of the Secretariat's **workplans** against the CCS Strategic Priorities to ensure consistency;
- the **consistency** between the **core capacity** of the country office and the priorities identified in the Strategic Agenda.

A qualitative **mid-term review** is undertaken during the second half of the CCS cycle. It assesses the **degree of implementation** of the Strategic Agenda and especially **WHO's contribution** to the NHPSP as well as engagement with the UN Country Team and other partners.

The results of the qualitative mid-term review are a **key input** into the development of the **next CCS**.

Part III:

WHO Country Cooperation
Strategy – Outline of the
main document

Outline of the main document

The CCS documents are tangible products of the CCS process. They include a main document and two by-products:

- the “CCS at a glance” (CCS Brief); and
- the mapping of the Strategic Agenda.

The main document is concise and approximately 30-35 pages in length.¹ It comprises an executive summary, six sections (Box 1) and a limited number of annexes, when necessary. A glossary explaining the acronyms used is included.

Note: the terms “main document” and “CCS document” are used interchangeably in this Guide.

Box 1: Structure of the CCS document

Executive summary

1. Introduction
2. Health and development challenges, attributes of the National Health Policy, Strategy or Plan and other responses
3. Development cooperation and partnerships
4. Review of WHO’s cooperation over the past CCS cycle
5. Strategic Agenda for WHO cooperation
6. Implementing the Strategic Agenda: implications for the WHO Secretariat

Annexes (where relevant)

Glossary of abbreviations and acronyms used

¹ See CD-ROM reference 9

The CCS team will also produce the following two by-products:

- **“CCS at a glance” is a two-page Brief which communicates the essence of the CCS.¹ The text of this Brief is mainly extracted from sections 1, 2, 3 and 5 of the CCS document. This Brief can be updated as needed during the CCS cycle.**
- **A “mapping” of the Strategic Agenda (Strategic Priorities, Main Focus Areas and Strategic Approaches) to the SOs and OWERS of the WHO MTSP 2008–2013.²**

1 See CD-ROM reference 10

2 See CD-ROM reference 4

Executive Summary

Section 1

Executive summary

Suggested length: 2 pages

This is a concise summary of the entire document that:

- highlights the country's main health priorities;
- captures the outcomes of the dialogue generated by the CCS process; and
- focuses on the Strategic Agenda for WHO cooperation based on its comparative advantages.

Section 1

Introduction

Suggested length: 1–2 pages

This section sets out the principles underlying the CCS and presents it as a key component of the WHO Country Focus Policy.

This section of the CCS document covers:

- WHO's overall policy framework in terms of the GPW and the MTSP as well as regional and sub-regional orientations and priorities;
- values and principles underlying the concept of the WHO CCS as described in Part I of this guide;
- current country context, which justifies the chosen timing of the CCS formulation;
- specific features of the CCS process, including people met and key actions undertaken.

Section 2

Section 2

Health and development challenges, attributes of the National Health Policy, Strategy or Plan and other responses

Suggested length: 8–10 pages

This section of the CCS document describes and analyses the country's health and development issues and challenges based on a comprehensive review of key national reference documents and country intelligence. Inconsistencies (if any) between the data presented and those from other sources, are stated and sources of information, acknowledged.

Tools and resources for health sector and stakeholder analyses can be found in the attached CD-ROM.¹ Among these, is the useful UNDAF resource: "Technical Guidance on Country Analysis" (pp. 15–27).

Data include relevant indicators that reflect trends, rates, disparities, and inequities. Where possible these data are disaggregated, at least by sex, to highlight health-related human rights and gender issues as well as underlying and/or root causes. Maps, graphs and boxes are used to summarize information as appropriate. Annex 1 provides a list of possible indicators.

This section of the CCS document includes seven sub-sections and covers:

- macroeconomic, political, and social context;
- other major determinants of health;
- health status of the population;
- national responses to overcoming health challenges;
 - national health policies, strategies and plans
 - health systems and services and the response of other sectors;
- contributions of the country to the global health agenda;
- similarities with other countries;
- summary of section 2.

¹ See CD-ROM reference 11

2.1 Macroeconomic, political and social context

This subsection analyses the following determinants and their impact on the health status of the population and the health sector:

- description of crises, where relevant;
- demographic profile and characteristics of population;
- socioeconomic situation;
- political and governance structure including public sector reform and institutions, and role of major stakeholders including civil society.

2.2 Other major determinants of health¹

This subsection reflects other major determinants of the health situation especially the environmental, cultural and behavioural factors. They include:

- income distribution and poverty level;
- sociocultural determinants (e.g. those related to education, gender, violence, food and nutrition behaviours or practices and other lifestyle-related risk factors);
- environmental determinants (e.g. water and sanitation, waste management, food safety, air quality, security, working conditions and occupational hazards, risk of epidemics and vulnerability to disasters).

2.3 Health status of the population

This subsection analyses the health situation of different segments of the population and includes an analysis of mortality and morbidity trends. This analysis encompasses:

- the burden of communicable diseases;
- the burden of chronic and noncommunicable diseases, including injury and mental disorders, as well as disease-related lifestyle and behavioural factors;
- health over the life-cycle: sexual and reproductive health, child and adolescent health, and the health of the elderly;

¹ See CD-ROM reference 2

- environmental health including water, sanitation, waste management, food safety and air quality;
- the health of specific vulnerable population groups including indigenous people and hard-to-reach communities.

2.4 National responses to overcoming health challenges

This subsection analyses the processes of the country's response to health issues, focusing on health equity among vulnerable groups and within the broader development framework.

National development process and policies

The broader development framework, including processes and policies is briefly described, in particular the existence of a poverty reduction strategy, the country's commitment to achieving the MDGs, and its preparedness for crises and emergencies.

National health policies, strategies and plans

A NHPSP is a document, or set of documents, that lays out the context, vision, objectives, spending priorities and key interventions for health development in a country. It also provides guidance on how goals and objectives are to be achieved, including the health-related MDGs, compliance with the International Health Regulations (2005) and the implementation of the Framework Convention on Tobacco Control.

The following attributes of the NHPSP are considered:

- the coherence of strategies and plans according to the health situation analysis;
- the inclusiveness and degree of ownership of its development process;
- the inclusion of financing, implementation and management arrangements including monitoring and review mechanisms.

Most Member States have an NHPSP but they differ considerably in scope and nature. Support for the development, implementation and monitoring of NHPSPs is WHO's core business. This specific country focus gives a greater sense of purpose to WHO's interaction with the United Nations and other partners.

2.5 Health systems and services, and the response of other sectors

This subsection looks at the status of and trends in the quality, coverage and accessibility, safety, sustainability and organization of the health system and its services, including the following:

- summary of information on and analysis of the health system, considering components such as service delivery, information, medical products and technologies, health workforce, financing, leadership and governance (stewardship);
- analysis of the response of the other sectors, to address the other determinants of health.

2.6 Contributions of the country to the global health agenda

Depending on the country context, this subsection of the CCS highlights:

- the experiences, knowledge and research existing in the country, and lessons learnt that can be shared to enhance resilience and contribute positively to health development in other countries and globally;
- the capacity to provide financial and technical support to other countries for health development; technical support includes logistics, human resources, transfer of technologies and research skills.

2.7 Similarities with other countries

The team identifies some key characteristics in the country in terms of economic, health and technological development that may be similar to the situation in some other countries. This is done to facilitate sharing of experiences and cooperation such as the South–South cooperation.

2.8 Summary of section 2

This subsection briefly highlights the main health achievements and opportunities and challenges identified in section 2 of the CCS that will inform the Strategic Agenda.

Table 1: Key health sector achievements, opportunities and challenges: format for summary of CCS section 2

Key health achievements, opportunities and challenges
Achievements/opportunities
<ul style="list-style-type: none">• to be completed by the team developing the CCS• ...
Challenges
<ul style="list-style-type: none">• to be completed by the team developing the CCS• ...

Section 3

Section 3

Development cooperation and partnerships

Suggested length: 2–3 pages

Section 3 of the CCS document analyses the roles fulfilled by key development partners, the allocation of resources by these partners and areas they support.

The aid effectiveness principles of ownership, alignment, harmonization, managing for results and mutual accountability orient and provide a framework for the analysis of development cooperation and partnerships in the country.

The team collects and analyses information on the following.

3.1 The aid environment in the country

This subsection provides a brief introduction to the development cooperation environment in the country and indicates where health development cooperation fits within that context.

3.2 Stakeholder analysis¹

This subsection analyses the current approaches of **key health development partners** towards providing aid in the country. These partners include UN agencies, bilateral and multilateral agencies, global health partnerships and initiatives, development banks and international financial institutions, civil society and non-governmental organizations, community groups, academic institutions and collaborating centres.

¹ See CD-ROM reference 11

The team considers:

- the different contributions of each partner, their comparative advantage and their responses to the challenges identified in section 2 in support of NHPSPs.
- partners' compliance with the aid effectiveness principles, in particular
 - the extent to which technical cooperation and health sector aid flows are aligned with national policies, strategies, plans and planning cycles; and
 - the extent to which partners use and reinforce national systems;
- the existence of partners' "exit strategies", where appropriate.

3.3 Coordination and aid effectiveness in the country

This subsection of the CCS analyses national ownership in national priority setting and plan formulation processes, and the leadership of the government in the coordination of aid.

The team considers:

- existing partnership platforms for development (macro and cross-sectoral) and particularly health development (health sector) and related aspects such as coordination and division of labour;
- existing mechanisms for monitoring, assessing, reviewing and evaluating aid flows, disbursements, implementation and performance;
- the extent to which these platforms and mechanisms help to avoid duplication and foster coherence and cooperation, filling critical gaps;
- WHO's role and relationship with the above aid platforms and within the aid effectiveness framework, based on WHO's added-value and comparative advantage and including the demands placed on WHO¹ by the country's aid environment.

A table mapping the contributions of different partners is included as an annex, where appropriate.²

1 See CD-ROM reference 11

2 See CD-ROM reference 13

3.4 UN reform status and the CCA/UNDAF process

This subsection summarizes the status of the UN reform process, Delivering as One, and the UNDAF in the country.

The team considers the:

- health-related outcomes included in the UNDAF;
- UN Country Team multisectoral contributions for better health outcomes in line with the NHPSP;
- UNCT coordination modalities and:
 - whether there is a theme group dedicated to health;
 - the degree of involvement of line ministries in the theme groups, particularly the ministry of health; and
 - WHO's role.

3.5 Summary of section 3

Drawing on the above analysis, the team:

- highlights the key issues, challenges and opportunities related to partnerships, coordination and aid effectiveness in the country; and
- identifies WHO's direction for cooperation with partners over the next CCS cycle.

Table 2: Key development cooperation achievements, opportunities and challenges: format for summary of CCS section 3

Key health achievements, opportunities and challenges
Achievements/opportunities <ul style="list-style-type: none"> • to be completed by the team developing the CCS • ...
Challenges <ul style="list-style-type: none"> • to be completed by the team developing the CCS • ...

Section 4

Section 4

Review of WHO cooperation over the past CCS cycle

Suggested length: 3–4 pages

This section reflects WHO's cooperation with the country over the past CCS cycle, to guide the development of the Strategic Agenda of the next CCS.

This information is obtained through a review process that specifically considers WHO's support to and influence on the development, implementation, monitoring and assessment of the NHPSPs.

Review of WHO's cooperation is two-fold: a mostly *qualitative external review* and an *internal review*.

4.1 Review of WHO's cooperation with stakeholders

The external review of WHO's cooperation over the Country Cooperation Strategy cycle is an analysis of WHO's influence on and contribution to national efforts to improve the health of the population. This review mainly captures inputs from and perceptions of key stakeholders.

The review aims to determine whether WHO, with the other UN agencies and partners, has made any difference in the country in terms of the achievement of its health development goals including the MDGs.

This process, mostly qualitative, is carried out where possible:

- during the second half of the CCS cycle; and
- using an existing national review mechanism.

The team undertakes the following.

4.1.1 Meetings with stakeholders

Meetings with stakeholders can take various forms including interviews with key informants; agency and inter-agency meetings, seminars, focus-group discussions, workshops, and retreats.

Stakeholders include key health and other development partners working in the country; the government; other UN agencies; bilateral and multilateral agencies; civil society organizations; nongovernmental organizations; community groups; academic institutions; and the collaborating centres.

The meetings capture the partner perceptions using a selection of Key Performance Indicators related to the areas described in the framework below.

4.1.2 Framework for collecting and analysing partner perceptions

Through the meetings the team collects and subsequently analyses information on:

- a. WHO's contribution to enhancing national ownership: country leadership in and control over the development, implementation, monitoring and assessment of the National Health Policy, Strategy or Plan;
- b. WHO's alignment to national health priorities and contributions to the achievement of MDGs and beyond, which are:
 - relevant to the strategic priorities identified in the CCS that is ending; and
 - outside the Strategic Agenda;
- c. areas where WHO's contribution was required, but was insufficient to achieve the stated objectives;
- d. WHO, as a member of the UNCT;
- e. WHO, as a broker for health among partners and across sectors;
- f. areas in which WHO has a comparative advantage and on which it should focus, and areas from which it should shift its focus, during the next CCS cycle.

The related Key Performance Indicators to guide the external review are selected from the list in Annex 2.

4.1.3 A synthesis of key findings

The team synthesizes the findings and outcomes of the external review with a view to informing the next Strategic Agenda.

The synthesis also highlights factors that have facilitated and/or hindered WHO cooperation.

The team uses the above framework (a-f; see subsection 4.1.2) to structure this section of the document.

4.2 Internal review (should be undertaken when the CCS is being renewed)

The internal review of WHO's cooperation over the Country Cooperation Strategy cycle is an analysis of the degree of implementation of the Strategic Agenda. This review also considers the consistency between the strategic priorities, the workplan(s), and the allocation of human and financial resources.

This review aims to identify the internal, operational elements that have had an impact on WHO's capacity to influence health development in the country.

This review – both qualitative and quantitative aspects – is carried out:

- as early as possible in the CCS process;
- mostly using documents available in the country office and internal consultation taking into consideration the findings of the external review.

The team undertakes:

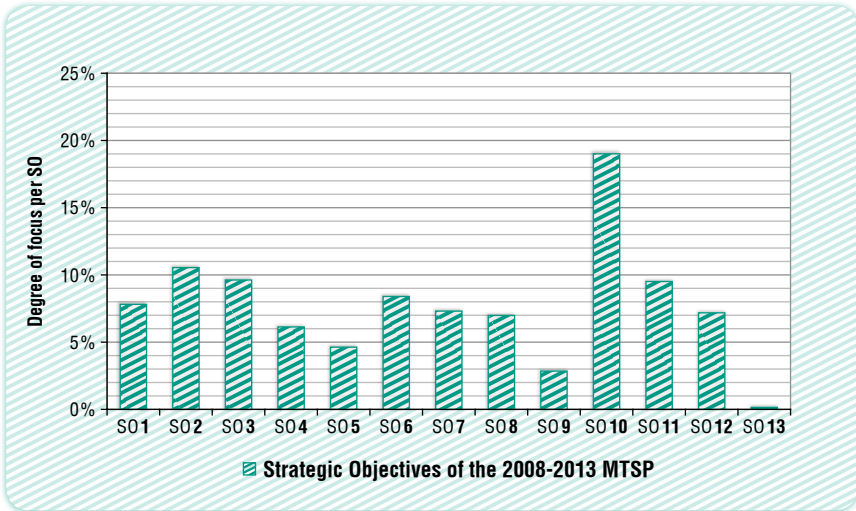
4.2.1 An internal assessment

Internal assessment results from an internal consultation among the Country Team members, which considers analyses of existing documents available in the country office (such as workplans, budget and plans for joint activities), taking into account the findings of the external review.

4.2.2 Framework for data collection and analysis

Through the document review and internal consultation, the team collects information on and analyses the operational aspects that have impacted implementation of the Strategic Agenda, using the results of the CCS-MTSP mapping exercise (Figure 3).

Figure 3: Mapping 132 CCSs to the strategic objectives of the MTSP: Global view



Refer to Annex 4 for a description of the 13 strategic objectives of the MTSP.

The team critically analyses the **consistency between the CCS priorities over the cycle, and:**

- a. the priorities of the NHPSP
- b. the health-related outcomes of the UNDAF
- c. the country office structure and workplan(s)
- d. WHO's comparative advantage
- e. the allocation of resources:
 - o human (staff skills and competencies);
 - o budget;
 - o installed capacity (connectivity, equipment, logistics and infrastructure)
- f. support from other levels of the Secretariat
- g. the resource mobilization efforts (funds and cooperation with UN and other partners).

The critical analysis also includes:

- the level of implementation of each strategic priority, identifying key achievements; and
- the facilitating factors and/or constraints as well as lessons learnt, to be considered for the development of the next Strategic Agenda and potentially shared across the Secretariat.

The team selects a few Key Performance Indicators from Annex 2 to guide the internal review.

4.2.3 A synthesis of key findings

The team synthesizes the findings and outcomes of the internal review with a view to informing the next Strategic Agenda.

The synthesis also highlights factors that have facilitated and/or hindered WHO cooperation.

The team uses the framework of subsections 4.1 and 4.2 in the review (see a-f of subsection 4.1.2. and a–b of subsection 4.2.2) to structure this subsection of the document.

Outcomes and conclusions of the external and internal reviews are synthesized to inform WHO's future cooperation in the next Strategic Agenda.

Section 5

Section 5

The Strategic Agenda for WHO cooperation

Suggested length: 6–8 pages

The Strategic Agenda consists of a set of strategic priorities for WHO cooperation with the country that are jointly agreed with national authorities and support the National Health Policy, Strategy or Plan.

The formulation of the Strategic Agenda is the core of the CCS process. Under each Strategic Priority, the team defines the main focus areas and strategic approaches as defined below.

The CCS Strategic Priorities are: high level medium-term priorities for WHO's cooperation with the country on which WHO will concentrate the majority of its resources over the CCS cycle. Each identified priority makes a specific contribution to achieving a national health priority.

The Main Focus Areas are: the key areas (“what”) under each Strategic Priority, that WHO will specifically deliver on. The language of each Main Focus Area reflects the expected action required to achieve the Strategic Priority.

The Strategic Approach(es) are: the ways and means (“how”) the whole of WHO will deliver on these main focus areas, using WHO core functions and taking advantage of opportunities and partnerships.

5.1 Conducting the prioritization exercise to define the Strategic Agenda

The team **undertakes the prioritization exercise with the government at the highest level possible, and with partners**, especially other UN agencies.

In emergency contexts, the Strategic Agenda will address immediate priority health and health development needs of the country, based on vulnerability and risk assessments and WHO's functions in emergency situations (see Annex 3).

The team defines the CCS Strategic Agenda by **making strategic choices**.

5.1.1 The following elements are considered:

- the health and development challenges identified in section 2 of the CCS;
- the outcomes of consultations and strategic dialogue with key stakeholders – to ensure complementarities and limit duplication, based on section 3 of the CCS;
- lessons learnt from the review of the ongoing CCS cycle in section 4 of the CCS;
- the status of the NHPSP;
- lessons learnt from the country's experiences and the potential for contribution to health development in other countries and globally.

5.1.2 The following criteria are applied:

- opportunities for developing national capacities;
- potential for longer term impact on national goals and strategies;
- WHO's comparative advantage and core functions;
- the magnitude of the challenges, vulnerability of particular social groups and gaps;
- the country's international commitments;
- national capacity for response to the health challenges;
- national capacity to provide support to other countries.

5.2 Defining the Strategic Agenda

This above-mentioned prioritization exercise provides the information necessary to draft the Strategic Agenda.

5.2.1 Introduction

The team introduces this section with a brief summary of the findings of the prioritization exercise.

5.2.2 The Strategic Agenda

The Strategic Agenda defines 3–5 Strategic Priorities, as well as the Main Focus Areas and Strategic Approaches for their implementation (see Box 2 for an example of a Strategic Agenda and the CD-ROM for a quality checklist¹).

1. **Strategic Priorities (3–5 (maximum))** based on the above prioritization exercise, including the installed capacity of the country office, available backstopping from other parts of the Organization, available resources and the potential for mobilizing more resources.
 - 1.1 **Main Focus Areas (2–3 (maximum))** adopting, as far as possible, the SMART format (specific, measurable, achievable, realistic and time-bound), for delivery on the Strategic Priorities. The team will need to develop appropriate indicators for continuous monitoring and evaluation of progress.
 - 1.1.1 **Strategic Approaches (2–3 (maximum))** considering the application of relevant core functions to deliver on each main focus area.

Box 2: Example of a CCS Strategic Agenda

1. STRATEGIC PRIORITY: Contribute to the strengthening of the health system to further develop capacity for policy, planning and improved service delivery.	
1.1 Main Focus Area: Support the development of an inclusive and comprehensive National Health Sector Plan.	
1.1.1 Strategic Approach: Provide technical and policy support for a comprehensive assessment of the health sector, to inform the development of the National Health Sector Plan.	1.1.2 Strategic Approach: Facilitate stakeholder consultation process on the development and finalization of the National Health Sector Plan.
1.2 Main Focus Area: Support the Government to strengthen national capacity for the local production of generic medicines, vaccines and other medical supplies.	
1.2.1 Strategic Approach: Provide technical and policy support to strengthen national capacity for quality control of medicines and equipment – especially procurement and safe handling in central and provincial warehouses.	1.2.2 Strategic Approach: Facilitate ministry of public health to advocate for resource mobilization to support capacity strengthening for good manufacturing practice-compliant local production.

¹ See CD-ROM reference 14

5.3 Validation of the CCS Strategic Agenda with NHPSP priorities

This subsection outlines the linkages between the CCS Strategic Agenda and the priorities of the NHPSP.

Where an aspect of the Strategic Agenda cannot be linked with a priority in the existing NHPSP, the team includes an explanation.

Where appropriate, the team uses a table such as example matrix A (Table 3), to develop its own matrix.

Table 3: Example matrix A: linking the CCS Strategic Priorities to National Health Policy, Strategy or Plan (NHPSP) priorities

CCS Strategic Priorities		NHPSP Priorities
1	Support the: <ul style="list-style-type: none">– scaling up of priority interventions– strengthening of the health system within the context of primary health care...	Improving access to quality health services ...

5.4 Validating the CCS Strategic Agenda with UNDAF outcomes and outputs

This subsection outlines the linkages between the CCS Strategic Agenda and the UNDAF outcomes.

When the CCS precedes the CCA/UNDAF process, the identified CCS Strategic Priorities help inform the CCA/UNDAF process and outcomes, to reflect health.

Where an aspect of the Strategic Agenda cannot be linked to the UNDAF outcomes and outputs, the team includes an explanation.

Where appropriate, the team uses a table such as example matrix B (Table 4), to develop its own matrix.

Table 4: Example matrix B: linking the CCS Strategic Priorities to UNDAF outcomes¹

	CCS Strategic Priorities	UNDAF major outcomes	UNDAF main outputs
1	Support to strengthening national health systems within the context of PHC ...	UNDAF major outcome: Policies, investments and institutional changes enable access to quality social services to achieve National Economic Empowerment and Development Strategy (NEEDS 2) targets and progressive realization of the MDGs (health, basic education, water and environmental sanitation and HIV/AIDS prevention, treatment and care) ...	UNDAF main output: The Federal Government and states able to utilize evidence-based approaches to formulate policies and develop plans for improved social service delivery with clear and costed targets as well as feasible and transparent financial plans ...

5.5 Validating the CCS Strategic Agenda with the MTSP strategic objectives

The CCS Strategic Priorities, Main Focus Areas and Strategic Approaches are mapped to the OWERS and SOs of the MTSP using the CCS/MTSP mapping tool as the basis for the next WHO planning exercise.

¹ See CD-ROM reference 8

Section 6

Section 6

Implementing the Strategic Agenda: implications for the entire Secretariat

Suggested length: 3–4 pages

The extensive analysis and subsequent development of the Strategic Agenda during the CCS process provide, in each country, the opportunity to redefine WHO's role and reassess the nature and scope of WHO's presence and cooperation.

This section begins with a short introduction related to the country context, the desired role of WHO and its presence, as described above. It then considers:

- the requisites, in terms of role and presence, for the effective implementation of the Strategic Agenda by the entire Secretariat; and
- how the CCS will be used, monitored and followed up.

6.1 The role and presence of WHO according to the Strategic Agenda

Countries, with support from WHO and other partners, have increasingly developed the capacity to deal with the health needs of their populations. Some countries' economies are growing faster than others, and these countries have further developed the capacity to contribute more to health development in other countries.

This has increasingly led, in addition to North–South cooperation, to South–South, triangular and other forms of cooperation.

WHO needs to adjust its role, presence, policies and practices to respond to this evolution.

The team defines WHO's role and presence as follows.

6.1.1 WHO's role

The desired **role of WHO** in the implementation of the Strategic Agenda is based on:

- the country's needs for support in the development, implementation and monitoring of the NHPSP;
- the capacity of the country to support other Member States;
- WHO's core functions;¹
- the role and contribution of other partners; and
- WHO's comparative advantage.

WHO's role in countries is that of the **policy and technical adviser, trusted broker and convenor** that: facilitates the partners' contributions towards **national health policies, strategies and plans** and leads the international response to **public health emergencies** for more equitable **health outcomes** including the achievement of the **Millennium Development Goals**.

The defined role can vary according to the country context, from upstream-level policy support to direct operational support in exceptional circumstances.

6.1.2 WHO's presence

The required nature and scope of WHO's presence and core capacity to adequately fulfil its agreed role is decided. Under the guidance of the HWCO, the CCS team decides on the level of detail that should be included in this section of the CCS document. As necessary, the team prepares an internal memorandum containing the additional details.

Several criteria linked to the country's specific context help to define WHO's presence. Some of the criteria the team considers include:

- the country's resources for health and installed capacity;
- the availability of human resources, expertise and the training capacity through universities and other institutions;
- partner contributions and commitment to support the Strategic Agenda;

¹ See CD-ROM reference 15

- WHO's current core capacity defined as the mix of competencies and skills, logistics, infrastructures, financial resources, enabling systems and environment required to deliver on WHO cooperation in the country, based on the CCS Strategic Agenda;
- WHO's capacity to backstop and support the implementation of the Strategic Agenda (including the capacity of collaborating centres, centres of excellence, subregional, regional and headquarters);
- availability of WHO resources;
- WHO's comparative advantage and capacity to mobilize additional human and financial resources towards achieving the Strategic Agenda.

WHO Presence in countries **with** or **without** a country office is the **platform** for **effective engagement** with countries for **supporting national health policies, strategies and plans**. It refers to the work of the **Secretariat as a whole**, in that country.

6.2 Using the CCS

Once the CCS is issued through the appropriate clearance processes:

The country office:

- widely disseminates the CCS document to the government and other partners working in and with the country;
- uses CCS priorities to revise existing workplans and guide future ones;
- maps the CCS priorities to the MTSP SOs as a basis for the next WHO operational plans;
- uses, with the requested support and backstopping, the content of the CCS (sections 2 and 5) to define and shape the health component of the UNDAF and other partnership platforms, keeping in mind partner contributions;¹
- uses the CCS for advocacy and resource mobilization for health.

¹ See CD-ROM reference 16

The regional office and headquarters:

- widely disseminate the CCS document and the Brief to all WHO departments and divisions, and to other relevant partners and stakeholders, including through the use of innovative approaches such as “country days”, the “official launch” of the CCS, lunch-time seminars and the use of intranet and Internet sites;
- ensure that technical interactions with the country office and government are consistent and based on the CCS priorities;
- ensure that CCS priorities are used as the basis for the preparation of strategic and operational plans including budgets and resource allocation;
- use CCSs for advocacy and resource mobilization for WHO’s work in countries.

6.3 Monitoring and evaluation of the CCS

The entire Secretariat, and in particular the country office, monitors WHO’s contribution within the partnership environment to ensure continuing complementarity with partner contributions.

Described in Section 4 of Part 3 of this Guide, the Secretariat also reviews the CCS midway through or near the end of the CCS cycle, coinciding with other national review processes in the country as relevant.

Lessons learnt from the monitoring and evaluation of CCSs are shared with other countries particularly those with similarities.

Annexes

Annex 1

Menu of key health indicators

These key indicators are a guide only. The quantitative indicators are examples of the kind of information that can be described and analysed here. Countries are free to provide any information they feel appropriate in Section 2 of the main document – including or excluding the indicators in this menu. Where possible, use of disaggregated data (e.g. by geographical location, age, sex or ethnicity) will help to reflect trends, inequities and inequalities in the health sector and make section 2 of the CCS document more analytical.

Health status of the population

Morbidity, mortality and health services coverage

Mortality

- life expectancy at birth (by sex)
- neonatal mortality rate per 1000 live births
- infant mortality rate per 1000 live births
- under-five mortality rate (probability of dying by the age of 5 years per 1000 live births)
- maternal mortality ratio per 100 000 live births
- cause-specific mortality rate by cause, per 100 000 population (e.g. malaria, tuberculosis and HIV/AIDS)
- distribution of causes of death among children aged less than 5 years (percentage)

Morbidity – any data on prevalent illnesses or diseases, disaggregated where possible

- prevalence of tuberculosis per 100 000 population
- incidence of tuberculosis per 100 000 per year
- prevalence of HIV among adults aged more than 15 years per 100 000 population

- prevalence of HIV among pregnant women aged 15–24 years
- number of confirmed cases of poliomyelitis
- Health services coverage
- coverage of antenatal care (percentage)
- births attended by skilled health personnel (percentage)
- neonates protected at birth against neonatal tetanus (percentage)
- immunization coverage among 1-year-olds (percentage)
- children aged 6–59 months who received vitamin A supplementation (percentage)
- children aged less than 5 years sleeping under insecticide-treated bednets (percentage)
- children aged less than 5 years who received any antimalarial treatment for fever (percentage)
- children aged less than 5 years with acute respiratory illness symptoms taken to health facility (percentage)
- children aged less than 5 years with diarrhoea receiving oral rehydration therapy (percentage)
- prevalence of contraceptive use (by sex) (percentage)
- coverage of antiretroviral therapy among HIV-infected pregnant women for preventing mother-to-child transmission (percentage)
- coverage of antiretroviral therapy among people with advanced HIV infection (percentage)
- tuberculosis detection rate under DOTS (percentage)
- tuberculosis treatment success under DOTS (percentage)

Other major determinants of health

- literacy rate of 15–24-year-olds (by sex) (percentage)
- net primary school enrolment ratio (percentage)
- net secondary school enrolment ratio (percentage)
- share of women in paid employment in the non-agricultural sector
- percentage of children aged 0–5 years with height-for-age less than -2 standard deviations of the WHO Child Growth Standards median
- percentage of children aged 0–5 years with weight-for-height less than -2 standard deviations of the WHO Child Growth Standards median
- proportion of the population with sustainable access to an improved water source

- proportion of the population with access to improved sanitation
- type, dates and number of people affected by disasters or crises
- debt relief committed under the Heavily Indebted Poor Countries (HIPC) Initiative
- proportion of Official Development Assistance (ODA) to health as percentage of total ODA
- proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

Health systems and services

Health policy, planning and monitoring and health financing

- key policy principles (e.g. free universal access) guiding strategies, plans and health care packages (e.g. minimum package of activities)
- organization and functioning of the health information system including the availability and quality of health information and data.
- total expenditure on health as a percentage of gross domestic product
- general government expenditure on health as a percentage of total expenditure on health
- private expenditure on health as a percentage of total expenditure on health
- general government expenditure on health as a percentage of total government expenditure
- external resources for health as a percentage of total expenditure on health
- social security expenditure on health as a percentage of general government expenditure on health
- per capita total expenditure on health at average exchange rate (US\$)
- per capita total expenditure on health (purchasing power parities (PPP) international dollars)
- per capita government expenditure on health at average exchange rate (US\$)
- per capita government expenditure on health (PPP international dollars)

Health workforce, infrastructure, hospital beds and medical products (rural/urban breakdown where possible)

- number of physicians and density per 10 000 population
- number of nursing and midwifery personnel and density per 10 000 population
- number of dentistry personnel and density per 10 000 population
- number of pharmaceutical personnel and density per 10 000 population
- number of environment and public health workers and density per 10 000 population
- number of community and traditional health workers and density per 10 000 population
- number of laboratory health workers and density per 10 000 population
- number of other health service providers and density per 10 000 population
- ratio of nurses and midwives to physicians
- health workforce per 10 000 population by employment type (public or private; geographical distribution)
- annual health worker generation ratio per 100 000 population (doctors, nurses and midwives)
- hospital beds per 10 000 population
- availability of tracer medicines
- ratio of local medicine price to international reference price for core list of drugs

Annex 2

Menu of indicators to choose from in undertaking the external and internal review of WHO cooperation over the past CCS cycle

Areas for review with external stakeholders	Example indicators
<p>WHO's contribution to enhancing national ownership: country leadership in and control over the development, implementation, monitoring and assessment of the National Health Policy Strategy and/or Plan</p>	<ul style="list-style-type: none"> • WHO helped the country to lead the development of its National Health Policy, Strategy or Plan • WHO effectively supported the implementation of some of the priorities of the National Health Policy, Strategy or Plan • WHO supported the government in developing and using a framework or strategy to monitor and assess the implementation of the National Health Policy, Strategy or Plan
<p>WHO's alignment to national health priorities and contributions to the achievement of MDGs and beyond:</p> <ul style="list-style-type: none"> • to each relevant CCS priority identified in the current CCS • areas outside the Strategic Agenda (e.g. response to emergencies) 	<ul style="list-style-type: none"> • WHO developed its CCS priorities in cooperation with the government and all other relevant stakeholders and partners* • WHO contributed to the achievement of health-related MDGs • WHO adjusted CCS and country workplans quickly to respond to changing circumstances*
<p>Harmonization of WHO procedures and processes with those of the country</p>	<ul style="list-style-type: none"> • Where possible and appropriate, WHO used national budget procedures in its programmes • Where possible, WHO used national procurement systems in its programmes • Where possible, WHO used national financial reporting procedures* • Where possible, WHO used country systems, e.g. for monitoring*
<p>Areas where WHO's contribution was required, but insufficient</p>	<ul style="list-style-type: none"> • WHO supported areas where its contribution was required • WHO administration, finance and procurement procedures allowed for effective implementation*

<p>WHO, as a member of the UNCT</p>	<ul style="list-style-type: none"> • WHO collaborated effectively with other UNCT partner agencies to identify and implement CCS priorities in support of the National Health Policy, Strategy or Plan • WHO is perceived to have fulfilled its partners' expectations • WHO complemented and did not duplicate other partners' contributions* • WHO's work and workplans reflected cross-cutting priorities such as gender equality and human rights * • International staff remained in the country office for a sufficient time to maintain effective partnerships *
<p>WHO, as a broker for health among (all) partners and across sectors</p>	<ul style="list-style-type: none"> • WHO fulfilled its role as broker among all partners and across sectors to ensure the best quality technical support for national health policies, strategies and plans • WHO provided valuable inputs to policy dialogue with the government and partners in the health sector and across sectors * • WHO respected the views of its stakeholders when undertaking policy dialogue * • Workplans advocated for health in all policies * • WHO collaborated effectively with partners for the implementation of each CCS priority • WHO supported the Government to mobilize funds for health, including through cooperation with United Nations and other partners • WHO provides timely information to government and other partners on health issues
<p>Areas in which WHO has a comparative advantage and should focus on, and/or areas it should shift its focus away from, during the next CCS cycle</p>	<ul style="list-style-type: none"> • WHO provides support in all areas, based on its mandate, core functions and the country context • There are areas where WHO has a comparative advantage and WHO is supporting these areas sufficiently • WHO used information on country performance (e.g. internal and external audit reports, and country-level joint review reports) to plan new areas of cooperation at country level * • WHO actively managed less effective activities from the previous programme cycle * • WHO took the comparative advantage(s) of other health development partners into account when prioritizing areas it would support

Areas of focus for internal review	Example indicators
The consistency between the CCS priorities over the cycle, and:	
<ul style="list-style-type: none"> the priorities of the National Health Policy, Strategy or Plan 	<ul style="list-style-type: none"> The CCS priorities are consistent with those in the National Health Policy, Strategy or Plan
<ul style="list-style-type: none"> the health-related outcomes of the UNDAF relationships with partners 	<ul style="list-style-type: none"> The CCS priorities have been used as a basis for the health-related outcomes of the UNDAF Some CCS strategic priorities are reflected in the health component of the UNDAF The results of the review with external stakeholders reflect internal perceptions of WHO's work
<ul style="list-style-type: none"> the country office structure and workplan(s) 	<ul style="list-style-type: none"> The country office workplans matched the needs for effective implementation of the CCS priorities
<ul style="list-style-type: none"> the allocation of resources 	<ul style="list-style-type: none"> Procurement and contract processes for the provision of services or goods were mostly timely, efficient and effective *
<ul style="list-style-type: none"> human (staff skills and competencies) 	<ul style="list-style-type: none"> International WHO staff were in the country office for a sufficient time to maintain effective partnerships at country level * The skills and competencies of country office staff provided the conditions for effective implementation of the CCS priorities
<ul style="list-style-type: none"> budget 	<ul style="list-style-type: none"> Budget allocations were linked to CCS priorities Budget allocations were linked to expected results of the workplan *
<ul style="list-style-type: none"> installed capacity (connectivity, equipment, logistics, and infrastructure) 	<ul style="list-style-type: none"> Information technology and communication infrastructure met the needs required to support implementation of the Strategic Agenda and workplan(s) The building infrastructure and equipment was adequate for smooth running of the office
<ul style="list-style-type: none"> support from other levels of the Secretariat 	<ul style="list-style-type: none"> The technical support and backstopping from the regional and sub-regional offices as well as headquarters was timely and adequate The managerial/administrative backstopping from the regional and sub-regional offices as well as headquarters was timely and adequate

<ul style="list-style-type: none"> the resource mobilization efforts (funds and cooperation with UN and other partners) 	<ul style="list-style-type: none"> WHO supported the government to mobilize funds for health, including through cooperation with United Nations and other partners WHO mobilized funds for the implementation of the CCS priorities The length of time it took to complete procedures necessary to receive funds did not affect implementation of the workplan(s) *
<ul style="list-style-type: none"> the level of implementation of each strategic priority, identifying key achievements; and 	<ul style="list-style-type: none"> Each CCS priority was implemented as planned (One or two) key achievements can be identified for each CCS priority
<ul style="list-style-type: none"> the facilitating factors and/or constraints as well as lessons learnt, to be considered for the development of the next Strategic Agenda and potentially shared across the Secretariat. 	<ul style="list-style-type: none"> When necessary, WHO adjusted the CCS and country workplans quickly to respond to changing circumstances and lessons learned *

MDGs, Millennium Development Goals; UNCT, United Nations Country Team; UNDAF, United Nations Development Assistance Framework.

*Note: All indicators marked * are based on the MOPAN Survey 2010 Key Performance micro-indicators.*

Annex 3

WHO Core Functions

WHO Core Functions¹

1. Providing **leadership** on matters critical to health and engaging in partnerships where joint action is needed;
2. Shaping the **research** agenda and stimulating the generation, translation and dissemination of valuable knowledge;
3. Setting **norms and standards**, and promoting and monitoring their implementation;
4. Articulating ethical and evidence-based **policy options**;
5. Providing **technical support**, catalysing change, and building sustainable institutional capacity;
6. **Monitoring** the health situation and assessing health trends.

WHO Core Functions in crisis or emergency situations²

are focused on:

1. Measurement of ill health and needs assessment;
2. Coordination of joint action for health;
3. Filling critical gaps in the health response; and
4. Building health system capacity.

¹ Source: Eleventh General Programme of Work

² Source: WHO CAP compendium, Health, 2005, available at <http://www.who.int/hac/donorinfo/cap2005/en/>

Annex 4

Strategic Objectives of the MTSP

SO1	To reduce the health, social and economic burden of communicable diseases.
SO2	To combat HIV/AIDS, Malaria and Tuberculosis.
SO3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries.
SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
SO5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
SO6	To promote health and sustainable development, prevent and reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substance use, unhealthy diets, physical inactivity and unsafe sex.
SO7	To address the underlying social and economic determinants of health through policies and programmes that strengthen health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.
SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
SO9	To improve nutrition, food safety and food security, throughout the life-course, and in support of public health and sustainable development.
SO10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.
SO11	To ensure improved access, quality and use of medical products and technologies.
SO12	To provide leadership, strengthen governance and foster partnership and collaboration in engagement with countries, to fulfil the mandate of WHO in advancing the global health agenda as articulated in the 11 th General Programme of Work.
SO13	To develop and sustain WHO as a flexible, learning Organization, enabling it to carry out its mandate more efficiently and effectively.

Annex 5

Index of additional references on the CD-ROM

PART 1

- Reference 1: Values which underpin WHO's constitution
- Reference 2: Glossary
- Reference 3: Essential requirements for the CCS development process
- Reference 4: Mapping the CCS Strategic Agenda to the MTSP: methodology

PART 2

- Reference 5: Identifying the CCS team and roles
- Reference 6: Framework for in-country CCS missions
- Reference 7: Undertaking a critical analysis
- Reference 8: Setting the CCS Strategic Agenda

PART 3

- Reference 9: Writing, formatting and editing checklist for the CCS document
- Reference 10: Guidance and templates for producing the 2-page CCS Brief
- Reference 11: Tools and resources for health sector and stakeholder analyses
- Reference 12: Grouping of WHO country offices for more effective WHO work in countries
- Reference 13: Delivering as One
- Reference 14: Quality checklist for the Strategic Agenda
- Reference 15: Example framework to show emphasis of Main Focus Areas on WHO core functions
- Reference 16: Guidance on using the CCS to influence the UNDAF



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