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“PEOPLE MATTER MOST.”

Dr Margaret Chan, 9 November 2006.

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1. INTRODUCTION

1.1 Country Focus Policy

The Country Focus Policy gears the operations of the World Health Organization (WHO) to the needs of Member States at country level as outlined in the WHO Medium-term Strategic Plan, 2008–2013 (MTSP). It aims at improving the performance of the WHO Secretariat in helping countries to strengthen their health systems, improve health outcomes and reach the health-related Millennium Development Goals. First introduced as an "initiative" during the 2002 World Health Assembly[1], it was later consolidated into a "policy". A report on the progress of the policy and its six major components was presented to the 116th session of the WHO Executive Board in May 2005[2].

The Director-General, Dr Margaret Chan, has stated that WHO would be judged by its achievements in terms of good work and good results. Health is a concrete reality that touches individuals, households and communities. WHO's impact on the health of the people of Africa, and the health of women will be the key indicators of its success.

Six core issues that need to be addressed in attaining the results were identified in Dr Chan's speech: health development, security, capacity, information and knowledge, partnership and performance. Two operational priorities were outlined: improving performance and achieving results in countries. These priorities provide further impetus to the Country Focus Policy.

[1] EB111/33 Country focus initiative: Report by the Director-General.
[2] EB116/6 WHO country offices and country focus: Report by the Secretariat.

WHO Country Focus Policy

1. **WHO Country Cooperation Strategy (CCS):**
   The CCS is WHO's medium-term vision for cooperation with a particular country. It is a key instrument for aligning its cooperation with national strategies and plans and for harmonizing with the organizations of the United Nations system and other development partners.

2. **Core competencies and capacities of country teams:**
   The capacity to implement the WHO strategic agenda depends on WHO staff. Adequate competencies are made available through the WHO country presence, a platform encompassing a physical presence and technical backstopping from the regional and subregional levels and from headquarters.

3. **Coherent programmatic and technical support from regional offices and headquarters:**
   WHO teams engage in policy dialogue at the country level on health and development, enhance national capacity to strengthen health systems, tackle health determinants and build preparedness for crisis situations. The rest of the Secretariat provides the appropriate backup to implement the "one WHO country plan and budget", based on the CCS, and to respond swiftly to epidemics and other emergencies.

4. **Effective functioning of country offices:**
   An enabling work environment, with increased administrative and managerial efficiency as well as adequate logistics and field security, allows country teams to carry out WHO core functions in line with their CCS. The Global Management System (GSM) will renew WHO's administrative processes and the related information systems to support greater decentralization and increased accountability.

5. **Knowledge management and information/ intelligence to and from countries:**
   Better knowledge management using modern technologies is critical for improving online access to up-to-date information on countries from all parts of the Secretariat. The Country Support Unit (CSU) Network portal provides a live link to enhance country intelligence and learning through the sharing of good practices.

6. **Working with organizations of the United Nations system and development partners:**
   Partnerships have become a key feature of WHO's work. WHO input into the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) and other United Nations System frameworks, is based on the CCS. It helps to position WHO within sector-wide approaches (SWAps), poverty reduction strategies (PRSPs) and other health and development processes.

The policy aims at improving the performance of the WHO Secretariat in helping countries to strengthen their health systems, to improve health outcomes and to reach the health-related Millennium Development Goals (MDGs). It drives WHO in each country, within the United Nations family as well as with other development partners, to assess its contribution to improving national health outcomes.

2. SUMMARY OF GLOBAL PROGRESS: KEY HIGHLIGHTS

2.1 Events and meetings

Ministers of Health and senior WHO officials discuss the CCS during the 59th World Health Assembly

The Department of Country Focus (CCO), in close collaboration with the WHO Regional Office for the Americas (AMRO) and the other members of the Country Support Unit Network, organized an event during the 59th World Health Assembly (WHA) in May 2006 entitled ***WHO Country Cooperation Strategies (CCS)***. Panel members included the Minister of Health of Bhutan, the Minister of Health of Nicaragua, the Secretary of the Department of Health of the Philippines, the Vice-Minister of Health of Honduras, the Regional Director of the WHO Region of the Americas, the Regional Director of the WHO African Region, the Deputy Regional Director of the WHO European Region and the WHO Representative to the Islamic Republic of Iran. The Acting Director-General of WHO and the Assistant-Director General of the Sustainable Developments and Healthy Environments Cluster participated in the event. The backdrop of the WHA provided an opportune moment to hear about the CCS process from a wide range of viewpoints, both within and outside WHO. Member States expressed their views on how the CCS is instrumental in aligning with national health priorities and harmonizing WHO's work with various partners to improve health outcomes in countries.

CCS India presented at WHO Headquarters, Geneva

After having been very well received by the national authorities in New Delhi, the WHO CCS for India was presented by the WHO Representative to Geneva-based partners and WHO officials at headquarters in December 2006. The Ambassador of India to the United Nations in Geneva, the Deputy Regional Director for the WHO South-East Asia Region and the WHO Representative to India attended the meeting, together with representatives from multilateral and bilateral agencies. The event aimed at gaining attention and support for the WHO programme in India and beyond, in the following areas:

- enhancing surveillance and response capacities for communicable and emerging diseases;
- promoting maternal and child health, notably by improving the continuum of care and strengthening immunization;
- scaling up prevention and control of noncommunicable diseases through support for development of new policies and programmes;
- developing and strengthening health systems nationally and globally.

The official meeting also provided an opportunity to sensitize the audience to the potential of the CCS as an instrument to improve WHO's effectiveness in countries through shaping its vision for cooperation. This vision is based on the Organization's policies and strategies, aligned with country priorities and articulated with the contribution of other partners.

The Fifth Country Support Unit (CSU) Network Meeting

The Fifth CSU Network Meeting took place on 1 July 2006 in Manila, the Philippines. The objectives of the meeting were to follow up on recommendations from the previous meeting, identify constraints, consolidate the work and propose ways of further strengthening the CSU Network to better support WHO country teams beyond 2006. The meeting provided an opportunity to for the participants to update one another on progress relating to the following: the CSU Network portal, which is developed and hosted by the WHO Regional Office for the Eastern Mediterranean (EMRO) and owned by the whole CSU Network; the Country Focus communication strategy; mapping of development assistance in health for better identification of the "forgotten countries"; and the second generation CCSs. The participants at the meeting also discussed the CSU Network Report 2006. It was decided to consider all six components of the Country Focus Policy and to rename the report "WHO Country Focus Report" instead of retaining the previous title "Country Support Unit Network Report". Participants also agreed to illustrate the report with country examples. A number of recommendations and suggestions were made related to the core business of the CSU Network.

First Joint Meeting of the CSU and Planning Officers' Meeting Networks

The First Joint Meeting of the Country Support Unit (CSU) and Planning Officers' Meeting Networks was organized in Manila, the Philippines, from 29 to 30 June 2006. The CSUs and planning officers from the six regions and headquarters, WHO Representatives to Afghanistan and the Philippines and staff from the departments of Country Focus (CCO) and Planning, Resource Coordination and Performance Monitoring (PRP) participated in the meeting. The purpose was to discuss and agree on a number of common agenda issues and further strengthen collaboration between the two networks. A number of recommendations were made on the linkages through WHO's "One country plan", of CCS with the Results-based Management (RBM) Framework, WHO country presence policy and its implementation through the RBM framework. The meeting aimed at improving the understanding of one anothers work, discussing a number of issues and proposing further collaboration.

2.2 Communication and advocacy

Launch of WHO Country Cooperation Strategy video.

A WHO Country Focus video – with special emphasis on the CCS – was launched during the opening of the India CCS High Level Event at WHO headquarters. The video incorporates interviews with WHO senior managers, WHO country representatives and national authorities, i.e. ministers of health, who expressed their appreciation of the CCS process. The video is part of a broader based communication strategy to promote and raise awareness within and outside WHO on the Country Focus agenda.

Development of a new tool – the "CCS brief", for the 59th World Health Assembly

Communicating the WHO strategic agenda in particular countries requires more than the CCS document: a short, easy-to-read and communicative "CCS at a glance" was found to be the answer. The tool was launched at the 59th World Health Assembly. The briefs have been well received and were found to be extremely useful at country level (results from a rapid survey conducted in 30 country offices); they are appreciated by country staff and partners alike. In the future, a brief will be produced in tandem with each new CCS document.

Launch of Country Focus web site in four languages (Chinese, English, French and Spanish) at http://www.who.int/countryfocus/

Officially launched during the 59th World Health Assembly in May 2006, traffic on the Country Focus web site has risen to an average of almost 600 hits daily.

2.3 Evidence and knowledge

Soft launch of the Country Support Unit Network Portal

The Country Support Unit Network Portal, linking regional country support units, headquarters and country offices will provide a common platform for sharing strategic information relevant to the WHO Country Focus policy, country intelligence and best practices. The portal offers a virtual environment (e-community) for members of the Country Support Unit Network and will enable all the network members, WHO country offices and the Organization at large to have access to the same "electronic office" from which strategic information relevant to the Country Focus policy can be retrieved. Additionally, users will be able to contribute with data and information, and utilize the space for collectively engaging in discussions and various work processes. The existence of this global platform for sharing information will clearly enhance inter-regional and inter-country communication and encourage cross-fertilization of best practices and ideas as well as allowing country-specific, regional or corporate lessons to be widely disseminated and shared.

First qualitative survey on country office support

The First qualitative survey on country office support was conducted to measure the level of satisfaction among WHO Representatives, Liaison Officers and Heads of Country Offices (WRs, LOs and HCOs) with the technical support and backup from regional offices and headquarters for their CCSs. The baseline survey covering the 2004–2005 biennium has been completed, and the findings have been made available[3]. This exercise will be repeated at the end of the 2006–2007 biennium to assess what further progress has been made.

Development assistance for health ("forgotten countries"/ "donor orphan countries")

The preliminary proposal for conducting a study to map external resources to countries was presented at the Fifth Country Support Unit Network meeting in Manila in July. The proposal was of great interest both within and outside WHO. As a result, the work is being carried out jointly with relevant departments in WHO (particularly the Department of Health Development and Services) and also with the European Commission and OECD/DAC. It is expected that the preliminary report will be available by the end of 2007.

[3] *First qualitative survey on country office support: baseline for WHO's core presence in countries (SCC) area of work - programme budget 2006–2007 (summary of findings), September 2006.*

2.4 Capacity building and support

Official dissemination of guidelines for working with country offices

The guidelines for working with country offices reflect the commitment to improving communication throughout the Organization in order to further enhance and promote coordination and communication across all its levels in support of more effective work at country level. The guidelines were officially adopted in September 2006.

Development of capacity building training toolkit for alignment and harmonization

An interactive toolkit to meet the training needs of heads of country offices and their teams is being developed. It will represent an important contribution to the capacity building component of the WHO strategy for alignment and harmonization. Its purpose is to provide training and orientation to WHO country teams to guide them in taking forward the alignment and harmonization agenda at country level jointly with United Nations Country Teams and ministries of health. This toolkit will introduce basic concepts of alignment and harmonization, the implications for WHO, and build specific skills and competencies for more effective engagement. It is being developed by the Department of Country Focus, in close collaboration with relevant units in the WHO Regional Office for Africa (AFRO) and at headquarters. The process has been consultative, starting with an initial cross-Organizational workshop held in Geneva in April 2006. The workshop enabled a better understanding of WHO experiences with harmonization and alignment at country level, as well as elucidating the role and implications for WHO. A core group involving WRs, ROs and relevant units at headquarters is supervising and supporting the toolkit elaboration process.

The toolkit will be completed and ready for pilot testing in one WHO region by 2007. Feedback will be used to make adaptations to improve the toolkit, which will then be made available to all regions.

Resource mobilization strategy at country level

Within the context of the WHO Framework for Resource Mobilization, a strategy for Resource mobilization at country level has been elaborated. It clarifies the need to develop WHO capacities for mobilization of resources at country level and highlights the importance in the near future of the active involvement of country offices in this process. The WHO global meeting of the Resource Mobilization focal points provided useful inputs to the strategy. The content of the training package on resource mobilization at country level has been developed and is being further elaborated to complement the training toolkit on alignment and harmonization. It will be the central element of the training package for resource mobilization at country level. A plan of action will be elaborated to ensure that all the components of the strategy are appropriately addressed.

“Being strategic.”

3. COMPONENTS OF COUNTRY FOCUS POLICY

3.1 WHO Country Cooperation Strategies

The country cooperation strategy (CCS) reflects a medium-term vision of WHO for its work with a given country and defines a strategic agenda for working with that country. The time frame is generally 4–6 years but may be shorter for countries in crisis. The CCS is the WHO instrument for aligning with the national agenda while harmonizing with the organizations of the United Nations system and other agencies in the country. It is an Organization-wide reference for country work, which guides planning, budgeting and resource allocation. In a two-way process, the CCS informs, and is guided by, the General Programme of Work and the Medium-term Strategic Plan. At country level, the CCS is aligned with national health plans and articulated with the partnerships platform, in particular with the UNDAF (see Figure 1).

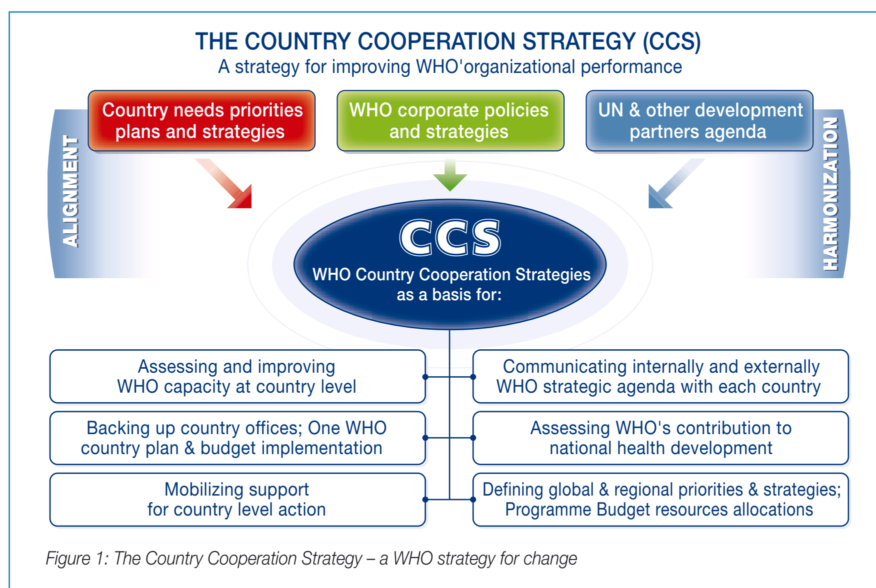


Figure 1: The Country Cooperation Strategy – a WHO strategy for change

The CCS is a major element of the WHO Country Focus Policy.[4] It was launched in 2000 and is now institutionalized across WHO, with the regional offices being responsible for managing the process. Twelve CCSs have been formulated or revised in 2006. At the end of the year, there were 131 CCSs and a "second generation" had started in at least two regions

The "second generation" brings about improvements in the quality of CCS processes and documents. This involves a better analysis of challenges and opportunities at country level, improved selectivity for the strategic agenda with more focus on health systems, and attention to human rights, gender and social determinants of health. Heads of office are supported during the process, and regional mechanisms for quality assurance are strengthened. AMRO and EMRO have both performed an assessment of the instrument in their region.

[4] *EB 116/6, May 2005, WHO country focus and country offices.*

Information and communication around the CCS has improved significantly. All final CCS documents have now been posted on the WHO web site. CCSs in progress are also made available to WHO staff through the Intranet. As shown in section 1.2.2 of this report, several events relating to the CCS have taken place this year and communication instruments – CCS briefs and a video – have been developed to improve the mobilization around this major WHO instrument to improve results at country level.

However some challenges remain: these are outlined later in this document. They call for more quality assurance at the regional and global levels by sharing of good practices and cross-fertilization, and note the need for improving the main corporate tools.

WHO Regional Office for the Americas (AMRO)

Update on CCS formulation

Of 27 country offices (COs) in AMRO, excluding the El Paso Field-Office (USA/MEX Border) which will not develop a CCS:

- 10 COs (37%) completed CCSs (Barbados/Eastern Caribbean Countries (ECC), Bolivia, Colombia, Costa Rica, Guyana, Honduras, Mexico, Nicaragua, Trinidad and Tobago and the Bolivarian Republic of Venezuela). Note that the Barbados CCS was jointly done with the Eastern Caribbean Countries.
- 7 COs (26%) are finalizing the CCS document (Dominican Republic, El Salvador, Guatemala, Jamaica, Panama, Suriname and Uruguay).
- 10 COs (37%) will host CCS mission teams to develop the CCSs in their countries during 2007 (Argentina, Bahamas, Brazil, Belize, Chile, Cuba, Ecuador, Haiti, Paraguay and Peru).

The CSU has also started an analysis of CCS by subregion, which will feed into the subregional Biennial Programme Budget (BPB) and the respective subregional CCS, particularly for Central America and the wider Caribbean.

Assessment of CCSs undertaken in the Region

AMRO conducted an assessment taking into account 10 of the CCS documents already prepared as a result of the CCS exercises in the Region. This was done through analysis and and cross-comparison of the contents of the strategic agendas as well as the different indicators and variables which allow lessons to be learnt and lead to recommendations for improving the CCS process in the Region. In addition, the guidelines and instruments for carrying out a CCS were reviewed in order to further improve CCS processes, as well as capture lessons learnt and best practices.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Update on CCS formulation

During 2004–2005, CCS documents for 21 countries were completed. These documents were prepared under the leadership of WRs at the country level, with the extensive and active participation of Regional Advisers and Directors from the Regional Office as well team members from the Department of Country Focus in headquarters and some external consultants. These documents were used as the basis for the preparation of Joint Programme review and Planning Missions (PRMs) for 2006–2007.

CCS evaluation

An evaluation of the process and outcome of the CCS documents was carried out and an evaluation report produced. The report was the basis for a CCS Regional Consultation held in EMRO in June 2006. The objective of the Consultation was to enhance the tools and methodological approach for preparing the new generation of CCSs in the WHO Eastern Mediterranean Region.

A recommendation of the consultation was to develop a Regional CCS Guiding Framework based on the findings of the CCS Evaluation Report and the Expert CCS Consultation Meeting. The guide will take into account the recommendations and lessons learnt and will be adapted to meet the specific needs of the countries in the Region, including those in crisis. The new CCS guide for the Eastern Mediterranean Region has been formulated and is currently being finalized.

CCS briefs developed

The development of 17 CCS briefs (including the original six developed for the 59th World Health Assembly) for countries of the Eastern Mediterranean Region was carried out in 2006. There are now 17 CCS briefs available and the five remaining countries will be embarking on CCS missions during 2007.

WHO Regional Office for South-East Asia (SEARO)

Update on CCS formulation

Many Member States in the South-East Asia Region have requested an update of their current CCSs which would inform the preparation of the 2008–2009 operational plans. The new format and guidelines for the CCS have helped countries formulate their strategic agenda, providing a clearer focus for WHO country work. India, Indonesia, Maldives, Nepal and Sri Lanka have now completed new CCSs. Bangladesh, Bhutan, Myanmar and Thailand are currently preparing draft CCSs. The Democratic People's Republic of Korea and the Democratic People's Republic of Timor Leste will begin work on theirs during late 2007 or early 2008, completing the cycle of new CCSs in all 11 countries of the Region.

The new CCS in Sri Lanka was launched by the Minister of Health and the Deputy Regional Director in Colombo. This helped give more prominence to the CCS in the country. India's CCS was the first printed version for the country and was launched at the country and regional levels as well in headquarters in the presence of senior WHO staff, United Nations agencies and key donors.

Country Days to guide operational planning

Efforts have intensified to ensure that country operational plans are in line with the updated CCSs. The major mechanism for this alignment is the Country Days for operational planning. Between mid-February and May 2007, all 11 countries in the Region will attend these Country Days in the Regional Office. The WR, the planning focal point from the Country Office and a senior official from the Ministry of Health will meet with Regional Office staff to discuss the operational plans for the 2008–2009 biennium. These meetings will all start with a presentation by the WR describing the priorities for these operational plans, in light of the country's CCS.

WHO Regional Office for the Western Pacific (WPRO)

Update on CCS formulation

WPRO has formulated CCSs for 24 out of the 37 countries and areas in the Region. Work is under way to develop second-generation CCS documents in several countries. The 13 countries and areas that have no CCS coverage are either very small island countries or developed countries.

The South Pacific CCS is the first multi-country CCS in the Region; a similar example is the Pan American Health Organization (PAHO)/WHO subregional cooperation strategy being developed at the same time for Barbados and the countries of the Organization of the Eastern Caribbean States. Malaysia was the first country to develop a second-generation CCS in the Region.

Use of the CCS

Consultations of WRs and CLOs are organized twice a year in WPRO. The most recent consultation meeting of WRs and CLOs, held in November 2006, discussed how WHO's programmes should be driven by needs at the country level as identified through the CCS. It was agreed that following endorsement of a CCS, a Resource Mobilization Plan and a Human Resources (HR) Plan (including HR profiling) should, in most cases, be developed.

3.2 Core competencies and capacities of country teams

The development of the capacity of WHO country offices is central to the Country Focus Policy in supporting Member States to develop their own capacities. There is an urgent need for the Secretariat to invest further in an effective and responsive WHO country presence. WHO country presence is the platform for effective engagement with countries for advancing the global agenda as well as contributing to national strategies and priorities, and bringing country realities and perspectives into global policies and priorities.

Country presence therefore refers to the work of the Secretariat as a whole, carried out through:
A physical WHO presence: This represents WHO staff in country offices, including sub-national and decentralized sub-offices in provinces and districts. WHO currently has a physical presence in 145 countries in the six WHO regions.
Coordinated support from other levels of the Secretariat: This represents technical backstopping from the regional and headquarters levels, which contributes to WHO's strategic agenda in a particular country and ultimately to national health and development strategies. This support includes technical support, programme management and coordination including inter-country teams and subregional hubs.

WHO country presence will be strengthened on the basis of the following policy principles:

- The decision to establish or adjust a physical WHO country presence will be agreed with the Member State concerned, and, as appropriate, reflected in the Basic Agreement.
- The competencies[5] required for enabling the work of the Secretariat at country level (i.e. WRs, LOs, Heads of Office and their support team) are generic, whereas those competencies that correspond to WHO's strategic agenda at country level are determined on a country-by-country basis as identified in the CCS.
- In times of crisis, WHO country presence has to be flexible enough to allow for any necessary adjustments, particularly for countries coping with public health emergencies.
- Recognizing that an effective and responsive WHO country presence is an investment for the WHO Secretariat and its Member States, the resources required for the work of the Secretariat at the country level have to be clearly identified in the MTSPs and biennial programme budgets.

[5] *Leading/representing WHO at country level – ability to lead, advocate, negotiate, coordinate technical and programmatic areas, build health and development partnerships and manage resources.*
Managing finances and administrative services – ability to implement administrative, financial and management principles and practices; communication and knowledge management skills.

“Better country teams.”

WHO Regional Office for Africa (AFRO)

Update on reprofiling of WHO Country Offices in the WHO African Region

- 150 country office staff (including WHO Representatives (WRs), Administrative Officers and other professional staff) have been trained in the process of reprofiling WHO Country Offices in the African Region (through a series of workshops held in Nairobi, Accra and Brazzaville in 2005).
- 44 of 46 WRs participated in the capacity building exercise. More country-level staff will be included in future training activities. However, all countries have now started the process albeit at varying levels.
- One important outcome has been that the WHO country offices are actively using the CCS as the starting point for the exercise. This has given more visibility and strength to the CCS document itself.
- All the country offices that have undergone the full process have developed a new organigram to facilitate and simplify the lines of communications in the country office. The country offices are being restructured along cluster lines to facilitate working across different areas of work. This is one of the most important changes resulting from the exercise.
- The majority of the offices with re-profiling reports now have a human resources plan.

WHO Regional Office for the Americas (AMRO)

Major transformation in WHO country presence in the Caribbean

During 2006 a major transformation in country presence occurred in the Caribbean with the restructuring of the former Office for Caribbean Program Coordination (CPC) located in Barbados and its conversion into two separate organizational units functioning from the same premises with very distinct missions and scope. A new Country Office was established for all Member States and territories being served from Barbados and belonging geographically to the Eastern Caribbean; this entailed creating a new Pan American Health Organization/WHO Reprsentative-Eastern Caribbean Countries (PWR-ECC) post to replace the former Program Officer for the Eastern Caribbean. This PWR-ECC will supervise five programme officers who will perform their functions from the country island on which they are based. The Caribbean Program Coordination will continue to function, but will concentrate its efforts on the dialogue with the Caribbean Community (CARICOM) Health Desk and on discharging the subregional Biennial Programme Budget (BPB) for the Caribbean, responding to the priorities established in the Caribbean Cooperation in Health (Phase III).

Decentralization of posts to further strengthen country focus agenda

AMRO has so far decentralized 42 posts to strengthen the country focus agenda. The holders of these posts carry out regional, subregional and inter-country activities. Taking into account that PAHO/WHO has a permanent presence in 28 field offices so far, this redeployment of human resources entails the presence of an average of 1.5 additional regional or subregional advisers in each country office.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Strengthening of country presence

Considerable efforts were made to incorporate the requirements and needs set out in the CCS documents with the overall goal of strengthening WHO presence at the country level. Recruitment of national professional officers to strengthen support to health systems in the countries; recruitment of international administration officers to improve management of support services, construction, expansion and upgrading of venues and facilities; recruitment of IT staff and enhancement of Global Private Network (GPN), Vsat and telecommunication facilities in several countries have been achieved.

WHO Regional Office for the Western Pacific (WPRO)

Human resources profiling exercises in country offices

At the most recent consultation of WHO Representatives (WRs) and Country Liaison Officers (CLOs), held in November 2006, it was suggested that country office human resources (HR) profiling should be matched by a similar review at the regional office level, which would require a whole-context strategic vision of the relationships between country offices and the regional office.

It was held that any HR profiling process needs to be well structured and systematic, involving the WR, Programme Management Officer (PMO) and Programme and Administrative Officer (PAO) at the country office level with programmatic and administrative staff from the regional office. Horizontal peer review between country offices could be included together with input from external reviewers.

There is currently regional capacity to support up to three HR profiling exercises per year, starting in some of the larger country offices, such as those of Cambodia and China.

3.3 Coherent programmatic and technical support from regional offices and headquarters

Coordinated support includes technical support, programme management and coordination from the regional and headquarters levels, including support from inter-country teams and sub-regional hubs.

WHO country teams have to engage in policy dialogue critical to health, support Member States to enhance national capacity to strengthen health systems based on integrated primary health care, tackle health determinants and enable preparedness for crisis situations based on country demand.

Thus, adequate and appropriate coordinated technical support and backstopping from the rest of the WHO Secretariat has to be provided to country teams in the policy advice and used to improve the delivery of WHO's work at country level.

- For overall support and coordination, country support units under Office of Directors, Programme Management (DPMs) have been established in the regional offices, and the Department of Country Focus facilitates country support work at the headquarters level. The CSU Network, consisting of CSUs at the regional and headquarters levels, has enhanced dialogue and collaboration across the Organization.
- Some priority programmes (e.g. HIV/AIDS, child health, essential medicines and knowledge management) have the mechanisms at headquarters for supporting country offices, in close coordination with regional focal points, in building national capacities.
- Technical backstopping from the regional and subregional levels and from headquarters, to enable a swift response to country demands, is being progressively improved through joint planning. The implementation of the "one WHO country plan and budget", prepared on the basis of the strategic agenda of the CCS, and within the approved programme budget, is being carried out using the GSM planning module.
- Tools to guide and monitor the quality of support provided to the country teams are being made available through the following:
  - *guidelines for working with WHO country offices* which have been issued to facilitate better communication and coordination across the Organization;
  - assessment, through a biennial survey, of *the level and quality of support* received from regional offices and headquarters on programmatic and technical areas.
- Horizontal collaboration in various forms is taking place on the provision of technical and programmatic support to country teams: through inter-country and inter-regional meetings; provision of technical expertise from one country office to another; and sharing of inter-regional/country learning and good practices.

WHO Regional Office for the Americas (AMRO)

In the WHO Region of the Americas many inter-programmatic missions have been carried out in those countries where it is necessary to strengthen inter-programmatic approaches and to enhance the technical cooperation programme as well as to tackle some managerial issues. These high-level missions were carried out in Brazil, Ecuador and Haiti.

Inter-programmatic missions carried out in Haiti

During 2006, four inter-programmatic missions were carried out, involving the highest level of the Organization. AMRO's Assistant Director led three of these missions. The most recent took place in December 2006, and the participants included AMRO's Assistant Director; area managers of health systems and services; health surveillance and disease management; family and community health; sustainable development; technology and health services; as well as staff from partnerships and alliances, project support and the Country Support Unit. The objective of these missions was to enhance the Pan American Health Organization (PAHO)/WHO's technical cooperation in Haiti; hold meetings with PAHO/WHO staff as well as other relevant national authorities and partners to further define PAHO/WHO's Plan of Action for health; and articulate the efforts of the country office and regional office to advance this plan of action.

AMRO 47th Directing Council Event on Haiti, September 2006

A special session on Haiti was held during the AMRO Directing Council in September 2006. AMRO's Assistant Director, Dr Carissa Etienne, welcomed approximately 80 persons, among whom were: Hon. Minister of Health and Population of Haiti (MSPP); Ambassador of Haiti to the Organization of American States (OAS); Chief of Cabinet MSPP; Cabinet Member MSPP; International Monetary Fund (IMF) Representative; WHO Assistant Director-General of the Family and Community Health (FCH) Cluster; WHO Representative; United States Agency for International Development (USAID) Representative; CARICOM Community Assistant Secretary General; Inter-American Dialogue Program Associate; Inter-American Development Bank (IADB) Division Chief; Global Fund to fight AIDS, TB and Malaria Team Leader; World Bank Senior Health Specialist; European Commission Development Adviser; Canadian International Development Agency (CIDA) Representatives; International Organization for Migration (IOM) Representatives; Representatives from Organization of American States (OAS) Missions such as Brazil, Chile and Guatemala, and many AMRO personnel. AMRO has strengthened its country presence in Haiti in the last few years. Following the successful completion of the presidential and parliamentary elections in early 2006, new opportunities have opened up for Haiti to advance towards stability and development.

Strengthened bi-national approach with the Dominican Republic

With the support of CCO and headquarters, AMRO has strengthened the bi-national approach with the Dominican Republic, especially at border areas. The profound interdependency of the economies and populations in the two countries also demands a bi-national approach to many

of the economic and social interventions, which fortunately has been gaining increasing acceptance. This bi-national approach needs to be applied particularly in dealing with diseases such as malaria, TB and HIV/AIDS. A consultant hired with these resources is currently working in the field preparing a bi-national strategic plan with particular emphasis on border areas.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Results-based management framework

Two workshops were conducted in 2006 in Saudi Arabia and Sudan to expand the utilization of the results-based management framework for strengthening country office capacity in planning and management. WHO country office staff and national counterparts in the two countries participated in these workshops.

WHO Regional Office for South-East Asia (SEARO)

Horizontal collaboration between countries

SEARO has encouraged countries to work together to solve common problems. Several countries have used funds provided to support collaboration to support the improvement of cross-border health services. Other countries, particularly India and Thailand, have provided technical support and training for other countries in the Region. WHO staff members in particular countries have also provided support to neighbouring countries, for example, Indonesia's staff members have supported Timor Leste and Sri Lanka has provided assistance to the Maldives. Staff members from the WHO country office have also participated in CCS missions in other countries of the region.

WHO Regional Office for the Western Pacific (WPRO)

Human resources for health

The importance of health workers is being recognized globally with support and funding enhanced by the World Health Report 2006 and World Health Day 2006. The WHO Western Pacific Region has seen the formation of global/regional alliances and platforms for action to support collaborative partnerships to develop and build capacity. The Regional Strategy on Human Resources for Health (HRH) 2006–2015 was endorsed, complemented by strategic action plans for nurse/midwifery development in Pacific Island countries and in the Region to improve and strengthen implementation of health care services at all levels. As a unique medium-term strategic objective 2008–2013 HRH will be given greater prominence. The Asia-Pacific Action Alliance on HRH was formed with nine member countries – American Samoa, Cambodia, China, Fiji, Lao People's Democratic Republic, Papua New Guinea, Philippines, Samoa and Viet Nam. A high-level forum on HRH held in Mongolia resulted in a Memorandum of Understanding with multiple government sectors and partners to advance health workforce development, leadership and management capacity through implementation of a strategic action plan for health managers. A Pacific Code of Practice for recruitment of health workers in the Pacific region was developed with a number of partners. HRH workforce information and management systems are being developed to support and encourage more research in this area.

Preparations for 2008–2009 joint planning between country offices and the regional office

Preparations for 2008–2009 planning were made with the participation of all country and regional office Programme Management Officers to familiarize them with the revised procedures and reinforce results-based management and planning. The workshop, which was held in early December 2006, laid out steps to further strengthen joint planning between country offices, the regional office and government counterparts.

"Coordinated technical support."

3.4 Effective functioning of country offices

Work in areas such as human resource development and management; administration and financial management; information technology and communication services; logistics management and field security is critical to the effective functioning of WHO country offices and to improving the delivery of WHO's work at country level. WHO country offices must equip staff with competencies and skills in these areas to support and enable the work of the entire Secretariat.

- Delegation of authority is gradually being enhanced but varies across regions. Accountability measures need to accompany this process.
- Country offices will become "budget centres" in 2008–2009 with the application of the GSM tool.
- WHO country offices are increasingly recruiting administrators, including international administrative officers, where possible.
- The GSM is being developed and applied across the organization. This will support joint planning and the "One country plan ".
- Basic communication and information technology is being continuously improved in all country offices. All six WHO regional offices and 100 country offices are now connected to the Global Private Network (GPN). Information technology support has become a generic function in country offices.
- The level of managerial support received from regional offices and headquarters is being assessed.

WHO Regional office for the Americas (AMRO)

Methodology and guidelines for country office development plans

With the support of CCO, the CSU finalized the methodology and guidelines for country office development plans. These guidelines use the strategic agenda developed through the CCS exercises as the departure point and as an overall framework within which to reexamine the vision, values and mission of the respective country office vis à vis the national priorities and the particular stage of national health development. The managerial style is also examined in a participatory and reflective process, and products, functions, processes and business procedures are also revisited as a basis upon which to put forward a development plan. This methodology is complementary to the strategic assessment component of the Strategic Assessment and Resource Alignment (SARA) process similar to the one established by headquarters. This methodology was presented to PWRs in the subregional managers' meetings in 2006.

Pilot testing of the proposed methodology has been carried out in Guatemala and Venezuela. Currently country programme analysts (CPAs) in CSU are being trained as facilitators for the process of drawing up country office development plans.

Missions from AMRO have been carried out to enhance optimal functioning of the country offices in Brazil, the Caribbean Program Coordination Office in Barbados (CPC) and Eastern Caribbean countries and Peru.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Country activity management system (CAMS)

To assist WHO country offices in the administration and management of their work and to monitor the implementation of WHO collaborative programmes, the Country Activity Management System (CAMS) was developed and implemented. Training exercises on CAMS were conducted in 13 WR offices. CAMS has become the channel of communication and information exchange between WR offices and the regional office, during the current biennium. It will also facilitate the transition from existing management systems to the upcoming Global Management System. CAMS provides country office staff with access to data in various information systems running at the regional office from a single integrated user-friendly environment. Through this system, WR offices are provided with up-to-date information on implementation of programmes and activities for their countries of assignment.

Global private network (GPN)

Good communications is critical to the effective functioning of WHO country offices; currently 13 of 17 country offices in the Eastern Mediterranean Region are connected through the GPN. In 2006, five countries were connected, namely, Iran, Lebanon, Morocco, Oman and Syria. The remaining countries in the Region are expected to be connected in 2007.

WHO Regional Office for South-East Asia (SEARO)

Strengthening country offices

SEARO's approach to supporting its Member States is to strengthen WHO country offices to ensure that its efforts are aligned with the needs of each country. Countries throughout the region have different needs and resources for health development efforts. Therefore, over 75% of the Region's financial resources are budgeted at the country level with only 25% being allocated to the regional office – the highest amount budgeted to countries of all the WHO regions.

Delegation of authority and accountability

SEARO is implementing the Organization's decentralization strategy by delegating authority to WHO country offices. Within the maximum ceilings allowed to the regions, WHO Representatives have full authority to sign contracts, procure goods, hire consultants and issue travel authorizations without prior approval from the regional office. This reduces the bureaucratic procedures and allows the country office to respond quickly to the situation in its country. This delegation must be accompanied by a transparent system that ensures accountability of country offices. During 2006, SEARO sent review missions to some countries as part of its oversight activities to ensure transparency and accountability in country offices and identify where improvements are needed.

Performance in countries

Besides accountability for administrative procedures, country offices must also demonstrate good performance in achieving results in line with the CCS. During the Programme Budget Performance Assessment exercise for the 2004–2005 biennium, SEARO added some items to increase its usefulness in the Region, beyond the requirements of headquarters. First, countries report their results by product, not just "expected contributions" as required by headquarters, to provide the greater detail needed for the assessment. Second, product-level reports of financial implementation were used to cross-check product assessments. Third, Regional Office Area of Work (AOW) Focal Points provided feedback reports to the country offices for all AOWs. These reports were compiled by the regional office, discussed at a meeting of WHO planning focal points and sent to the WRs as well as to a meeting of Member States of the WHO South-East Asia Region. SEARO also intends to demonstrate how its work contributes to the strengthening of country health development efforts. For this important exercise, SEARO is determined that the 2008–2009 biennium will emphasize the role of evaluations as an integral part of its support to countries.

WHO Regional Office for the Western Pacific (WPRO)

Strong commitment to strengthening and improving functioning of country offices

WPRO is committed to strengthening country offices to help them to work more effectively with countries in responding to national and local health challenges and needs. The delegation of authority to country offices has been increased. Programme management officers and programme and administrative officers have been assigned to country offices to improve the administrative and financial capacity and to further enhance accountability at the country level.

Basic communication and information technology is being continuously improved in the country offices. Five offices – in Cambodia, the Lao People's Democratic Republic, Philippines, Papua New Guinea and Viet Nam are fully connected to the GPN for data and voice services. China and Malaysia are connected to the GPN for data service.

The Organization-wide GSM readiness survey has been conducted and WPRO had one of the highest response rates of all the regions. A common theme of the responses was a request for staff of country offices to receive better communications as to the development of the GSM and to be more engaged in the process. In WPRO, an effort has been made to involve country staff in regional workshops, the Conference Room Pilot 2 and a SharePoint site with information for staff have been established on the WPRO Intranet. This is to ensure that the staff are adequately prepared for change and that effective training plans can be developed.

3.5 Knowledge management and information to and from countries

WHO, a knowledge-based organization, must strive to make better use of its aggregate knowledge to promote better health in its Member States. A key step in achieving this would be to accelerate efforts to strengthen the knowledge management capacity of country teams and to ensure that up-to-date information on countries and WHO country offices is available and easily accessible within the Organization.

Rapid advances are being made in the field of information and knowledge management with new tools and approaches being developed. Efforts are under way, and need to be accelerated, to ensure that WHO keeps up with these changes and maximizes its use of the latest tools and technologies available. Besides improving external access to WHO country knowledge and networks through the Internet, the WHO Intranet platform and virtual collaborative workspace tools are geared towards providing a live link between country and regional offices and headquarters, and enhancing cross-learning through the sharing of good practices.

Collecting and collating country-office-specific intelligence as well as information related to WHO's technical cooperation at country level is critical for WHO to effectively manage its work and be responsive to country health needs and priorities. Modern tools and technologies for knowledge management are improving the efficiency of the WHO Secretariat by allowing access to comprehensive, timely and strategic information on countries, as well as ensuring that consistent and coherent country-based information on health is made available to WHO's partners and the general public.

- The WHO Global Knowledge Management Strategy was developed and launched in 2005 (http://www.who.int/kms/en). The strategy has three key objectives:
  - to contribute to the strengthening of country health systems through better knowledge management;
  - to promote the principles and practice of knowledge management as a fundamental aspect of public health research and practice; and
  - to enable WHO to become a better learning and knowledge-sharing organization. A Global Knowledge Management Leadership Team has been formed and is leading the implementation of the strategy throughout WHO and its Member States.[6]
- Two WHO regions have endorsed resolutions[7] urging Member States to develop national knowledge management strategies and plans which would outline how knowledge management tools, techniques and approaches will be utilized to strengthen national health systems and improve health outcomes.
- In responding to requests from countries asking WHO to take the lead in advising them on knowledge in health, the Survey of the Knowledge Enterprise in Health (KEH) was launched. The aim of the survey is to develop country profiles on knowledge management and translation. The outcomes of the survey should provide countries with a baseline for decision-making on the application of knowledge to public health, enabling them to prioritize initiatives and national planning in this area.
- The web sites of the six regional offices and various technical units at headquarters are currently accessible. However, as yet, not all WHO country offices have a web site.
- There is a web site dedicated to country focus issues[8] which provides information on the WHO Country Focus Policy, WHO country offices, the WHO CCS, the CSU Network and relevant key resources (http://www.who.int/countryfocus).
- Country pages were launched on the WHO Intranet in November 2006 and provide continuously updated practical and useful information for staff members, especially for those travelling on mission.
- Since December 2006, the Country Focus portal – linking country offices, regional country support units and headquarters – has been providing a common collaborative platform for sharing strategic information relevant to the WHO Country Focus Policy, country office intelligence and best practices.
- Information and intelligence on WHO country offices is analysed and published. This includes information on the priorities outlined in the CCS, sharing of best practices, WHO involvement in partnerships, the overall roles and functions of the country office, staffing data and information on financial resources.

[6] The five strategic directions for knowledge management that have been developed are: improving access to the world's health information, translating knowledge into policy and action, sharing and reapplying experiential knowledge, leveraging e-health in countries and fostering an enabling environment for knowledge management.
[7] AFR/RC56/16 and EM/RC53/R.10
[8] Available in four languages: Chinese, English, French and Spanish.

WHO Regional Office for the Americas (AMRO)

OPENLINK portal for sharing information on country offices

AMRO is taking on a huge challenge in the designing and operationalization of OPENLINK, a SharePoint portal which will allow country offices and the regional office to share relevant information on a regular basis. This tool has been tested and is expected to be fully operational in 2007.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Country Support Unit Network Portal hosted in EMRO

EMRO's experience in the development and utilization of the Planning, Monitoring and Evaluation (PME) Portal was recognized by the CSU Network and further supported by their request and the financial support of CCO/headquarters for the PME unit to develop the CSU-Network Portal during 2006. Accordingly, CSU Network Regional Portal Focal Points were invited to EMRO for an inter-regional CSU Network workshop in June 2006, to review the structure and functionality of the CSU Network Portal and to agree on a code of conduct to enable the portal to evolve iteratively and collectively.

This portal is hosted, administered and coordinated by PME/EMRO.

Country office web sites

Efforts to provide updated country-based information to partners and the general public are reflected in 12 country office web sites developed with assistance from the regional office. In 2006, three countries developed their sites, namely, Afghanistan, Djibouti and Iran. The Omani, Iraqi and Jordanian web sites were redesigned to bring them into line with the formats of other country office web sites. Plans to develop web sites for all the countries of the Eastern Mediterranean are in place.

WHO Regional Office for the Western Pacific (WPRO)

Knowledge management group

A knowledge management group has been established for a year to study knowledge management principles with a view to applying them in the Region's operations and activities to improve performance. Briefing–debriefing, resource mobilization and meetings are identified as areas in which knowledge management may be applied to elicit tacit knowledge and experience to improve performance and efficiency in the Region.

Strengthening of health information systems

Integration of various health information systems (HIS) among programmes has been promoted

to improve sharing of information, resource utilization and coordinated donor input. The information products disseminated include the Health Metrics Network (HMN), HIS tools and framework, and e-health manuals intended to enhance improvement of HIS throughout the Region.

As part of the implementation of the HIS Strategic Plan for the Region for 2006–2010, a workshop on Developing Integrated National Health Information Systems was held in Manila, Philippines from 6 to 8 September 2006. The workshop brought together programme managers and directors responsible for the information and surveillance systems of different programmes and departments of the Ministry of Health of Cambodia, China, Lao People's Democratic Republic, Mongolia, the Philippines and Viet Nam as well as resource staff from the HMN, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the Global Alliance for Vaccines and Immunization (GAVI).

Intercountry workshop on Health Metrics Network

To strengthen the HIS of the Pacific island countries and areas, the HMN, together with WPRO and the Secretariat of the Pacific Communities (SPC), conducted a three-day intercountry workshop from 30 October to 1 November 2006 in Noumea, New Caledonia. The workshop aimed to introduce the HMN Framework to countries, build capacity in the use of the HMN assessment tool and to provide guidance on the development of a prioritized improvement plan. It also provided a venue at which to discuss opportunities for technical, capacity building and financial support through the HMN partnership.

Country office websites and Country Focus SharePoint site on WPRO Intranet

The country office in China launched its website (http://www.wpro.who.int/china/home.htm) in June 2006 and has an average of 94 hits a day. Two more sites (for the South Pacific and Viet Nam) are being developed and are expected to be online in the next year. The Country Focus SharePoint site on the Intranet of the Western Pacific Region, which aims to strengthen and support country presence through the provision of an "electronic office" readily accessible to all WPRO staff is being finalized. This would provide links to global and regional strategic policies and information relating to country focus, information on innovations, activities and programmes at the country level, and would be a platform for shared information, comments and discussion on country focus products proposed, in progress or not yet reported.

Effective dissemination of information products to countries

Regional publications (e.g., Country Health Information Profiles, Core Health Data, MDG indicators and technical guides and reports) were disseminated to the Member States, to ensure that information was shared and lessons learned were communicated across all programme areas. Furthermore, these documents were translated into the local languages of the Region, facilitating the spread of knowledge and information.

3.6 Enhanced partnership within the United Nations system and health and development partners

Partnership is a key feature of WHO's work within the broader partnership frameworks at the country level. The aim is to build alliances within the alignment and harmonization agenda and the United Nations reform process, and to provide the support needed by countries to ensure better health outcomes.

The WHO CCS is the Organization's key instrument for aligning and harmonizing its contribution within existing frameworks and processes supporting country development (e.g. sector-wide approaches (SWAps) and poverty reduction strategies) and coordinating related aid (UNDAF, Joint Assistance Strategy). WHA resolution 58.25 requests the Director-General to adhere to the international alignment and harmonization agenda in the context of better coherence between United Nations entities. WHO country teams are increasingly being provided with information and guidance for improving their support for national governments in the coordination of external aid, actively participating in existing coordination platforms, in particular the United Nations Resident Coordinator System (RCS), and mobilizing adequate resources for health.

Capacity development and release initiatives are part of a comprehensive strategy for strengthening WHO's engagement in alignment and harmonization at country level. The strategy is structured to encompass the following elements: creating a favourable environment, policy orientations and procedures, support and backstopping to country offices, developing capacities at country level and monitoring WHO engagement in alignment and harmonization. It includes a training toolkit to build the knowledge and competencies of WHO country teams and equip them for working in this new and evolving environment, in line with the Paris Declaration on Aid Effectiveness.

Guidelines and resource materials *have already been developed. These include: A guide to WHO's role in sector-wide approaches to health development; WHO harmonization and alignment: key resources; and Guidance paper on Global Fund to fight AIDS, Tuberculosis and Malaria related activities in WHO.*

WHO is leading the health dimension of the United Nations Development Group (UNDG) Working Group on Aid Effectiveness. Wide consultations have been launched on WHO and the United Nations reform. Particular attention is being paid to the Resident Coordinator System. The countries involved in pilot "One UN" activities putting into practice the "Four Ones" concept[9] (one leader, one programme, one budget and one office) will be closely followed up. In a continuously and rapidly evolving situation WHO will contribute to taking forward "One UN" country experiences on the understanding that from the earliest stage, processes are inclusive, participatory and progressive. The perspective is to ensure increased effectiveness of the United Nations system at country level, acknowledging one of its important strengths: diversity. A coherent division of labour will be based on comparative advantages and respective mandates.

[9] Delivering as One, Report of the Secretary's General's High-Level Panel. New York, United Nations. 9 November 2006.

“Improved working environment.”

WHO Regional Office for the Americas (AMRO)

AMRO is actively participating in the Latin America and Caribbean Regional Directors Team (LAC-RDT) and even hosted one of their meetings during 2006. PWRs are encouraged to participate in all United Nations Country Team (UNCT) activities at country level; many of them have been acting Resident Coordinators several times during the year and some of them for long periods. AMRO PWRs are coordinators of the Avian and Human Pandemic Influenza United Nations Team at country level in all countries in the Region, except for two. PWRs are also participating in efforts to mobilize resources for United Nations inter-agency projects. So far, four countries in the Region have managed to access the Japan Trust Fund for Human Security and two countries have managed to access the Central Emergency Response Fund (CERF) (Colombia and Haiti).

WHO Regional Office for the Eastern Mediterranean (EMRO)

Partnership is a key feature of WHO's work within the United Nations system and with development partners, to provide the support needed by countries to ensure better health outcomes. CCS documents are proving to be a key input into the tools and processes promoted by the United Nations system and other health and development processes. Country teams are being provided with information and guidance through modern technologies and tools (portal) to better support national governments in the coordination of external aid and in mobilizing resources.

Country offices in the Eastern Mediterranean Region have been actively involved in the United Nations reform process, in particular through the UNDG, to improve collaboration with United Nations agencies at country level through processes such as, CCA/UNDAF and the Millennium Development Goals.

WHO Regional Office for Europe (EURO)

Guidelines for strengthening partnerships and resource mobilization at the country level

A working group on partnerships and resource mobilization at the country level was created in the European Region at the end of 2005 with the aim of strengthening the capacity of country offices for building and maintaining partnerships and for resource mobilization activities at the country level. This is an important aspect of the work of the European Regional Office, which has the following specific objectives:

- to clarify definitions (e.g. what is partnership, resource mobilization and fundraising) so that a common language is used across the organization;
- to review the existing practices in building partnerships and resource mobilization (PRM) based on several country-specific case-studies;

- to outline guiding principles for successful PRM at the country level and the implementation mechanisms to follow;
- to develop a toolkit for the facilitation of PRM at the country level as well as a training module for country office staff;
- to develop criteria for monitoring and evaluation of PMR at the country level to become part of the WHO EURO Key Performance Indicators (KPIs).

Several meetings of the group have already been organized. They have resulted in:

- a better understanding of PRM terminology, the guiding principles and their application to day-to-day country work (developing PRM skills); and
- development of guiding principles and mechanisms for the facilitation of implementation outlined in a PRM toolkit and PRM training module.

Currently the team is working on producing PRM monitoring and evaluation indicators, as well as on a training package which will consist of several modules.

The framework below (Figure 2) was designed to facilitate implementation of, as well as reporting on, partnership strategies at country level, reflecting a broad spectrum of partnership questions, such as:

- What should we do with WHO partnership in the country?
- Should partnerships be strengthened or corrected based on their relevance, for example, to the needs of the country and to their acceptability?
- What do the partnerships have to do with the health systems issues, goals, functions and performance?
- Are they important in terms of our position regarding country work?

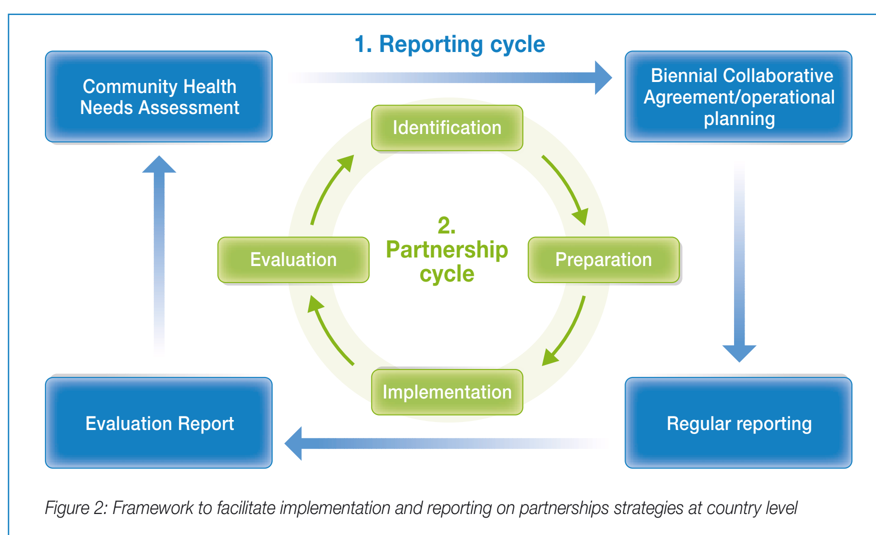


Figure 2: Framework to facilitate implementation and reporting on partnerships strategies at country level

WHO Regional Office for South-East Asia (SEARO)

Participation in regional associations

Many country offices have actively participated in regional groups such as ASEAN (Association of South-East Asian Nations) and SAARC (South Asian Association of Regional Cooperation) on common health issues. These associations are particularly important in advocacy and in strengthening political commitment regarding key health initiatives. Recently there have been several joint programmes with Mekong countries in areas such as malaria and preparedness for pandemics. It should be noted that all these regional groupings cross WHO regions, either the Western Pacific Region or the Eastern Mediterranean Region. This has promoted better cooperation and coordination between the WHO regions.

Harmonization with United Nations Organizations and key health development partners

WHO offices have strengthened their cooperation with other key partners, especially with the United Nations organizations. While United Nations reform has promoted better coordination and a common health development agenda, there is an increasing concern to balance these with WHO's close relationship to ministries of health, based on the Organization's constitution. Many ministries are also seeking WHO's assistance in their efforts to support better harmonization of donors, given WHO's close relationship and its position of neutrality.

Resource mobilization in countries

The WHO South-East Asia Region has no donor countries among its Member States. Therefore, voluntary contributions are generally not made to the Region and resource mobilization becomes an important undertaking at country level. This resource mobilization involves funds to support WHO's work and direct contributions to Member States, such as the Global Fund for AIDS, TB and Malaria and GAVI. WHO country offices have actively mobilized considerable funds to support countries, especially in Bangladesh, India and Indonesia. The Regional Office is now able to support countries in resource mobilization, either through training, providing advice about strategies or direct involvement in negotiations with donors.

WHO Regional Office for the Western Pacific (WPRO)

General update from WHO Representatives (WRs)/ Country Liaison Officers (CLOs) consultation meeting

At the recent consultation meeting of WRs and CLOs, the WHO Representative to Viet Nam described the overall role of WHO and the United Nations system in the context of aid effectiveness in Viet Nam. Although Viet Nam is one of the largest recipients of overseas development aid, a reduction in foreign aid is anticipated with economic growth over the coming years, and the relative importance of WHO's role in technical and normative work should increase.

WRs and CLOs have an important role to play in any health sector coordination mechanisms established in a country, whether country-led or not. The performance of WHO will be judged by the analytical capacity of staff, their ability to plan for public health and to provide policy support. It was noted that it is very useful to have a higher level group looking at the overall sector, particularly policy, strategy and financing. If international financial institutions are present in a country, then they should also be involved in the higher level group.

A common perception of the United Nations system is that it is weak and fragmented and this has been one of the drivers for reform. In the area of public health, WHO has gained good acceptance and credibility for its work as a technical agency. At the country-level, WHO has been stronger in technical programme areas than in the strengthening of health systems and in aid effectiveness. Although some work has been undertaken on country capacity building, regional involvement is limited and requires further support. This would have implications for WHO's country presence and for staffing at the country level. It is also proposed to strengthen bi-regional collaboration in areas such as aid effectiveness.

Development of SWAps in Cambodia and Papua New Guinea

SWAps have been established in Cambodia (Sector-wide Management in Health) and Papua New Guinea (Health Sector Improvement Programme) and are being prepared in a number of other countries, including in the Pacific. WHO's interest and ability to engage in the dialogue in the early stages of a SWAp is seen by some partners as a measure of the Organization's relevance and level of engagement in a country. Country representatives from Cambodia and Papua New Guinea discussed developments in SWAps over the past decade in their countries of assignment. In both countries, global health programmes had resulted in major distortions in the health sector.

Lesotho
Know your status campaign: best practice

One in every three adults in Lesotho is infected with HIV and there are 70 AIDS-related deaths daily in the country. The Government has acknowledged the severity of the situation and there is renewed political commitment and will to conquer the epidemic and reverse its devastating consequences for the population of Lesotho. The Ministry of Health has seized this opportunity to develop a "Know Your Status" (KYS) campaign plan as an instrument for enhancing the country's effort towards accelerated prevention, care, treatment and support. The aim of the plan is for all the people in Lesotho aged 12 years and older to know their HIV status by the end of 2007. WHO has been instrumental in providing technical support for the development of this operational plan. In addition, the KYS operational plan forms part of the five components of the WHO CCS. The development of the plan was fully participatory with partners and stakeholders providing comments and analysis of the situation on the ground. The Ministry of Health chaired the task committee while WHO facilitated and steered the process. Stakeholder meetings were held to obtain further comments to enrich the plan. The plan was also presented to the United Nations Country Team and Development Partners Forum to obtain their support and also to seek resources for its implementation. With technical guidance from WHO, the Ministry of Health in collaboration with the National AIDS Commission established a technical team drawn from various organizations to lead the intensive consultations that culminated in the KYS operational plan.

WHO's role in the campaign has been translated into four strategies:

- provision of technical support to make catalytic and key strategic actions happen;
- recruitment of key staff to spearhead the campaign, including the National KYS Campaign Manager, a communications expert and a strategic information officer;
- provision of technical support to accelerate decentralization of prevention, care and treatment services to meet the demands generated by the KYS. In particular, WHO supported the adaptation of the generic WHO training package for community-based caregivers;
- strengthening systems for quality assurance and strategic information.

In addition, WHO is collaborating with the Joint United Nations Programme on HIV/AIDS (UNAIDS) to strengthen monitoring and evaluation of HIV testing services at the village, district and national levels.

By the end of December 2006, the campaign had been launched in all 10 districts. To date, 142 626 people have received pre-test counselling, of whom 130 814 have accepted testing and know their HIV status. Of the 55 873 people who tested positive, over 30 000 are registered for HIV care. This has enabled 17 000 people who need antiretroviral therapy (ART) to start it. The development of the KYS and its implementation offers numerous opportunities for the strengthening of prevention, care and treatment interventions for HIV at the national and district health service levels and in villages.

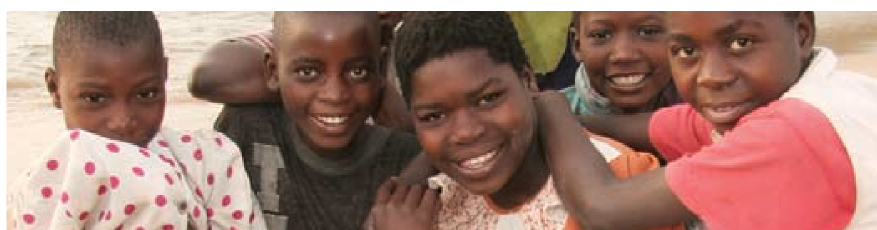
Joint Assistance Strategy for the United Republic of Tanzania: WHO country office perspective

The Joint Assistance Strategy for the United Republic of Tanzania (JAST) is a national medium-term framework for managing development cooperation between the Government of the United Republic of Tanzania and development partners so as to achieve national development and poverty reduction goals. The JAST has been formulated in the spirit of national and international commitments and initiatives on aid effectiveness. Development partners have adopted the strategy as a basis for guiding the management of their development cooperation with the Government. Bilateral agreements and country assistance strategies will be brought in line with the JAST and will specify concrete arrangements regarding implementation of the JAST for individual partners.

The WHO Country Office, working in conjunction with other United Nations Agencies, has engaged fully in JAST consultations and development. Consultations took place within the United Nations, within the main Development Partners Group (DPG), with the DPG subgroups, and between all these groups and Government. The United Nations Joint Review in Tanzania as well as the development of UNDAF contributed to and also benefited from the JAST process.

Most taxing were the consultations on division of labour. Various United Nations agencies, including WHO, participated in sectoral consultations, e.g. in the DPG Health Subgroup and proposed the divisions into “lead agencies”, “active agencies” and “delegating agencies”. These discussions were taken to the United Nations family, so that the same classification was applied within the United Nations system.Thus, at the sector level, the chair of DPG Health, which is rotational by election, became lead agency, and WHO became the permanent secretariat. The DPs pledged to finance the secretariat. In the United Nations the leadership of WHO in the area of health was acknowledged.

WHO, as an active member of the main DPG also participated in the forums relating to JAST and division of labour at that level. Issues that remain to be resolved for WHO and other United Nations agencies, especially the specialized agencies, are those of participation in general budget support and in pooled or basket funding, as well as disbursement through the Exchequer. As WHO is not a funding agency, these matters remain a major challenge in the participation of the Organization in JAST.



Partnerships in action: best practices from WHO in Zambia

The Joint Assistance Strategy for Zambia (JASZ) and the Joint United Nations Programme and Team are acclaimed “best practices” by cooperating partners and Zambian national authorities alike. The JASZ represents a combined input from the majority of bilaterals present in Zambia, together with international financing institutions and the United Nations agencies. Cooperating partners recognize that a fully subscribed JASZ provides a unique opportunity to develop a joint analytical and programmatic response to the Fifth National Development Plan of Zambia. WHO had also until recently been the Chair of the United Nations theme group on HIV/AIDS, since 2004, and had played a leading role within the United Nations in HIV/AIDS prevention and control. Furthermore, WHO is playing a joint leading role in the health sector together with the United Kingdom Department for International Development (DfID) (budget support partner) and the Swedish International Development Cooperation Agency (Sida) (basket funding partner).

Tajikistan: Avian influenza and human pandemic-preparedness and response project

Tajikistan is the poorest of the former Soviet republics and one of the poorest countries in the world. Three quarters of its 6.8 million people live in rural areas where they are mainly engaged in agriculture Most of them own small numbers of livestock that provide immediate cash for pressing needs as well as animal protein. Tajikistan, so far, has not had any recorded outbreaks of the highly pathogenic avian influenza (HPAI H5N1). However, cases of avian influenza have been reported in Afghanistan, China, India, Iraq, Kazakhstan, Russia and Turkey. There is a risk of an H5N1 outbreak among poultry in Tajikistan through waterfowl migration and/or the growing cross-border trade in birds. Tajikistan has a particularly weak capacity to deal with this threat, a threat that could potentially impose a severe burden of disease, loss of productivity and livelihoods on the country, thus reversing some of its most recent economic gains. An outbreak of avian influenza in the country would also undermine the efforts to limit the global spread of HPAI.

There are significant capacity gaps in health policy, planning and management, both at the central level and among oblast (region), rayon (district) and facility health administrators. Essential public health functions such as disease surveillance, human resource development and health promotion are carried out poorly, if at all. The capacity for outbreak investigation is very limited with significant technical and methodological deficiencies. The system for collection of specimens from the field is inadequate and there are no facilities available for dry ice production in the country.

The Government of the Republic of Tajikistan has approved the National Plan to Prevent and Control Avian Influenza for the years 2006–2010 (4 July 2006).

The World Bank's Board of Executive Directors approved a grant of US$ 5 million for avian influenza and pandemic influenza preparedness and response activities in the Republic of Tajikistan. The project will help the Government to minimize the risks that infection with avian influenza and other zoonoses may pose to humans and to the poultry industry in Tajikistan. The project will focus on three main areas: (i) preparedness and planning; (ii) prevention through public awareness and surveillance; and (iii) response and containment in case of an outbreak.

Project activities are grouped into four components, namely: (i) public awareness and information; (ii) animal health; (iii) human health; and (iv) implementation support and monitoring and evaluation.

The human health component through WHO provides support for reduction of the impact of a pandemic influenza virus by: (i) enhancing public health programme planning and coordination; (ii) strengthening of national public health surveillance systems; and (iii) strengthening the response capacity of the health care system. Specific activities to be financed under this component include consultants, laboratory equipment and reagents, vehicles and limited civil works for reconfiguration/rehabilitation of laboratory and hospital space for diagnosis of avian influenza and patient treatment. In addition, this component would finance a strategic supply of drugs and vaccines, and medical equipment.

A National Steering Committee (NSC) was established under the leadership of a Deputy Prime Minister to provide overall policy direction and implementation guidance. NSC members consist of representatives from the Ministry of Health (MOH), Ministry of Agriculture (MOA), Ministry of Finance (MOF), Emergency Situations and Civic Defence Committee, Aid Coordination Unit, Academy of Science, Academy of Agricultural Sciences and other concerned line agencies.
The Human Health Component will be implemented by: the MOH's Sanitary and Epidemiological Surveillance Department for matters related to planning and coordination, field surveillance, and laboratory diagnostics, and the MOH's Medical Services Department which will also participate in planning and coordination, in addition to being responsible for the treatment response.

WHO assistance

The WHO team joined representatives from the World Bank, the United Nations Children's Fund (UNICEF), and the Food and Agriculture Organization of the United Nations (FAO) for the development of the project appraisal document within the framework of the "Global Program for Avian Influenza Control and Human Pandemic Preparedness and Response" (GPAI),[a] following the Beijing pledging conference (held from 17 to 18 January 2006). The WHO team contributed to technical and institutional assessments, and to the drafting of a 3-year multisectoral project to minimize the threat posed to humans by influenza A/H5 virus infection, to prepare for, control, and respond to influenza pandemics and other communicable disease-related emergencies in humans.

[a] *The World Bank, Report No: 34386, Program framework document for proposed loans/credits/grants in the amount of (US$ 500 million equivalent) for a Global Program For Avian Influenza Control and Human Pandemic Preparedness and Response (GPAI), December 2005 (available at: http://siteresources.worldbank.org/PROJECTS/Resources/40940-1136754783560/Avian-Flu-PAD.pdf).*

Besides preparedness initiatives taken by national authorities, an Avian Influenza International Task Force, comprising international agencies and organizations present in the Republic of Tajikistan, was formed in February 2006 under the leadership of WHO. Coordination of and information sharing on the efforts of the Avian Influenza International Task Force are reflected in a biweekly bulletin, prepared by WHO and FAO, "Responding to Avian Influenza Pandemic Threat", first published on 6 March 2006 and posted on the web site of the United Nations Coordination Unit in Tajikistan (http://www.untj.org/).

WHO–EC partnership to strengthen health systems in Bosnia and Herzegovina

At the very end of 2003, the WHO Country Office for Bosnia and Herzegovina (BIH) and the Delegation of the European Commission to BIH agreed to implement a joint project aimed at strengthening the health system in BIH. The project, supposed to be funded from the European Union Community Assistance for Reconstruction, Development and Stabilization (CARDS) 2001 Annual Programme for BIH, was developed as a complex multi-faceted intervention on a tight schedule (2 years), and several consecutive EU-organized tenders to identify a competent and credible implementing agent had been unsuccessful.

After consultations with the BIH national health authorities, who welcomed the opportunity of reinforcing WHO in its role of the leading agency in supporting the ongoing health reforms in BIH, and in agreement with the WHO Regional Office for Europe, the Project EU Support to the Health Care Reform was integrated in the WHO Biennial Collaborative Agreement with BIH 2004–2005 and implemented in the period 2004–2006. The total financial value of the Project was EUR 2.5 million, of which approximately 80% came from the EU grant and the rest as a contribution from WHO in the form of human resources and the infrastructure needed for implementation.

The project was informed by the existing development agenda in BIH (mid-term development strategy of BIH 2004–2007), and harmonized with other key longer-term Government reform commitments in the health sector. It was designed to contribute to developments in essential segments of ongoing health care reforms in BIH and to align them with best-practice international approaches, thus paving the way for improved sectoral performance and advancement in the process of European integration, through:

- continuation and further progress of family medicine-focused primary health care reform in BIH;
- promotion and fostering development of adequate institutional frameworks for health management and quality of health care concepts,
- strengthening regulatory function and regional integration in the area of pharmaceuticals; and

- building of a more effective and efficient communicable disease surveillance and response system in BIH, including the development of national pandemic influenza preparedness and response capacities.

The project was focused on health policy and system work and it succeeded in developing a coherent set of consensually agreed policy and strategy documents to mainstream health developments and help national health authorities in steering ongoing health reform processes in BIH. In addition, some new and innovative concepts and approaches were tested on a small scale to provide policy-relevant evidence. It required deployment of a formidable technical expertise and intensive capacity building efforts at all levels of health administration in BIH. National health authorities have also recognized the extent of the effort invested in the intervention and expressed their satisfaction with the quality of work undertaken and the results achieved through the project.

The project can also serve as a good example of how to strengthen national and international collaboration in health. Project activities were fully coordinated in scope and time with the Government plans and the activities of key international partners, while the outcomes were legitimated with broad involvement of national counterparts and international partners operating in the health sector of BIH (United Nations Family, World Bank, European Union, Canadian International Development Agency (CIDA), Swiss Agency for Development and Cooperation and the Japanese Government). The success of the project opened up new opportunities for focused health investments in BIH, and, in consolidation of the project achievements, WHO in BIH has received a new grant from the Canadian Government/CIDA (US$ 1 million) to implement a new project "Strengthening the health system in BIH with focus on primary health care/family medicine model" over the period 2006–2008.

“Sharing information.”

4. ASSESSMENT OF WHO'S CONTRIBUTION TO HEALTH OUTCOMES AT COUNTRY LEVEL

The WHO CCS establishes, through a highly consultative process, the strategic directions for WHO's work in and with a particular country and helps define the competencies needed for this work.

WHO's contribution to national health outcomes through its country presence, over the period covered by the CCS, has to be assessed. Some indicators, mostly qualitative, will be built into the new CCS e-guide.

Monitoring and evaluation have significantly improved in WHO over recent years. The extent to which the Organization-Wide Expected Results have been achieved and the contribution made to the Strategic Objectives of the MTSP and programme budget are assessed regularly. Reports are provided to Members States collectively, through the Governing Bodies.

Of equal importance is the need to establish the extent to which WHO makes a difference in a particular country. The goal of the WHO Country Focus Policy is to help each of its Member States to improve health outcomes. The Secretariat, through its country presence,[10] must ensure adequate support tailored to country-specific needs and help Member States to advance their national health and development agenda. WHO's "added value", within the United Nations system and with other development partners, has thus to be assessed country by country.

This has been on WHO's agenda for many years and a consensus is now emerging about the most efficient way to address it, across regions and countries. Consultation, dialogue and analyses have shown the importance, for WHO, of complementing the extensive information already available with more qualitative intelligence. The results have shown that a new type of assessment, closely linked to the CCS and WHO country presence, can contribute to building a culture of participatory analysis and learning, with a leading role being given to regional and country offices.

The methodology is being developed step-by-step, from regional and country offices' initiatives, through a learning-by-doing approach. A country study in Kyrgyzstan undertook a critical review of WHO operations over the last 10 years. The study assessed WHO's contribution to health sector development and reform, analysing the management of the WHO country programme and identifying challenges for the future. Other regions are showing great interest in undertaking similar country studies and jointly developing a corporate approach and framework.

[10] WHO country presence is the platform for effective engagement with countries for advancing the global agenda as well as contributing to national strategies and priorities, and bringing country realities and perspectives into the global policies and priorities. Country presence therefore refers to the work of the Secretariat as a whole carried out through:
A physical WHO presence: This represents the work of WHO carried out through country offices, including subnational and decentralized sub-offices in provinces and districts. WHO currently has a physical presence in 145 countries in the six WHO regions.
Coordinated support from other levels of the Secretariat. This represents technical backstopping from the regional and headquarters levels, which contributes to WHO's strategic agenda in a particular country and ultimately to national health and development strategies. This support includes technical support, programme management and coordination for country support, including inter-country teams and subregional hubs.

The following guiding principles are emerging:

- The assessment looks at the contribution of the Secretariat, as a whole, to national health outcomes.
- It is anchored on the existing CCS and used as a basis for preparing the next one.
- The main national counterparts, organizations of the United Nations system and other health and development partners, have to be involved.
- As much as possible, timing is harmonized with the schedules at country level, which are linked to government and partners' agendas; it takes into account the planning of the next CCS.
- The data used come from existing systems and are complemented by mostly qualitative information, including the perceptions of major national and other stakeholders.
- Regional offices manage the process in their region. Heads of country offices have a leading role.
- The approach empowers WHO country teams and its institutionalization involves capacity-building across the Organization.
- The new generation of CCSs should include qualitative proxy indicators looking at WHO's performance in each country.

WHO in Kyrgyzstan: a review of achievements, challenges and lessons learnt

EURO commissioned this study in the last quarter of 2006. The study team was led by a senior consultant and consisted of representatives from both the regional office and headquarters. This was a first step in a process to develop an approach to assessing WHO's contribution to national outcomes in countries. Lessons were shared with the Directors of Programme Management during their meeting in November 2006 in Hanoi, Viet Nam.

The global Programme Budget for "WHO's Core Presence in Countries" was US$ 193 million for the 2006–2007 biennium which corresponds to an increase of 24% in comparison to the Programme Budget for 2004–2005. Of this amount, US$ 131 million (67%) will be funded from the regular budget and 62 million (33%) from "other sources" (AS + VC). Figure 3 below shows the resource situation for each region as of December 2006.

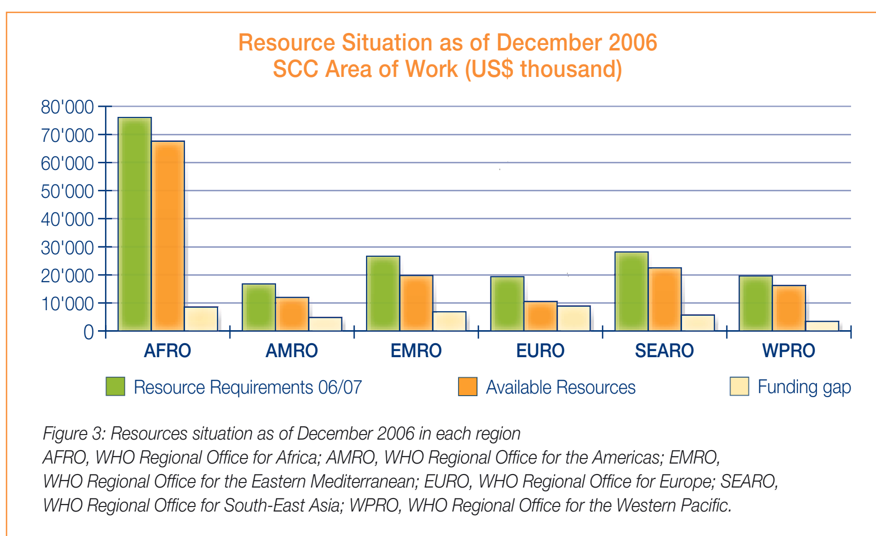


Figure 3: Resources situation as of December 2006 in each region
AFRO, WHO Regional Office for Africa; AMRO, WHO Regional Office for the Americas; EMRO, WHO Regional Office for the Eastern Mediterranean; EURO, WHO Regional Office for Europe; SEARO, WHO Regional Office for South-East Asia; WPRO, WHO Regional Office for the Western Pacific.

As of December 2006, 82% (US$ 158 million) of the target requirements had been reached. However, a funding gap of approx US$ 35 million in "other sources" still needs to be identified in order for the SCC Area of Work to carry out its planned activities in 2007.

Figure 4 below illustrates the major distribution of donors of voluntary contributions received and presently pledged for 2006–2007.

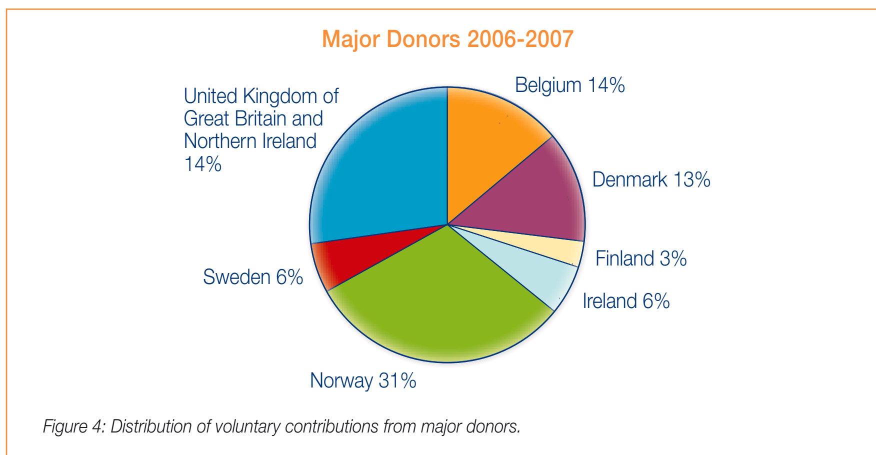


Figure 4: Distribution of voluntary contributions from major donors.

6. OPPORTUNITIES, ISSUES AND CHALLENGES

1. **Improving the quality of the CCS.** Further investment is still needed to enhance the process as well as content and to ensure that the principles of the CCS are fully applied, across the Organization. In particular, there is a need for:
   - keeping the CCS process flexible for regional specificities;
   - aligning it with national health and development frameworks and cycles (to comply with the principles of the Paris Declaration on harmonization and alignment);
   - involving regional offices and headquarters to ensure that key WHO policies and strategies are considered and that ownership is built within the Secretariat for the proposed WHO country strategic agenda;
   - building the strategic agenda in close consultation with other agencies at country level in order to harmonize our cooperation.

2. **Strengthening and expanding the use of the CCS.** The CCS has to be an Organization-wide reference for country work, which guides planning, budgeting and resource allocation. It should be the basis for developing the "One country plan" and be used for mobilizing human and financial resources for strengthening WHO support to countries in order to contribute optimally to national health development. In a two-way process, it has to feed into and take into consideration both the General Programme of Work and the WHO Medium-term Strategic Plan.

3. **Assessing the contribution of WHO to national health development** is critical. It is both a matter of accountability and a way to learn and improve. At a time when stakeholders have multiplied and aid effectiveness is higher on the international agenda than it has ever been, WHO has to assess whether it makes a difference, country by country. Moving beyond quantitative, inward-looking assessments of input, to people-centred, qualitative assessments of WHO's influence on health, while promoting the principles of simplification, harmonization and alignment, remains a challenge.

4. **Further developing capacity of country teams.** Getting the right competence and skill mix at country level is essential to ensure the effectiveness of WHO's work at country level. Investment in staff and career development are seen as major priorities for the Organization. A harmonized process for the selection of Heads of WHO Country Offices is being implemented across the regions. However, **competency reviews would need to be done more systematically** and a mechanism for the quality assurance of such processes will have to be put in place. It will ensure a better response by WHO to the country needs, as outlined in the CCS strategic agenda. This competency-based recruitment will have to be expanded to the selection of all country team members.

5. **Joint planning across the Organization is still a major challenge.** The principles of the "One country plan", although agreed and shared widely across the Organization, have yet to be fully implemented. The WHO Operational Planning Guidelines 2008–2009 include a provision to link the operational plans across the three levels, which is a step towards the "One country plan". The Global Management System (GSM), expected to be operational in 2008, will support this process and, in turn, the implementation of the "One country plan" but it will also require a change in mindset leading to greater joint work and synergy within the Secretariat. Another challenge still needing to be addressed is that all resource allocation in the Medium-term Strategic Plan and Programme Budget 2008–2009 is made on the basis of the historical pattern – the question is how to reconcile this approach with the bottom-up, country need-based approach induced by the CCS process.

6. **WHO is actively engaging in partnerships and has been making contributions to United Nations reforms at country level. However a few issues and challenges still remain.** The new generation of CCSs is becoming a key instrument for alignment with national priorities and harmonization with health and development plans at country level. The renewal of the CCS process is an opportunity to further engage in the alignment and harmonization agenda but the challenge is to provide the necessary support to WHO country offices.

WHO's contribution to the United Nations reform at country level, particularly its active participation in the "One UN" pilot exercise for 2007, has been well recognized. One challenge is to help WHO country teams to actively engage within the United Nations system in a rapidly evolving situation. Although there is a growing convergence on the main recommendations made by the High-level Panel on United Nations Reform, a common understanding of the potential of the "four ones"[11] has yet to be consolidated and strengthened. Specific issues within the United Nations Resident Coordinator system are to be addressed.

7. **Information, communication and technology (ICT) infrastructure, including connectivity, still require attention.** Good progress has been made in terms of connecting country offices to the GPN system: all regional offices and almost all country offices have already been connected. However, accelerated efforts should be made to ensure all country offices have the GPN connection. New technologies have to be explored further to access tele- and video-conferencing facilities for effective communication across the Organization. The quality of connectivity needs to be reviewed and corrective measures will be required as some country offices are still faced with the problem of slow Internet connectivity. Solving the problem of slow Internet connections will ensure a successful launch of the GSM in 2008. In addition, efforts should be made to provide the necessary ICT infrastructure and support to ensure that all WHO country offices have a functioning and properly maintained web site.

8. **Supporting country offices for the implementation of the GSM.** The GSM is expected to improve efficiency and enhance the effectiveness of facilitating WHO's work across the three levels. The expected roll-out and implementation of the GSM is a major undertaking. Before 2008, it is important that staff at the country offices are adequately trained, and a support process is set up to ensure that the country offices have the necessary capacity to take this ambitious work forward.

[11] One programme, one leader, one budgetary framework and one office and business practice where appropriate.

"Working together."

Country focus vision for 2013

1. Country Cooperation Strategies (CCS) have been formulated in all countries where WHO has a physical presence. The CCS is aligned with national priorities, rooted in WHO policies and strategies, and harmonized with the work of United Nations and other partners. It is revised as required, through a process led by the head of the country office, fostering dialogue at country level and building ownership across the Secretariat.

2. Each WHO country team possesses the required set of competencies to effectively and efficiently perform the WHO core functions and implement the CCS.

3. Heads of WHO country offices lead the work of the Organization through the One WHO Country Plan and Budget, based on the WHO CCS. Country teams receive coordinated technical support and backstopping from regional offices and headquarters.

4. WHO country teams are empowered with the required authority and held accountable for effectively delivering their programme. Minimum Operating Security System (MOSS-)compliant country offices receive administrative and managerial support and backup and are equipped with the necessary information and communication technology.

5. User-friendly access to WHO sites provides timely and comprehensive information on the country health situation, WHO's presence and its technical cooperation. The exchange of information and the sharing of experiences supports improved performance of the Secretariat.

6. Partnership is a key feature of WHO. WHO's country work is harmonized with the United Nations system and development partners.

7. In each country WHO assesses its contribution to national outcomes using the WHO CCS as a key reference. The process, led by the WHO country team, is aligned with the national agenda and harmonized with the organizations of the United Nations system and other development partners.

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