WHO Country Cooperation Strategies

a guiding framework

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Cover: stylized mandala. A mandala is a Hindu or Buddhist graphic symbol representing the universe. It also symbolizes wholeness, unity, healing, spirituality, and harmony.

WHO Country Cooperation Strategies
A guiding framework

"We must do the right things. We must do them in the right places. And we must do them the right way…We are putting countries where they should be - at the heart of WHO's work"

Lee Jong-wook, Director-General, 21 July 2003

This guide is the result of a highly collaborative process across WHO involving country offices, regional offices and headquarters.

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List of acronyms

CAP:	Consolidated Appeal Process
CCA/UNDAF:	Common Country Assessment / United Nations Development Assistance Framework
CCM:	Country Coordinating Mechanism
CCS:	WHO Country Cooperation Strategy
GAVI:	Global Alliance for Vaccines and Immunization
GFATM:	Global Fund to Fight AIDS, Tuberculosis and Malaria
MOSS:	Minimum Operating Security Standard
PRSP:	Poverty Reduction Strategy Paper
SWAp:	Sector-Wide Approach
UN:	United Nations
WHO:	World Health Organization

The Country Cooperation Strategy (CCS) reflects a medium-term vision of the World Health Organization (WHO) for its cooperation with a given country and defines a strategic framework for working with that country. The time frame is generally 4–6 years, but may be shorter for countries in crisis.

Background

The formulation of WHO CCSs started in 1999 using the approach of learning by doing. The strategies were described in two reports on improving WHO's work at country level presented to the WHO Executive Board in January 2000[1] and 2003[2].

Most countries with a WHO presence now have a CCS document. Much experience has been accumulated, on which it is worth building to improve the quality of the CCS formulation processes, of the documents produced and, last but not least, of the follow-up by WHO.

Regional Offices, now with full responsibility for CCS in their own region, have agreed on the core elements of the CCS — both process and product. A key step in building consensus across WHO was the meeting held in Copenhagen, Denmark in March 2004. The guidance presented here stems from that meeting and from further reviews later in 2004. The guidance provides a general framework that should be further adapted to meet the specific needs of individual countries, including countries in crisis.

- Part 1 of this guidance reviews the main principles underlying the CCS and briefly describes the main phases of the CCS formulation process.
- Part 2 provides a detailed outline for a CCS document, with suggestions on how to develop each of the main sections. This information is also available on the disk that accompanies this booklet as a means to facilitate the drafting of the CCS document.
- Annexes 1 and 2 provide information on the health system metrics proposed by WHO and existing typologies of WHO functions, respectively.

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1. World Health Organization. Working in and with countries. Report by the Director-General. Geneva, Switzerland, 2000 (document EB105/7).
2. World Health Organization. Improving WHO performance at country level: the Country Focus Initiative. Report by the Director General. Geneva, Switzerland, 2003 (document EB111/33).

PART 1

Principles

The CCS represents a balance between country priorities, as analysed by the Secretariat in full consultation with national stakeholders, and regional as well as Organization-wide strategic orientations and priorities.[3] It constitutes a framework for WHO cooperation in and with the country concerned, highlighting what WHO will do, how it will do it and with whom.

The CCS clarifies the proposed roles and functions of WHO in supporting the national health plan and other national health and development frameworks such as the Poverty Reduction Strategy Paper (PRSP), the sector-wide approach (SWAp) and others. It draws from, and contributes to, aid coordination and partnership platforms such as the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF). It reflects and incorporates the human rights-based approach to development and the gender sensitivity adopted by the United Nations system.

The CCS is an Organization-wide reference for country work, which guides planning, budgeting and resource allocation. It is the basis for developing "one WHO country plan and budget" and is 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 feeds into, and takes into consideration, both the WHO strategic plan and General Programme of Work.

The CCS should be based on a broad public health vision. The proposed strategic agenda should, however, be focused, well articulated, easy to understand and based on WHO's comparative advantages for impact at national level. The CCS should be flexible enough to accommodate significant changes in situations, operational objectives, arrangements and partners.

The CCS is also a learning process; it is intended to introduce new ways of working and managing knowledge within WHO, promoting learning, collaboration and networking. It is based on an in-depth, intensive and extensive dialogue at country level, involving a broad range of actors within government and national institutions, civil society organizations and external partners, aiming at identifying WHO's comparative advantages. In addition, the process involves

3 These orientations and priorities come from global and regional health-related goals and targets, recommendations, agreements and approaches to which Member States have committed within WHO, and within the broader international legal and policy framework of the United Nations system. These include the Millennium Development Goals, human rights treaty commitments and resolutions of the WHO Governing Bodies.

a consultation across the three levels of WHO and a dialogue between units at each level. It produces a “live" document that will be periodically adjusted according to the situation in the individual country and its priority health needs.

Core features of the formulation process for country cooperation strategies

The WHO representative, liaison officer or other head of office leads the whole process,

with inputs from the Regional Office and Headquarters, and possibly from other regions and country offices. The CCS core team might include a senior official from the national administration or government, if appropriate.

The whole process relies on consultation and strategic dialogue, at country level and within the WHO Secretariat.

The dialogue at country level, with a wide variety of national stakeholders and partners, is pursued by the WHO country office throughout the CCS development process. It is critical to ensure the involvement of major stakeholders in health and health-related sectors, including relevant national institutions, bilateral, international and nongovernmental organizations, as well as major donors investing in the health sector. Their perspectives on the situation in the country, their own contributions and the contribution expected from WHO, constitute major inputs into building a strategy for the future. Consultation also takes place within the WHO Secretariat at all levels, in order to assess past and current cooperation with the country and to help shape a strategic agenda, promoting synergies and effectiveness.

The CCS team will have to agree on a reasonable time frame for the CCS formulation process: it should be long enough to allow in-depth reflection and strategic thinking, but short enough to maintain the momentum both within the team and at country level.

The CCS formulation process has three main phases: preparation, development and endorsement. These phases are described briefly below.

Preparation

The preparatory phase is critical. It involves putting together the CCS team, building a consensus at country level on the CCS concept and process, and sharing knowledge — including essential documentation — on the country. Much of the work is done at country level, but CCS team members in the Regional Office and at Headquarters will also consult with their colleagues to get their perspectives on the situation at country level and to obtain information on regional and global strategies.

The team will then need to perform an analysis of:

- the country situation in relation to health and development challenges, both current and anticipated, using different scenarios and including a stakeholder analysis;
- levels of, and approaches to, external cooperation and partnerships; and
- current WHO work in the country (at all levels).

By the end of this phase, the sections of the document that cover the situation analysis will have been produced (sections 1–4 according to the outline of a CCS document presented in part 2).

Development

This phase often involves one or more mission(s) of the Regional Office and Headquarters at country level.

Based on the review of the situation analysis, the main task is to propose and develop consensus on the strategic agenda for future cooperation. This includes the formulation of strategic objectives and strategic approaches that clarify the role the Organization will play and how its core functions will apply.[4] Furthermore, the CCS team has to outline the implications of that agenda for WHO resources management and ways of working, linking it to the planning process.

When a country is in crisis, the development of the CCS also offers a unique opportunity to identify on-the-spot problems requiring immediate solutions and allows those concerned to act together to provide a rapid response and institutional risk-reduction.

Priority-setting is both a critical requirement and a real challenge for an organization with such a broad mandate. It is about focusing WHO's staff time and funding on its core functions, in support of the national agenda. The priority-setting exercise can use a structured methodology (e.g. criteria and scoring), but it is also very much about policy analysis and negotiation.

Close to the end of this phase, the team will have produced the draft sections of the document on the strategic agenda and its implications for the Organization (sections 6 and 7 according to the outline of a CCS document presented in part 2).

The draft document is then circulated for review and input at the three levels of WHO.

4. See typologies of WHO functions in annex 2

Endorsement

The endorsement phase is handled by the Regional Office. It begins once the CCS team has completed the process described above and handed over the completed document. The document is endorsed by the Regional Director, who sends it formally to the Director-General.

The Director-General disseminates the document to Headquarters units in order to ensure their commitment to the strategic agenda as defined in the CCS.

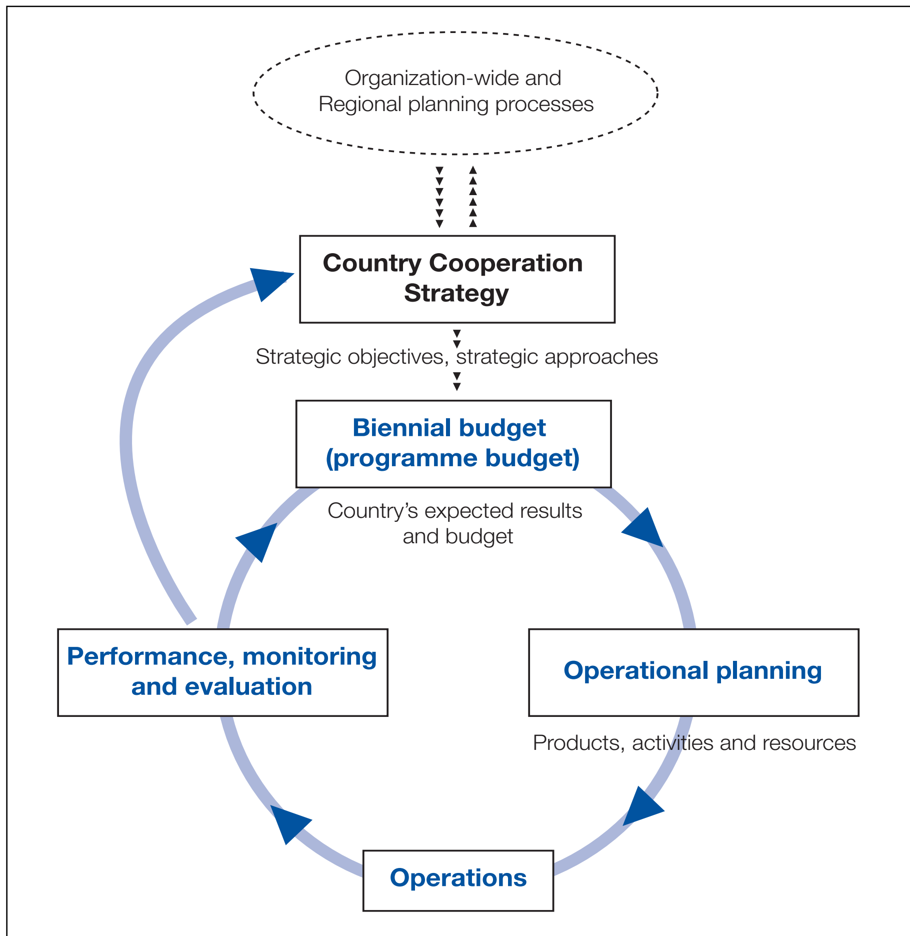
The commitment from the entire Secretariat to supporting the implementation of the CCS will translate into policy decisions, organizational changes and follow-up action through the planning and performance management processes as shown in the diagram on page 10.

The CCS may be updated before the end of the period covered. This may occur in response to a crisis or major changes in relation to national health development and, more broadly, to the country context. Major changes in the policies and strategies of the Organization may also require revision of the CCS. If the CCS has not already been revised, the revision is done at the end of the period it was originally intended to cover.

CCS and managerial prosess in WHO

Global and Regional directions and priorities are taken into account when elaborating or updating the country-level strategic objectives and approaches. Strategic objectives and approaches stated in the Country Cooperation Strategies are themselves taken into consideration in the elaboration of the Regional and Organization-wide strategic plans. Similarly, the country's expected results are considered when developing Regional and Organization-wide expected results.

The "one-country plan and budget" will describe all the activities of WHO in and with the country. The Regional Office and Headquarters, acting upon the CCS implications outlined in the last section of the document, will provide support and back-up to the country office. Organizational adjustments may be required to facilitate coordination of activities, careful monitoring and follow-up.



Part 2

The WHO Country Cooperation Strategy: outline of document

The CCS document needs to be short,* focused and to the point. It should be designed for use by key decision-makers at country level and in WHO.

The outline proposed here is also provided on the disk that accompanies this booklet. It is flexible and can be adapted to suit a particular situation.

In addition to the sections proposed below, the document might also include annexes, providing, for example:

- a bibliography; or
- a note describing the process used for formulating the CCS, including the people and institutions consulted.

Executive Summary

This is a concise summary of the critical elements presented in sections 1–7 below.

It highlights, in particular, the proposed strategic objectives and approaches that will guide the cooperation of the WHO Secretariat with the country.

2 pages

Section 1 • Introduction

- **This section sets out the principles underlying the CCS and the ultimate goal of improving WHO performance for health development at country level in the context of increased cooperation with national authorities and partners.**
- **The authors may refer to the articulation with key national and international frameworks like PRSP, SWAp or CCA/UNDAF.**
- **The section states briefly the justification for formulating a CCS at this time, as well as the objectives of the CCS process in the country.**

1 page

* A maximum of 25–30 pages, with standard line spacing and font size (e.g. Arial 10 to 11).

Section 2 • Country health and development challenges

- **This section should convey a clear and concise policy analysis of the current situation and of trends in health and development (but, it should be neither a detailed epidemiological analysis, nor a country profile).**
- **It should be brief, using maps and boxes to summarize information.**
- **Data should be qualitative and supported by accurate, up-to-date, quantitative data extracted from official documents. Inconsistencies between the data presented and those from other sources, if any, should be stated. Sources of information must be acknowledged.**
- **The CCS team should select a few key indicators from those proposed by WHO. Examples of WHO health system metrics are shown in annex 1.**
- **Particular attention should be paid to important, cross-cutting perspectives: health and human rights, gender and ethics.**
- **The section should be analytical and should clearly state challenges and strengths.**
- **The most important part of this section is the analysis of key policy and institutional issues. It should indicate possible gaps between stated policy and current practice/performance.**

5-6 page

Information to be included:

- macroeconomic, political and social context: wars and other crises, poverty levels and distribution, characteristics of population and labour market, equity, governance, human rights, gender issues, poverty reduction strategies and commitments made to achieving the Millennium Development Goals, public sector reform and institutions, aspects of policies and reforms relevant to health;
- other major determinants of health — status, trends and policies: education, nutrition, environmental determinants such as water and sanitation, security, violence, internally displaced and/or refugee populations, food security, vulnerability and people at risk, risk of epidemics and other natural and man-made threats;

- main national health policy orientations and priorities: including national policies and plans for disaster preparedness and mitigation;
- brief history of evolution of the health system;
- main health systems inputs and functions, including main actors for each function: financing, human resources, equipment, drugs and other consumables, health information systems, service delivery (coverage, performance, organization and management), stewardship (existence of a policy framework, intelligence generation and knowledge management, coordination mechanisms and engagement of stakeholders, active channels of communication, guidance on minimum standards and accountability mechanisms);
- health systems goals: achievements and future challenges, overall health status and inequalities, responsiveness of the health system to people and fairness in financial contributions;
- **summary of key health development challenges and opportunities, based on the above.**

Section 3 • Development assistance and partnerships: aid flows, instruments and coordination

- **This section provides information on aid flows for overall development and for health, and on the roles of key agencies in the health sector.**
- **It includes a good analysis of external agencies' current approaches to providing aid — funds and technical assistance — and to working in partnership with each other and with government, linking these approaches with the challenges identified in section 2.**
- **For countries in crisis and/or in transition, a summary of the CAP or similar relevant document, if any, should be included in the annexes.**

2-3 pages

Information to be included:

- development aid, overall: country records as perceived by international agencies, trends (funding as a percentage of total government spending; main types and sources of aid — grants, loans, projects, technical assistance and budget support); main collaborations and strategic alliances between the country and external partners; and external funding for health;
- major external agencies funding, or active in, the health sector, including nongovernmental organizations and faith-based organizations with a brief summary of their strategies and interests, their key programmes and comparative advantages;
- humanitarian aid, where applicable;
- mechanisms for coordination (led by the Government, the United Nations (UN) or other actors), aid instruments and collaborative frameworks:
  - at macro level (PRSP, CCA/UNDAF and CAP),
  - at sector level (e.g. sector-wide approach and UN theme groups),
  - for specific health issues and targeted diseases (e.g. Global Fund to Fight AIDS, Tuberculosis and Malaria/Country Coordinating Mechanism (GFATM/CCM), Global Alliance for Vaccines and Immunization (GAVI));

  - operational mechanisms set up with UN, donors, banks, non governmental organizations and civil society organizations (particularly in contexts of crisis and transition, as well as for disaster preparedness).

- **key challenges and opportunities related to development aid and partnerships, including potential issues related to aid absorption capacity, knowledge sharing, security and to availability of goods and equipment on the local market.**

Section 4 • Current WHO cooperation

- **This section presents the main areas and modalities of the work of WHO at all levels, not only country office operations.**
- **It describes the WHO presence in the country — including intercountry teams where relevant — as well as current collaborative efforts with national and international partners.**
- **It is sufficiently analytical to allow an understanding of the shifts that might be proposed in sections 6 and 7 of the document.**

3-4 pages

Information to be included:

- brief historical perspective;
- key areas, modalities of work and roles of WHO: analysis of workplan and of those current roles and functions of WHO that do not appear in the workplan;
- financial resources, from the regular budget and other sources, including an analysis of types of expenditure;
- human resources, including the distribution between general service staff and professionals, international staff and national programme officers, short-term and fixed-term staff; gender distribution; areas of responsibility and current organigram if any;
- office infrastructure and equipment: location, space, connectivity, archives and documentation, working conditions, security and compliance with Minimum Operating Security Standard (MOSS);
- support from Regional Office and/or Headquarters, and participation by the country team in the activities of the Regional Office and Headquarters;
- sub-regional/inter-country activities;
- resource mobilization;
- WHO partnerships with other agencies and comparative advantages;
- **strengths and weaknesses of WHO cooperation, including internal barriers to knowledge sharing and collaboration, as well as key opportunities and challenges.**

Section 5 • WHO policy framework: global and regional directions

- **This section describes the mission, strategic directions and priorities of the Organization — global and regional — and its intention to promote a country focus in its work, developing new ways of working.**
- **It clarifies the main challenges still faced by WHO with regard to these new ways of working.**
- **This section can be standardized at Regional Office level.**

2 pages

Section 6 • Strategic agenda: priorities jointly agreed for WHO cooperation in and with the country

- **The formulation of the strategic agenda is the core element of the CCS process. It entails making strategic choices as to which aspects of the country's work on health and health development WHO is best placed to support, and where the bulk of its resources (staff time and others) will be focused.**
- **The rationale and justification, based on the analysis from the previous sections, should be stated, and the relationship with the findings in sections 2, 3, 4 and 5 should be clear. In particular, there should be a match between the structure used to analyse health determinants and health systems issues and challenges in section 2 and the proposed WHO response in section 6.**
- **The proposed agenda should be formulated in terms of just a few components, highlighting the corresponding strategic objective and approaches.**

6-8 pages

Information to be included:

- brief introductory comments indicating overall goal of, and proposed shifts in, WHO's work with the country, based on the situation analysis and challenges identified;
- structure of the strategic agenda: main components, reflecting WHO's country-specific priorities;
- description of each component of the strategic agenda: rationale, strategic objective and strategic approaches highlighting the role and functions of WHO.

Definitions

Strategic objective: a change or achievement within the period covered by the CCS, to which the Organization as a whole (the Member State and the Secretariat), is committed.

It helps translate the vision for the cooperation, expressing a proposed improvement in a national health system or the health conditions of populations.

Strategic approaches: ways and means that will be adopted and applied by WHO in order to achieve the agreed strategic objective.

They are expressed through concise statements that are action-oriented, based on WHO core functions, and that reflect WHO responsibility and comparative advantage.

WHO core functions (see annex 2)

- the typology as expressed in the Tenth General Programme of Work;
- WHO "strategic priority functions" for crisis situations.

Section 7 • Implementing the strategic agenda: implications for WHO Secretariat, follow-up and next steps at each level

- **Preparation of this section requires a careful examination of each component and strategic approach presented in section 6, and consideration of the profile of long-term and short-term staff at the country level; the requirements for financial resources from country, inter-country, Regional and Headquarters budgets and the availability of relevant user-friendly information and technical expertise (of the right kind at the right time).**
- **This section needs to consider constraints and weaknesses related to WHO as identified in section 4.**
- **It requires a critical rethink of working practices, including the current approach to "project implementation" by programme managers in the Regions and at Headquarters.**
- **When the changes required are significant, a transition phase should be envisaged, during which new ways of working can be adopted.**
- **For countries in crisis, the need to adapt to rapidly changing situations might require the consideration of immediate, short-term and mid-term implications.**

2-3 pages

The country team is responsible for:

- immediate adjustments to the available human resources when required (particularly in times of crisis); more fundamentally, a re-profiling of the country team, based on a clarification of its functions, might be needed to enable WHO to implement the strategic agenda: identification of core competencies and definition of core presence including for knowledge management, assessment of gaps, review of organizational structure and needs for improving skills and working conditions;
- reconsidering existing plans: how the WHO country office will review the current workplans and consider whether some revision is required (e.g. refinement of the expected results for the country, reprioritization of products and services, additions and deletions and reallocation of financial resources);

- mobilizing resources and support inside and outside WHO, across programmes, and identifying key sources of funding available at country level;
- basing the next WHO operational planning exercise on the CCS, and performing monitoring and evaluation through the WHO managerial process.

The Regional Office is responsible for:

- ensuring that the country office has the managerial and technical capacity required for implementation of the strategic agenda in the short term (in cases of emergency, this might require a temporary, immediate, increase);
- addressing any longer term shortfall in human and financial resources as well as infrastructure for knowledge sharing, through appropriate strategies and advocacy;
- mobilizing resources and support;
- supporting operational planning for WHO work in and with the country based on the CCS;
- based on the country plan and new ways of working, responding to country office requests for information, guidance and time-limited expertise.

Headquarters is responsible for:

- supporting the Regional Office in adapting the capacity of the country office;
- ensuring adequate input into joint planning of country work;
- mobilizing resources and support;
- responding to specific requests of the country office that cannot be handled at the Regional level.

This section may also state that, beyond this individual CCS, the Regional Office and Headquarters have to ensure that country priorities, as identified in the CCSs collectively, are used as a central input for the preparation of plans and budgets in the Regions and in WHO as a whole.

Annex 1

Data on health systems

	Core	Additional
Financing	Total health expenditure per capita (at average exchange rate or in international dollars)	
	Total health expenditure as a percentage of GDP	
	General government expenditure on health as percentage of total general government expenditure	
		Percentage of the population incurring catastrophic expenditure Percentage of the population impoverished as result of out-of-pocket expenditure
Human resources	Health workers per 1000 population (physicians, assistance doctors, nurses, midwives)	Nurse–physician ratio (skills mix) Ratio of health-worker density in major urban versus rural areas
	Annual output of health workers by training institutions per 1000 population	
		Ratio of public sector health-worker salary to GDP per capita
Information	Percentage of estimated deaths that are "counted"	Availability of key health indicators at national (and subnational) levels
Service delivery	In-patient beds per 1000 population	

GDP, Gross domestic product.

Source: World Health Organization and World Bank. Health system metrics: monitoring the health system in developing countries, 2004.
Available at http://www.who.int/hiv/pub/en/Report_Health_System_Metrics_meeting.pdf.

Annex 2

WHO Functions: existing typologies

WHO core functions

(source: GPW/2002-2005, available at http://www.who.int/gb/e/e_wha54.html)

- articulating consistent, ethical and evidence-based **policy** and **advocacy** positions;
- **managing information** by assessing trends and comparing performance; setting the agenda for, and stimulating, research and development;
- catalysing change through **technical** and **policy support**, in ways that stimulate cooperation and action and help to build sustainable national and intercountry capacity;
- negotiating and sustaining national and global **partnerships**;
- setting, validating, monitoring and pursuing the proper implementation of **norms** and **standards**; and
- stimulating the development and testing of new **technologies**, **tools** and **guidelines** for disease control, risk reduction, health care management, and service delivery.

WHO strategic functions in crisis situations

(source: WHO CAP compendium, Health, 2005, available at http://www.who.int/disasters/specials/cap2005.html).

- measuring ill-health and assessing needs;
- coordinating joint action for health;
- filling — or ensuring that others fill — critical gaps in health response; and
- revitalizing and building capacity in health systems.

a guiding framework

List of content:

1. **CCS guide, pdf**
2. **CCS guide, working version, word**
3. **Outline of a CCS document, word**

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