



WORLD HEALTH ORGANIZATION

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Country focus initiative

Report by the Director-General

INTRODUCTION

1. The Director-General announced the country focus initiative at the Fifty-fifth World Health Assembly in May 2002, describing the strong support globally for scaling up WHO's focus on countries.¹ This report describes how the initiative has evolved and how WHO's greater focus on country work is being achieved through the country cooperation strategies. The overall purpose of the initiative is to improve WHO's contribution to people's health and development within countries, and to enable the countries themselves to exert greater influence on global and regional public health action. The rationale for WHO to move in this direction has grown in the past five years following the recognition of the importance of health in the context of human and economic development, and the rise in the number of groups involved in health actions within countries.

2. Public debate has grown on ways to strengthen action for public health and on how to contribute to better health outcomes at community level. There is more demand for evidence of what is effective so that practical approaches can be planned that are specific to each country's interests, needs and ability to act. These approaches include: ways to involve civil society and the private sector, how to enable the State to provide essential stewardship, ways to sustain mutually supportive alliances in relation to national and international goals (including the Millennium Development Goals) and targets, and how to obtain data on changes in peoples' health and in the performance of their health systems.

3. The country focus initiative provides a basis for WHO at all levels to intensify its response to the needs of countries and their peoples. It builds on work undertaken in recent decades on the role of WHO country offices, work undertaken by regional offices and at headquarters, the results of the project on strategies for cooperation and partnership, and the changing expectations of WHO globally.

The role of WHO country offices

4. WHO's role at country level has been considered by the governing bodies on several occasions² with a view to strengthening the performance of country offices and developing a more strategic approach to WHO cooperation with countries. Work has been under way for many years between regional offices and countries to improve the use of WHO's resources within countries, and the means of monitoring implementation of country programmes (e.g. the Eastern Mediterranean Region's Joint

¹ See document A55/3.

² See documents EB61/27, EB98/3, EB99/15, EB101/5 and EB101/6, and resolution EB92.R2.

programme review missions). Some WHO programmes, such as the Drug Action Programme and the Tobacco Free Initiative, have already been explicitly designed to respond to country needs. The directions given by WHO's governing bodies have emphasized the need for increased technical and economic support to countries facing serious economic constraints,¹ and for Member States to include health within their programmes of socioeconomic development.² Most recently this has been reflected in WHO support for health elements of poverty-reduction strategies and basic-development-needs programmes, for sector-wide approaches for health, for the fulfilment of the Millennium Development Goals, and for country-level follow up of the report of the Commission on Macroeconomics and Health.³ At its 105th session the Executive Board was informed of a proposal for a better way of working in and with countries: the country cooperation strategies.⁴ This undertaking succeeded the Director-General's cabinet project to enhance WHO strategies for cooperation and partnership with countries, drawing on the best of regional and country experience, and examples from other development organizations.

Development of the country cooperation strategies

5. The country cooperation strategies are the key instruments agreed by national authorities and WHO to focus on countries' priorities. Each country strategy is for the medium-term (three to five years) and sets out WHO's contribution to national frameworks like poverty reduction and health-sector strategies, and international efforts, such as the common country assessment, the United Nations Development Assistance Framework, and the framework convention for tobacco control. To date there are around 30 country cooperation strategies and this number is expected to double by the end of 2003. The strategies combine realistic assessment of country needs, with WHO country and regional priorities, taking into account the corporate strategy reflected in the current WHO General Programme of Work. The result is an agreed statement of how national authorities and WHO will prioritize the use of WHO resources within the country, whether these resources come from the country programme, the regional office, headquarters or other sources, such as WHO collaborating centres. The resources will mostly be applied to in-country action, although the strategy could also give emphasis to participation by the country in specific regional or international initiatives.

THE COUNTRY FOCUS INITIATIVE

6. The country focus initiative comprises the six components set out below.

- **Extending the use of country cooperation strategies.** The strategies will become a central element of all WHO work in each country.
- **Improving core competencies and capacity of country teams.** WHO's staff needs at country level are being examined and a staff development programme has been launched. WHO Representatives already undergo formal induction programmes, their competencies are being formally defined, and systematic professional development programmes for all

¹ See document EB85/19.

² See document A44/INF.DOC./1.

³ *Macroeconomics and health: investing in health for economic development*. Geneva, World Health Organization, 2001.

⁴ See document EB105/7.

members of country teams are being institutionalized within WHO to ensure technical accountability.

- **Enhancing integrated programmatic and technical support to country activities from regions and headquarters in response to the country cooperation strategies.** All activities at regional and global level need to be fully focused on the needs of countries and capable of responding to changing demands. Incentives are being provided for more collaborative approaches and to ensure quality of support. As new challenges appear, WHO will need to continue to develop new capacities to respond to these changing demands, such as has recently been the case with health systems, health and poverty, noncommunicable diseases, and violence and health. WHO actively supports Member States in their engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria, including working with country coordination mechanisms, mobilizing expertise to collaborate on proposal development, and building local capacities to support implementation.
- **Enabling effective operations in WHO country offices.** Administrative and financial systems must be appropriate and support the essential connections between country offices. Plans are under way to increase staff administration and management capacities, thereby allowing increases in delegated authorities to WHO Representatives.
- **Collecting and collating country-specific information and intelligence.** Good information flows from countries to regions and headquarters, and vice versa, are essential. Country pages are already available on the WHO Internet sites, and WHO two-way country intelligence systems are being set up to provide information on health and the efforts of WHO and its key partners at country level.
- **Better working with organizations of the United Nations system and development partners.** WHO's contributions need to complement and enhance the efforts of others within the United Nations, development banks, bilateral partners and civil society. WHO plays a major role in the shaping of United Nations coordination mechanisms, including the United Nations Development Group; supporting the practice of agreed strategies at country level aimed at enhancing joint working, such as common working environments ("United Nations houses"); and establishing "good practice" for WHO's participation in United Nations Theme Groups. WHO's contribution to development round tables is based on positioning health as part of poverty-reduction strategies and macroeconomic policies, and taking forward sector-wide approaches.

IMPLEMENTATION OF THE COUNTRY FOCUS INITIATIVE

Consulting with Member States

7. The process of defining and finalizing a country cooperation strategy provides an opportunity for detailed consultation with that country and an assessment of the implications for all parties of that strategy. Agreement on the optimal use of all WHO financial and human resources, from all sources, is a critical aspect of the consultation, and will continue to take place on a country-by-country basis.

New challenges for WHO

8. The country cooperation strategies make several new demands on the Organization. These include: administrative systems that better respond to country and regional realities; integrated programming at different levels of the Organization, in ways that are more easily managed within countries; stronger WHO in-country teams that are better able to respond to the needs of national authorities as expressed within the country cooperation strategies; more effective working practices between WHO, other organizations of the United Nations system, development agencies and other partners in-country, including new funds and alliances; and a better flow of information throughout the Organization.

9. Responding to these demands requires a change in the roles played by the different levels of the Organization in its work with countries. The main conduit for support to countries is the WHO regional office, where WHO's knowledge can be assimilated and disseminated using intercountry networks, within WHO and beyond. Within countries, WHO is expected:

- to provide a flexible response to the needs of, and requests from, Member States in ways that optimize the health of all people, especially the poor, marginalized, and those facing particular health risks;
- to provide guidance to policies, actions, and investments of national authorities, other in-country entities, and external sources, including development partners;
- to build up local relationships and networks of experts and policy-makers to implement the agreed health action, through setting standards, taking forward global agreements, and providing technical cooperation;
- to build leadership for research, policy and the development of health systems;
- where government capacities are seriously compromised or collapsed, to take on additional humanitarian responsibilities, including the coordination of interventions undertaken by relevant national and international bodies, with a view to ensuring that public-health measures are in place, and establishing conditions necessary for sustainable health development.

Gaining agreement on priorities for change within WHO

10. The actions required within WHO were initially drawn from a review of all the recommendations on the subject made by the Executive Board and various internal and external working groups in headquarters and regional offices, under the guidance of the members of the WHO Global Programme Management Group (which brings together senior managers from the regions and headquarters). These priorities were further refined by the Group after formal consultation within WHO and with key external partners.

Programme budget 2004-2005

11. The objectives and expected results of the country focus initiative and country-focused investments are reflected in the Proposed programme budget 2004-2005,¹ in each substantive area of

¹ See document PPB/2004-2005.

work and within a new area of work called WHO's presence in countries. The latter represents the resources additionally required for WHO to provide leadership for country teams. Resources in this area of work will permit a stronger country presence. WHO as a whole will be accountable for results defined for this area of work, including the optimal use of resources for technical support at country level.

Next steps

12. As WHO priorities become better defined through preparation of country cooperation strategies, the Organization's budget and management processes will continue to be given a country focus. Costs will be met through both the regular budget and voluntary contributions.

13. Country cooperation strategies will eventually cover all countries in which WHO has a presence, and will lead changes in organizational focus. This process will be monitored, reviewed and amended. The lessons learned should lead to an improved service for those tackling health and poverty challenges within Member States, and to a better working environment for WHO staff, particularly those at country level.

ACTION BY THE EXECUTIVE BOARD

14. The Executive Board is invited to note the above report.

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