



**World Health
Organization**
REGIONAL OFFICE FOR **Africa**

AFR/RC58/INF.DOC/2
22 February 2008

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Fifty-eighth session
Yaounde, Republic of Cameroon, 1–5 September 2008

Provisional agenda item 8.2

**COUNTRY FOCUS INITIATIVE AND STRENGTHENING WHO COUNTRY
OFFICES: AN UPDATE**

Information document

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BACKGROUND

1. The Country Focus Initiative of WHO aims at increasing the focus of its work on technical support to countries for the attainment of national and internationally-agreed goals such as the Millennium Development Goals. It is linked to the overall performance of the various programmes of the Organization, as operations at country level depend on the quality and strength of WHO presence.
2. The Country Focus Initiative consists of the Country Cooperation Strategies; adjusting competencies and capacities of country teams; effective functioning of WHO country offices; coherent programmatic and technical support from regional offices and headquarters (of WHO); information, knowledge management and working with United Nations and other development partners. It should be noted that the first objective stated in the *Strategic orientations for WHO action in the African Region, 2005–2009*, strengthening WHO country offices, directly addresses the Country Focus Initiative.
3. The World Health Assembly mandated WHO to take a leading role in the United Nations reform process through Resolution WHA58.25 of 2005. The UN reform process, therefore, is a priority of both the Director-General and the Regional Director and has strong links with the Country Focus Initiative.
4. The purpose of this document is to provide information on progress made since the last Country Focus Initiative report in the African Region in 2007.

PROGRESS MADE

5. By 2007, all Member States of the WHO African Region had Country Cooperation Strategy (CCS) documents. However, recent developments such as the Paris Declaration on Aid Effectiveness have led countries to embark on the development of second-generation CCSs. Eight countries have already drafted CCS documents since the process started in November 2007.
6. The biennium 2006-2007 witnessed a concerted effort to ensure that African Region country offices and Regional Office Divisions have the correct mix of competencies for appropriate technical support to countries. This exercise is now completed, and new charts that explain the organizational structures of the country offices and Regional Office Divisions were developed and approved.
7. To further strengthen technical cooperation with countries, the Regional Office decentralized some staff into three Intercountry Support Teams (ISTs). The ISTs now have the required capacity to support countries, although further strengthening is envisaged.
8. The Intercountry Support Team in Harare supports 18 countries: Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania/Zanzibar, Uganda, Zambia and Zimbabwe. The Libreville IST supports 11 countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Republic of Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Rwanda, and Sao Tome and Principe. The IST in Ouagadougou supports 17 countries: Algeria, Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

9. The programmes present in the ISTs are HIV/AIDS, Tuberculosis, Malaria, Maternal Health, Child Health, Epidemic and Pandemic Alert and Response, Health Systems, and Emergency and Humanitarian Action.

10. To enhance operations at intercountry and other levels in the Region, further authority has been delegated by the Regional Director to the Divisional Directors and WHO country representatives. Oversight mechanisms have been strengthened to support this additional authority.

11. The introduction of the Global Management System (GSM), which is a unique integrated electronic management support system, will change the manner of work in WHO. The Regional Director has given strong policy guidance for its introduction in late 2008.

12. Within the framework of the UN reform process, four “One UN” pilot countries were designated in the African Region. These are Cape Verde, Mozambique, Rwanda and Tanzania. Since the reform is not limited to only the four pilot countries, the Regional Office has continued to give orientations to all countries for effective engagement in the process.

13. A toolkit on harmonization and alignment was developed. It was field-tested in two countries of the Region in order to assist country offices to effectively engage in the framework of the Paris Declaration on Aid Effectiveness.

14. One critical challenge for the Regional Office is providing technical support to countries to resolve their human resources for health crisis to attain the health-related Millennium Development Goals.

NEXT STEPS

15. The country offices, ISTs and Regional Office Divisions will continue to ensure that there is an optimal mix of staff to ensure high-quality cooperation with countries. Emergencies will be targeted for increased support.

16. The training of country office personnel in harmonization and alignment will be scaled up for more effective engagement in the UN reform and the United Nations Development Assistance Framework.

17. New opportunities for improved collaboration with countries in resource mobilization are emerging with the establishment of the Harmonization for Health in Africa action framework. WHO in collaboration with UN agencies and partners will scale up efforts in this domain.

18. The Regional Director will continue to give policy orientations for Global Management System implementation in the Region.

19. The four “One UN” pilot countries will be assessed in 2008, and all countries will be supported in their efforts to achieve the Millennium Development Goals.