

Report of the 13th Country Support Unit Network Meeting

**Chateau du Bossey
Bogis-Bossey, Switzerland**

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Overview

As a follow-up to the 7th Global Meeting of Heads of WHO Offices in countries, territories and areas with the Director-General (DG) and the Regional Directors (RDs), held in Geneva from 18-22 November 2014, the Country Support Unit (CSU) Network convened. The meeting centred on two key topics:

- Next steps related to the Country Focus Strategy (CFS), following discussions during the 7th Global Meeting, especially related to CSUs' roles in facilitating the implementation of the relevant actions agreed during the 7th Global Meeting
- Revising the Country Cooperation Strategy (CCS) corporate framework, in light of the new leadership priorities contained in the 12th GPW and the results chain

A series of agreements were reached during the course of the meeting. In general, the CSU Network will work to:

- Refine the definition of the key actions and add those actions highlighted by RDs and DG
- Map responsibilities (of the CSU network and other units), and bring them to attention of senior management.
- Move forward the process of finalizing the Country Focus Strategy - that defines the "country focus" dimension of the organization's work - so it can be discussed in March 2014 by the GPG.
- Discuss with respective RDs regarding the CFS going to the governing bodies.

In addition, it was proposed for CSUs to meet face-to-face on the margins of the EB.

Item 1: Supporting the implementation of the actions agreed at the 7th Global Meeting

The CSU network agreed on a series of proposed roles and responsibilities for the implementation of the key actions identified in the 7th Global Meeting (see Table 1). These roles and responsibilities will be circulated to the relevant business owners so that actions may be reported, both in a mid-term report and a final report prepared for the 8th Global Meeting in 2016.

Table 1: Action plan to implement the agreed-upon points of the 7th Global Meeting

Key actions	Lead and contributing responsibilities
Post-2015 development agenda	
1. Work to: 1.1 Position health firmly in the post-2015 agenda with at least one health goal; and 1.2 Incorporate health indicators into the goals of other sectors.	1.1, 1.2: DO , in cooperation with WUN and other units, will coordinate the inputs of WHO into the post-2015 process, especially in connection with the open working group.
2. Facilitate outreach to other sectors of government in addition to health, as well as to non-State actors, throughout the roadmap leading to New York 2015. To this end: 2.1 Country offices should actively work with Ministries of Health, Ministries of Foreign Affairs, Heads of State and Government and Civil Society; 2.2 Regional offices, headquarters and the New York office should seize the opportunities to advocate and sensitize actors of all mechanisms and platforms that will contribute to the final definition of the post-2015 agenda.	2: DO to produce periodic state of the art reports of the evolution of the debates on post-2015 agenda to inform regional and country offices. 2: DO to consider hosting a WHA side event on health in the post-2015 agenda. 2.1: CSU Network to keep all HWOs informed of the progress of deliberations of the open working group and on other related discussions (such as the Secretary General's synthesis report). 2.2: CCU to facilitate and channel the gathering and circulation of intelligence on how the process is evolving, and connect to share information and facilitate linkages with regional processes (including intelligence gathering and providing information on global processes).
UHC	
3. Develop a strategy for advancing UHC with country-specific roadmaps and milestones. This requires: 3.1 A clearer definition of what UHC means and an identification of its components; 3.2 An improved way of packaging and communicating information on UHC, targeted at different stakeholders who play a role in its realization; 3.3 Clear and feasible metrics to assess progress ; 3.4 A commitment to make UHC part of the new generation of Country Cooperation Strategies (CCSs).	3.1, 3.2, 3.3: Category network of Health Systems to provide a clearer definition of UHC and its operationalization at country level, and to work with CCU to ensure the inclusion of UHC in the CCSs through the new CCS framework. 3.2, 3.4: CSU Network to provide inputs on how to translate global action plans and guidance into country level plans. 3.4: CCU to analyze the CCSs and country presence to identify competencies in UHC needed for HWOs and country teams.
4. Create an expert network and resource group from the three levels of the Organization that can provide country-	4: Category network of Health Systems to define the ToR of an expert network and a resource group on UHC. 4: CCU and CSU Network to advocate for the establishment of an integrated database of WHO staff expertise

Key actions	Lead and contributing responsibilities
specific support in the area of UHC.	in this category.
5. Strengthen HWOs and Country Teams in terms of knowledge, skills and financial resources in this area.	<p>5: HRD/CDL to define an initiative for strengthening the knowledge and competencies on UHC by the Country Teams.</p> <p>5: CCU to broker collaboration between technical units and HRD/CDL to develop a training programme to strengthen capacity and knowledge base in UHC.</p> <p>5: CCU and CSU Network to provide inputs to technical departments on how the content of the training packages can be adapted to respond to country needs.</p>
NCDs	
<p>6. Develop tools to aid the surveillance framework and capacity development in national strategies and plans for NCDs and mental health.</p> <p>6.1 Develop clear guidance and provide technical assistance to support countries to produce national policies, strategies and action plans (including legislative frameworks) on NCDs and mental health;</p> <p>6.2 Establish a baseline and adopt at least a few country indicators to monitor and report on, which are consistent with the global action plans on NCDs and mental health;</p> <p>6.3 Support the integration of NCD prevention and management into the UHC package</p> <p>6.4 Tools to incentivize and encourage behavioral change</p>	<p>6.1, 6.2: Category Network of NCDs to provide clear guidance for supporting country action plans on NCDs and Mental Health.</p> <p>6.3: CCU to broker collaboration between technical units and HRD/CDL to develop a training programme to strengthen capacity and knowledge base in NCDs.</p> <p>6.3, 6.4: CCU and CSU Network to provide inputs to technical departments on how the content of the training packages can be adapted to respond to country needs.</p>
<p>7. Strengthen WHO capacity to support country teams in NCDs</p> <p>7.1 Establish integrated cross-WHO teams to support WRs in providing upstream policy advice and technical assistance</p> <p>7.2 Develop guidance on how to build a business case for NCDs</p> <p>7.3 Map out the specific skills and competencies of country teams on which WHO plans to work</p>	<p>7.1: Category network of NCDs to define the ToR of an expert network and a resource group on NCDs.</p> <p>7.2: CCU to work with technical area(s) and HRD/CDL to build capacity of HWOs in NCDs and to make training on NCDs part of the Global Learning Programme.</p> <p>7.3: CCU and CSU Network to analyze the CCSs and country presence to identify gaps in skills and competencies of HWOs and country teams, and suggest areas for HR capacity building in NCDs, in collaboration with technical areas and HRD/CDL.</p>
<p>8. Improve WHO's capacity to work with multiple actors</p> <p>8.1 Effectively engage the UN interagency group to act on</p>	<p>8.1: CSU Network to contribute to guidelines for, and coaching HWOs in, the insertion of NCDs into the UNDAF and working with the rest of the UNCT in interagency actions for NCDs.</p>

Key actions	Lead and contributing responsibilities
<p>NCDs at country, regional and HQ level</p> <p>8.2 Define more accurately the division of labour and accountability mechanisms within the UN system at all levels</p> <p>8.3 Develop a strategic approach to interact with industry</p>	<p>8.2: CCU to broker collaboration and cooperation among technical and other units for developing guidelines for cooperation with non-State actors.</p> <p>8.3: Category Network on NCDs and DGO to define clear guidance on the NCDs coordination mechanisms and on the country expression of the NCDs interagency task force on NCDs.</p>
<p>9. Gear relevant actors into political advocacy on the country and global level</p> <p>9.1 Improve the quality of documentation and sharing of best practices across countries and advocate for their implementation;</p> <p>9.2 Develop advocacy packages and standard key messages to be addressed to all relevant stakeholders.</p>	<p>9.1: Category Network on NCDs to provide specific guidance on the modalities that will be put in place to share best practices in countries.</p> <p>9.2: Category Network on NCDs to collaborate with CSU Network and CCU to develop guidelines on how to integrate NCDs into UNDAFs.</p> <p>9.2: CSU Network and CCU to coordinate with the NCD entity to provide guidance to country teams to find strategic entry points to ensure country offices(COs) insert NCDs into national sectoral plans, and liaise with communications team and with WRs for messages to help WRs promote NCDs in two/three key messages.</p>
WHO reform	
<p>10. Strengthen WHO's convening and facilitating role at country level</p> <p>10.1 Define minimum country presence including core country staff for different groups of country offices and ensure skills on policy analysis, M&E and communication.</p> <p>10.2 Appoint Deputy/Assistant HWOs taking into consideration the size, disease burden and complexity of WHO operations in a given country or regional context.</p>	<p>10.1: HRD, with support from CCU and CSU Network, to define criteria for minimum country presence.</p> <p>10.1: CSU Network and CCU to conduct an assessment of HWOs' perspectives on a minimum country presence.</p> <p>10.2: HRD, in conjunction with CCU, to define criteria for establishing positions of Deputy HWO.</p>
<p>11. Align planning and resource allocation with country priorities</p> <p>11.1 Move towards a country-focused organization of financial and human resources that are aligned with country priorities and the Twelfth General Programme of Work (GPW);</p> <p>11.2 Initiate a process that involves country offices in the development of the Programme Budget 2016-17, using bottom-up approach that is clear, systematic and consistent;</p>	<p>11.1: PRP and Planning Network to liaise with CSU Network and CCU to obtain inputs and support for the prioritization exercise for the PB 2016-2017 exercise</p> <p>11.2: CSU Network to ensure that HWOs take the lead role in country consultations for PB 2016-17, following the CCS, and have the opportunity to update CCS priorities so that the two processes are fully integrated.</p> <p>11.2: CCU to provide guidance to, and work closely with, the planning network on the process of consulting country offices for PB 2016-2017, including in countries where the duration of the CCS will expire before 2016.</p> <p>11.4: CCU to lead the development of a new CCS corporate framework (see Action 2) that makes the CCS a strategic management tool.</p>

Key actions	Lead and contributing responsibilities
<p>11.3 Develop an easier and faster process for revising budget ceilings and provide financial flexibility that enhances responsiveness.</p> <p>11.4 Make the CCS a strategic management tool that reflects country priorities (with respect to the national health policy, strategy and/or plan), and that is in line with the GPW.</p>	
<p>12. Address country level human resources challenges</p> <p>12.1 Fast-track compulsory mobility and rotation in order to facilitate re-profiling at country level;</p> <p>12.2 Ensure that HR profiles (minimum core capacities) match country needs and priorities;</p> <p>12.3 Align staff development and training efforts with emerging needs at country level;</p> <p>12.4 Organize a training package on compliance and audits;</p> <p>12.5 Make career development an effective process;</p> <p>12.6 Harmonize the grades of HWOs and the duration of their assignments with those of other UN</p>	<p>12.1, 12.2: HRD, with inputs from CCU and CSU Network (especially to define minimum core capacities), to conduct a base line analysis of rotation and mobility and to subsequently fast track compulsory mobility and rotation for re-profiling.</p> <p>12.3, 12.5: CCU and CSU Network to analyze needs and gaps for CCS implementation, CO re-profiling, and country team capacities, in collaboration with HRD/HRM.</p> <p>12.4: HRD and IOS to organize a training package on compliance and audits.</p> <p>12.6: HRD to harmonize grades and duration of assignment for HWOs with those of other agencies.</p>
	a platform to be put into place to link HWOs.
	is of the task force on roles and responsibilities,
	ely supporting countries in fragile situations.
	ariat in order to finalize the draft updated WHO
	ate an action plan for strengthening security
	revised policy.

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