



World Health
Organization

COUNTRY COOPERATION STRATEGY GUIDE **2023**





**COUNTRY
COOPERATION
STRATEGY GUIDE
2023**

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ABBREVIATIONS

ARG	Action for Results Group
CCA	Common Country Analysis
CCS	Country Cooperation Strategy
CSO	Civil society organization
CSS	Country Strategy and Support
CSU	Country Support Unit
DFI	Delivery for impact
GMM	Global Management Meeting
GPW	General Programme of Work
HIC	High-income country
HPOP	Healthier population
HQ	WHO headquarters
IASC	Inter-Agency Standing Committee
IHR	International Health Regulations
MOH	Ministry of Health
NCD	Noncommunicable diseases
NGO	Nongovernmental organization
PB	Programme budget
SDG	Sustainable Development Goal
UHC	Universal health coverage
UN	United Nations
UNCT	United Nations Country Team
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization
WR	WHO Representative

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FOREWORD



Countries are at a critical inflection point for health as they emerge from the COVID-19 pandemic, are confronted with the climate crisis, and embark on rescue plans for the Sustainable Development Goals (SDGs). Addressing the challenges and risks to human health in an increasingly complex environment will require country-driven, coordinated action across both health and health-related sectors, underpinned by evidence and high-quality data.

Internally, WHO will need to further strengthen its efforts to coordinate all three levels of the Organization around a common mission and strategy, to effectively drive measurable impact at the country-level.

The WHO Country Cooperation Strategy (CCS) is a medium-term corporate strategic framework to guide WHO's work with Member States, taking into account national contexts and needs. The CCS guides implementation of WHO's work at country level, while facilitating coordination with the United Nations Country Teams and other partners, to accelerate progress towards the targets of the General Programme of Work (GPW) and the health-related SDGs.

The WHO Country Cooperation Strategy Guide 2023 will support the development, implementation, and review of the next generation of CCSs. This new guide incorporates lessons learned from the implementation of previous guides and builds on the recommendation of the 11th Global Management Meeting that is being taken forward by the Action for Results Group action point to streamline the corporate planning processes with the CCS as the basis for country level planning.

Towards this effort, the new guide focuses on:

- clearly specified strategic priorities and deliverables based on country needs and aligned with both the 13th and the forthcoming 14th General Programmes of Work;
- stronger alignment of resources, by making the CCS the basis for WHO's strategic and operational planning; and
- an attainable and measurable results framework to demonstrate the impact of WHO support in countries and communities.

This updated guide will help country offices to develop their country cooperation strategies, through engaging with country and regional offices and headquarters, to help countries get back on track to achieving the health goals of the SDGs and beyond.

A handwritten signature in black ink, which appears to read 'Tedros Adhanom Ghebreyesus'. The signature is fluid and cursive, with a large initial 'T'.

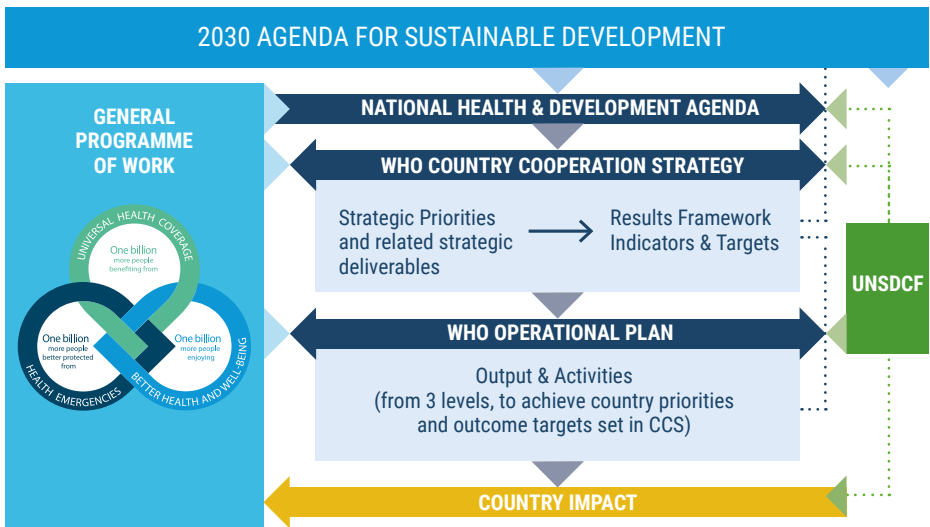
Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

CORPORATE CONTEXT

The Country Cooperation Strategy (CCS) is WHO’s medium-term strategic framework to guide the Organization’s work in and with a country. The CCS presents WHO’s business plan: a set of agreed strategic priorities on the basis of which WHO and the Member State undertake to work together to achieve common objectives outlined in the latter’s national health and development agenda, with particular reference to those areas where the Organization has a comparative advantage in leveraging a public health impact. It is aligned

to the Thirteen WHO’s General Programme of Work (e.g., GPW13),^{1,2} regional frameworks and flagship initiatives, and aims to support the country in accelerating progress towards health-related Sustainable Development Goals (SDGs). CCS priorities provide major input to the development of the health component of the United Nations Sustainable Development Cooperation Framework (UNSDCF)³ or its equivalent, and can serve as an accelerator for the health agenda adopted by the UN Country Team (**Fig. 1**).

Figure 1 – CCS as a tool to implement the GPW13 and guide WHO’s strategic cooperation



PURPOSE

The CCS is WHO's medium-term strategic framework and creates a single, forward-focused vision to guide the Organization's work in alignment with GPW13 priorities. It identifies key priorities for technical cooperation with Member States while being mindful of national context. It provides the basis for the programme budget and operational planning, and also facilitates coordination with the United Nations Country Teams and other partners. The results framework of the CCS helps to track progress on actions related to strategic priorities – the driving factors in achieving country-level impact.

The process leading to a CCS should include:

- a **strategic vision** to achieve public health impacts and outcomes which spell out WHO's business plan, i.e. jointly agreed priorities in alignment with the national context and needs, as well as opportunities for collaboration and interaction between various partners and stakeholders;
- a **modality** to promote national ownership and intersectoral approaches to achieve health-related SDGs;
- a **mechanism** to ensure strategic coherence, complementarity and coordination among UN entities and other partners with health-related mandates;
- a **basis** for developing WHO's programme budget and operational planning, and the results framework;
- a **tool** to mobilize resources at the country level; and
- a **platform** to increase the visibility of WHO's work with specific Member States including, where applicable, opportunities to advance global and regional health agendas.

NEED FOR AN UPDATED CCS GUIDE

This CCS Guide has been updated to respond to the findings and recommendations of recent evaluations. For instance, a key finding of the Synthesis of WHO country programme evaluations (2021)⁴ was that “CCSs lack a clear justification for their selected priorities and lack strategic focus... and their ambitious programme of work is often not commensurate with the available financial and human resources”. Independent evaluation of WHO’s Results-Based Management Framework (2023)⁵ similarly reported on the “high levels of fragmentation and duplication in WHO planning processes”.

In addition, the Action for Results Group (ARG), which was formed to support implementation of the 11th Global Management Meeting (GMM) recommendations, has identified the need to “develop a single/unified planning process with the CCS as the basis for the development of WHO’s programme budget and operational planning”.⁶

This version of the CCS Guide also considers experiences and lessons learned during implementation of previous guides.^{7,8}



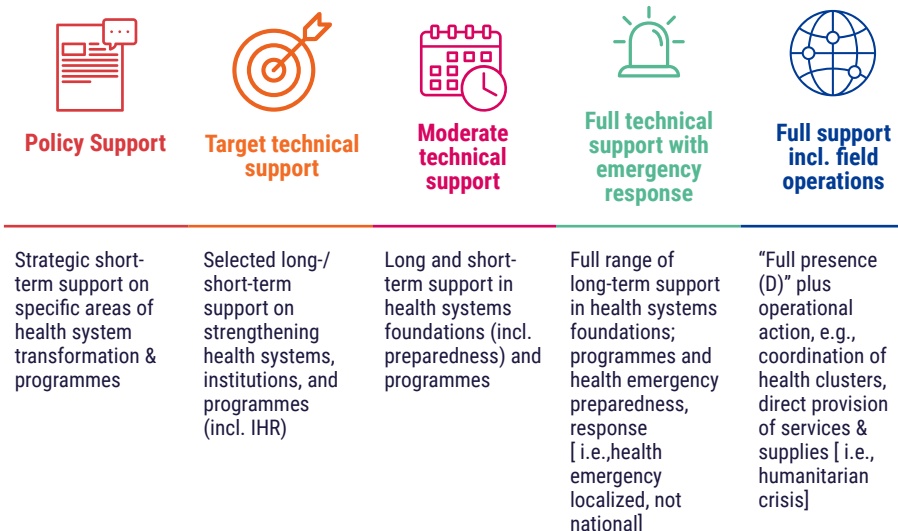
ELEMENTS OF THE 2023 CCS GUIDE

The GPW challenges WHO to make itself into a country-focused and impact-oriented organization. This can only be attained if the strategic priorities and deliverables of the CCS are more fully integrated with WHO's operational planning processes and aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), whenever the latter is applicable.

The CCS should:

- clearly specify the strategic priorities and deliverables tailored to the country context and needs determined by the specific WHO Country Office (**Fig. 2**), and in support of WHO's GPW;
- include a high-level "theory of change" that indicates a feasible set of pathways through which WHO, working with other partners, will be able to contribute to the GPW priorities;
- serve as the basis for operational planning to achieve country-level impact;
- be a responsive document with an innovative mix of stable and dynamic elements (see **Annex 1**);
- be strategically focused on measurable results, with targets and milestones;

Figure 2 – Differentiated support to drive public health impact in every country



- provide an opportunity to identify and engage a wider partnership environment; and
- set out an overview of requisite and available resources as well as probable shortfalls.

This CCS Guide applies to all countries in which WHO provides technical assistance, regardless of whether the Organization has a dedicated country office or provides support via another country or regional office. The CCS ought to be sufficiently flexible to enable WHO country offices in Member States with recurrent emergencies and/or humanitarian issues⁹ as well as those in high-income countries to follow simplified approaches.

In emergency and humanitarian settings, for instance, the context is more dynamic. The CCS may therefore provide a shorter time-frame in which to address the country's immediate, priority health-related humanitarian and development needs. This time-frame will also be based on vulnerability and risk assessments and WHO's role in emergency situations. The CCS development process may also be made less burdensome by combining relevant steps, including consultations, as appropriate (see **Annexes 1 and 2** for guidance on exceptional circumstances).

The strategic priorities and deliverables of the CCS should serve as the basis for operational planning to achieve country-level impact

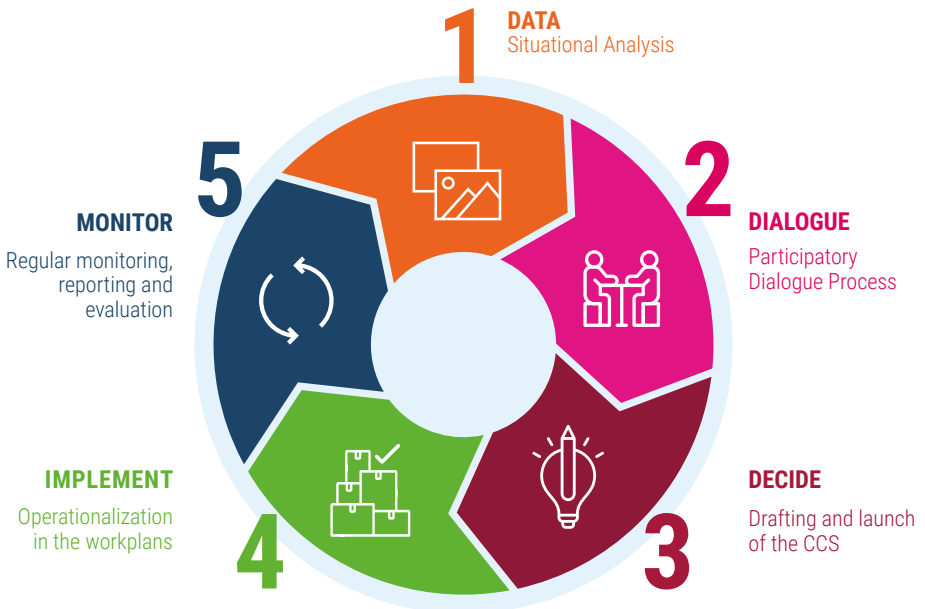


HOW TO USE THIS GUIDANCE DOCUMENT

The Country Cooperation Strategy Guide (2023) is designed to provide a practical and customizable step-by-step approach by setting out the key components for producing a **targeted, concise, results-focused** and **evidence-informed CCS**. The five steps for successful development and implementation of the CCS are illustrated in **Fig. 3** and explained in this guide.

The steps are flexible enough to allow country offices in emergency and humanitarian settings as well as those in high-income countries to follow a similar approach but one suited to their context. For further details on each step, including relevant tools and resources, please refer to the CCS Toolkit.

Figure 3 - Five steps for successful development and implementation of the CCS

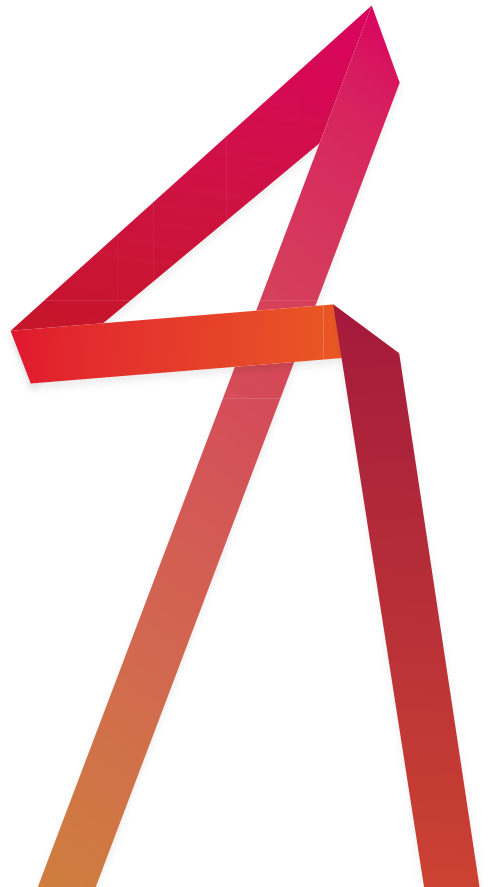


The usual timeframe for the CCS is four to five years. Whenever possible, its timing should be closely aligned with WHO's GPW, UNSDCF and national health sector plans. The WHO Representative (WR) is responsible for supervising and delivering a high-quality CCS as well as following through, monitoring and reporting its results. **All three levels of the Organization should be involved in CCS development**, with the respective WR owning and leading the entire process. The regional CSU network can assist with quality control (adherence to CCS guidelines) and coordinating how all three levels of the organization participate in the CCS process.

The CCS development process should commence with a discussion with the MOH and other relevant ministries, including relevant UN agencies/Resident Coordinator, other health and development partners, humanitarian partners and non-state actors¹⁰ (if applicable), to ensure that they are meaningfully involved in deliberations.

The country office may establish a CCS working group that includes the MOH and other relevant ministries to help oversee and guide the CCS development process. The working group should coordinate with the regional CSU and HQ CSS department whenever a new CCS is being proposed in order to procure further information, resources and guidance, and to apply recent learning and best practices. As far as possible, the country office should utilize existing coordination platforms and mechanisms to drive and deliver CSS-related discussions.

The Country Cooperation Strategy Guide (2023) is designed to provide a practical and customizable step-by-step approach by setting out the key components for producing a targeted, concise, results-focused and evidence-informed CCS.



1. DATA



An important starting point in the planning process is to understand the country context and acquire an overview of key political, social, cultural, demographic, environmental, economic, technological and other factors, as well as determinants with important implications for health (**Box 1**). Analysis should not only shape the discourse on critical health issues but also seek fresh perspectives on frontier issues and new working methods.

Country-level situation analyses can build on existing assessments and reports such as health sector reviews, UN Common Country Analysis (CCA) and SDG reports, humanitarian response plans, humanitarian needs overviews foresight analysis, and so on. Additional helpful analytical data can be gleaned from stock-take exercises including reviews of progress relative to the Triple Billion and health-related SDGs.¹¹

Analysis should address cross-cutting issues (e.g. equity, gender, human rights) owing to their overall impact on health and well-being.

Where country offices have been directly involved on delivery for impact, resources linked to these exercises can provide useful input to determine priority areas for intervention with goals and targets, informed by DFI acceleration scenarios.¹² These exercises may include countries with dedicated support, participation in 100-day challenges, Healthier Population (HPOP) workshops or similar events.

Box 1. Some areas to cover in planning

1. Country context including key political, social, demographic and economic factors
2. Health and health equity situation
3. Country burden of disease and health risks
4. National health and development agenda
5. Partnership environment.

2. DIALOGUE



The strategic dialogue should start with a high-level discussion, particularly at ministerial level, followed by more technically focused meetings or workshops involving a wider range of stakeholders (**Box 2**).

The main objective of the dialogue process is to consult key stakeholders and foster consensus on strategic priorities for WHO's collaboration with the country in the medium term, and to discuss the framework and mechanisms for measuring impact. Strategic dialogues should enable WHO's proposed country priorities and their contextual/evidence base to be shared with these key stakeholders, while identifying areas that need attention and forging new partnerships. Such occasions also present a prime opportunity for building trust among key country stakeholders.

The strategic dialogue phase should include requesting input on strategic priorities from all three levels of WHO and discussing what is expected of each level in terms of implementing these priorities.

Box 2. Key stakeholders to consider for policy dialogue

1. MoH and other government sectors as relevant (e.g. finance, planning, environment, development, education, foreign affairs)
2. Key health agencies and institutions, including academia
3. National human rights bodies
4. UN agency representatives including the Resident Coordinator and Humanitarian Coordinator
5. Development partners working towards SDG 3 targets
6. Humanitarian partners
7. NGO/CSOs including those defending marginalized or vulnerable groups
8. Private sector and youth organizations.

3. DECIDE



At the core of the CCS are clear, achievable, evidence-informed strategic priorities. These strategic priorities should define what WHO and the Member State expect to achieve through collaboration in the medium term, and take into account national priorities as well as WHO's comparative advantage in key areas.

The ability to prioritize the most impactful initiatives the organization is ready to deliver should be modelled on the type of support needed in the country based on core differentiators (**Box 3**).

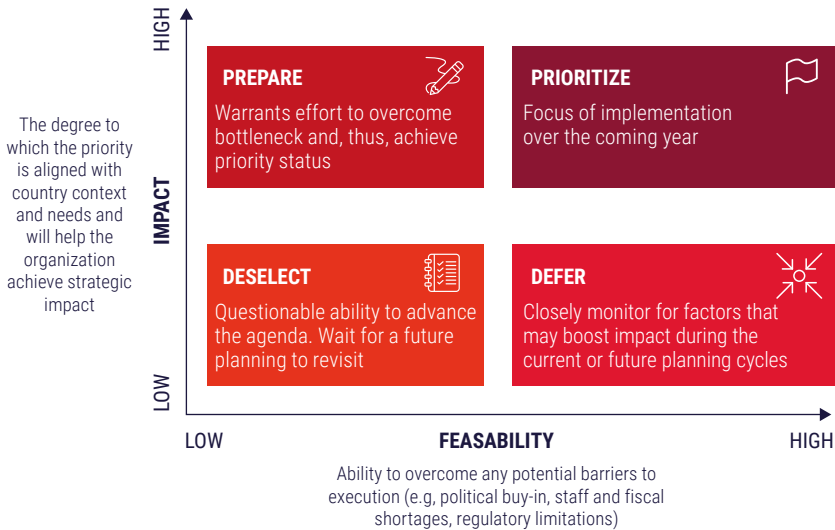
There are many methods to systematically prioritize and/or deselect initiatives. **Fig. 4** shows one method to evaluate the impact and feasibility of a proposed priority by scoring and plotting on both axes in order to determine whether an initiative ought to be considered in the current plan or set aside for future planning cycles. Irrespective of the chosen method, the objective ought to be strong country-focused consultations and a level of differentiation that makes prioritization meaningful.

Ideally, selection of the strategic priorities should be accompanied by a high-level theory of change¹³ to provide a feasible set of causal pathways through which WHO, in partnership with other agents, will deliver GPW13 goals during the CCS. The objective of this high-level theory of change is to illustrate credible causal pathways linking outputs to impact (**Fig. 5**).

Box 3. Identify core differentiators

1. "Criticality" of health issues in the country.
2. "Strategic fit", i.e. "fit" with the organization's mandate and goals
3. "Comparative advantage", i.e. whether WHO has an area of comparative or strategic advantage
4. "Feasibility", i.e. core capacity of the country office to effectively deliver
5. "Alignment" with existing government mandates, legislative obligations, plans including the UNSDCF
6. "Partnership", i.e. how collaboration in this area will contribute to better health impact and outcomes.

Figure 4 – Illustrative process of prioritization



The CCS should outline up to three to five strategic priorities and deliverables in clear terms (**Fig. 6**). The strategic deliverables translate the CCS strategic priority into the country-specific commitments regarding the WHO Secretariat’s contribution in the country. While not part of the results chain, the strategic deliverables are critical to ensuring a consistent strategic direction between bienniums in delivering on commitments, through products/services, and thereby contributing to the GPW outcomes and SDGs. They are accompanied by an outcome indicator target, where appropriate.¹⁴

For every identified strategic priority and deliverable, the country office should consider implications in terms of required core

capacity, e.g. staff and financial resources. If gaps are identified, the country office should review the priority-setting exercise and/or identify broad restructurings it intends to make in terms of its programmatic focus and office team’s skill-mix. For every agreed priority, what is expected of all three WHO levels in terms of the Organization’s support to government and collaboration with partners should be stated as clearly as possible.

There should be a succinctly summarized results framework that includes indicators and targets for each strategic deliverable: these will be used to monitor progress and measure results for each priority. Wherever possible, selected indicators should be aligned with national health indicators, the GPW13 metrics

Figure 5 – High level theory of change



framework and any health-related indicators in the UNSDCF.

The CCS is an important corporate instrument: it should ideally be drafted internally with the WR as core leader, supported by the host WHO Country Office team, regional CSU, HQ CSS department and relevant technical divisions. In Member States without a country office, the process should be led by the regional CSU. Once endorsed at the WHO Regional Office and headquarters, the finalized CCS will become the reference document across the Organization defining WHO's work in each country (see **Annex 3** for the proposed CCS document structure).

CCS signing modalities are flexible. However, to ensure joint ownership, the CCS should be co-signed wherever possible by a representative of the national government (e.g. Minister of Health or other official) and a WHO representative (e.g. Director-General and/or Regional Director, and WR in Member States with a WHO country office).

Launching the CCS is a prime opportunity to increase the visibility of WHO's work and its associated goals in any given country, thereby assisting that country to achieve its health objectives including national SDG targets. The CCS should benefit from effective

internal communication to ensure that all three levels of the organization are informed about – and working in alignment with – its strategic priorities and deliverables. External communication should also be operative so that there is clear understanding of WHO's work in and with a country (see the CCS Toolkit for details).

Figure 6 – Example of strategic priority and deliverable

<p>STRATEGIC PRIORITY</p> <p>Improve reproductive, maternal, child and adolescent health</p>	
<p>Strategic deliverable</p> <p>Strengthened national surveillance systems and improved prevention and management of nutritional disorders among mothers, infant and young children, to achieve the global nutrition targets.</p>	<p>Outcome indicator</p> <p>Prevalence of malnutrition among children under-5 (wasting).</p> <p>Baseline: 28.8% stunted and 5.2% wasted.</p> <p>Target: reduce stunting by 30% and wasting to less than 5%.</p>
<p>Key outputs</p> <p>Revised nutrition policy and integrated nutrition package for complementary feeding.</p> <p>National capacity strengthened for the management of malnutrition and promotion of optimal infant and young children feeding.</p>	<p>Output indicator</p> <p>Percentage of targeted wasted children under-5 who received priority interventions.</p> <p>Baseline: 5.2%</p> <p>Target: 12%.</p>

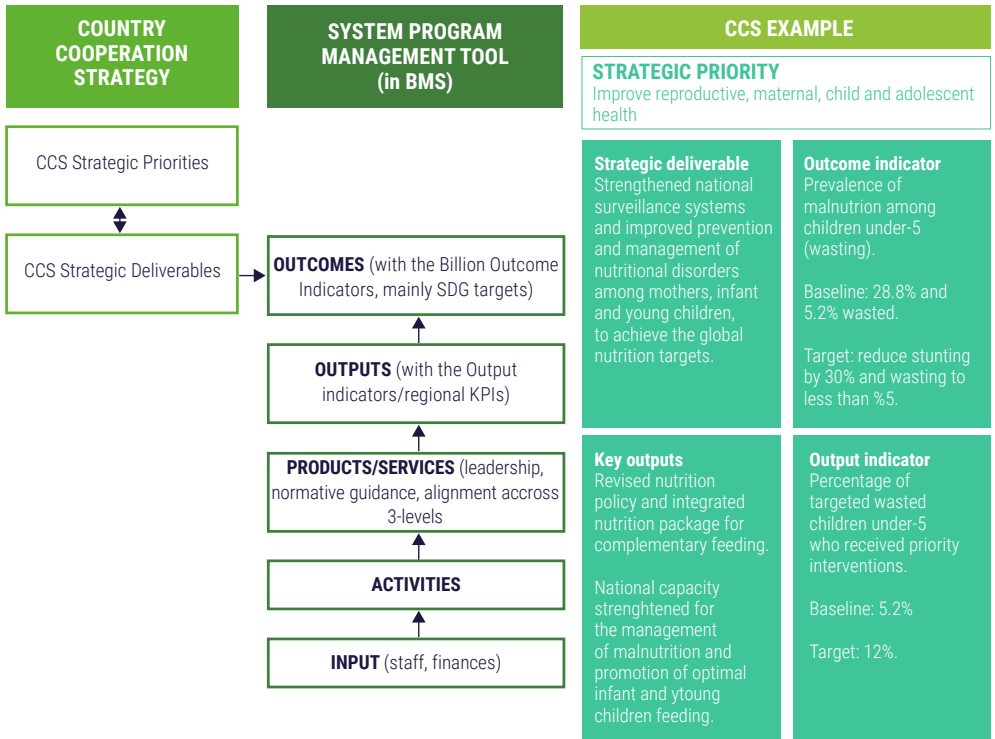
4. IMPLEMENT



There is an explicit interaction between the CCS and GPW which provides a basis for development of the programme budget (PB). Analysis of CCS priorities and deliverables for WHO technical cooperation provides country-level input to identify PB priorities and budget allocations. Accordingly, mapping of each strategic priority and deliverable to a relevant GPW outcome will help streamline the PB prioritization process.

During operational planning, CCS strategic deliverables influence the programmes, planned results and resource allocation in the biennial workplan. Strategic priorities and deliverables outlined in the CCS should therefore serve as the starting point for operational plans (Fig. 7). In line with the theory of change, the operational plan should then be used to stipulate the key activities, products and services that need to be implemented to achieve the identified deliverables.

Figure 7 – Integration of CCS in the operational planning



This process should also include a review of resources (staff and finances) required, especially at the country level, to respond to the priorities identified in the CCS

(Fig. 8). Review of resources provides a basis for estimating the implementation costs of the strategic CCS priorities (see the CCS Toolkit for details).

Furthermore, when used strategically the CCS can serve as an advocacy and planning tool to create critical partnerships and mobilize needed resources. Since the CCS clearly spells out strategic priorities and signals how to achieve them, it can be used to show

development partners the mutual benefits of active collaboration, encourage their active support and lead to better delivery of results. Alignment of the CCS strategic priorities with the UNSDCF also provides an opportunity to strengthen collaboration with UN agencies on cooperation challenges and opportunities in the country. This in turn can assist WHO to generate a multisectoral response to CCS priorities, since many of these pressing issues (e.g. health security, NCDs, climate change) entail actions outside the health sector.

Figure 8 – CCS budget requirement

STRATEGIC PRIORITIES, INCLUDING STRATEGIC DELIVERABLES	ESTIMATED BUDGET REQUIRED (A)	ANTICIPATED BUDGET (B)	ANTICIPATED FUNDING GAP (C)
Strategic Priority 1			
Strategic Priority 2			
Strategic Priority 3			
Strategic Priority 4			
TOTAL			

5. MONITOR AND REVIEW



Monitoring CCS implementation is important to ensure that priorities are being achieved in a timely and efficient manner. Monitoring progress also offers an opportunity to re-evaluate, update and adjust any aspects of the strategy if necessary, and in accordance with WHO's evaluation practices.¹⁵

The CCS results framework should be used to monitor implementation progress. It should include a set of outcome level indicators for each of the proposed strategic priorities. Ideally, indicators should be selected from the GPW metrics framework¹⁶ and be aligned with national health indicators and any health-related indicators in the UNSDCF. Selected targets should also be aligned with national targets, and indicators disaggregated for key inequality measures (e.g. sex, age, location) wherever possible.

The results framework is the main tool for measuring the success of WHO and the Member State's collaborative efforts and should be jointly monitored on an **annual** basis.

The **mid-term review** should focus on:

(i) determining progress on the strategic deliverables, i.e. whether achievements are following expectations; (ii) identifying impediments and potential risks that may require strategic priorities or deliverables to be modified; and (iii) identifying actions to boost progress during the second half of the CCS cycle. It should be aligned with the end of biennium reviews.

The **end-term review** is a more comprehensive assessment than the mid-term review. It should focus on: (i) measuring achievements in relation to the indicators and targets outlined in the CCS results framework; (ii) identifying achievements and gaps in implementing the CCS strategic priorities; (iii) ascertaining critical success factors and impediments; and (iv) listing lessons to be applied in the next CCS cycle (see the CCS toolkit for a sample template).



REFERENCES

1. Thirteenth General Programme of Work, 2019–2023: promote health, keep the world safe, serve the vulnerable. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324775/>, accessed 23 August 2023).
2. Resolution EB150.R4. WHO Executive Board recommendation that the Seventy-fifth World Health Assembly in May 2022 extend the endpoint of the Thirteenth General Programme of Work by two years from 2023 to 2025. (https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_R4-en.pdf, accessed 23 August 2023).
3. United Nations Sustainable Development Cooperation Framework: Internal Guidance, edited Version. New York: United Nations; 2019 (https://nepal.un.org/sites/default/files/2021-03/UN-Cooperation-Framework-Internal-Guidance-Final-June-2019_1.pdf, accessed 23 August 2023).
4. Synthesis of WHO country programme evaluations. Geneva: WHO Evaluation Office; 31 October 2021 ([https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-\(2021\)](https://www.who.int/publications/m/item/synthesis-of-who-country-programme-evaluations-(2021)), accessed 23 August 2023).
5. Independent Evaluation of WHO's Results-Based Management (RBM) Framework - Final Report WHO Evaluation Office. Geneva: World Health Organization; January 2023 ([https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-\(rbm\)-framework-\(2023\)](https://www.who.int/publications/m/item/independent-evaluation-of-who-s-results-based-management-(rbm)-framework-(2023)), accessed 23 August 2023).
6. Action Plan by the ARG Dashboard. Geneva: World Health Organization; 2023. (<https://app.powerbi.com/groups/me/apps/ed19fc78-e755-4d7a-bcd2-384d7b082eae/reports?experience=power-bi>, accessed 31 August 2023)
7. WHO Country Cooperation Strategy Guide 2016. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/251734>, accessed 29 August 2023).
8. Country Cooperation Strategy Guide 2020: Implementing the Thirteenth General Programme of Work for driving impact in every country. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337755>, accessed 29 August 2023)

9. Emergency response framework (ERF), 2nd edition. Geneva: World Health Organization; 2017 (<https://www.who.int/publications/i/item/9789241512299>, accessed 29 August 2023).
10. Handbook for non-state actors on engagement with the World Health Organization. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/329431>, accessed 29 August 2023).
11. Triple Billion dashboard. Geneva: World Health Organization; 2023 (<https://www.who.int/data/triple-billion-dashboard>, accessed 7 June 2023).
12. Delivering Results - How WHO is driving a measurable impact in countries and accelerating towards a healthier world for all. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/tracking-the-triple-billions-and-delivering-results-2023>, accessed 29 August 2023).
13. UNDAF Companion Guidance: Theory of Change. New York: United Nations; 2023 (<https://unsdg.un.org/resources/theory-change-undaf-companion-guidance>, accessed 7 June 2023).
14. WHO Programme Budget 2024-2025. Operational Planning Guidance Note, 31 August 2023.
15. WHO Evaluation Practice Handbook. Geneva: World Health Organization; 2013 (<https://apps.who.int/iris/handle/10665/96311>, accessed 29 August 2023).
16. GPW 13 WHO Impact Framework Programmatic targets and indicators. Geneva: World Health Organization; 2023 (https://www.who.int/docs/default-source/documents/gpw/gpw13-wif-targets-and-indicators-en.pdf?sfvrsn=81cf3546_20, accessed 7 June 2023).



ANNEX 1. GUIDANCE ON CCS DEVELOPMENT IN SPECIFIC CIRCUMSTANCES

- **Extension of the WHO Country Cooperation Strategy**

In countries with challenging settings (e.g. with emergency and humanitarian issues), the WHO Country Office can seek to extend the existing CCS. This option may serve to buy further time for consultations with national partners while ensuring the continuity of technical cooperation provided by WHO. To avoid the CCS becoming functionally redundant owing to such an extension, the period of extension ought to be limited to a maximum of two years. In principle, wherever feasible, agreement to any CCS extension should be sought and obtained from national authorities.

- **Revision of the WHO Country Cooperation Strategy**

To avoid the CCS becoming functionally redundant, e.g. where two or more of the strategic priorities are no longer relevant to the country context, the WHO Country Office can seek – in line with CCS guidance – to revise the existing CCS to adjust strategic priorities and/or relevant indicators and targets in the results framework of the existing CCS. This adjustment should allow the WHO Country Office to modify the planning and implementation instrument depending on the country context. In principle, wherever feasible, revision of the CCS where there is a change to two or more of the CCS strategic priorities should be sought and obtained from national authorities.



- **WHO Country Cooperation Strategy for high-income countries**

A flexible approach can be adopted when developing the CCS for high-income countries (HIC) since the country context is likely to be singular and some aspects may not always be applicable, e.g. partnership environment and/or UNCT presence.

In general, the CCS for HIC should:

- » outline the country's interest in and commitment to global health as embodied in the SDGs;
- » analyse the country's contribution to the global health agenda, including sharing experience, knowledge and research, including robust lessons and good practices to enhance resilience and contribute to health development in other countries;
- » assess the country's interest in supporting other countries as a health donor, including potential WHO partnership to develop collaborative activities on a wide range of health-related activities (which may be described in greater detail in other tools such as WHO's partnership framework agreements).
- » consider WHO's role as a facilitator in North-South and triangular cooperation, if appropriate; and
- » examine the country's participation and leadership (if any) in subregional or other intercountry groups with health agendas, including meetings of WHO global and regional governing bodies.



ANNEX 2. WHO COUNTRY COOPERATION STRATEGY IN COUNTRIES WITH RECURRENT EMERGENCIES AND/OR HUMANITARIAN ISSUES

CONTEXT

In countries with emergency and humanitarian settings, notably those with IASC Humanitarian Response Plans, it may not be possible to adopt a full-fledged CCS process, especially where collaboration with government or de facto health authorities is limited. This also applies to post-conflict, early recovery or transition situations, or countries facing recurrent disasters and humanitarian crises. In such situations, WHO plays an important role in providing both direct humanitarian support and in maintaining essential health services and public health functions. By leveraging its comparative ability to convene humanitarian and development partners, WHO is able to manage humanitarian actions in tandem with health system development, and move towards collective outcomes for UHC and health security. Since the CCS sets out the medium-term framework for WHO to deliver on its promise, the process of defining and discussing strategic priorities and deliverables is of critical importance. It is the one undertaking which must be completed even if other tasks are not possible or delayed due to local circumstances.

Adapted CCS process in countries with recurrent emergencies and/or protracted humanitarian settings

- In situations where it proves impossible to develop a fully-fledged CCS, it is important that the key CCS component, i.e. strategic priorities and deliverables, should be clearly laid down since it serves as the basis for WHO's programme budget and operational planning (including all hazard-preparedness and emergency-specific response plans), and ensures that the WHO Country Office approach towards UHC and health security is cohesive.
- Identification of strategic priorities and deliverables should be based on a contextual analysis that builds on existing assessments and reports, e.g. public health situation analyses or health sector reviews, humanitarian needs overviews or assessments, and if available a UN Common Country Analysis (CCA). As far as possible, contextual analysis should consider different possible scenarios.
- Strategic priorities (objectives) and deliverables (results) should be finalized through dialogue with key stakeholders, including humanitarian partners. This may require liaising with the Humanitarian Country Team, and it should attempt to reflect the views of various parties to the conflict, addressing both government- and nongovernment-controlled areas. Regional and HQ

support should be on hand early in the process of finalizing strategic priorities and deliverables.

- The CCS should decide on WHO contributions to the Humanitarian Response Plan, and vice versa if the Humanitarian Response Plan exists before the CCS has been devised. WHO's role as health cluster lead agency should be reflected in the CCS and Humanitarian Response Plan. Procedural guidance for WHO country offices as set out in the WHO Emergency Response Framework and/or the forthcoming protracted emergency framework should also be considered.
- In countries in which a regular medium-term CCS cannot be negotiated and implemented, the WHO Country Office can create a Transitional Country Strategy. Being transitional, this strategy recognizes that the context poses significant obstacles to WHO operations and the Organization's normal support role to health authorities is constrained.

A WHO transitional strategy can also serve to develop a health sector transitional strategy, under the overall UN Transitional Engagement Framework, and to set priorities and provide investment guidance to all health-sector stakeholders till normal relations with government authorities have been restored.

- A Transitional Country Strategy should generally be used as appropriate to local circumstances, guiding the humanitarian-development nexus to support basic health system functions and all-hazard preparedness to ensure resilience. However, as soon as the opportunity arises for normalized relations with government authorities, every effort should be made to develop a proper CCS. A Transitional Country Strategy can be signed by the Regional Director and/or Director General and/or by WHO Representative. As above, developing and outlining strategic priorities (objectives) and deliverables (results) is a prerequisite.

ANNEX 3. PROPOSED CCS DOCUMENT STRUCTURE

1. Cover page: usually contains a photo or graphic image from the country concerned.
2. Signature page.
3. Contents.
4. Abbreviations.
5. Executive summary (one page maximum): provides information on the new strategic agenda for WHO cooperation.
6. Situation analysis (two to four pages maximum): introduces the country context, provides a high-level analysis of the health and development situation including a focus on equity, and describes the partnership environment.
7. Strategic priorities (four pages maximum): lists agreed strategic priorities and deliverables following analysis and dialogue, and includes a high-level theory of change for each priority which links inputs to impact.
8. Implementation (one page maximum): outlines contributions from all three levels of the Organization in support of the strategic priorities outlined in the CCS. Where applicable, includes WHO's key implementation partners and their specific contributions. Ideally, it should include the estimated funding requirements for CCS implementation.
9. Monitoring and evaluation (one page maximum): includes a description of monitoring and evaluation activities for the entire CCS cycle.
10. Annexes: include the results framework or CCS.



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