MULTI-COUNTRY ASSIGNMENT TEAMS (MCATs)

presented by
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MCATs Coordinator

BRIEFING SESSION WCO BURKINA FASO
October 2, 2023
Outline of presentation

1. BACKGROUND
2. MCATs TDR
3. Geographical and Functional Areas
4. Operationalization
5. Communication/Funding
6. Way forward
   Discussions
The Country Focus and Coordination (CFC) Unit provide:

- Political/Strategic
- Technical
- Administrative
- Managerial

backstopping to Country teams for effective delivery and improved performance of WHO's work at country level e.g. MCATs, CCS... ect
BACKGROUND

Rationale

- **Results of the functional reviews** put WHO to a task of improving the quality of technical support provided to countries.
- Although the Region was gradually meeting the staffing needs to carry out the essential core functions, there were insufficient resources available to fund the core and critical functions.

Risk

- **Failure or delay to functional review recommendations** posed a serious **performance threat** to the delivery of the 13th GPW and the SDGs
- It also increases the level of disappointment, stress, and anxiety among staff. WHO had to urgently find ways to overcome the challenges associated with the funding gap that Country Offices face.
Solution

AFRO proposed “Multi-Country Assignment Teams” ~ MCATs

• This allows countries to receive technical support in critical programmatic areas even if they could not “Afford” to recruit country-based staff.
• The high-level technical experts cover a smaller number of countries compared to the current ISTs arrangement, thus providing more in-depth dedicated support.
The Paradigm Shift

Triple **approach solution** to:

- Allow WCOs to gradually implement their approved structures following the FR
- Address funding challenges
- Introduce **new ways of working** that provide **high-level technical support** to countries in an **integrated manner**

1. **A Pillar Approach**
   - Categorization of the functions identified for WCOs into 6 Pillars

2. **MCATs**
   - Set up of Multi-Country Assignment Teams

3. **Use of Technology**
   - Leveraging Technology to provide remote support.
The Pillar Approach

A stepwise approach to implement FR recommendations

- Commence with few functions from Pillars 1, 2, and 3
- Add functions from the approved structure with available funding
- Reach Full Implementation

The Categorization of functions identified for each WCO into a model of 6 pillars:

- **Pillar 1**: Core Functions (Rep.; PMO; EXR; Comms; ULC Lead; SHI; HPR) + UCN lead + WHE lead
- **Pillar 2**: Multi-Countries Assignment Teams - MCATs
- **Pillar 3**: Operations
- **Pillar 4**: Field presence, Additional functions for EPR & other technical areas such as RMNCAH, HIV/AIDS, NCDs
- **Pillar 5**: Surge Support
- **Pillar 6**: Partnerships
Purpose and Role of MCATs

To **provide high-level health technical support** to countries in an integrated manner **to implement strategies to achieve program goals and contribute to GPW**.

To **bring expertise closer to countries**, provide more continuous support to implement programmatic priorities.
Support individual countries consolidate health data, information and intelligence to highlight progress and identify challenges to achieving programmatic goals and on the basis of that document the technical support needs to improve or sustain progress.

Maintain a database of available expertise in each MCAT including individual consultants, institutions, WHO Staff as well as expertise in partner organizations.

Ensure that the individual county technical support needs are fulfilled working with the WRs, clusters, and partners including the use of expertise outside of the WHO.

In coordination with the WRs, improve or establish mechanisms or platforms for cross-border activities which should address multiple issues and document best practices in cross-border collaboration.

Ensure that the issues of gender, human rights, and equity, social determinants of health, and multi-sectoral collaboration are mainstreamed into the technical support of countries.
MCATs Terms of Reference (2)

**Facilitate**
- Facilitate collaboration and linkages within and between programmes, and clusters, partners

**Promote and facilitate**
- Promote and facilitate south-south cooperation

**Identify, document and share**
- Identify, document and share experiences, best practices and impact case studies with countries, the Regional Office, other MCATs, and partners

**Ensure**
- Ensure synergy with other MCATs and health projects
Differences with ISTs:
MCATs Located in 11 locations compared to 3 ISTs
Each MCAT corresponds to a group of 3 or 4 WCOs.

This pairing is based on the geographical proximity, public health similarities and commonalities between WCOs, and language.

The MCATs are hosted in 11 WHO Country Offices.

<table>
<thead>
<tr>
<th>Team</th>
<th>Portfolio of each MCAT (Duty Station is in blue font)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English1</td>
<td>Ghana, Gambia, Liberia, Sierra Leone</td>
</tr>
<tr>
<td>English2</td>
<td>Kenya, Mauritius, Rwanda, Seychelles</td>
</tr>
<tr>
<td>English3</td>
<td>South Africa, Botswana, Eswatini, Lesotho</td>
</tr>
<tr>
<td>English4</td>
<td>Uganda, Eritrea, Tanzania</td>
</tr>
<tr>
<td>English5</td>
<td>Zimbabwe, Malawi, Namibia, Zambia</td>
</tr>
<tr>
<td>French1</td>
<td>Burkina Faso, Benin, Niger, Togo</td>
</tr>
<tr>
<td>French2</td>
<td>Cote d'Ivoire, Guinea, Mali</td>
</tr>
<tr>
<td>French3</td>
<td>Gabon, Cameroon, Chad, Equatorial Guinea</td>
</tr>
<tr>
<td>French4</td>
<td>Madagascar, Burundi, Comoros</td>
</tr>
<tr>
<td>French5</td>
<td>Senegal, Algeria, Mauritania</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Mozambique, Angola, Cap-Vert, Guinea-Bissau, Sao Tome &amp; Principe</td>
</tr>
</tbody>
</table>
Not included Countries

• The MCAT arrangement excludes large countries i.e., big budget envelopes that require continuous in-country presence of high-level experts.

• These include
  • Democratic Republic of Congo
  • Ethiopia
  • Nigeria
  • Central African Republic
  • South Sudan

• Republic of Congo: because of the special MOU it has with the Regional Office providing direct support to the country.
The functional areas to be covered by the MCATs are the functions that require high-level technical support to implement strategies aimed at achieving program goals.

Close collaboration and integration of technical support will also be expected between and across the different functions.

<table>
<thead>
<tr>
<th>Functional</th>
<th>No. of planned P4s for all MCAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RMNCAH</td>
<td>11</td>
</tr>
<tr>
<td>2. HIV, TB &amp; Hepatitis</td>
<td>11</td>
</tr>
<tr>
<td>3. Tropical &amp; Vector-Borne Diseases</td>
<td>11</td>
</tr>
<tr>
<td>4. NCD Prevention &amp; Control</td>
<td>11</td>
</tr>
<tr>
<td>5. Health Financing</td>
<td>11</td>
</tr>
<tr>
<td>6. Nutrition</td>
<td>11</td>
</tr>
<tr>
<td>7. Diagnostic &amp; Laboratory Services</td>
<td>7</td>
</tr>
<tr>
<td>8. Integrated Service Delivery &amp; Primary Health Care</td>
<td>7</td>
</tr>
</tbody>
</table>

MCAT Functional areas
MCATs Working Arrangements

- **AFRO** (Functional Coordinator and Clusters)
- **WCO** (WRs and WCO Staff)
- **Country level** (Partners and UNCT)
Technical & Administrative Supervision

- MCAT staff are part of WHO host country team.
- WRs of MCATs hosting countries provide:
  - 1st Level technical supervision (ePMDS)
  - Other WRs provide inputs on quality of technical support received.
  - Administrative supervision
The MCAT staff are part of the WHO host country team.

The first level technical supervision will be provided by the WRs of the MCATs hosting countries who would be primarily responsible for the PMDS.

The portfolio countries’ WRs will be consulted to provide inputs focusing on the quality of the technical support received.
Regional Office Oversight

Led by Functional Coordinator at AFRO under ORD/CFC guidance to ensure an optimal/results-focused operation

Work with Clusters to determine, plan, execute, monitor and evaluate impact of MCAT technical support to countries in an integrated manner

Link between WRs and AFRO Clusters to provide needs-based support, integration of interventions and follow-up on agreed actions in countries and clusters

NEEDS ANALYSIS

ANNUAL PLANNING

REGIONAL OFFICE OVERSIGHT

REGULAR INTERACTIONS
Coordinate the conduct of individual country technical support needs analysis annually based on programme targets and integrated approach.

Promote/Oversee the integration of activities among the technical functions represented in the MCATs.

Provide support to the country offices and clusters to mobilize and manage resources for the smooth operations of the MCATs.

Coordinate the translation of the need analysis into support plans through annual planning.

Develop and implement a monitoring and evaluation framework based on the AFRO KPIs to track and monitor performance;

Facilitate the sharing of best practices and lessons among the various countries receiving support.

Ensure fair and needs based provision of support through annual needs based planning and quarterly review and monitoring of activities of the MCAT staff.

Develop and implement a mechanism to monitor the quality of the technical support provided by the MCATs.

Facilitate the sharing of best practices and lessons among the various countries receiving support.
Technical Coordination

Clusters

• MCAT Coordo Links with Clusters to ensure **technical coherence** of the support being provided by the MCATs based on the various Regional and Global Strategies and program targets.

• Prepare technical briefings for the MCAT staff that will cover their programme areas and be responsible for their technical induction and continuing technical back-up.

• Provide **guidance during the needs analysis, annual and multi-year planning** as well as **implementation phases**.

• **guide the operationalization** of the integration principle for vertical programmes.
• The MCATs and concerned WRs will identify relevant WCCs, research and teaching institutions, and consultants, that will be closely involved in the technical support to countries.
Engagement in regular communication within MCAT groups will facilitate planning and implementation.

Good communication between MCATs, WCOs and AFRO (MCATs coordinator, Clusters) is key to the achievement of the MCATs programme.

Communicating with the recipient country office copying the host WR.

Planned Technical Support requests shall be sent by the requesting WR to the MCATs hosting WR even through a simple email message. The concerned MCAT staff shall organize the technical support either directly or by sourcing from the clusters, rosters, or even from outside the WHO.

Request for the participation of MCAT staff in any activity outside their countries of assignment shall be directed to the host WR. This will include the provision of technical support to the countries outside their coverage area.

In all communications, the relevant cluster and the MCAT coordinator shall be copied for record and information purposes. The mission reports shall also be copied to them.
Engagement in regular communication within MCATs groups will facilitate planning and implementation. Good communication between MCATs, WCOs and regional office (MCATs coordinator, Clusters) is key to the achievement of the MCATs programme.

- Request for **funding technical support not included** and funded in the country work plan **shall be directed to the relevant cluster director at the Regional Office**
- Request for technical support outside the scope of MCATs including from ISTs shall follow the established existing procedure
- WRs receiving support will be responsible for assessing the quality of technical support received and will ensure feedback to the MCAT’s host country WR and to the Regional Office.
- MCAT staff shall **prepare a quarterly activity report** cleared by the host WR and shared with the countries and the Regional Office. M&E Tool
Funding of the MCATs

- The MCATS is part of the minimum presence for countries to be prioritized for the use of flexible funds. Sourcing of adequate funds includes clusters to support MCAT operations.
- The funding for support missions should be part of the operational costs to be planned at the beginning of the biennium by each country.
- Costs for attending meetings outside the MCATs that are not for support should be paid by the sponsor of the meeting and are not part of the MCAT operational cost.
# MCAT STAFF LIST (1) as of August 2023

<table>
<thead>
<tr>
<th>Host WR</th>
<th>MCAT’s staff</th>
<th>Function</th>
<th>Email adress</th>
<th>Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Seydou Coulibaly, WR ai</td>
<td>Dr. YAKANA NDJOUNA EJPE MAH Irène Charlotte Anastasie, Mr. KEMBOU, Etienne</td>
<td>Nutrition</td>
<td><a href="mailto:kemboue@who.int">kemboue@who.int</a></td>
<td>Burkina Faso, Niger, Togo and Benin</td>
</tr>
<tr>
<td></td>
<td>Dr. Casimir Manzengo, Dr. BAZA, Dismas, Dr. Mohamed OULD SIDI MOHAMED</td>
<td>HIV/TB</td>
<td><a href="mailto:manzengoc@who.int">manzengoc@who.int</a>, <a href="mailto:bazad@who.int">bazad@who.int</a>, <a href="mailto:ouldm@who.int">ouldm@who.int</a></td>
<td></td>
</tr>
<tr>
<td>Dr Jean Marie Yameogo, WR</td>
<td>Dr. Andre NDONGO SIEME, Dr. Fatim TALL, Dr. MAYAKA MA-NITU Serge</td>
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<td><a href="mailto:ndongosiemea@who.int">ndongosiemea@who.int</a>, <a href="mailto:talf@who.int">talf@who.int</a>, <a href="mailto:mayaka.avenri@gmail.com">mayaka.avenri@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Abderahmane Kharchi TFEIL, Dr. DAVI, Kokou Maowul</td>
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<td></td>
</tr>
<tr>
<td>Dr Magaran Bagayoko, WR</td>
<td>Dr. LAREEFL-JAH Sharmila Fatima, Dr. Frank LULE</td>
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<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
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</tr>
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<td></td>
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<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Dr. Sibdou Ghislaine CONOMBO KAFANDO, Dr. NIANE Eugenie Siga Diane, Dr. PACE Virgile</td>
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<td></td>
</tr>
<tr>
<td>Dr Laurent Musango, WR</td>
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<td></td>
</tr>
</tbody>
</table>

*Note: The table lists the staff members and their respective functions along with their email addresses and the countries they represent.*
<table>
<thead>
<tr>
<th>Host WR</th>
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<tbody>
<tr>
<td>Dr Severin Von Xylander, WR</td>
<td>Dr. Daisy TROVOADA</td>
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<td>Angola, Mozambique, Cap Verde, Sao Tome &amp; Principe and Guinea-Bissau</td>
</tr>
<tr>
<td></td>
<td>Dr. MONTEIRO Emilia Cristina De Castro</td>
<td>NCDs</td>
<td><a href="mailto:decastromec@gmail.com">decastromec@gmail.com</a></td>
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<td><a href="mailto:ntabanganas@who.int">ntabanganas@who.int</a></td>
<td>Senegal, Mauritania and Algeria</td>
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<td></td>
<td>Dr. Seydou Ouaritio COULIBALY</td>
<td></td>
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<td>RMNCH</td>
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<td>South Africa, Eswatini, Botswana and Lesotho</td>
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<td></td>
<td>Dr. PANDEY Dhruv Kumar</td>
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<td>Dr Yonas Tegegn, WR</td>
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<td>Uganda, Tanzania and Eritrea</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>Nutrition</td>
<td><a href="mailto:bekeleh@who.int">bekeleh@who.int</a></td>
<td>Zimbabwe, Zambia, Malawi and Namibia</td>
</tr>
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<td></td>
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<td><a href="mailto:adegboyegaa@who.int">adegboyegaa@who.int</a></td>
<td></td>
</tr>
</tbody>
</table>
Established Technical Leadership & Oversight

Revision/elaboration of strategic documents, policies and frameworks across multiple countries

Capacity building to enhance health system performance and implementation of guidelines / tools

Coordination with Ministries of Health and partners to mobilize resources, Policy dialogue
Coordination with Ministry of Health and partners to mobilize resources

WRs and MCATs met partners to raise more funds for activities at country level

<table>
<thead>
<tr>
<th>Country</th>
<th>Source</th>
<th>Funds Raised</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Italy</td>
<td>US$ 260,000</td>
<td>Mental Health, NCD, Nutrition</td>
</tr>
<tr>
<td></td>
<td>UN, UNFPA</td>
<td>US$ 500,000</td>
<td></td>
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<tr>
<td>Benin</td>
<td>Canada</td>
<td>US$ 85,415</td>
<td>HSS, NCD integrated management</td>
</tr>
<tr>
<td>Tanzania</td>
<td>AFRO</td>
<td>US$ 100,000</td>
<td>RMNCH</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>Sweden</td>
<td>US$ 1,058,000</td>
<td>HSS, RMNCH</td>
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<td>Uganda</td>
<td>UN Agencies</td>
<td>US$ 400,000</td>
<td>SRHR</td>
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<tr>
<td>Liberia</td>
<td>-</td>
<td>US$ 100,000</td>
<td>Priority interventions for young people</td>
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<tr>
<td>Total</td>
<td>-</td>
<td>~ US$ 2,551,415</td>
<td>7 areas of focus funded</td>
</tr>
</tbody>
</table>
So far all new MCATs briefed on operationalization, M&E tool
Technical area briefings for TVD, Nutrition, RMNCAH
TBD soon: HFI, NCD
MCATs M&E Tools

DASHBOARD FOR REPORTING
Regular Monitoring
(Quarterly)

- M&E Platform created to facilitate reporting
- Based on annual support plans
- Addresses the type/s, timing, and modality of support
- MCATs country support plans linked to KPIs for GPW13 targets
- Data used to document/ disseminate MCATs achievements
- Improve visibility, strategic positioning and resource mobilization efforts
Quarterly M&E Tool Submissions

Deadlines:
• Should be completed within one (1) more of the end of each quarter
• Actual Dates
  • Q1 Update (April 30th)
  • Q2 Update (July 31st)
  • Q3 Update (October 31st)
  • Q4 Update (January 31st)

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Proposed Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCAT Q1 2023</td>
<td>February 21, 2023</td>
</tr>
<tr>
<td>MCAT Q2 2023</td>
<td>May 3, 2023</td>
</tr>
<tr>
<td>MCAT Q3 2023</td>
<td>August 9, 2023</td>
</tr>
<tr>
<td>MCAT Q4 2023</td>
<td>November 8, 2023</td>
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</tbody>
</table>

Recommendations:
• Complete all columns in Activities, Funding and Synergy summaries.
• Leave no Empty field or blanks (If there is no update, put 0 or None)
• Providing detailed explanations (Narrative, challenges, lessons learned etc...)
• Do not change the layout of the tool
Key MCATs challenges

✓ Lack of adequate funding for the provision of technical support
  ❖ Technical support financing is not clearly defined in WCO work plans
  ❖ MCATs rely often on PTEAO’s requests from AFRO to provide technical support.

✓ Planning of Travels to each country (need agreed timetable with WRs)

✓ Continued resource Mobilization
Recommendations/key steps

1. More funds for technical support to countries
2. Planning, identify key activities to support by the end of the year (new MCATs)
3. Ensure that activities are implemented as planned
4. Support Travel of new staff to countries (introduction to WCO, MOH, Partners, need assessment…)
5. MCATs coordinator and Clusters Coordination to assess the relevance of MCATs travel outside assigned MCAT locations in liaison with WRs.
6. Actively support Planning for next year TA.
7. WRs coordinate virtual or face-to-face meetings for stock-taking and planning
Next Steps: Future Measures To Be Taken

**MCAT Teams**
- Implement action plan 2023 and plan 2024
- Focus on portfolio support (to assigned countries)
- Submit quarterly reports in the M&E 2023 tool and participate in Q meetings
- Document experiences and best practices for highlights in the AFRO media channels

**WHO Representatives**
- Improve coordination within host/non-host countries for effectiveness and ensure equity among countries
- Ensure MCATs focus first on TA in assigned countries and guide on priorities
- Ensure activities are implemented as planned across countries (high level)
- Work with AFRO Coordo and Cluster Directors to coordinate/assess the relevance of MCATs’ travel outside assigned locations
- Work with partners/AFRO to mobilize enough resources for the recruitment of additional MCATs
- Organize MCATs retreat with WRs, WCO

**MCAT Coordinator**
- Conduct field visits with AFRO program managers to support work plan implementation
- Co-organize annual retreat per MCATs before the end of the year to reflect on TA to countries and plan for 2024
HOW TO CONTACT US (GET INFO)

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Mr. Habiboulaye Alhousseini Diakite
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Ms. Jennifer Bagana Nsona
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Email: baganaj@who.int
Multi-Country Assignment Teams

A detailed analysis of the requirements in the 47 Country Offices through elaborate consultations with all stakeholders indicated that partners WHO to strengthen its leadership role in terms providing of technical support. Although priorities vary from country to country, they are generally in line with health systems strengthening, communicable and noncommunicable diseases control, maternal and child health, and preparedness in response to emergencies but having an expert for each functional area per country would pose a financial constraint especially on countries with smaller budgets.

Considering the above, WHO African Regional Office (AFRO) is implementing “Multi-Country Assignment Teams”, MCATs, to provide groups of countries with technical support in critical programmatic areas. The high-level technical experts cover a smaller number of countries compared to the current ISTs arrangement, thus providing more in-depth dedicated support.

Purpose of the MCATs

The main purpose of the Multi-Country Assignment Teams is to provide high level health technical support to countries in an integrated manner to implement strategies aimed at achieving program goals and contributing to GPW 13.

MCATs have the potential to generate good Value for Money (VfM) in the Africa Region: “Do More With Less”, as they bring expertise closer to what countries need to implement programmatic priorities.

Scope

The functional areas to be covered by the MCATs are...
MERCI  JARAMA

THANKS