



# MULTI-COUNTRY ASSIGNMENT TEAMS (MCATs)

*presented by*

Dr Ndoungou Salla BA  
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

# COUNTRY FOCUS AND COORDINATION UNIT

**AF/RDO/CFC UNIT Coordinator** : *DR. USMAN, Abdulmumini*

**MCAT Functional Coordinator** : *Dr. Ndoungou Salla Ba*



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

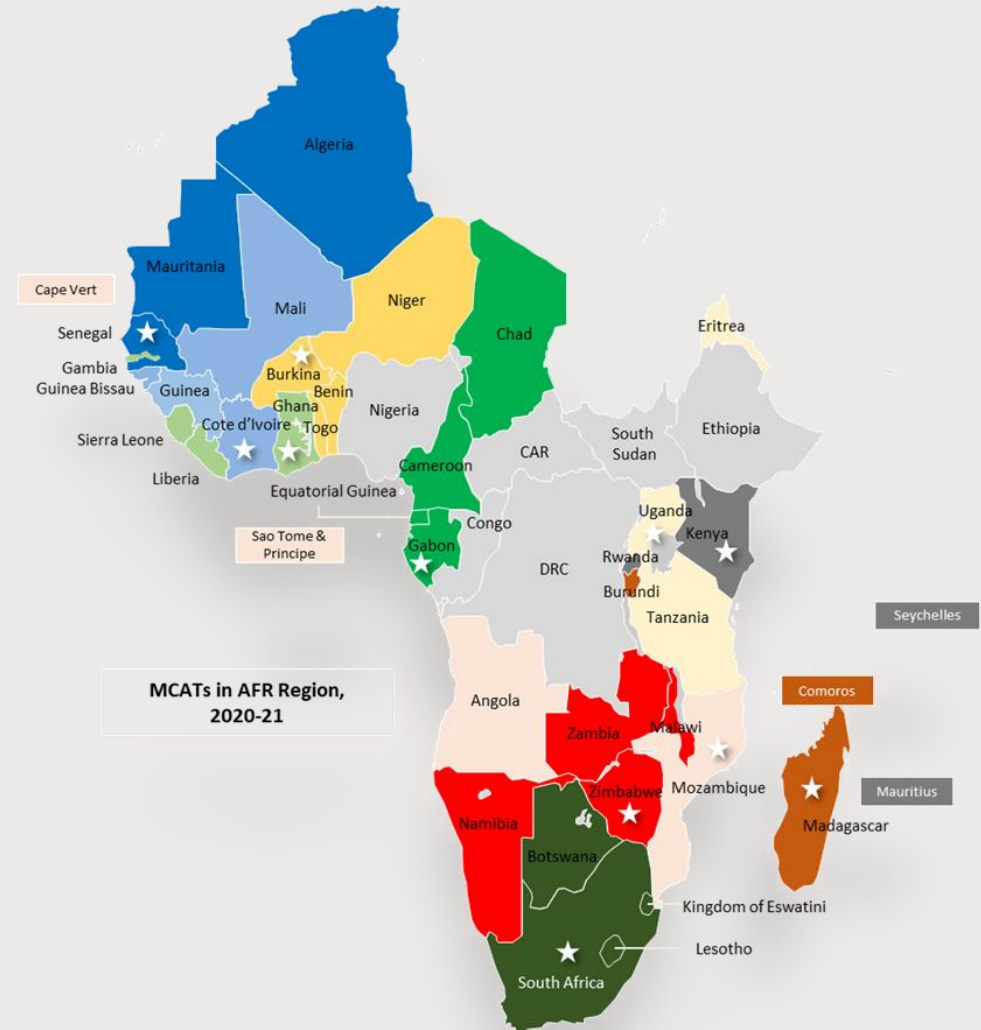
# BACKGROUND

## 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

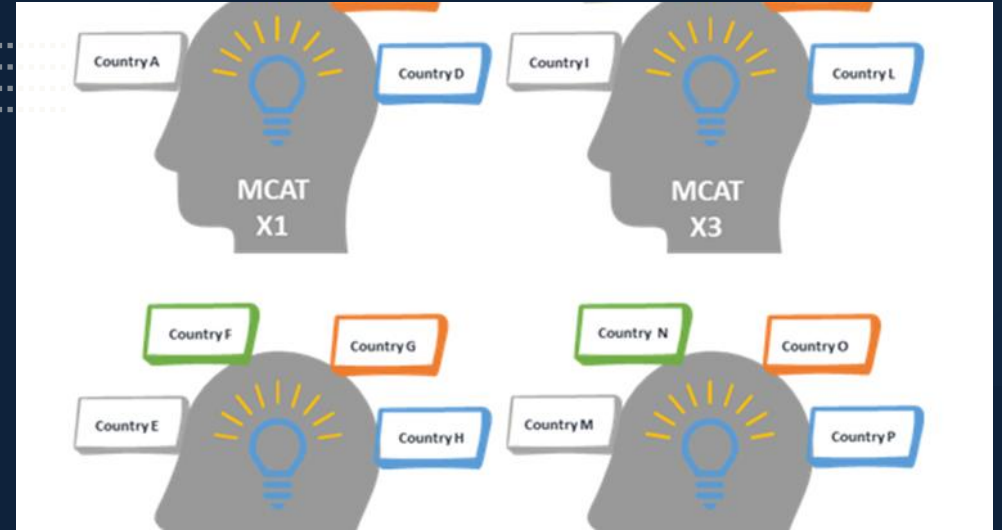
- **Failure or delay to functional review recommendations** posed a serious **performance threat** to the delivery of the **13th GPW and the SDGs**
- It also **increases the level of disappointment, stress, and anxiety among staff**. WHO had to urgently find ways to overcome the challenges associated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



# Solution

## AFRO proposed “Multi-Country Assignment Teams” ~ MCATs

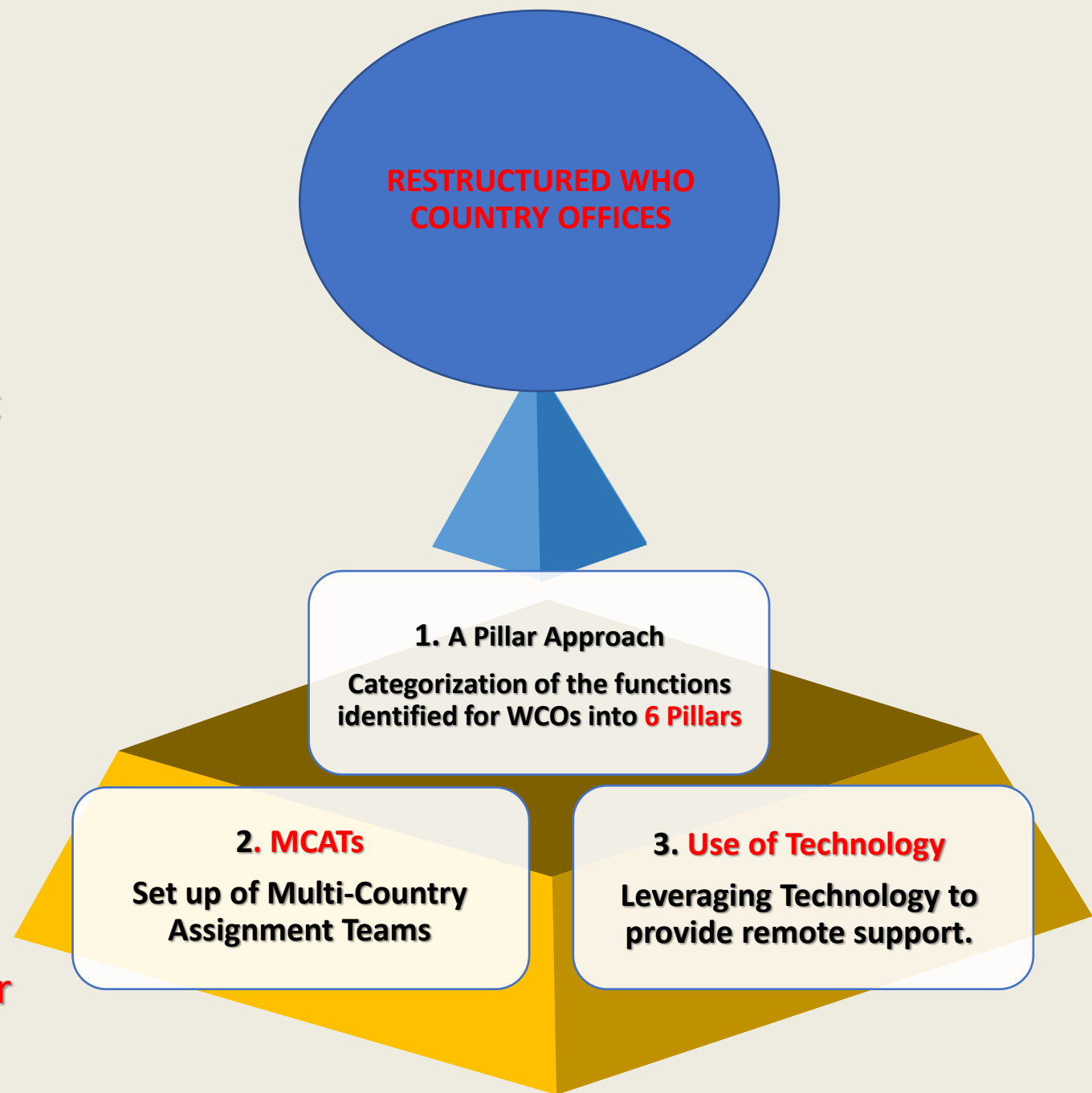
- This allows countries to receive technical support in critical programmatic areas even if they could not “Afford” to recruit country-based staff.
- The high-level technical experts cover a smaller number of countries compared to the current ISTs arrangement, thus providing more in-depth dedicated support



# 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**



# 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



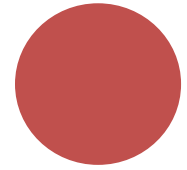
To **provide high-level health technical support** to countries in an integrated manner to implement strategies to achieve program goals and contribute to GPW.



To bring expertise closer to countries, provide more continuous support to implement programmatic priorities



# MCATs Terms of Reference



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

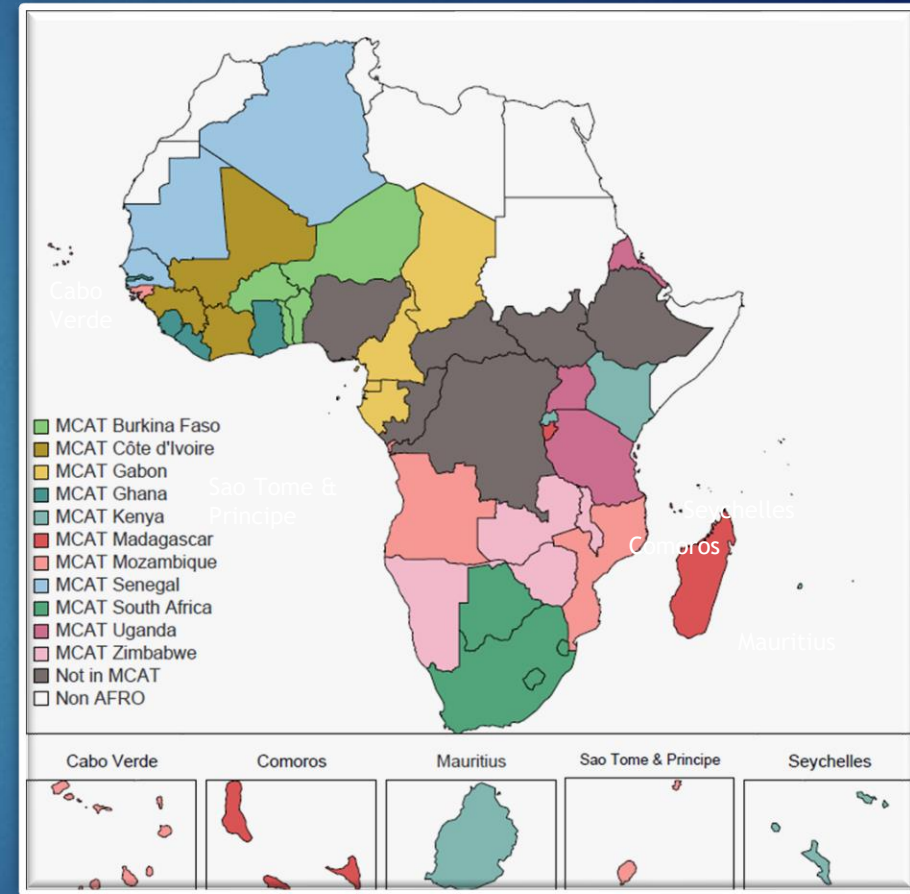
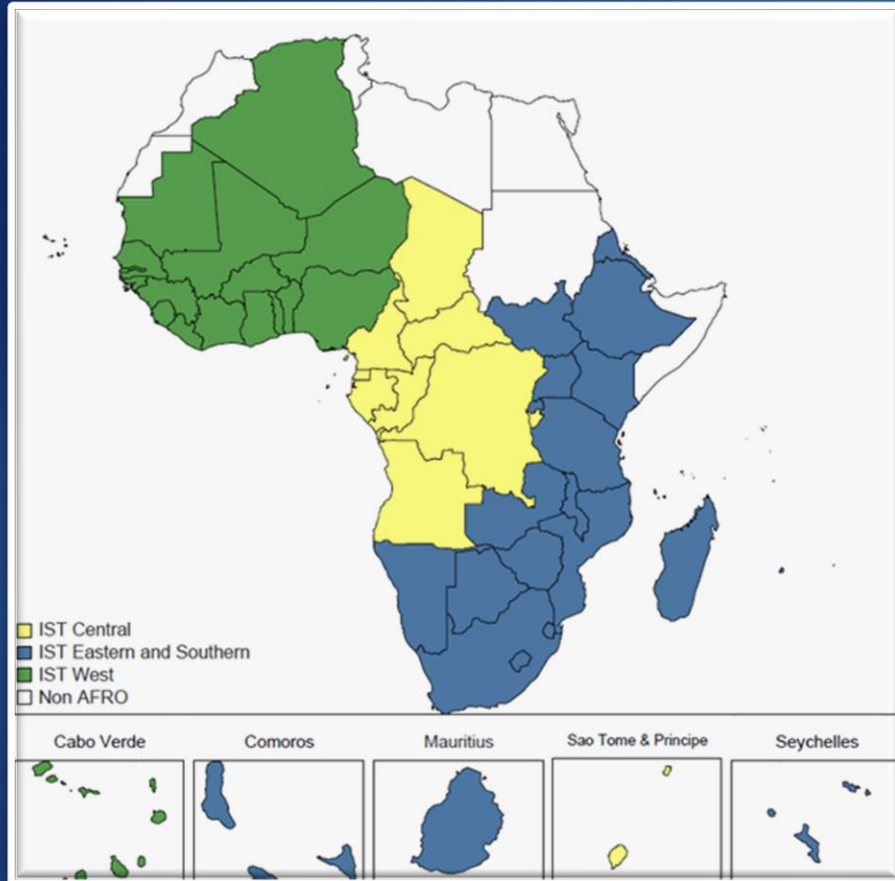
- Identify, document and share experiences, best practices and impact case studies with countries, the Regional Office, other MCATs, and partners

## Ensure

- Ensure synergy with other MCATs and health projects



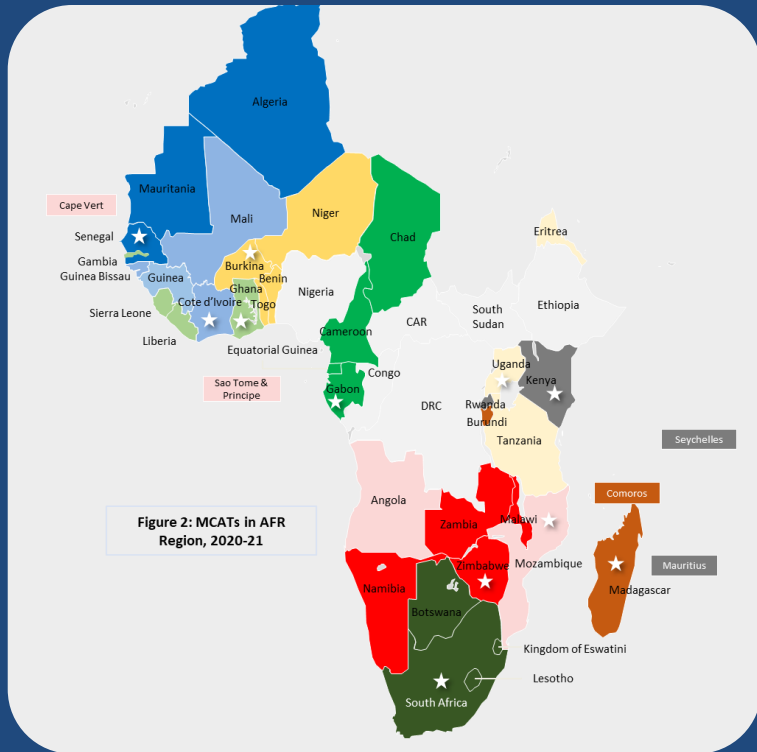
# Differences with ISTs: MCATs Located in 11 locations compared to 3 ISTs



Each colour block on the map represents an MCAT <sup>11</sup>

# Geographical Scope & Portfolio

- 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.



Team	Portfolio of each MCAT (Duty Station is in blue font)
English1	Ghana, Gambia, Liberia, Sierra Leone
English2	Kenya, Mauritius, Rwanda, Seychelles
English3	South Africa, Botswana, Eswatini, Lesotho
English4	Uganda, Eritrea, Tanzania
English5	Zimbabwe, Malawi, Namibia, Zambia
French1	Burkina Faso, Benin, Niger, Togo
French2	Cote d'Ivoire, Guinea, Mali
French3	Gabon, Cameroon, Chad, Equatorial Guinea
French4	Madagascar, Burundi, Comoros
French5	Senegal, Algeria, Mauritania
Portuguese	Mozambique, Angola, Cap-Vert, Guinea-Bissau, Sao Tome & Principe



# Not included Countries

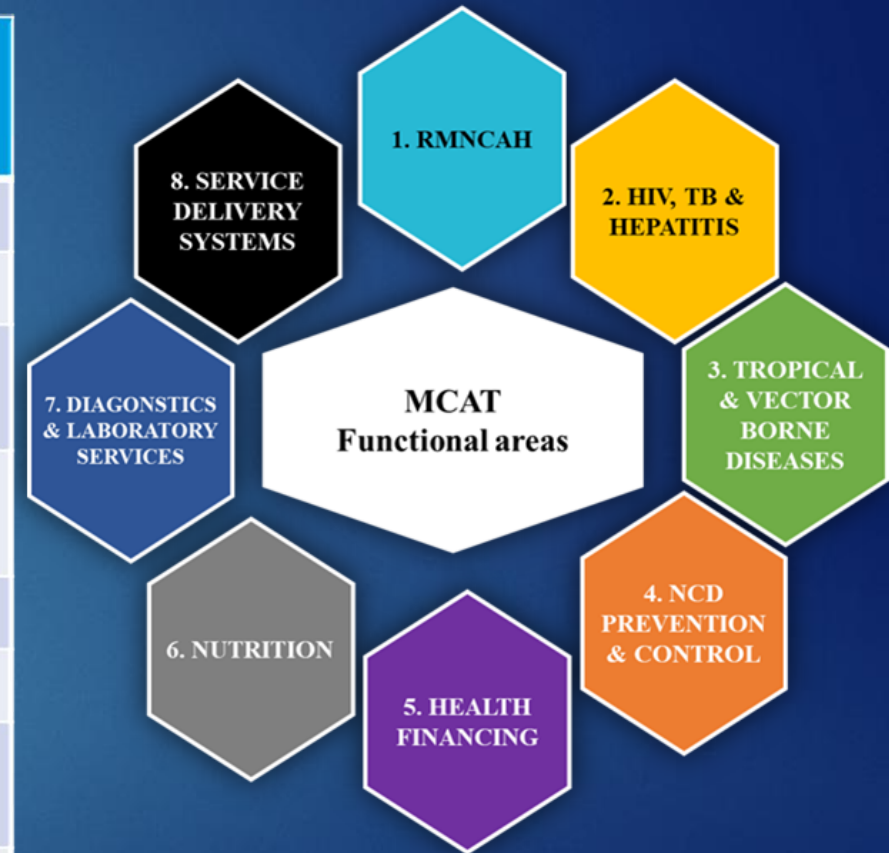
- The MCAT arrangement excludes large countries i.e., **big budget envelopes that require continuous in-country presence of high-level experts.**
- These include
  - **Democratic Republic of Congo**
  - **Ethiopia**
  - **Nigeria**
  - **Central African Republic**
  - **South Sudan**
- **Republic of Congo** : because of the special MOU it has with the Regional Office providing direct support to the country.



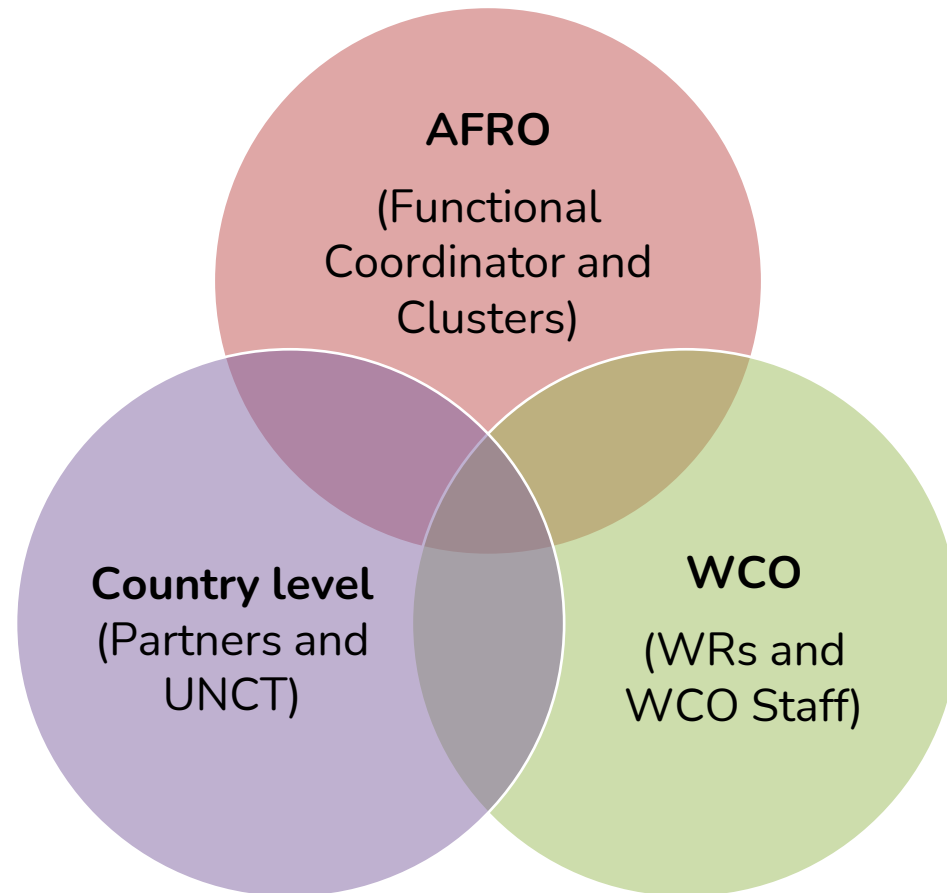
# Functional Scope

- ▶ 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.

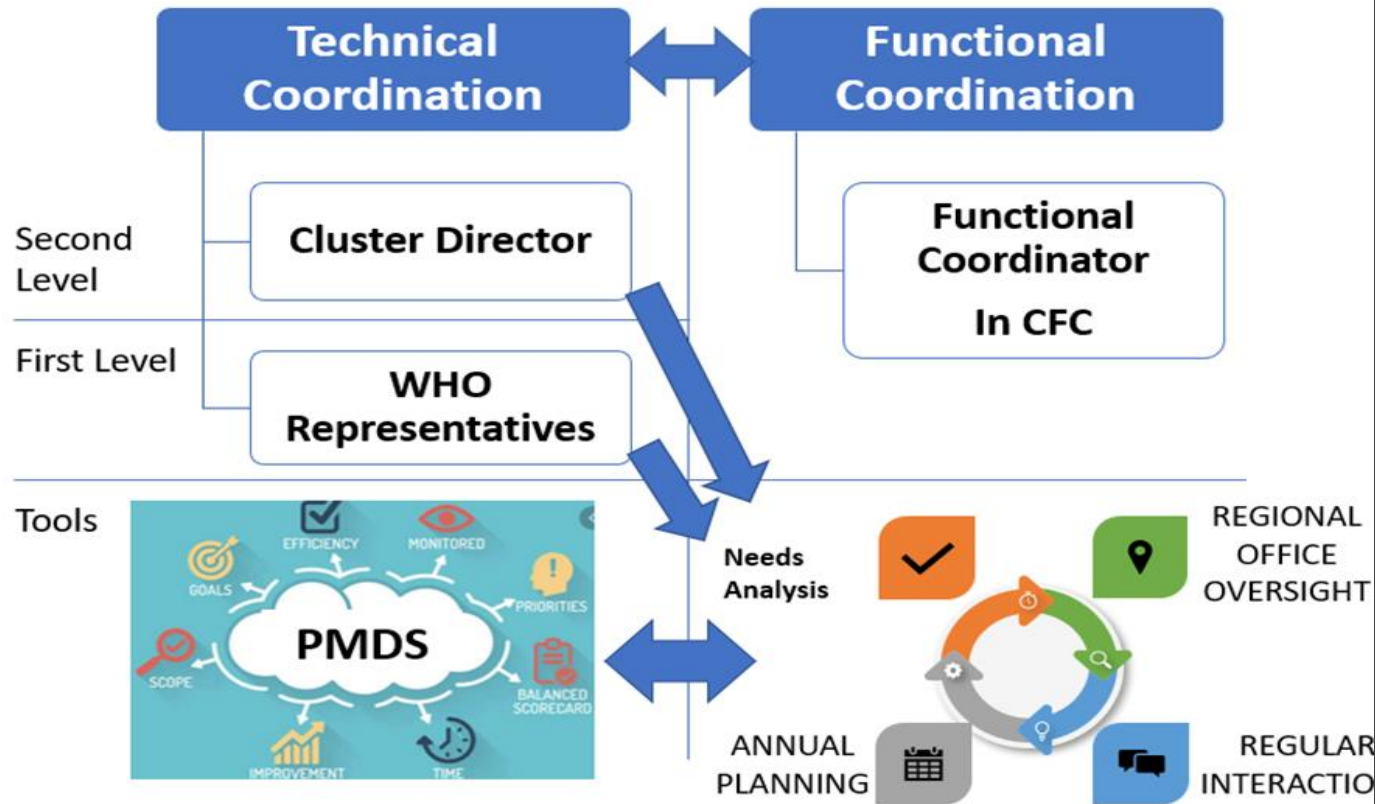
Functional	No. of planned P4s for all MCAT
1. RMNCAH	11
2. HIV, TB & Hepatitis	11
3. Tropical & Vector-Borne Diseases	11
4. NCD Prevention & Control	11
5. Health Financing	11
6. Nutrition	11
7. Diagnostic & Laboratory Services	7
8. Integrated Service Delivery & Primary Health Care	7



# MCATs Working Arrangements



# MCATs Working Arrangements



## Technical & Administrative Supervision

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



# WHO Country Technical and 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



NEEDS ANALYSIS



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

ANNUAL PLANNING



REGULAR INTERACTIONS



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

# Functional Coordination: MCATs Coordi CFC



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



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



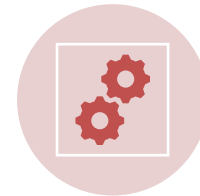
**Ensure fair and needs based provision of support through annual needs based planning and quarterly review and monitoring of activities of the MCAT staff**



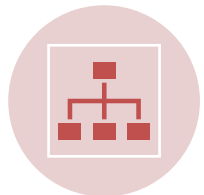
**Promote/Oversee the integration of activities among the technical functions represented in the MCATs**



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



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



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

# UNCT, Governments & Partners

- 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.

# Communications

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.

# Communications (2)

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

## Biennial Funding Salaries— Operations

- 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

Host WR	MCATS Staff	Function	Email address	Portfolio
Dr Seydou Coulibaly, WR ai	Mr. KEMBOU, Etienne	Nutrition	<a href="mailto:kemboue@who.int">kemboue@who.int</a>	Burkina Faso, Niger, Togo and Benin
	Dr. YAKANA NDJOUA EPSE MAH Irène Charlotte Anastasie	RMNCH	<a href="mailto:emahi@who.int">emahi@who.int</a>	
	Dr. Casimir Manzengo	HIV/TB	<a href="mailto:manzengoc@who.int">manzengoc@who.int</a>	
	Dr. BAZA, Dismas	TVD	<a href="mailto:bazad@who.int">bazad@who.int</a>	
	Dr. Mohamed OULD SIDI MOHAMED	NCDs	<a href="mailto:ouldm@who.int">ouldm@who.int</a>	
Dr Jean Marie Yameogo, WR	Dr. Andre NDOGOSIEME	HIV/TB	<a href="mailto:ndongosiemea@who.int">ndongosiemea@who.int</a>	Cote d'Ivoire, Guinea and Mali
	Dr. Fatim TALL	RMNCH	<a href="mailto:talf@who.int">talf@who.int</a>	
	Dr. MAYAKA MA-NITU Serge	Health Financing	<a href="mailto:mayaka.aveirci@gmail.com">mayaka.aveirci@gmail.com</a>	
	Dr. Abderahmane Kharchi TFEIL	TVD	<a href="mailto:kharchia@who.int">kharchia@who.int</a>	
Dr Magaran Bagayoko, WR	Dr. DAVI, Kokou Mawule	TVD	<a href="mailto:davik@who.int">davik@who.int</a>	Gabon, Chad, Cameroon and Equatorial Guinea
	Dr. Adjoa AGBODJAN-PRINCE	RMNCH	<a href="mailto:agbodjanprincea@who.int">agbodjanprincea@who.int</a>	
Dr KASOLO, Francis, WR	Dr. Frank LULE	HIV/TB/Hep	<a href="mailto:lulef@who.int">lulef@who.int</a>	Ghana, Sierra Leone, Liberia and Gambia
	Dr. LAREEF-JAH Sharmila Fatima	TVD	<a href="mailto:lareefjahs@who.int">lareefjahs@who.int</a>	
	Dr. Innocent Bright NUWAGIRA	RMNCH	<a href="mailto:nuwagirai@who.int">nuwagirai@who.int</a>	
Dr. Abdourahmane Diallo, WR	Dr. Teshome DESTA WOLDEHANNA	RMNCH	<a href="mailto:destawolde@who.int">destawolde@who.int</a>	Kenya, Seychelles, Mauritius and Rwanda
	Dr. LANYERO Betty	Nutrition	<a href="mailto:lanyerob@who.int">lanyerob@who.int</a>	
	Dr. Adiele Nkasiobi ONYEZE	TVD	<a href="mailto:onyezea@who.int">onyezea@who.int</a>	
Dr Laurent Musango, WR	Dr. Sibdou Ghislaine CONOMBO KAFANDO	RMNCH	<a href="mailto:conombogh@who.int">conombogh@who.int</a>	Madagascar, Comoros and Burundi
	Dr. NIANE Eugenie Siga Diane	Nutrition	<a href="mailto:nianee@who.int">nianee@who.int</a>	
	Dr. PACE Virgile	Health Financing	<a href="mailto:pacev@who.int">pacev@who.int</a>	
	Dr. Richard MBUMBA NGIMBI	HIV/TB	<a href="mailto:mbumbangimbiri@who.int">mbumbangimbiri@who.int</a>	

# MCAT STAFF LIST (2) of August 2023

Host WR	MCATs staff	Function	Email adress	Portfolio
Dr Severin Von Xylander, WR	Dr. Daisy TROVOADA	RMNCH	<a href="mailto:trovoadad@who.int">trovoadad@who.int</a>	Angola, <b>Mozambique</b> , Cap Verde, Sao Tome & Principe and Guinea-Bissau
	Dr. MONTEIRO Emilia Cristina De Castro	NCDs	<a href="mailto:decastromec@gmail.com">decastromec@gmail.com</a>	
Dr. Vincent Sodjinou, OIC	Dr. Spes Caritas NTABANGANA,	TVD	<a href="mailto:ntabanganas@who.int">ntabanganas@who.int</a>	<b>Senegal</b> , Mauritania and Algeria
	Dr. Seydou Ouaritio COULIBALY	Health Financing	<a href="mailto:coulibalyse@who.int">coulibalyse@who.int</a>	
	Dr. Saliyou SANNI	RMNCH	<a href="mailto:sannis@who.int">sannis@who.int</a>	
Dr Owen Kaluwa, WR	Dr. Roseline Dansowaa DOE	RMNCH	<a href="mailto:doer@who.int">doer@who.int</a>	<b>South Africa</b> , Eswatini , Botswana and Lesotho
	Dr. PANDEY Dhruv Kumar	TVD	<a href="mailto:pandeyd@who.int">pandeyd@who.int</a>	
Dr Yonas Tegegn, WR	Dr. Kurabachew Abera ALEMU	RMNCH	<a href="mailto:kuabera@gmail.com">kuabera@gmail.com</a>	<b>Uganda</b> , Tanzania and Eritrea
	Dr. RANJBAR KAHKHA Mansour	TVD	<a href="mailto:ranjarkahkham@who.int">ranjarkahkham@who.int</a>	
Dr. Jean-Marie Dangou, WR-a.i.	Dr. Hana BEKELE	Nutrition	<a href="mailto:bekeleh@who.int">bekeleh@who.int</a>	<b>Zimbabwe</b> , Zambia, Malawi and Namibia
	Dr. Prebo Francis BARANGO	NCDs	<a href="mailto:barangop@who.int">barangop@who.int</a>	
	Dr. Ayotunde ADEGBOYEGA	RMNCH	<a href="mailto:adegboyegaa@who.int">adegboyegaa@who.int</a>	



# MCATS PLANNING MEETING 2022

# Established Technical Leadership & Oversight

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

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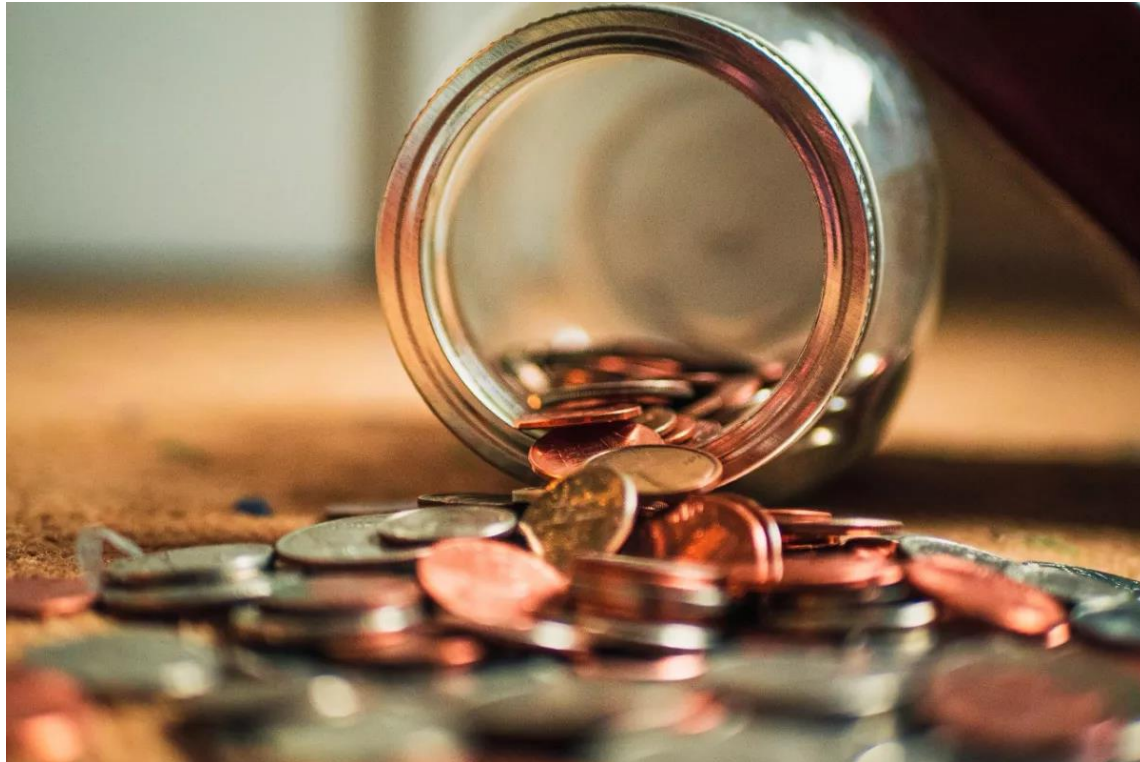
**Capacity building to enhance health system performance and implementation of guidelines / tools**

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**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

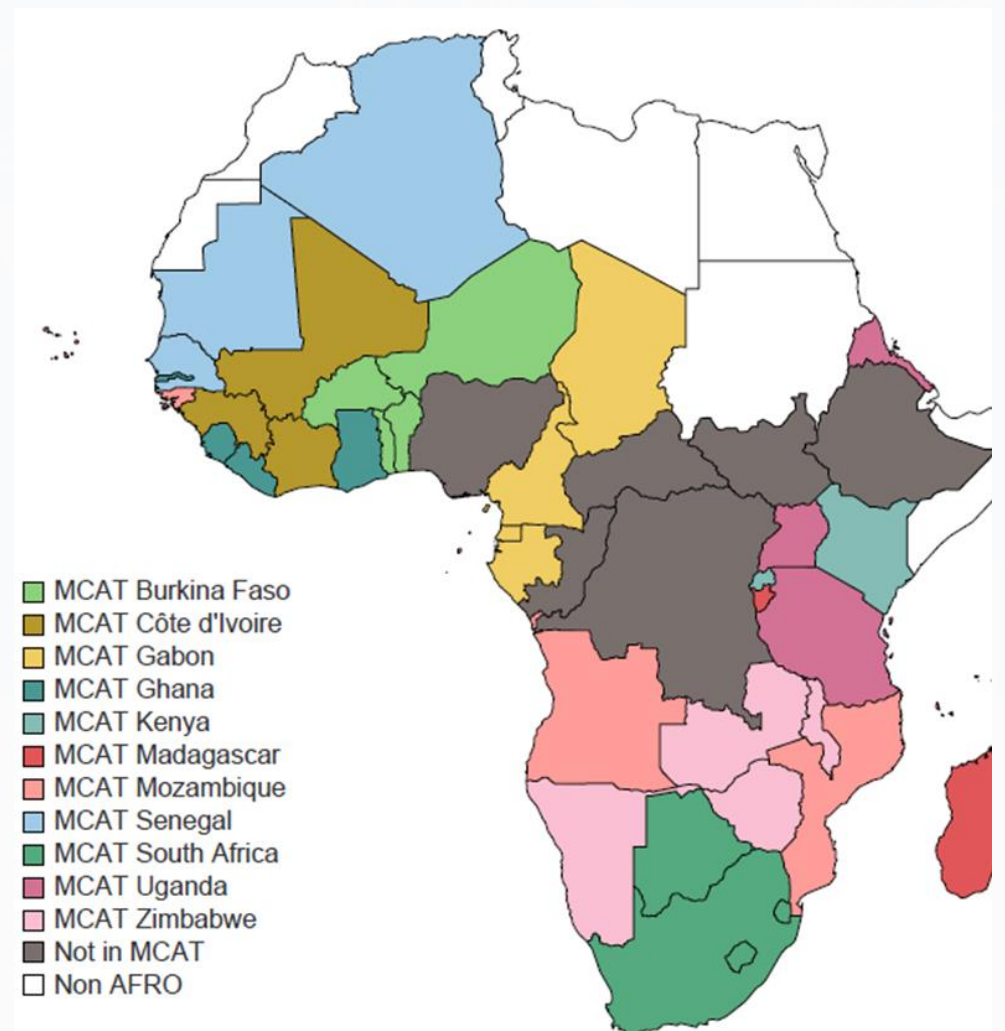
	Sources	Funds Raised	Purpose
Burkina Faso	Italy	US\$ 260,000	Mental Health, NCD, Nutrition
	UN, UNFPA	US\$ 500,000	
Benin	Canada	US\$ 85,415	HSS, NCD integrated management
Tanzania	AFRO	US\$ 100,000	RMNCH
Cote d'Ivoire	Sweden	US\$ 1,058,000	HSS, RMNCH
Uganda	UN Agencies	US\$ 400,000	SRHR
Liberia	-	US\$ 100,000	Priority interventions for young people
Total	-	~ US\$ 2,551,415	7 areas of focus funded

# BRIEFINGS

- 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



ANGOLA MCATS ACTIVITIES

							Progress (Year 2022)											
Pillar	GPW 13 Outcome	GPW 13 Outputs	Top Tasks	MCATs Activities (Lower Tasks)	Classification (Programme Area)	Responsible Officer	Q1	Q2	Q3	Q4	Summary Narrative	Challenges/Constraints	Opps for Synergy/ Integration	Impact of MCAT TA Provided	Lessons Learned	Activities Progress		
1. One billion more people benefiting from Universal Health Coverage	1.1. Improved access to quality essential services	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	111C-SRMNIA - Health services package and SRMNIA nutrition standards, guidelines, protocols are updated, applied and implemented in accordance to WHO procedures	111C-CapctyBldg - Technical assistance for all SRMNIA related training activities.	6. RMNCH	TROVOADA, Daisy		Not Started	Not Started			Lack of funding				0%		
				111C-ManualsUpdated - Development, validation, and printing of Guidelines and Manuals	6. RMNCH	TROVOADA, Daisy											0%	
				111C-Advocacy - Technical assistance for advocacy support for the implementation of DHIS2	6. RMNCH	TROVOADA, Daisy					Not Started							0%
				Coordinate and support to developing the National Strategic Plan for Adolescent and Youth Health (2022-2026)	6. RMNCH	TROVOADA, Daisy	In Progress	In Progress	In Progress		The virtual orientation session conducted in March for Lusophone countries on the WHO guide for Accelerated	Lack of funding	Participation of actors in adolescent health from the Ministry of Health but also from	Technical leadership, share of technical guidelines in portuguese	Opportunity to know the state of adolescent health in each country, and to be able to plan	50%		
				Support actions to improve the quality of care for mothers of newborns, children and adolescents and document the implementation. ( develop the quality improvement plan for maternal, neonatal and paediatric care, MPDSR review)	6. RMNCH	TROVOADA, Daisy	In Progress	Completed	Completed		Report of the QOC assessment for improving maternal newborn and pediatric health care available and an operational plan to improve maternal newborn	Competing tasks delaying the finalization of the operational plan	Active participation of the other UN in all the process. Joint collaboration with UNICEF to the FNAP -	Close work with the national consultant. The technical support provided enabled the QOC assessment report	The recruitment of a national consultant was helpful. Need to conduct a strong advocacy to mobilize	100%		
		1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	RMNCAH national standards, guidelines, tools, health protocols are updated and applied in line with WHO recommendations	Strengthen capacity for MPDSR implementation in health facilities improving accountability and quality of care for mothers, newborn and child (Orientation and adaptation of the WHO tools and TOT)	6. RMNCH	TROVOADA, Daisy	Not Started	In Progress	In Progress		Coordinated with AFRO the realization of the review of the MPDSR in Angola. Collected the tools and shared them with the national team and supported the process of recruitment of the national consultant. Funds	The recruitment of consultants was lengthy. The national elections led to the postponement of the activity	Discussion of the process / methodology with the Ministry of Health team	MCAT's support and advocacy made it possible to mobilise funding from AFRO	Collaboration with other MCATs/ROs and HQs has facilitated the sharing of tools including experience of their use in other countries	50%		
				Facilitate the dissemination of evidence-based guidelines, tools, norms and standards for quality RMNCAH and Healthy Ageing services and support national adaptation when appropriate (MNH standard, quality standards of care for low birth weight and sick babies, School health standard)	6. RMNCH	TROVOADA, Daisy	Not Started	In Progress	Completed		Organized a webinar to disseminate school health standards in June with about 50 participants from the five Portuguese-speaking countries		School health program from Ministry of health, Education, Youth and sport, Health promotion and	Facilitate the sharing of experience on school health initiative and the implementation of the standards in PAHO	Opportunity for South-South collaboration in school health	100%		
				Provide technical guidance for the Review / adaptation and development of national standards, guidelines and tools for RMNCAH implementation (WHO Consolidated Guideline on Self-care Interventions for Sexual and Reproductive Health and	6. RMNCH	TROVOADA, Daisy	Not Started	In Progress	Completed		Adaptation to the national context of the WHO consolidated guidelines on self-care interventions for sexual and reproductive health and			Technical leadership ensuring, alignment with the WHO orientation	The organisation of the group work and the commitment of the ministry of health	100%		

- 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

# Regular Monitoring (Quarterly)



# Quarterly M&E Tool Submissions

## Deadlines:

- Should be completed within one (1) more of the end of each quarter
- Actual Dates
  - Q1 Update (April 30<sup>th</sup>)
  - Q2 Update (July 31<sup>st</sup>)
  - Q3 Update (October 31<sup>st</sup>)
  - Q4 Update (January 31<sup>st</sup>)

Meeting	Proposed Dates
MCAT Q1 2023	February 21, 2023
MCAT Q2 2023	May 3, 2023
MCAT Q3 2023	August 9, 2023
MCAT Q4 2023	November 8, 2023

## 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



What are MCATs?

Multi-Country Assignment Teams (MCATs) are groups of high-level technical experts who serve groups of three to four WHO country offices that are geographically close to each other, have common languages and share similar public health challenges.

MCATs are hosted in 11 countries and provide regional specialist technical support in key areas in the following ways:

- Supporting 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;
- Maintaining a database of available expertise in each MCAT including individual consultants, institutions, WHO Staff as well as expertise in partner organizations;
- Ensuring that the individual country technical support needs are fulfilled working with the WRs, clusters and partners including through the use of expertise outside of WHO.
- In coordination with the WRs, improving or establishing mechanisms or platforms for cross-border activities which should address multiple issues and document best practices in cross-border collaboration;
- Ensuring that the issues of gender, human rights and equity, social determinants of health and multi-sectoral collaboration are mainstreamed into the technical support to countries;
- Facilitate
- Promote
- Identify
- country
- Ensure
- Establish
- Ensure
- Implement
- Contribute

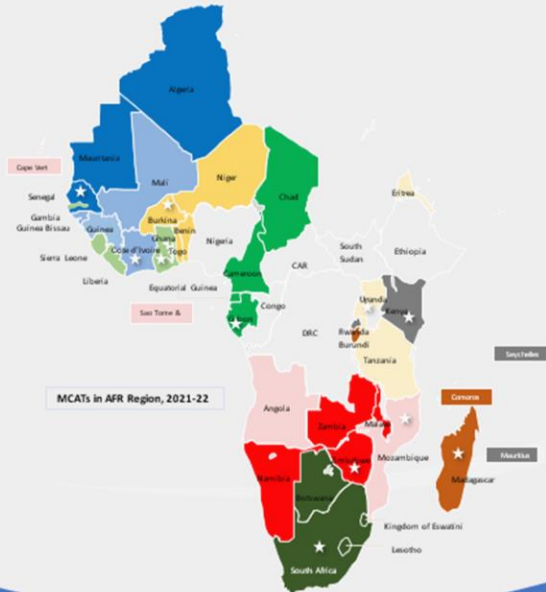
Why has WHO

The main purpose of the integrated management system is to strengthen the functional review of MCATs have the 'Less', as they programmatic. The Functional Regional Director expected WHO assistance.

MULTI-COUNTRY ASSIGNMENT  
TEAMS (MCATs)

OPERATIONAL GUIDELINES

VERSION MAY 2022



# HOW TO CONTACT US (GET INFO)

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[Multi-Country Assignment Teams \(who.int\)](https://www.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 and 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 current ISTs arrangement, thus providing more in-depth dedicated support.

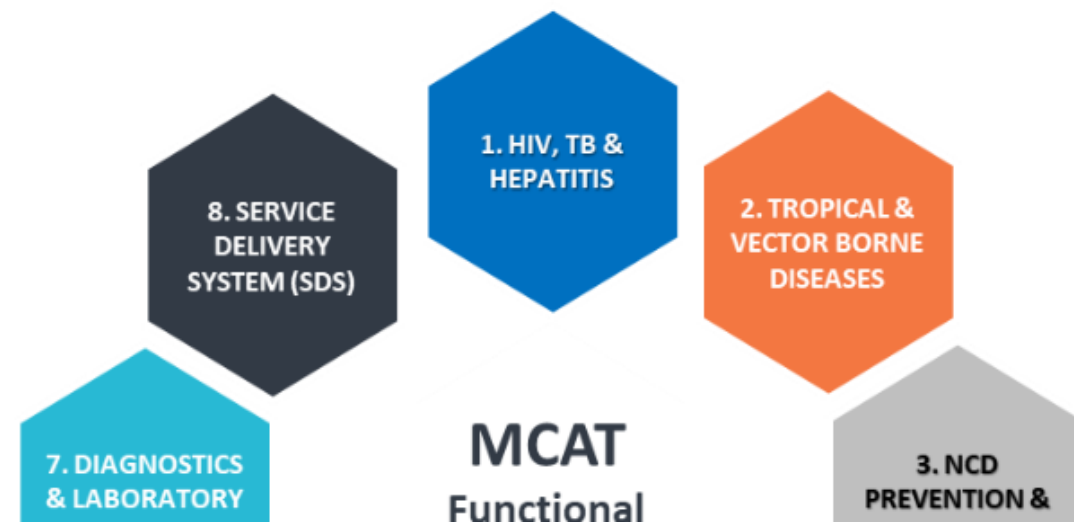
## Purpose of the MCATs

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 countries to implement programmatic priorities.

## Scope

The functional areas to be covered by the MCATs are



MERCI

JARAMA

THANKS