Networking of Health Institutions

Reflections of a Public Health Professional

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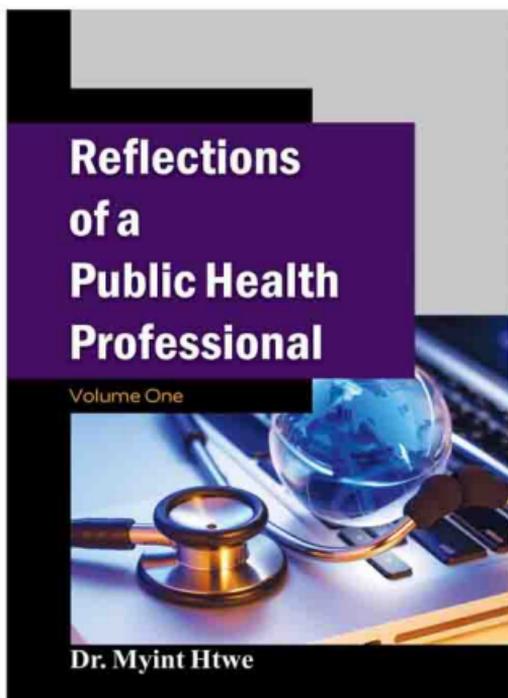
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19. Networking of health institutions

(This article is based on "Networking in the Context of Functions of WHO Collaborating Centres" by the author in WHO-SEARO Regional Health Forum, Volume 2, Number 2, 1997)

Networking is a dynamic process. It is about establishing a relationship, either formally or informally, among interested parties (institutions, organizations, foundations, agencies, societies, associations) in areas of mutual interest for the benefit of all parties involved in the network. In this process, there will be sharing of information and implementation of collaborative activities by members of institutions, organizations, foundations, agencies, societies, and associations in a network system. The efficiency and effectiveness of networking depend not only on a multitude of controlling factors acting on the parties but also on the configuration of the network system itself. The system of work may change or modify itself over time.

Alternatively, networking can be viewed as a formal linkage of organizations and people to undertake specific activities to solve common problems or overcome common challenges. In a country, there are several health institutions, organizations, like-minded associations and societies where networking can be made either formally or informally for the purpose of exchanging information, services and products. Furthermore, collaborative activities in research, training and other need-based functions can be carried out jointly.

Objectives and benefits of networking

The overall objective of networking is to achieve mutually beneficial technical cooperation with a goal-oriented unity of action. This can be secured through a process of information exchange and coordination of work among the nodal points of the network. Simultaneously, it can also strengthen the

nodal points in the network by way of sharing experience, fostering local, national and international collaboration in health development, assisting and participating in priority health programmes and activities at national and international levels. It can also ensure efficient and effective use of available expertise and resources. The government needs to strongly promote and facilitate networking of institutions in the country.

Network configuration

Structural aspects

Nodal points, linkages, and coordinating mechanisms are the three basic elements in any network or network system. In the current context, the nodal points are health institutions, organizations, like-minded associations and societies. The linkages between the nodal points can be materialized through the application of various systems of information technology. The coordinating mechanisms are the rules and regulations, directives or *modus operandi* of nodal points involved in the network. The output of a network system depends on the interactions among the three basic elements. It is desirable that a network system is dynamic, responsive and flexible.

Network configuration can follow either hierarchical or non-hierarchical patterns. Each has its own advantages and disadvantages. An optimum configuration can be worked out based on the overall objectives of the network system, the characteristic features of the nodal points, the existing inter-relationship among nodal points and other factors.

Networking may be classified into several categories. First, as a non-directed network, where each nodal point connects with every other nodal point in the network, with none directing the network; Second, as a directed network, where focal points are inter-connected through one nodal point; Third, as a hierarchical network, where nodal points are grouped in various hierarchical patterns, for example, increasing or decreasing resources and expertise available. The most appropriate pattern should be selected taking the expected output of the network system into account.

Functional aspects

Generally, several functions are observed in networking. For instance, effective communication, dissemination of information, sharing of resources, creation of a critical mass of technical expertise, refinement of old and developing new methods, provision of a medium for facilitating or achieving agreed objectives, stimulation of dialogues, creating a platform for intellectual exchange of ideas or performing collaborative activities for mutual benefit. Some functions may evolve to gradually include a larger number of partners, for example, national centres of expertise.

Establishing a network system

A number of issues need to be considered before initiating networking activities. The following information should be made available and reviewed thoroughly:

•   The current system of work and mission statements or terms of reference of each nodal point in the light of the prospective role envisaged;

•   Specific technical inputs which each nodal point can provide for collaborative activities on various health programmes, especially the expertise available;

•   Strength and weaknesses of each nodal point involved in the network system (for example, in the context of human resources, infrastructure and financial constraints);

•   Availability and feasibility of establishing a good database or information source;

•   Resource-sharing or working together entails reciprocity. This implies a partnership approach in which each nodal point contributes something useful to others;

- Available and realistic work plan, with necessary technical back up to achieve agreed objectives;
- Authority to work collaboratively and flexibly in the spirit of give and take;
- An effective and efficient system of communication;

Several functional activities are envisaged in the network system. These activities are linked to one another, either explicitly or implicitly. It is important to avoid duplication of work through good planning as well as harmonious adjustment of activities. Taking into consideration the above issues, an appropriate network configuration should be developed to meet a series of requirements:

1. To obtain agreed objectives
2. To put in place operational procedures facilitating collaboration
3. To implement strategies for promoting and sustaining networking (including long-term support to strengthen networking)
4. To develop programme areas and specific activities to be carried out jointly in the form of integrated work plan
5. To harness resources effectively using different approaches
6. To monitor and evaluate the system in a simple and practical way, including identification of parameters and development of a database for future use
7. To propose a framework for phased expansion of collaborative activities.

Monitoring and evaluation of networking activities

Monitoring and evaluation are essential for any network to be viable and sustainable. They are also important for improving the effectiveness and efficiency of the system itself. There are two levels of monitoring and evaluation. The first level closely monitors and evaluates individual activities implemented according to the terms of reference and specific work plan. Importantly, the second level monitors the performance of the network system itself.

Conclusion

In Myanmar's context, official networking can be made among all councils (medical, dental, nursing and midwifery, etc.), institutions (training, research, state/regional hospitals), and organizations (community-based, border area). Successful networking has a number of benefits such as speedy exchange of information among national authorities and councils, institutions and organizations on a range of issues; fostering institutional linkages on research, training and national health programmes; transfer of technology among the centres; and well-established centres assisting newly developed centres. Networking is one of the efficient mechanisms to improve the output of individual nodal points in the network. Intra-mural as well as extra-mural networking is essential for Myanmar.

References

1. Htwe, M. *Networking in the Context of Functions of WHO Collaborating Centres,* WHO-SEARO Regional Health Forum, Volume 2 Number 2, 1997
2. Bang, Y. H. (1989) *Mechanism for Coordinating, Monitoring, and Evaluating WHO Work at its Collaborating Centres in South-East Asia Region.* New Delhi, WHO Regional Office for South-East Asia (SEA/Res/Meet.1/10).
3. World Health Organization (1980) *Establishment of a Regional Network of Health Literature, Library and Information Services (HELLIS):* Report of an inter-country consultative meeting, New Delhi, India, 27-31 August 1979. Regional Office for South-East Asia (SEA/HLT/8).
4. World Health Organization (1990) *Inter-country Consultation on Resource development and networking for HFA leadership development.* Jakarta, Indonesia, 30 July–7 August 1990, Regional Office for South-East Asia (SEA/HSD/148).

5. World Health Organization (1991) *Improving the HELLIS network in South-East Asia*–Report of a Regional HELLIS Workshop, and the Joint HELLIS/ Asia Pacific Pop in Network Session, 29 September – 1 October 1990, New Delhi, Regional Office for South-East Asia (SEA/HLT/32).

6. World Health Organization (1996) *Regional Network for Surveillance of Gonococcal Antimicrobial Susceptibility in South-East Asia.* New Delhi, Regional Office for South-East Asia (SEA/HLM/295).