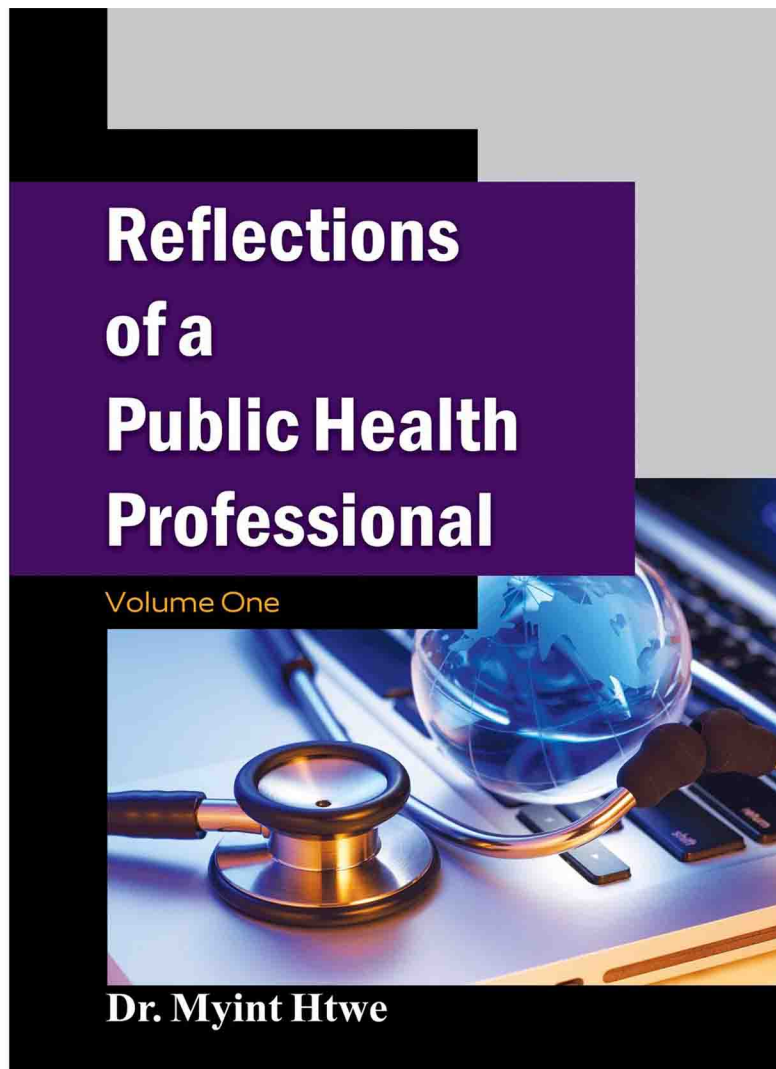


# Getting the Most Out of WHO Support



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## 8. Getting the most out of WHO support

*(Based on the short talk to project managers of MoH at Nay Pyi Taw (July 2010). The article was written from the perspective of a WHO staff member at that point in time.)*

The World Health Organization (WHO) has three levels, the Headquarters in Geneva, Switzerland, the Regional Office for South-East Asia in New Delhi, India (SEARO) and the country office in Yangon. WHO professional staff working at all these three levels are supporting the Ministry of Health (MoH) in terms of providing collaborative technical and funding support by way of initiating several programmes and projects. Individual countries must also be proactive and take full advantage of this support to the extent possible for promoting the domain of public health in the country.

Therefore, close linkages and frequent communication between project managers of MoH and the WHO Country Office staff is an essential first step. Monitoring and exchange of information regarding issues, challenges, implementation status, and completion of implementation must be maintained and communicated throughout. WHO country office staff are also getting technical support from WHO-SEARO and WHO Headquarters as and when necessary. The MoH must be active and project its technical and financial needs. New initiatives for inter-country collaboration and networking must be proposed to WHO for coordination and support.

It is essential that project managers of MoH and WHO country office staff should meet at least on a six-monthly basis, and discuss various issues of project management and implementation, using an agreed upon "Framework for Discussion". It could lead to clear-cut action points from both sides and automatically pave a roadmap for successful implementation. It would also facilitate having a realistic WHO biennial work plan.

It is to be noted that WHO biennial work plans are flexible and dynamic and can be changed as per the requirement of the evolving epidemiological

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scenarios and also as per the guidance of the Ministers, Deputy Ministers and Directors-General of the MoH. However, the caveat is that frequent changes are not desirable as they can disrupt the ongoing process of work. Thus, proper and careful planning at the outset of developing the biennial programme of work is crucial.

The staff members of WHO country office stand ready to facilitate this change. In this process, they can get technical inputs and support from the Regional Office and Headquarters, as appropriate. The WHO collaborative work plans need to be critically reviewed as we go along. The duty of WHO country office staff is to make the work plans more technically acceptable and the outputs or outcomes beneficial to the country.

We need to consider to what extent project managers are proactively involved in the development of Country Cooperation Strategies and the WHO biennial work plans. We need to promote this process of active involvement by project managers. The process must not be left to the WHO country office staff. Bottom-up planning is the principle for WHO work plan development. The most important part of WHO's biennial work plan is establishing a very simple, practical and doable built-in monitoring system for programmes and activities. The WHO work plan must also be in line with the contemporary epidemiological situation of the country and should not replicate the last biennial work plan. Once the WHO regular budget is allocated, the chance of getting the funding is very high. However, when WHO work plans are developed, it is essential to review hundreds of activities that are being funded by other UN agencies, development partners, international NGOs, foundations, alliances, etc. This will ensure less duplication and redundancy of activities. This is an issue which requires urgent and special attention.

A workshop should be held to review the *modus operandi* of how these collaborative activities by all stakeholders are being worked out, developed and approved to be conducted in the country. It varies from country to country and we may take the experience of other Member countries in the

WHO South-East Asia Region through the good offices of WHO-SEARO. It appears that there is not much coordination in this aspect.

### ***Characteristics of the WHO work plan***

We should try to include, as much as possible, and reflect the following characteristics in the WHO work plan.

- (i) It must be in alignment with the National Health Policy, National Health Plan and WHO Country Cooperation Strategies;*
- (ii) It should reflect the guidance and speeches delivered by the Minister, Deputy Ministers of Health, Directors-General of MoH and senior officials of the government;*
- (iii) Activities proposed must be concrete, action and output oriented;*
- (iv) Capacity building activities, reorientation courses, training workshops, technical seminars, annual evaluation meetings must be included;*
- (v) Development of guidelines, local advocacy materials, translation of guidelines on several technical matters, standard operating procedures, etc. into local languages;*
- (vi) Operational research and implementation research activities, where findings can be utilized for project development and management as well as for increasing the efficiency of various technical projects;*
- (vii) Project reviews, e.g., school health projects; cardiovascular diseases control projects; health education projects; zoonotic diseases control projects; capacity building activities of all WHO collaborative projects.*
- (viii) Review of curriculum for nursing, paramedical, midwifery, public health, preventive and social medicine subjects, etc.;*
- (ix) Capacity building activities for teaching staff of medical schools, nursing and midwifery schools, etc.;*
- (x) Development of checklists for quick assessment of different activities or projects or performance of staff; and*

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- (xi) Conduct of seminars or forums or symposia such as for medical education, research, public health or other technical subjects of contemporary importance for the country.*

### ***Some specific activities for consideration***

Here are some specific activities, which could be considered for inclusion in the work plan.

- (i) Development of a quick assessment tool using a checklist to assess any system or activity;*
- (ii) Analysis of indicators used in different projects and refinement of these indicators;*
- (iii) Checklists to review the performance of rural health centres and sub-centres, township hospitals, district hospitals, and state/regional hospitals in terms of operational, administrative, logistics and technical aspects;*
- (iv) Checklists to review the performance of nurses, midwives, health assistants, township medical officers, township health officers, etc.;*
- (v) Implementation research on any project/programme performance. (It will yield real issues related to efficiencies or inefficiencies or gaps in a project/programme).*

The reviews using these *checklists can reveal ground realities* very quickly and it is very cost-effective. WHO's Agreement of Performance of Work (APW) or Direct Financial Cooperation (DFC) mechanisms can be used for payment to whoever develops these checklists. It is better to outsource "development of checklists" to persons who have deep knowledge about the performance of the health care delivery system in the country.

### ***Important general information for project managers***

Staff members of WHO are assigned in the country to serve the country and also to fulfill technical needs of WHO collaborative technical areas. These

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staff members should always consider how to achieve this in the most effective and efficient way. A series of brainstorming sessions can help in achieving these objectives. Another key function of WHO country office staff is to disseminate technical information to their counterparts in MoH. After every meeting or workshop, we need to critically assess its usefulness and beneficial effect. WHO is apolitical and unbiased in its work and the support given by WHO will not be affected by political ramifications in the country. The WHO staff members are always ready to render full support to the MoH to the best of their capacity and capability.

It is also important to note that WHO's budget has a regular component which is given as regular budget to individual countries and there is a voluntary contribution component, which is managed by the Regional Office. The voluntary contribution funds are generally used for inter-country collaborative programmes or activities and other contemporary priority programmes or projects as agreed by the Regional Committee, South-East Asia Health Ministers meeting, and other high-level policy meetings of WHO.

## **Conclusion**

Project managers must take full advantage of WHO funding support, although not very high, as it is somewhat flexible and accords priority on technical perspectives of various projects. The whole team of WHO country office staff, medical officers, scientists, regional advisers, coordinators, and directors from WHO-SEARO are always on standby to assist the technical needs of Member countries. *The main duty of project managers is to implement WHO collaborative technical areas in a timely and qualitative manner. Let us closely collaborate with WHO to improve the effectiveness and efficiency of the health care delivery system in the country.*