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Regional Workshop on Strengthening the Management Capacity of Health Managers at Sub-National/District Level

Jakarta, Indonesia, 28 February – 2 March 2007



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Organization**

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1. Introduction

A Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-National/District Level was held in Jakarta, Indonesia, from 28 February to 02 March 2007. Representatives from Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor Leste were present, while delegates from DPR Korea and India could not attend. In addition, WHO staff from its headquarters, the South-East Asia Regional Office (SEARO) and country offices in the Region were present. Two participants from AusAid also attended the first-day session.

The programme of this three-day meeting and the list of participants are given at Annexes 1 and 2.

2. Background

WHO has identified that inadequate delivery of health care services, including their inequitable delivery, is one of the reasons for low level of health status in many countries. In fact, weak or inadequate managerial capacity at the sub-national/district level is one of the major bottlenecks in scaling up the provision of health services as well as achievement of internationally agreed goals, such as the Millennium Development Goals (MDGs). This has immensely affected the delivery of quality health services to a vast majority of the populations in many countries of the WHO South-East Asia Region.

It is common to find that health budgets, especially from loans and other external funds, are slowly absorbed; expensive and sophisticated medical equipments are purchased but not utilized or are under-utilized; and some districts experience an over-supply of drugs whereas others face acute shortages. Fortunately, most of these problems can be solved through a small investment in better management.

Some of the challenges observed in most countries of the Region are: shortage of managers; limited managerial knowledge, skills and effective behaviour among existing managers; high management turnover; lack of

policy instruments and managerial techniques and tools to improve performance; and a lack of enabling environment to support management development.

Recognizing some fundamental weaknesses in the current practices of management development in the countries of the Region, it is felt that there is an urgent need to develop a regional framework to further strengthen the management capacity of health managers at sub-national/district level in the Member States.

The proposed Regional Workshop would help in making an assessment of the progress made by countries of the Region so far, identifying challenges, opportunities and actions that need to be taken in the near future for scaling up the management capacity of health managers at sub-national/ district level.

3. Objectives of the workshop

The general objective of the workshop was to develop a draft regional strategic framework for the Member countries to strengthen the management capacity their health managers at the sub-national/district level.

The specific objectives were:

- (1) To review and exchange experiences on improving the management capacity of health managers at the sub-national/district level;
- (2) To discuss in depth current knowledge available on "good practices" of management development;
- (3) To develop a regional framework and strategic actions to strengthen the management capacity of health managers at the sub-national/district level of the Member States;
- (4) To recommend a framework of country actions to strengthen the management of health organization at the sub-national/ district level.

4. Expected outcome

Well-deliberated practical recommendations with emphasis on a strategic framework and directions for strengthening the development of health sector management at the sub-national and district level, keeping in view country achievements and experiences to date.

5. Opening session

The meeting was opened with a welcome speech by Dr Sultana Khanum, Director, Health Systems Development, WHO/SEARO. She expressed her appreciation of the commitment of each participant in working toward improvement in health management system. She expressed the hope that the workshop would help Member countries achieve their goals in developing efficient and effective health management in the face of difficulties and constraints unique to each country. The workshop was expected to facilitate learning from different country experiences. WHO would play its role to assist in the process.

Welcome remarks from the Minister of Health, Republic of Indonesia, were read out by Dr Edy Naydial Roesdal, Senior Adviser to Minister of Health on Health Financing and Community Participation. The minister expressed the hope that the workshop would help strengthen the management capacity of health managers in order to provide the people with the best possible health care.

Dr Georg Petersen, WHO Representative to Indonesia, quoted in his speech Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, by saying that the effective and equitable delivery of health care services is at the core of health systems to assure better health of people. Managers of health are the pillars of the health system. The critical role they play in the planning and implementation of health services is even more vital at the district level, where real health care service delivery takes place. He listed the requirements that define a good health manager.

- (1) Management development needs to develop the knowledge, skills and behaviours which are essentially common to all managers.

- (2) Good management development must be committed on long-term basis and should evolve with the changing of systems and management roles.
- (3) Simple, problem-based approaches combined with on-the-job support can quickly improve the managers' performance, even in resource-poor settings.
- (4) Sustained improvement in the managerial ability also depends on appropriate supervision and evaluation mechanisms and awareness of the organizational obstacles that may reduce a manager's effectiveness.

Even as Member countries in the South–East Asia Region have implemented several training and development programmes, WHO has identified weak or inadequate managerial capacity at the sub-national and district levels as a major impediments to assuring access to quality health services for vast numbers of people. This was preventing countries from achieving some of the internationally agreed health targets, such as those of the Millennium Development Goals. For this reason WHO initiated the management development programmes to respond to the urgent need to strengthen the capacity of health managers.

Dr Budihardja (Indonesia) was nominated as the Chairman, Dr Manirul Islam (Bangladesh) was nominated as the Co-Chairman, and Mrs Rossukon Kangvallert (Thailand) was nominated as the Rapporteur of the meeting.

6. Policy and system context for strengthening management capacity in the Region

This topic was presented by Dr Sultana Khanum, Director, Health Systems Development, WHO/SEARO. She discussed the health policy and systems context in which managers work in the Region. To be applied, a strategic plan for capacity strengthening would need to be placed within this context. She gave an overview of the health policy implications and health system constraints for strengthening health services management.

She explained that all countries in the Region have the overall policy goal of universal coverage of essential care to entire populations at

affordable prices, which in operational terms, meant equitable scaling up of services. To achieve this, WHO's technical support to its Member States was based on the primary health care approach which addresses the health needs of the community, and a service delivery mechanism anchored at the lowest level of care, taking into account the overall characteristics of the country. In operational terms today, this means a system that is responsive and responsible to communities in an increasingly complex health environment.

She named three key implications of the overall policy context from a management perspective:

- (1) Scaling up services implies scaling up management -- scaling up services equitably and in a way that is both responsive and responsible to communities implies
- (2) Appropriate competencies of managers, e.g. skills/attitudes to assess community needs;
- (3) An adequate managerial support system and work environment that is responsive to the needs of managers, e.g. flexibility in decision-making in responding to community needs.

Dr Sultana Khanum also explained that the weak health systems and poor health outcomes in the Region imply that managers work under severe resource constraints, often without strategic planning or effective linkages within systems in order to use existing resources optimally. There were fragmented vertical programmes with a multiplicity of stakeholders: private sector, NGOs, donors. Nonetheless health managers were usually under pressure to deliver according to national goals.

She concluded by stating that health policy and health systems have implications and pose constraints that are outside the bounds of management and cannot be influenced by a capacity-strengthening exercise for managers alone. Of particular concern in the Region are weak health systems and the additional challenge of HIV/AIDS. She emphasized that a strategy for strengthening the management capacity must work within these regional realities to be feasible.

7. Country presentations – mapping the management gaps and response

Bangladesh

To date, Bangladesh has implemented its health programme based on development of an annual operation plan (AOP), and strategic investment plan.

The weakness found at the district and sub-district manager in Bangladesh was due to the dual functions of the hospital (with regard to health care delivery) and administration. Other causes identified are shortage of manpower, overlapping of activities (Government organizations and NGOs), the local level planning (LLP) that has been prepared but not properly implemented, constraints in financial authority and budgetary provision, inadequate infrastructure, delayed supply of logistic support from the national level and separate managers for health and family planning programmes.

Bhutan

Challenges/gaps facing Bhutan were as follows: Health managers at district/block levels lacking in management skills that included programme/project management capacity, operational research and basic epidemiology, and monitoring and evaluation. Financial decentralization was yet to be effected. The infrastructure for enhancing management was limited at the field level; for example in IT (computer, internet, telephone, fax), and transport (limited road network, and poor public transport system). Also identified was the inadequate support staff at district health offices (DHO). Poor coordination also occurred between basic health unit (BHU) (block) and district, within district (DHO and hospital), and DHO with the central level. \

Activities underway in Bhutan were as follows: updated human resources for health master plan and revised district organogram, creation of DHO posts and standardization of the services and human resources of health centres. Training courses were also conducted through conferences/seminars, short courses, or IT related. Professional and

academic qualification enhancements include entry-level higher qualification for health assistants (HA) and other category. Bhutan also developed Bhutan health management information systems (BHMIS) as Standard BHU bulletin board which is based on International Classification of Diseases (ICD) 10 classification and used as the annual health bulletin for evidence based decision making.

Future direction for Bhutan: The 10th five year plan has been identified as the focus area, for enhancement of programme management skills (planning, budgeting and implementation, monitoring and evaluation) and infrastructure expansion. The Position Classification System (PCS) filled by the Royal Civil Service Commission (RCSC) is enhancing the professionalism and academic qualifications, and introducing a merit-based system. Bhutan will also implement decentralization.

Indonesia

Indonesia has been experiencing economic crisis and decentralization. There are three agenda items in management development: intellectual, managerial and behavioural. Setting up a new vision, mission and strategy and establishment of long-term and medium-term health development plan are included in the intellectual agenda. The managerial agenda includes: revision of the national health system, performance-based Management (PBM), extensive management training program, Minimum Service Standard (MSS), Integrated Health Planning and Budgeting (IHPB), and strengthening health and health-related regulation.

The future policy and strategic directions in Indonesia are: assessment of health management gap, strengthening “system thinking” and organizational learning at each level of administration, regulation on management (recruitment system, career system and incentive system), identification of best health management practices in the era of decentralization and sharing experiences among district managers, strengthening the implementation of result-based management or performance-based budgeting, making best use of existing management instruments (e.g., PBM, IHPB, MSS).

Maldives

The government of Maldives' main aim is accessibility and affordability of health care services. Challenges in the provision of health care services in Maldives are due to both geographical isolation of country (small islands) and its scattered population. Health system restructuring at the end of 2005 covered the Department of Public Health (DPH), the Department of Medical Services (DMS), the food and drug authority, the Indira Gandhi Memorial Hospital (which is the tertiary-level referral hospital).

DPH handles all preventive health care, while DMS handles the curative, including 20 secondary-level health care facilities, more than 100 health centres (island level) and health posts (island level). The challenges currently are the coordination between DPH and DMS and the changing corporate culture (organizational culture in favour of improving skills and education of managers).

Nepal

The main constraints identified in efforts to improve the people's health status and health services coverage in Nepal were lack of management skills, lack of comprehensive health information systems to help the decision-making process, and a high turnover of health managers.

Major gaps were also found in the service availability (infrastructure, human resources, services offered), utilization, efficiency of the health system, and quality of health care.

Nepal plan to introduce several interventions to improve the quality of health services by health executive development programme, training for mid-level manager, developing local area monitoring and quality assurance for essential health care at the community and referral levels. Nepal has strengthened the district health system management in 15 districts since 1995.

Myanmar

The Management Effectiveness Programme (MEP) of the Public Health Division of the Department of Health in Myanmar started in May 2004 with

an orientation workshop; it was piloted in six townships of six states and divisions during 2004- 2005 and expanded to another six townships in 2006-2007.

Problems in the financing health services in Myanmar included shortage of funds, inappropriate distribution of health resources, rising health costs, lack of coordination, and inefficiencies in spending. The challenges faced by Myanmar were: posting and transfer policy, residential quarters and other infrastructure facilities that were not planned and developed adequately in remote areas, lack of well-defined human resource policy, placements, transfers and postings usually done on an ad hoc basis under political influence or considerations other than better programme management, mal-distribution of staff between urban and rural areas, discordance between the personal objectives of the human resource in the health sector and the organization objectives, lack of professional management, perennial shortage of manpower leading to a tendency of choosing the best option for themselves, under-utilization of the currently available human resources, and the need for redefining the job profiles of frontline workers.

Threats to the successful implementation of the MEP in Myanmar were township teams losing focus of their priorities, loss of commitment and motivation for the improvement process, diminishing support and commitment from teaching centres and higher authorities, bureaucratic resistance, resistance to procedural changes, and transfer of key staff.

Sri Lanka

The issues and challenges faced by Sri Lanka included the prevalence of communicable diseases, the increasing incidence and prevalence of non communicable diseases, high prevalence of malnutrition and other nutritional disorders, emergence of age-related diseases, limitations in relation to child, adolescent and reproductive health services, health services not responsive to patients' needs (both curative and preventive), shortage of skilled human resources, weak provincial/district health management, lack of emergency preparedness and response mechanisms, and limitation of people's financial resources leading to increased numbers experiencing high out-of-pocket and catastrophic expenditures.

The problems that Sri Lanka faced were in health services, human resources for health, health sector management and stewardship, natural disasters like the tsunami and conflict-affected areas, optimizing the private health sector's contribution, focusing on vulnerable groups, inter-sectoral collaboration, demographic and epidemiological transition, and health financing and resource allocation.

Thailand

Current management training programmes in Thailand were: the Management Training Program for Health Managers: executive administrator, middle-level managers, first-line managers, Hospital Networks Quality Audit Program (TQM), Technical Training Programs, etc.

The scheme Hospital Network Quality Audit (HNQA) was set up when six hospital directors wanted to join hands to improve the quality of service delivery to all patients in their areas. This scheme developed using the "think, talent, and ability" to change their own units. The Hospital Network Quality Audit used TQM as standardization for the service delivery and quality round audit and periodic benchmarking to maintain the successful of Network

Timor-Leste

The Health system issues in Timor-Leste were: lack of capacity of human resources and decentralization. The lack of capacity of human resources was caused by the departure of senior health officers post-referendum, inadequate skilled officials in the areas of management, technical competence and quality. It has impacted adversely on providing adequate service delivery. Timor Leste plan to introduce decentralization in the health system by establishing 32 municipalities by 2008.

The processes that are underway in Timor-Leste are capacity building and strengthening the health system. The capacity building programme is conducted as part of pre-service and in-service training in management and leadership, and acquiring technical skills within the country and overseas trainings. Timor-Leste is making efforts to strengthen the current health system with the basic service packages (BSP) and health management Information system.

The future policy and strategic direction in Timor-Leste are the health policy framework, national health education and training plan, need assessment, health sector development plan 2008-2012 (improvement of BSP), a minimum standard for decentralized accreditation, clarifying role and responsibility of municipalities in regard to the implementation of BSP, using district problem solving team, human resource development, asset management, financial management, health management information system, and development of decentralization by defining functions and tasks to central and municipalities.

8. Strengthening management in the middle and low-income countries

The topic of strengthening management in the middle and low-income countries was presented by Dr Delanyo Dovlo, WHO/HQ. In his presentation, Dr Dovlo emphasized that health systems operate in a dynamic environment. There is a '*binding constraint*' to scaling up services and achieving the MDGs. The public sector structural weaknesses influencing service delivery included lack of management skills and training, managers who didn't manage staff, managers who were not held accountable, managers who didn't make quality enhancing changes, and unclear responsibilities of provider organizations.

Quoting the WHO meeting at Montreux, Switzerland on "Making Health Systems Work" (2005), Dr Dovlo introduced a framework of four components of good management presented at an international consultation in 2005, which received a positive response to develop it further.

Good management consisted of a balance of adequate numbers of managers at all levels of the health system, managers with appropriate competencies (knowledge, skills, attitudes and behaviours), critical management support systems in place (to manage money, staff, info, supplies etc.), and an enabling working environment (organizational context, rules about managers' work, relationship with various actors; incentives for performance). The first and second components reflect capacity availability, while the third and fourth components reflect the utilization of the capacity.

9. Group work on strategic directions for sub-national/district management development

The participants were divided into three groups and each group was asked to discuss and identify challenges (strategic issues) and strategic actions (both in the immediate context and long term) in health management development for Member countries and WHO. The topic for Group1 was the sector-wide approach and harmonization and donor coordination. The topic for Group2 was human resource management related to decentralization. Group3 discussed the topic of health service in totality including the information system.

Group 1

This group discussed about enabling environments and support system component. Members identified four strategic issues: political influence, finance, conflict, and support system development.

The political influence issue was caused by unclear role, and conflict of interest among politicians and government staff. The group suggested the following interventions: developing transparency and community awareness, and people's empowerment. The finance issue was caused by lack of commitment, inadequate resources, and inefficiency in allocation and management of funds. The following interventions were suggested: advocacy, seeking more external resources, exploring internal resources, health care financing, and an integrated planning and budgeting system.

The conflict issue was man-made (e. g. war), natural (e.g. disasters), and lack of coordination. The group suggested interventions such as: advocacy, community awareness, early warning system (information system), and an emergency preparedness plan, For support system development, the group suggested: mapping the quality and standardization of manager competency, in regular service management training/refresher training, frequent monitoring and evaluation, and WHO should help with review and revision health human resources strategy.

Group 2

Members of group2 identified five strategic issues on gaps in management. These were: production and recruitment; built-in management capacity in pre service and in service training; how to attract competent people as health managers; retention; and performance assessment. The underlying causes were: capacity of the pre service and in service training; monetary and non-monetary incentives such as fellowship in higher education, career ladder, competency standard and managerial standard capacity; manager skills mix planning, lack of support network, posting of district manager in a planned manner, equal opportunity in training and promotion; and reward and punishment according to the performance.

The group suggested: building management capacity through pre service training, standardization of manager competency, training/ refresher training, frequent monitoring and evaluation, review and revision of the health human resources strategy.

In order to attract competent people as district health managers, the group suggested a review of the health human resources regulations for recruitment and creating a permanent mechanism for producing attractive job offers for public health managers. Experience and good performance at district management level should be criteria for promotion. For manpower retention, the group suggested that posting of district manager should be done in a planned manner, creating a support network and equal opportunity for all.

Group 3

This group analysed and discussed about management challenges. The stated strategic issues were: management gaps, overall diversity of availability of resources at district/sub-district levels influenced by demographic and environmental characteristics; socio-economic, and cultural differences.

The group identified six strategic issues: inequity in provision of service delivery to the community; inadequate management capacity at district level; mal-distribution of competent human resources; misdistribution of support environment, non-availability of adequate health

information, and lack of coordination/ partnership between different stakeholders at district level.

From the causal analysis, this group suggested: improve transparency and accountability, empower district to generate funds, capacity building, organize technical cooperation between district, develop policy for distribution of human resources.

10. The first three priority challenges and immediate actions of each member country in 2007

Bangladesh

The first three priority challenges in Bangladesh were: inadequately trained and inadequate number of health managers and support staff at district level and below; poor local-level health planning within the health service system to deliver good health care; and weak management and information system as the district.

The immediate actions to be taken in 2007 were to ensure adequate number of manager and support staff with equitable distribution and postings, placing proper personnel at proper places, basic and refresher training for managers in the field of staff management and financial/budgeting management as well as logistics management, through technical support from WHO and government's own resources.

Bhutan

The first three priority challenges in Bhutan were: low capacity of managers at district and lower levels, shortage of staff; and a weak monitoring and evaluation system.

The immediate actions were: development of core programme management skills (Planning Commission), operational research and epidemiology, and upgrade of qualifications and professionalism of existing managers in 2007-2008, employment, implementation of the national monitoring and evaluation system, strengthening health management information systems and evaluation after 2008.

Indonesia

The first three priority challenges in Indonesia were: lack of coordination and competency among district health offices and hospitals and among hospitals and health centres; the referral systems does not work very well; and lack of competency to control disease outbreaks.

The immediate actions were: capacity building/team work at district level in 2007, building a solid health information system in 2007-2008, designing a regulation support for criteria for health managers at district level and health centres in 2007-2009, minimum service standards in relation to budget allocation at district level in 2007-2009, and revision of Law No. 4 (1984) on epidemics in 2007-2009.

Maldives

The first three priority challenges listed by Maldives were: inadequate capacity of existing managers; non-existence of specific standards and protocols, quality assurance tools and inequality in pay scales of managers vs. technical staffs; and not having a proper information management system to enable information flow both ways (top-down and bottom-up).

The immediate actions proposed were: development of management training among all existing managers at sub-district level in 2007-2008 to provide managers with knowledge and skill to reduce the gap between theory and practice in order to have better links between different segments of health services; establishment and implementation of management standards, competency standards, quality improvement tools and development of incentive packages for sub-district managers in 2007-2008, and strengthening of the existing health information systems for performance assessment at different levels of hospitals/health centres to provide appropriate and adequate information to assist performance assessment of managers and health services; and application of better decentralization techniques at district level in 2007-2009.

Myanmar

The first three priority challenges stated by Myanmar were: shortage of production of health managers; shortage of knowledge generation and

competency of health managers at district level; and lack of quality assurance and accreditation mechanisms of management programme.

The immediate actions proposed in 2007 were: developing a comprehensive plan for upgrading the existing training institutions, establishing new training institutions and strengthening the Management Effectiveness Programme (MEP) among all basic health workers. Promote a systematic continuing management education programme in order to enhance the capacity of all health care workers. In September, 2007, Myanmar would also develop new guidelines to facilitate the introduction of the quality control mechanism.

Nepal

The first three priority challenges that were listed by Nepal were: lack of management capacity at district and hospital levels; not all district health office and hospital managers are qualified; and lack of a comprehensive health information systems for decision making process.

The immediate actions envisaged were: mapping the district managers and hospital managers' capacity, and capacity building by organizing training and refresher training for district and hospital managers, phase-wise in 2007-2010, review and revise the human resources strategy; appointment of qualified district and hospital managers by 2009-2010, and comprehensive and integrated implementation of health service information systems for improving the planning and quality essential health care services coverage in 2008-2009.

Sri Lanka

The immediate actions which were planned by Sri Lanka were: appointment of health managers in all district and sub-district levels in 2007; capacity building of health managers in 2008; and development of health information system to achieve a good monitoring and evaluation systems and address issues related to collaboration and cooperation among district managers in 2008-2009.

Thailand

The first three priority challenges listed by Thailand were: lack of systematic knowledge management (programme management information and human resources for health), shortage, misdistribution, weak human resource management at provincial and district levels; and inadequate capacity of health managers at provincial and district levels.

The immediate actions envisaged were: assess the number and quality of existing human resources, training on programmes development in 2007; production of tool kits on human resource planning development in 2008; development of protocols for incentive (monetary/non-monetary), development of health manpower information system, need assessment of managers, development and strengthening the existing management training programme, and development of sustainable management in 2008.

Timor-Leste

Timor-Leste only mentioned the first two priority challenges. These were: poor health provision due to lack of human resources capacity (i.e., sufficient numbers and appropriate management skills) and inadequate system support. The immediate actions envisaged were: conduct needs assessment to strengthen the capacity of the country to provide appropriate training (development of management curriculum and modules) and to undertake management training and continuing support (supervision, monitoring and evaluation), strengthening health services delivery structurally, development of necessary policies, strategies, guidelines, protocols and procedures, improving health management information systems (MDG indicators, analyse use of data for health services delivery improvement), strengthening management system and mechanism working at district with support from central level, and improving coordination with donor, national and International partners agencies, relevant government sectors, etc.

11. Closing session

Dr. Sultana Khanum, WHO/SEARO expressed her satisfaction that most of the objectives of the workshop had been achieved.

Mrs Rossukon Kangvallert, Rapporteur, presented the recommendation of the workshop. WHO/SEARO should complete the regional strategic framework and collect the feed back from countries. The management strengthening programme should be incorporated into the WHO work plan 2008-2009. WHO ensures that country work plans have management strengthening programme, which should be made part of national development programme. Countries undergoing decentralization of health management should be strengthened for better output and outcome. In 2007, WHO/SEARO should organize training of trainers on management development for Member countries. In 2008, WHO should evaluate the progress (mapping of the management strengthening programme, including analysis of the implications of service approach to the organization and management of health service system. WHO should provide model of improved standard management information system to help countries strengthen their health programmes.

Dr Gunawan Setiadi, WHO/SEARO presented the key points of the proposed strategic framework on management development for sub-national/district-level managers. He briefly explained the background and sections of the regional strategic framework for strengthening capacity for better health.

In his closing remarks, Dr Georg Petersen, WHO Representative to Indonesia, said that he was glad that the meeting had prepared a programme of action for strengthening the management capacity of health managers at sub-national/district level in the South-East Asia Region. He added that there were some important activities that could be implemented immediately and WHO/SEARO was committed to work with Member countries in this direction.

Dr Budihardja, Chairman thanked the participants for their valuable contributions and wished them a safe journey home. He then declared the meeting closed.

Annex 1

Programme

Wednesday, 28 February 2007

- 08:30-09:00 Registration
- 09:00-10:00 **Opening session**
- Welcome speech – Dr Sultana Khanum, Director of Health Systems Development, WHO/SEARO
 - Welcome address by Ministry of Health, Republic of Indonesia
 - Inaugural address - Regional Director, WHO South-East Asia Region
 - Objectives of the workshop and introduction of participants – Dr Gunawan Setiadi, Regional Adviser, Health Systems, WHO/SEARO
 - Nomination of Chair, Co-chair and Rapporteur
 - Announcements/Group Photo
- 10:30-13:00 **Plenary 1: Country presentations: Mapping the management gaps and the response**
- Country presentation
 - Questions and answers
- 14:00-15:30 **Plenary 1: Country presentations (continued)**
- 16:00-17.00 **Plenary 1: Country presentations (continued)**
- 17:00- 17:15 **Preview of the next day**

Thursday, 01 March 2007

- 08:00-10:00 **Plenary 2: Global and regional perspective**
- Strengthening management in middle and low-income countries – WHO/HQ
- 11:00-12:30: **Group work on strategic framework**

Participants are divided into three groups and each group should discuss the Strategic Management Development per TORs for group work.

14:00-15:00 **Group work (continued)**

16:00- 17:00 **Group work (presentation)**

Friday, 02 March 2007

8:00-10:00 **Plenary 4: The first three priority challenges and immediate actions by each Member countries in 2007Country Action Plan**

10:30-11:30 **Plenary 6: Conclusions and Recommendations by the Rapporteur**

Way forward – Secretariat

Closing Remarks by WHO Representative to Indonesia

Annex 2

List of participants

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