

SEA-PDM-12
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Regional Seminar on Strengthening International Health Coordination at Country Level

*Report of the Meeting
Jakarta, Indonesia, 4-7 February 2008*



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1. Introduction

The Regional Seminar on Strengthening International Health Coordination at Country Level was held in Jakarta, Indonesia, from 4 to 7 February 2008. Government representatives, responsible for coordination and management of international health at the country level, and WHO country office planning focal points from Member countries of the South-East Asia (SEA) Region participated in the seminar.

The background, objectives, agenda and list of participants of the seminar are attached as Annexes 1, 2, 3 and 4, respectively.

2. Inaugural session

Dr Subhash R. Salunke, WHO Representative to Indonesia, delivered a welcome address, followed by opening remarks by Dr Myint Htwe, Director, Programme Management (DPM), WHO Regional Office for South-East Asia.

On behalf of the Secretary-General of the Ministry of Health, Indonesia, Dr Indriyono Tantoro, Senior Adviser to the Minister of Health, Indonesia, delivered the inaugural address.

The full text of the Opening Remarks of DPM is at Annex 5.

3. Business session

For different sessions of the seminar, moderators and report secretariat were identified from WHO and Member countries of the Region. This was in order to have a “closer” and “more collegial” working relationship between the ministries of health and the WHO. Dr Sheena Moosa, Director-General of Health Services, Ministry of Health, Maldives was nominated as Rapporteur for the Seminar.

This report presents the highlights of the discussions held under each agenda item. It also documents the outputs of the group work during the seminar and the recommendations of the final group work, which was presented as the Proposed Framework on Regional Action Plan for Strengthening International Health Coordination.

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4. Mandate, functions and governance structure of WHO in response to the global changing contexts including results-based management (*agenda item 2*)

4.1 WHO context in global health (*agenda item 2.1*)

Discussion points

The discussion highlighted:

- Gap analysis, to help determine which areas are covered adequately and which are not. In particular, different countries face different threats or risks, which should be explained and analysed.
- Aid analysis, to understand if international health assistance is being used for priority health problems. Comparison of health expenditures and of international assistance is definitely useful for SEA countries to undertake with WHO support.
- Health services in SEA countries face managerial challenges, with multiple demands related to existing as well as emerging health problems. WHO support, while not big in financial terms, is nevertheless important for qualitative aspects of health development.
- Some SEA countries are decentralizing (such as Indonesia) or devolving (eg. Sri Lanka) their health system. This presents new challenges for efforts to improve health services and programmes. WHO also needs to consider its support at the subnational level.
- Coordination of international health is especially important in view of scarce resources, to ensure that they are used optimally. This is a key case for strengthening international health divisions in SEA countries. In addition, WHO can help analyse whether scarce resources are used for priority purposes, but ownership of such analysis should rest with the international health divisions themselves.

- WHO country cooperation strategies are important tools for interaction with partner agencies and to support advocacy efforts for investment in public health priorities.

4.2 Eleventh General Programme of Work (*agenda item 2.2*)

Discussion points

The discussion highlighted the following:

- The Eleventh General Programme of Work is an important document of health policy. It should be disseminated and shared widely. In addition, half-day seminars in SEA countries could be organized with WHO support, either dedicated to this issue specifically or as part of a broader purpose.
- While WHO has many stakeholders in decision-making (as reflected, for example, in Regional Committee, Executive Board and World Health Assembly forums), some of the funding partners, such as the Bill and Melinda Gates Foundation, have relatively few decision-makers. WHO is thus not only likely to be a more impartial source of advice, but could also help influence other partners in health.
- Sustainability is critical, otherwise any progress made will be jeopardized when donor funding ends (e.g. antiretroviral therapy for HIV/AIDS needs to be lifelong).
- How does support for coordination fit in with the UN's common country assessment (CCA) and the UN development assistance framework (UNDAF)?

4.3 Paris declaration on aid effectiveness (*agenda item 2.3*)

Discussion points

The discussion highlighted the following:

- Transaction costs of international assistance are a key issue. Every donor has a different cycle. It is difficult to cost contributions of nongovernmental organizations (NGOs). Multiple global targets and the vertical nature of many programmes can lead to distortion (or even displacement) of country priorities.

- To align international assistance to national need, country priorities are crucial. If these are formulated in a national strategic health plan, they help to align and harmonize donors to national priorities. National and international partners should contribute towards meeting country needs.
- Absorption capacity is a key consideration. Furthermore, donor modalities differ. Countries should carefully consider their absorption capacity and try to build capacity accordingly. At the same time, WHO should aim to support such capacity building efforts as appropriate.
- WHO funding may not be large, but it is a grant, which countries do not have to pay back. WHO funding is for technical activities addressing priority public health problems. As such, it is flexible. While collaborative care is taken in the development of biennial plans, re-programming is possible, adding flexibility.
- Funding support to specific diseases needs to be replaced gradually by funding support to support relevant components of national strategic plans. This will not only help ensure that international support is relevant to country needs, but also reduce the transaction costs of international assistance and simplify reporting requirements.
- International health partnerships need to be linked to implementation of the Paris Declaration.

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5. Sharing of experiences and success stories from participants on international health coordination at country level with regard to: *(agenda item 3)*

5.1 Relationship between national health policy and country cooperation strategy: Maldives *(agenda item 3.1)*

Discussion points

- Development partners should ensure that their plans and strategies are closely aligned with the country's health development plans. The CCS in the Maldives is already closely aligned with their latest health development plan.

- Many external development partners (EDPs) working in health do not work directly with the Ministry of Health (MOH) as WHO does. Therefore, the MOH needs to coordinate closely with these ministries to ensure proper alignment.

5.2 Coordination between internal and external stakeholders: Nepal (agenda item 3.2)

Discussion points

- The national health plan should be the basis of support by external development partners. This is more important than the financing mechanism (project, programme support or sector-wide approach).
- Absorptive capacity is often the key constraint in implemented EDP-assisted projects. Further analysis is needed to determine the key constraints to implementation.
- Planning, especially based around results, is often a key constraint in implementing EDP support. More needs to be done to build capacity in results-based planning.
- Countries are now moving towards decentralized health systems. EDP assistance should take into account such developments when planning assistance.

5.3 Organizational structure and capacity building for international health coordination: Thailand (agenda item 3.3)

Discussion points

- The organizational structure of units responsible for International Health Coordination Unit varies from country to country. It may be useful to define key functions of these units to be organized according to the local situation.
- A strong technical and analytical capacity is needed in the International Health Unit so that policy analyses and recommendations can be given to the MOH decision-makers.

- The organizational structure needs to develop formal or informal means of ensuring that its recommendations are used by high-level decision-makers in the MOH.
- Capacity building of staff in the International Health Units is a critical need in the Region. WHO should be able to provide assistance to fulfil this need.

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6. Case scenario presentation and study to review WHO country programmes in relation to relevancy of national health priorities of Member countries on international health coordination in the changing global environment: (agenda item 4)

6.1 Coordination for health emergencies: Indonesia tsunami and earthquake; how international coordination was carried out; share lessons learnt (agenda item 4.1)

Discussion points

- The implementation modalities of international coordination at national level in terms of technical aspects and resource management were discussed.
- Under the leadership of the government, WHO supports its coordination of donor partners. UN-TWG (United Nations Technical Working Group) on meets on disaster risk reduction every month before the head of agencies meet for UNCT (United Nations Country team) to discuss the issues. WHO leads the health cluster of UN agencies involved with assistance during emergencies.
- The capacities of the Member countries in emergency response is at par with international agencies. WHO needs to be more proactive and vigilant in fostering the technical expertise and meet the expectations of the Member countries.
- As the leader of the health cluster, WHO must work with other UN agencies to assess and monitor health conditions during emergencies and implement appropriate interventions by UN agencies. The key is

having a good formal and informal relationship with the agency focal points.

- The UN cluster approach in emergency management was complimentary to the government's leadership in Indonesia during emergency situation.

6.2 International coordination, sector-wide approach: Bangladesh (agenda item 4.2)

Discussion points

- The Sector-wide approach (SWAP) pools funds from various donors to achieve agreed objectives in the health sector. Once funds are pooled, the government implements activities according to the terms and conditions of the SWAP agreement.
- Joint monitoring between the government and the donors is conducted on a regular basis during the implementation of the SWAP. An annual review is carried out by independent evaluators after which the government holds a policy dialogue with the involved donors.
- The SWAP is a flexible arrangement to maintain momentum and health policy priorities even in a situation where there are political changes. It also maintains partnership amongst donors with varying funding support and/or agendas.
- There are many challenges, such as inflexible procurement rules; the need for significant SWAP coordination; mid and operational levels have less contact with donors; and complex financing mechanism

6.3 Multiministerial coordination, multinational coordination for implementation of International Health Regulations (2005): Myanmar (agenda item 4.3)

Discussion points

- Regional surveillance officers are fully involved in the rapid response team (RRT) as a combined work. The, immunization and vaccine development surveillance system is integrated with general surveillance.

- Regarding cross border coordination and management, there have been discussions between health staffs at four border points. Additional cross-border workshops are planned to identify the gaps and to develop joint action plans.
- Regarding involvement at the national/international levels at border areas, the following are in place:
 - Policies and plans for implementing IHR;
 - surveillance at land and sea ports; and
 - A dynamic and feasible country work plan.

6.4 Coordination for resource mobilization: India (*agenda item 4.4*)

Discussion points

- Resources mobilization in India is a rather complex process. First, the Ministry of External Affairs assesses the proposed project; based on this assessment, clearance from the Ministry of Health and Family Welfare (MOH&FW) is sought. If the project involves work at the state level, central level has to clear the proposal before proceeding to the state level. A tripartite arrangement must be signed with the Government of India, the state government and the donor.
- Although national health policy is the responsibility of central government, WHO collaborating centres located at the state level, can work directly with the state-level health agencies.
- Regarding channeling WHO resources to the state government, clearance is required from the union health ministry. However, activities can be done at the state government level.
- For most sectors, State governments can have direct communications with the donors, as long as they keep the central government informed. However, in health sector, the central government has to be involved and their approval is required.
- While project details have been approved by the central government, implementation is contracted out to an Institution. All project proposals are channeled through the International Health Division in the MOH&FW. If the project is implemented as agreed, the institution can implement it directly. However, if there are changes, these need

to be discussed with the central government. Whenever negotiations are taking place, the budget for WHO projects may be insignificant compared to large donor-funded projects. However, WHO plays a key technical role in its projects funded through donor resources.

- Most projects are disease-based in India, while in Indonesia the emphasis is on strengthening the health system. In the systems approach, the funding of one project often complements others. Indonesia has proposed a study to investigate the disease-based approach versus the system-based approach.

7. Visit to the Ministry of Health, Indonesia to observe management and coordination of international health partners at country level

(agenda item 5)

Discussion points

- Legal documents governing international cooperation, such as those established in Indonesia (law 24/2000 on International Agreement and law 37/2004 on Foreign Relations) may be useful references for collaboration.
- International assistance should be used to fill financial gaps in the health budget to support the national health plan and priorities but not detract from national sovereignty. Accepting grants instead of taking loans will reduce dependency and increase government ownership.
- International cooperation in health spans several ministries and requires coordination between related agencies. Maximum involvement of all those affected by the cooperation should be enhanced. In the decentralized system in Indonesia, this may involve consultation with local government and/or parliament.
- Mechanisms for strengthening international cooperation such as those developed in Indonesia, including nomination of national focal points for international health concerns and the establishment of a Health Sector Coordination Committee, could usefully be explored by other countries.

- Streamlining of several parallel coordinating mechanisms or forums such as the Immunization Coordination Committee (GAVI), Country Coordination Mechanisms (GFATM), and Health Sector Coordinating Committee (GAVI HSS) need to be considered.
- While each country needs to define its own fund-raising mechanism according to the context and situation, countries can benefit from exchange of experiences and ideas. Discussion of the Indonesia's "one gate policy" highlighted dimensions of that policy which other countries may consider, such as ensuring a clear definition of roles at each level including the hierarchy and process for fundraising.
- WHO support in coordination of international health is an important core function of the Organization which can result in increased investments in health, strengthened partnerships and enhanced information-sharing. WHO support in coordination of international health should be further developed and sustained.

8. Strengthen international health divisions for coordination and management of international health activities (*agenda item 6*)

8.1 Identify capacities, strengths and weaknesses for international health coordination and review the importance of international health activities (*agenda item 6.1*)

To identify core capacities and organizational structure needed and to explore ways to improve effective international health collaboration at country level. Four groups discussed and worked on the following four topics.

- Group One: Organizational structure
- Group Two: Capacity building
- Group Three: Relevance to MTSP, CCS and National Health Plans
- Group Four: Coordination between internal and external stakeholders

The outputs of these groups is attached as Annex 6.

8.2 Develop country specific activities based on the strengths and weaknesses identified to strengthen international health coordination at country level (agenda item 6.2)

Based on the SWOT analysis from group work 1 (under agenda item 6.1), each country team brainstormed and developed a draft country-specific action plan to strengthen international health coordination capacity of the IHD. The draft action plan was prepared based on the template provided. Each country shared its draft plans with other countries of the peer review groups

The proposed draft country-specific activities in strategic areas are provided for all the countries in Annex 7.

9. Group work to develop regional action plan for strengthening International Health Coordination (agenda item 7)

Group works was organized to develop a Regional Action Plan based on country challenges for building capacity in international health coordination.

Three country and one group peer review were presented by the rapporteur to the plenary. Group one presented for Bangladesh, India and Nepal; Group two presented for Bhutan, Maldives and Sri Lanka; and Group three presented for Indonesia, Myanmar, Thailand and Timor-Leste.

Based on the country-specific activities to strengthen international health coordination, country activities were aligned according to the regional framework. Participants were requested to list the priority regional support activities for each strategic area.

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10. Adoption of report

The output/recommendations of the group work to develop a Regional Action Plan was presented as the Proposed Framework on Regional Action

Plan for Strengthening International Health Coordination at Country Level. The framework is in Annex 8.

After discussion and clarification, the Proposed Framework was adopted.

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11. Closing session

The Regional Director, Dr Samlee Plianbangchang, thanked all the distinguished participants for their deliberations in his concluding remarks. He noted that this type of seminar had been requested by Member countries sometime ago to strengthen capacity in managing international health coordination at country level. He pointed out that there was no specific formula to fit all the countries. Capacity building for the international health coordination is very broad. A common training programme on international health is difficult to apply to all countries.

Dr Samlee said that when officials from ministries of health work with WHO and take part in the Regional Committee meetings, Executive Board, World Health Assembly, intercountry meetings and regional seminars, they meet with professionals from other countries and other regions and share experiences. This sharing strengthens international health coordination. He stressed the need for putting a few doable activities in the workplans to strengthen international health coordination at the regional and country levels.

Dr Samlee reminded the participants of the importance of International Health in today's era of globalization and technological advancement, in which diseases know no boundaries. WHO being a specialized agency for health should take up the task of creating a platform wherein Member countries could come forward and work together. International health is not purely technical, but also political. The spread of communicable diseases in a country leads not only to loss of lives but affects the economy also. In recent times the paradigm of discussion at the World Health Assembly has changed from pure technical issues on health to diplomatically technical issues. He stressed the importance of forming networks in international health by organizing more seminars to strengthen networking at the regional and country levels. While WHO will organize international seminars for the regional level in future, ministries of health should organize more national seminars.

Dr Samlee drew the attention of the participants to the power of information. He felt that in this age of fast communication, everybody should have the latest and most thorough information on international health. This will enable them to coordinate with others. Hence, there is an urgent need to invest in developing a database on international health at the country level.

Dr Uton Muchtar Rafei, former WHO-SEARO Regional Director, noted the changes in the situation compared to a few decades ago. Dr Myint Htwe, Director, Programme Management, thanked the participants for the high quality of their observations and for sharing their experiences. He was highly appreciative of the quality of the output. He stated that the health planners and the National Professional Officers (planning focal points) from the country offices had participated in the meeting with a sense of ownership. He urged them to brief the WHO country representatives about the developed country-specific action plans. He also stressed the need to put in place a mechanism with feasible actions for international health coordination.

Annex 1

Background

The situation of international health has changed radically as the world has gone through the globalization era which brings new opportunities and threats to health internationally. In a changing global environment, health is increasingly seen as a key aspect of human security and a priority for development. There is an increasing emergence of global health partners that previously paid less attention to health in international cooperation. New mechanisms for health financing, such as the Global Fund and GAVI, are changing the way health is resourced in many countries. The coming into force of the International Health Regulations (2005) in June 2007 has expanded the domain of international health coordination into far-reaching arenas requiring multi-ministerial and multicountry collaboration.

WHO is a key player in shaping and responding to change in the public health arena and needs to adapt itself accordingly. It has increased its focus on providing effective support to countries through its comparative advantages. The WHO secretariat and its Member countries work closely with partners including UN agencies, donors, nongovernmental organizations, WHO collaborating centres and the private sector. Only through new ways of working and innovative partnerships can we make a difference and achieve goals.

The WHO Secretariat, in collaboration with Member countries and partners has drawn up a General Programme of Work, a six-year Medium-term Strategic Plan with biennial programme budgets which is used as a framework for WHO country programme budgets. Activities under the country programme budget are further formulated among WHO country offices and ministries of health of Member countries, especially international health divisions or departments in the ministries of health, as its main counterparts in international health. With the increasing emergence of global health players, all international health divisions are assigned to work with a number of international health partners. WHO has to work closely with all Member countries and present a clear image of WHO's comparative advantages in assisting Member countries for efficient

and effective coordination and management of international health activities, with the WHO country programme budget complementing the national health policies and programmes.

The SEA Regional Office has not only allocated 75% of the budget to country offices, but also delegated authority to them to implement activities at country level. Apart from the WHO country budget, more funds are also mobilized from voluntary contributions. Therefore, the directors of international health divisions or national focal points need to work closely with their counterparts at WHO country offices to effectively and efficiently implement international health activities under WHO country programmes with transparency and accountability. In view of the above-mentioned challenges, the WHO Regional Office for South-East Asia has organized this seminar.

Annex 2

Objectives

- (1) To update present and future scenarios of international health in the context of global health agenda contained in the WHO Eleventh General Programme of Work, i.e. rapid globalization, global health security, global health priorities for development and global health-related social, economic, environmental and political factors, as well as an emergence of global health partners;
- (2) To update roles and functions of WHO in the global context in response to the changing global environment;
- (3) To discuss and share experiences of the current organizational structure, capacity building, roles and functions of international health divisions (or national focal points of relevant functions), in management and coordination of international health activities in response to changing global and regional contexts.
- (4) To develop a regional action plan for strengthening coordination and management capacity and capabilities of ministries of health in engaging with external development partners (EDPs) in the health sector.

Annex 3

Agenda

1. Opening Session
2. Mandate, functions and governance structure of WHO in response to the global changing contexts including results-based management
 - 2.1 WHO context in global health
 - 2.2 Eleventh General Programme of Work
 - 2.3 Paris Declaration on aid effectiveness
3. Sharing of experiences and success stories from participants on international health coordination at country level with regard to:
 - 3.1 Relationship between national health policy and Country Cooperation Strategy: Maldives
 - 3.2 Coordination between internal and external stakeholders: Nepal
 - 3.3 Organizational structure and capacity building for international health collaboration: Thailand
4. Case scenario presentation and study to review WHO country programmes in relation to relevance of national health priorities of Member countries on international health collaboration in the changing global environment
 - 4.1 Coordination for health emergencies: Indonesia
 - Tsunami
 - Earthquake: how international coordination was carried out. Share lessons learnt
 - 4.2 International coordination, sector-wide approach: Bangladesh
 - 4.3 Multiministerial coordination, multinational coordination for implementation of International Health Regulations (2005): Myanmar
 - 4.4 Coordination for resource mobilization: India

5. Field visit to the Ministry of Health, Indonesia to observe management and coordination of international health partners at country level
6. Strengthen international health divisions for coordination and management of international health activities:
 - 6.1 Identify capacities, strengths and weaknesses for international health coordination and review the importance of international health activities
 - 6.2 Develop country-specific activities based on the strengths and weaknesses identified to strengthen international health coordination at country level
7. Group work to develop a regional action plan for strengthening international health coordination:
 - 7.1 Develop a regional action plan for strengthening international health coordination at country level
 - 7.2 Detailed WHO Regional Plan for country-specific support
8. Closing session

Annex 4

List of participants

Bangladesh

Dr Md Ruhul Amin Sarker
Joint Secretary (PH & WHO)
Ministry of Health and Family Welfare

Dr Md Nazrul Islam
Director (Planning & Research)
Directorate-General of Health Services
Ministry of Health and Family Welfare

Dr Md Shajedul Hasan
Medical Officer (OSD)
Planning Unit
International Health Function
Directorate-General of Health Services
Ministry of Health and Family Welfare

Dr Frank H. Paulin
Public Health Administrator
WHO Country Office

Dr Ranjit Kumar Dey
NPO (Planning and Management)
WHO Country Office

Bhutan

Dr Ugen Dophu
Director
Department of Public Health
Ministry of Health

Mr Sonam Dorji
Dzongkhag Health Officer
Samdrup Jongkhar
Ministry of Health

Mr Dorji Dukpa
Dzongkhag Health Officer
Zhemgang
Ministry of Health

Mr Norbhu Wangchuk
National Professional Officer
WHO Country Office

India

Dr Paramita Sudharto
Public Health Administrator
WHO Country Office

Mr Sushil Kumar Sharma
Programme Assistant
WHO Country Office

Indonesia

Dr Indriyono Tantoro
Senior Adviser to the Minister of Health
Protection on Risk Health Factors
Ministry of Health

Dr Budihardja
Chief
Bureau of Planning and Budgeting
Ministry of Health

Dr Rustam S. Pakaya
Chief
Crisis Centre
Ministry of Health

Mr Imam Subekti
Chief
International Cooperation Division
Bureau of Planning and Budgeting
Ministry of Health

Maldives

Dr Sheena Moosa
Director-General of Health Services
Ministry of Health

Ms Aminath Rishfa
Assistant Under Secretary
Ministry of Health

Mr Ahmed Khaleel
Assistant Director General
Department of Public Health
Ministry of Health

Dr Rajesh Pandav
Temporary International Professional
WHO Country Office

Myanmar

Dr Ko Ko Naing
Acting Director
International Health Division
Ministry of Health

Dr Myint Myint Wai
Medical Officer (Planning)
Department of Health
Ministry of Health

Ms Margareta Skold
Public Health Administrator
WHO Country Office

Dr Myo Paing
National Professional Officer
(Programmes)
WHO Country Office

Nepal

Dr Kapil Dev Ghimere
Joint Secretary
(Technical Coordination)
Ministry of Health and Population

Dr Mahanand Mishra
Medical Superintendent
Koshi Zonal Hospital
Biratnagar

Mr Ram Babu Rimal
Under Secretary
Policy, Planning and International Cooperation
Division
Ministry of Health and Population

Dr H.S.B. Tennakoon
Health Planner
WHO Country Office

Dr Suraj Man Shrestha
NPO
WHO Country Office

Sri Lanka

Dr Y.D. Nihal Jayathilaka
Additional Secretary
(Medical Services)
Ministry of Healthcare and Nutrition

Dr (Mrs) S.C. Wickramasinghe
Director
International Health
Ministry of healthcare and Nutrition

Mr P.T. Madurawala
Chief Accountant
Ministry of Healthcare and Nutrition

Dr S. Puri
Technical Officer
(Programme and Management)
WHO Country Office

Thailand

Pol.Maj. Suriwan Thaiprayoon
Plan and Policy Analyst
Bureau of International Health
Ministry of Public Health

Mr Paworn Chongcham
Foreign Relations Officer
Bureau of International Health
Ministry of Public Health

Dr Churnrurtai Kanchanachitra
Director of Institute for Population and
Social Research and
Project Director of Thaihealth Global Link
Initiative Project (TGLIP)
Institute for Population and Social Research
Mahidol University
Bangkok

Ms Pantana Prakobchat
Second Secretary
Royal Thai Embassy
Jakarta

Dr Adisak Sattam
National Professional Officer
(Monitoring and Evaluation)
WHO Country Office

Timor-Leste

Mr Ivo Ireneu Freitas
Head of Protocol
Ministry of Health

Mr Joao de Brito Caldas
Head of Cabinet of Vice Minister
Ministry of Health

Mr Marcelo Amaral
Head of Planning Department
Ministry of Health

Dr Erling Larsson
Health Policy Adviser
WHO Country Office

Special invitee

Dr Uton Muchtar Rafei
Regional Director Emeritus

Secretariat

WHO-SEARO

Dr Myint Htwe
Director, Programme Management

Dr R.M. Brooks
Coordinator, Programme Planning and
Coordination

Dr Lin Aung
Programme Development Officer

Dr Yonas Tegegn
Strategic Alliance and Partnership

Dr Hla Hla Aye
Temporary International Professional
Programme Planning and Coordination

Mr R.K. Arora
Programme Planning and Coordination Unit

WHO-Headquarters

Dr Abdel Wahed El Abassi
Coordinator
Partnership and UN Reform
Department of Country Focus (CCO)

WHO Country Office, Indonesia

Dr Subhash R. Salunke
WHO Representative to Indonesia

Dr Stephan P. Jost
Technical Officer, Senior Health Planner
WHO Country Office

Dr Stephanus Indradjaya
National Professional Officer (Programmes)
WHO Country Office

Dr Vijay Kyaw Win
Medical Officer (EHA)

Ms Kamilani B. Usodo
Assistant (GEAs and Library)

Ms Ambar Widiastuti
Project Secretary
Emergency and Humanitarian Action
(EHA) Unit

Annex 5

Opening remarks of Dr Myint Htwe

Honorable Dr Indriyono Tantoro, Senior Adviser to the Honorable Minister of Health, Indonesia,

Dr Subhash R. Salunke, WHO Representative to Indonesia,

Senior Staff of the Ministry of Health, Indonesia,

Distinguished participants and health planners from the WHO country offices;

Good morning

First of all, I would like to convey greetings and good wishes from the WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang. Though Dr Samlee could not be present at the opening session due to urgent commitments, he will be attending the closing session. I would also like to take this opportunity to thank the Government of Indonesia and the Ministry of Health for allowing us to conduct this seminar in Indonesia.

This regional seminar on strengthening international health coordination at the country level is being held at a very appropriate and opportune time. This is mainly due to the fact that an increasing number of players are operating in the field of health. These include other UN agencies, the World Bank, foundations, international and national NGOs, philanthropic organizations, global alliances, etc. This, in turn, has led to:

- Duplication of efforts resulting in wasting of resources;
- competing priorities of different players;
- priority activities of these players may not be in alignment with the national priorities and policies; and
- human resources that are available in the ministry of health may not be able to cope with the increasing demand or requirements of the players.

These are just a few reasons why this seminar is very important to all of us.

I would like to emphasize that the distinguished participants are not only the responsible officials of the ministries of health but also the eyes and ears of the ministry, as you are working in the international health division or in relevant units of the ministry, dealing with international health coordination. International health divisions are also the arms and legs of the Ministries of health in dealing with external partners.

In order to deal effectively and efficiently with this situation of multiple players in the field of health alluded to earlier, you need to be well informed about the priority, nature and mode of work of WHO and its associated partners. WHO also needs to thoroughly know the nature and mode of work, sensitivities and priorities of the ministries of health. This seminar is the best arena where we can frankly discuss and share experiences, based on practical ground realities of what is happening at the country level.

The outcome of this seminar is aimed at promoting the notion that “WHO can contribute and give full technical support in a most effective and efficient manner to its Member countries in international health coordination”, and also “working in close harmony with the Ministry of Health like one strong team”.

You will notice that WHO’s results based management system is also changing and improving in line with the changing context of the global health scenario, globalization process and international health coordination. WHO is the key player in shaping and responding to changes in the field of public health. The Organization also needs to adapt itself accordingly to international health coordination.

WHO currently is putting greater emphasis on enhancing global health security, especially through the International Health Regulations (2005), accelerating towards achieving the MDGs and in promoting greater equity in health by way of strengthening health systems. While maintaining the highest possible standards of normative work, WHO is increasing its focus on providing effective technical support to Member countries, in collaboration with its international partners.

In 2003, the late Director-General of WHO Dr Lee, stressed in his inaugural address to the World Health Assembly that we need to do the right things, in the right places and in the right way by the right people at the right time. This saying can aptly be applied when we are dealing with partners in international health coordination. This message has been received, loud and clear, by all WHO staff as well as by the Member countries.

It is also to be noted that significant changes in international health cooperation and coordination have taken place during the recent years, with the emergence of global public-private partnerships, novel arrangements for governance and financing and increased investments in health. The establishment of the Global Fund to fight AIDS, TB and Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI) are changing the way health is resourced and activities are carried out.

This increasing number of partnerships at global, regional and country level calls for strengthened international health coordination and harmonization. This is especially the case at the country level, where several development partners are working i.e. the UN system, bilateral donors, global initiatives, civil society and other stakeholders. Greater collaboration and coordination among these partners can reduce the transaction costs for both recipients and providers; it can also ensure greater coherence and efficiency by focusing on respective comparative advantages and areas of expertise and strengths of partners; and it can ultimately ensure greater impact in the field of health development.

One clear point of change in WHO's programme management and planning framework is moving away from the "Area of Work" to the "Strategic Objective" approach, starting in the 2008-2009 biennium. Accordingly, the approach and thinking process applied by national programme managers of WHO collaborative programmes as well as staff working in the WHO country offices need to be reconsidered and adjusted accordingly.

Member countries in the South-East Asia Region are very diverse in terms of health situation, level of development of health programmes, the funding support received from external partners and donor agencies, the availability and technical capacity of health workers at the peripheral level and many other factors. Therefore, the technical and other support

required by these countries also varies greatly. WHO is aware of these facts and is therefore continuously reassessing and improving its ways of working.

Members of the WHO secretariat for this seminar are mainly from the Programme Planning and Coordination unit in the Regional Office, which is mainly responsible for developing and coordinating WHO biennial programmes.

These WHO biennial programmes are developed through a consultative process involving WHO professional staff from the regional and country offices, officials from the international health divisions, and especially the national programme managers handling different technical programmes in the countries.

I am sure that the three prime movers, i.e. the Programme Planning and Coordination unit at the Regional Office, planning officers or public health administrators of WHO country offices and officials from international health divisions, will have a very frank and practical discussion through sincere sharing of experience and knowledge.

As I have said earlier, the Member countries in the Region have different health challenges in the context of their specific situations and many other factors. Therefore, each Member country can share its unique success stories as well as failures in international health coordination.

We have to learn from each other, thereby increasing both our work effectiveness and efficiencies. To achieve this, we need to be frank and sincere in sharing experiences in this seminar.

An important issue to which I would like to draw the attention of the officials of international health division is the participation of officials from the ministries of health in several WHO conducted consultations, meetings, workshops and seminars. This is one form of international health coordination. The participation of specific and relevant officials will not only be beneficial to the Member countries but will help in making quality technical contributions to the meeting outcomes.

In view of limited resources, it will be more cost-effective if the participants attending these meetings can give feedback or follow-up or share their experiences with their national colleagues by conducting a half-day or one-day meeting on their return to their own country. One side

benefit of this would be that the participants who attend the meeting will also be serious and attentive because they will have to conduct a meeting on return. Professional staff at the WHO country offices will be more than willing to facilitate and support such a half-day or one-day meeting.

During this biennium, the Regional Office will review the staffing pattern and functions of the WHO country offices in addition to giving full technical support to its professional staff working at the country level, especially for enhancing international health coordination. The ultimate purpose is to render full technical support and response to the needs of the Member countries including international health coordination.

The WHO Regional Office is also reviewing its structure and way of work so that our work is in line with the evolving scenario in international health and international health coordination. I am sure that this seminar will provide many points for consideration.

Likewise, the International Health Division of the Ministry of Health may also need to review its structure and mode of communication and work so that evolving international health issues and international health coordination can be dealt with in the most effective and efficient manner.

In order to be most effective in international health coordination, it is important to give full briefing to the senior officials of the ministries of health who attend the World Health Assembly, the WHO Executive Board, the Regional Committee, the Health Ministers' Meeting and the Health Secretaries' Meeting.

Through the medium of the international health division, WHO is always at the disposal of the Ministries of Health in coordinating and arranging such technical briefings.

Another effective tool relevant to international health coordination as well as in dealing with and getting support from donors and stakeholders is World Health Assembly and Regional Committee resolutions, together with the Country Cooperation Strategy document.

These resolutions and the Country Cooperation Strategy document contain many important points which can be used in discussing and negotiating with the donors and stakeholders.

In order to achieve effective results and a fruitful outcome from all external support activities, national technical programme managers need to review not only WHO-supported collaborative programmes but also activities funded by other external donors.

This will lead to less duplication of efforts and more complementarity.

In view of the above-mentioned challenges, the Regional Director has given policy direction to conduct this “Regional Seminar on Strengthening International Coordination at the Country Level”.

However, to achieve full understanding of international health coordination in one seminar is not possible. It is an evolving process where improvements can be made as we go along.

If we are aware of the underlying principles and rationale, we can progress significantly to achieve good and reasonable international coordination in the field of health. There is, however, no single recipe to fit all needs.

I am sure that this seminar will provide the best opportunity for all of us to get a full insight on this important issue of international health coordination. At the end of the seminar, we expect to have specific, practical and doable country action plans to improve international health coordination. These action plans will then be synthesized into a generic regional action plan for strengthening international health coordination in the Region as a whole.

Finally, I wish you success in your deliberations and a pleasant stay in Jakarta.

Thank you.

Annex 6

Group work outputs: Identify capacities, strengths and weaknesses for international health coordination and review the importance of international health activities

Group 1: Organizational structure

Strengths	Weaknesses
<ul style="list-style-type: none"> • Better coordination within the health sector • Regular monitoring mechanism • Government ownership • A copy of record of all the agreements with developmental partners in one place • “One gate” policy <ul style="list-style-type: none"> – one focal point • Better implementation • Avoid overlap and duplication • Can understand the way donors operate <ul style="list-style-type: none"> – share information with others • Knowledge of financial procedure of donors <ul style="list-style-type: none"> – procurement – financial 	<ul style="list-style-type: none"> • Multiple units without clear mandate <ul style="list-style-type: none"> – no clear mandate – function overlapping with other units • Language barrier • Lack of professional team • Inadequate resources to run the unit
Opportunities	Threats
<ul style="list-style-type: none"> • Qualified people in international coordination • Possibility of generating new funding • Outward-looking <ul style="list-style-type: none"> – think about global health – opportunity to contribute 	<ul style="list-style-type: none"> • Dilution of national policy <ul style="list-style-type: none"> – the unit becomes so strong that it starts to make policy • Frequent changes of policy-makers

Group II: Capacity building for international health coordination

Strengths	Weaknesses
<ul style="list-style-type: none">• International health unit given due recognition• Have competency and skills in specialized areas<ul style="list-style-type: none">– resource utilization and distribution– coordination with partners– administration• Close relationship with other partners	<ul style="list-style-type: none">• Lack of competencies and skills in comprehensive basis• Overworked• High turnover rate• The right person not put in the right job
Opportunities	Threats
<ul style="list-style-type: none">• Increase in external resources• Increase number of partners• Implementation of Paris Declaration for harmonization and alignment	<ul style="list-style-type: none">• Donor-driven agendas• So many donors and difficult to coordinate• Rapid change in global health trends• Sudden termination of donor support• Lack of investment in capacity building by donors

Group III: Alignment of international health coordination with national priorities

Strengths	Weaknesses
Clarity of National Health Development Framework	
CCS (WHO) and other documents	
Internal coordination forum	Weak internal coordination
Consultation process in developing plan	Existence of different coordination mechanisms
Strong leadership of MoH	Ineffective leadership
Capacity and authority of international health division (IHD)	Limited capacity of IHD to negotiate and coordinate
Regular joint review	
WHO assistance in the country	
Opportunities	Threats
Existing national intersector coordination forum	Strong dependency on external funding
Available mechanism of intersectoral coordination i.e. SWAP, IHP	Non-flexible donor mandate
Clear government foreign policy	Conflicting procedures
Available knowledge about external development partners' mandate and resources	Unstable political environment
Sharing information mechanism	
Paris Declaration (has to be put into practice)	

Group IV: Coordination with internal and external partners

Strengths	Weaknesses
Already existing mechanism in place	Poor harmonization and alignment (money/voice)
Competent professionals, technical staff	Lack of human resources and skills
Health sector Leadership and ownership of health projects	Duplication of activities (poor coordination)
Climate for transparency and accountability	Inappropriate representation
Existing national plan, improved targeting and resource mobilization	Bureaucracy
	Focus on MDGs taking attention away from country-specific problems
Opportunities	Threats
Greater trust and transparency	Too much focus on MDG detracts from other key-issues in the health sector
Donor recipient interaction on setting priorities	Donor-driven agendas
No duplication	Changing political situation
Focus on MDG encourages donor funding.	Emergencies can detract from ongoing development efforts
Availability of new technologies and partnerships	Unstable global economy
UN reforms	Inflexibility in planning cycle

Annex 7

Group work outputs: Develop country-specific activities based on the strengths and weaknesses identified to strengthen international health coordination at country level

Country-wise specific activities in strategic areas

Strategic areas (Bangladesh)

No.	Strategic areas for international health coordination	Action/initiatives	Possible support from WHO at country level	Indicator	Timeframe
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> Establish dedicated IHD unit under secretary for health 	<ul style="list-style-type: none"> Provide training and advice to the staffs of the IHD 	<ul style="list-style-type: none"> No. of persons trained 	2008/09
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> Place staff with adequate competencies Train staff for IHD unit 	<ul style="list-style-type: none"> Arrange workshops, seminars & other training 	<ul style="list-style-type: none"> No. of training events 	2008/09
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, intra-ministerial meetings, PM meeting, donor coordination meetings)	<ul style="list-style-type: none"> Regular meeting of the HNP forum 	<ul style="list-style-type: none"> Preparing the working papers/agenda 	<ul style="list-style-type: none"> HNP forum meets according to terms of reference 	2008/09
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> Regular dialogue with- in the ministry & DPs on harmonization of procedures 	<ul style="list-style-type: none"> Bring sharing of experience from other SEARO countries. 	<ul style="list-style-type: none"> Indicators of the Paris Declaration on Aid effectiveness 	2008/09
5.	Others e.g: logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> Establish Intranet with in the ministry Follow up of partnership agreement compliance 	<ul style="list-style-type: none"> Establish linkage between HMN and MIS 	<ul style="list-style-type: none"> Intranet established 	2008/09

Strategic areas (Bhutan)

No.	Strategic areas for international health coordination	Action/initiatives	Possible support from WHO at country level	Indicator	Timeframe
1.	Organizational set-up (e.g. Personnel setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> IHD unit set-up with clear ToR Policy for health sector 	<ul style="list-style-type: none"> IHD set up formulated 	2008	<ul style="list-style-type: none"> Workshop for developing TOR
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> Appointment of focal person Capacity development Job description 	<ul style="list-style-type: none"> IHD capacity built Career ladder 	2008/09	<ul style="list-style-type: none"> Fellowship in IHD Start training for focal points
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> CCS to be finalized 	<ul style="list-style-type: none"> CCS aligned with Bhutan's 10th Development Plan 	June 2008	<ul style="list-style-type: none"> Mission for finalizing the draft CCS Printing the CCS document
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> SOPs for use by focal person in IHD Systematizing monitoring and evaluation 	<ul style="list-style-type: none"> Procedures in place Information and evidence available 	2008 2008/09	<ul style="list-style-type: none"> WHO technical assistance (TA) WHO technical assistance
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> Office set-up 	<ul style="list-style-type: none"> Office established 	July 2008	<ul style="list-style-type: none"> Support office establishment to set up

Strategic areas (India)

No.	Strategic areas for international health coordination	Action/initiatives	Possible support from WHO at country level	Indicator	Timeframe
1.	Organizational set-up (e.g. Personnel setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> • Technical assistance to further assist IH in the global health issues 	<ul style="list-style-type: none"> • Technical Consultants for WTO/GATTs, coordination with DP • Administrative staff • IT support to strengthen communication/interaction with DP and WHO 		<p>Immediate</p> <p>Immediate</p> <p>Due course</p>
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> • Better clarity of task for each member of IH team • Placement of appropriate people in IH • Better planning for capacity building 	<ul style="list-style-type: none"> • WHO technical advice and facilitation for selection of nomination of appropriate person for high-level meetings • WHO technical advice for fellowships • Consultant/advice to further support and strengthen IHD 		<p>Immediate</p> <p>Immediate</p> <p>Immediate</p>
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> • Plan for orientation of new team 	<ul style="list-style-type: none"> • WHO to arrange orientation and stakeholders meetings • Facilitate MC coordination for better understanding • Donor coordination meeting 		<p>Immediate</p> <p>Due course</p> <p>Due course</p>
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Further strengthening of IH through technical and administrative manager 	<ul style="list-style-type: none"> • WHO to provide technical support for better coordination • Facilitate mechanisms for harmonization of donors/resources 		<p>Immediate</p> <p>Due course</p>
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Administrative and logistics support for efficient functioning and communications 	<ul style="list-style-type: none"> • WHO initiative to further streamline the resources for efficient functioning per national procedures 		<p>Due course</p>

Strategic areas (Indonesia)

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Timeframe	Possible support from WHO at country level
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> Develop and propose a new structure Propose recruitment of new staff Establish the ICT facility Strengthen MoH-secretariat for WHO collaborative programmes 	<ul style="list-style-type: none"> New structure established Additional staffs recruited Link established for IH cooperation in MoH website 	2008 2008 2008 2008–2009	TA and Financial support
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> Workshop on International health issues such as IPR, IHR, etc. Workshop to share multisector experiences on international coordination. Training to develop competence and skill in addressing international health coordination Exposure to the Thai experience in IHD. 	<ul style="list-style-type: none"> Increased awareness of the importance of IH Strengthened working arrangement with other sectors on issues relevant to health Increased competence of IHD staff 	2008–2009 2008 2008–2009	Technical assistance Financial assistance for study visit
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> Retreat of WHO-MoH senior officers to strengthen collaboration Socialization of CCS and PB 2008-2009 Study on the contribution of foreign assistances to the health programme achievement 	<ul style="list-style-type: none"> Common understanding on the WHO collaborative programme and mechanism Better approach on the implementation of CCS and PB 2008-09 Information provided to develop policy on technical assistance 	2008 2008 2009	TA Financial assistance

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Timeframe	Possible support from WHO at country level
		<ul style="list-style-type: none"> • Workshop for National Health Strategic Plan 2010-2014 (foreign assistance) 			
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Regular meeting for the national focal points • Regular meeting for the health sector Coordinating Committee (HSCC) chaired by BAPPENAS. 	<ul style="list-style-type: none"> • Internal coordination on IH strengthened • Coordination with international partners strengthened 	2008–2009 2008–2009	Assisting networking with partners.
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Monitoring • Evaluation of International cooperation 	<ul style="list-style-type: none"> • Effective monitoring and evaluation of foreign assistances 	2008–2009	TA

Strategic areas (Maldives)

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Timeframe	Possible support from WHO at Country level
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> Develop competency requirements for the functions assigned to IH unit Develop and agree with Foreign Ministry on procedure for IH coordination, including procedure for coordination b/w central and peripheral levels 	<ul style="list-style-type: none"> Competency requirements defined Procedure developed and finalized 	<p>2008</p> <p>2008</p>	<ul style="list-style-type: none"> Share other countries IHDs structure, functions and competency of staff
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> Train technical staff Increase budget for capacity building Provide short term training to existing staff to enhance capacity in the areas of competency required for IH Advocate with int. agencies for funding for IH capacity building Provide opportunities to expose national staff to their procedures Provide opportunity to participate in int. meetings/seminars 	<ul style="list-style-type: none"> 2 technical staff trained Train staff in communication / negotiation skills; knowledge management about EDPs; research into global/regional health issues International agencies commit for IH capacity building IH unit staff better able to understand procedures of EDPs IH unit staff more competent 	<p>2009/2010</p> <p>2008/2009</p> <p>2008-2010</p> <p>2009/2010</p> <p>2008-2010</p>	<ul style="list-style-type: none"> Mobilize funds Organize short term regional training in competencies for IH coordination Facilitate dialogue and assist MOH Facilitate dialogue and assist MOH Facilitate dialogue and assist MOH
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> Advocate for health in intersectoral policy prioritization Conduct resource/aid allocation to support evidence based advocacy materials Develop priority projects for external funding 	<ul style="list-style-type: none"> Health issues included for policy prioritization for external assistance Evidence based advocacy materials developed Develop health projects for external assistance annually 	<p>2008-2010</p> <p>2009</p> <p>2008-2010</p>	<ul style="list-style-type: none"> Assist MOH in advocacy for health Provide TA for conducting resource/aid analysis Provide TA for proposal development

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Timeframe	Possible support from WHO at Country level
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Increase knowledge about EDPs mandates/ resources • Familiarize IH staff on Paris declaration on aid effectiveness • Advocate for intersectoral forum (internal) • Advocate for EDP forum 	<ul style="list-style-type: none"> • Duplication of activities minimized • Better harmonization of financial and procurement procedures • Better capacity for coordinated support • Efficient utilization of resources 	<p>2008</p> <p>2008-2010</p> <p>2008-2010</p> <p>2008</p>	<ul style="list-style-type: none"> • Share information on EDPs • Provide TA in advocacy for application of Paris declaration • Facilitate dialogue and assist MOH
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Develop MOUs with external institutes/agencies for IH collaboration • Develop legislative framework for external development assistance 	<ul style="list-style-type: none"> • MOUs developed for IH collaboration with regional countries • Legislative framework developed 	<p>2008-2010</p> <p>2010</p>	<ul style="list-style-type: none"> • Facilitate horizontal collaboration • Share regional experience and provide TA

Strategic areas (Myanmar)

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Timeframe	Possible support from WHO at Country level
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> • Need analysis for recruiting staff • Propose to recruit additional staff for IHD • Clarify role and function of staff 	<ul style="list-style-type: none"> • Analysis done • Additional staff 	2 years	MOH/partial support for training and facilities by WHO MOH
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> • Training for staff for special skills (communication, negotiation, resource mobilization, protocol) • Plan for long term training plan • To update global health information 	<ul style="list-style-type: none"> • Trained staff in communication, negotiation and resource mobilization 	2 years	<ul style="list-style-type: none"> • Fellowship programme (short-course and long-term programme) • Support for staff retreat <ul style="list-style-type: none"> – module development for training programme – staff retreat
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> • Strengthening the advocate role of IHD • Negotiation and coordination 	<ul style="list-style-type: none"> • Increased capacities and proficiencies 	6 months	<ul style="list-style-type: none"> • One-day workshop with developmental partners (national and international) <ul style="list-style-type: none"> – harmonization and alignment – share action plan with MOH
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Regular coordination meetings with internal and external partners (6 monthly) 	<ul style="list-style-type: none"> • Improve communication and collaboration between MOH and partners 	ongoing	<ul style="list-style-type: none"> • Technical support
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Plan for assessment (Aid analysis/gap analysis/impact study) • Update the directory on development partners 	<ul style="list-style-type: none"> • Assessment tools developed and assessment done • Updated directory and communication facilitated 	2 years	<ul style="list-style-type: none"> • Technical and financial support

Strategic areas (Nepal)

No.	Strategic areas for international health coordination	Action/initiatives	Result/Output	Time frame	Possible support from WHO at Country level
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> • Reorganize the international health division <ul style="list-style-type: none"> – Assess divisional function – Revisit ToR • Rearrangement of the international health division unit • Placement of necessary staff • Section-wise planning system introduced 	<ul style="list-style-type: none"> • Assessment completed • Existing system are assessed • Job functional with proper professional mix 		<ul style="list-style-type: none"> • Technical support
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> • Prepare capacity building plan • Introduce proper selection mechanism 	<ul style="list-style-type: none"> • CB plan functional 		<ul style="list-style-type: none"> • Training- local, regional, extra-regional • Study tours • Workshops
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> • Conduct orientation programme • Share achievements 	<ul style="list-style-type: none"> • Well-oriented staff 		<ul style="list-style-type: none"> • Support for orientation on CCS • Sharing of the achievements
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Create a macro-level joint forum for interaction among various stakeholders • Revisit coordination mechanism at local governance level 	<ul style="list-style-type: none"> • Common understanding of programmes among the stakeholders • Programme harmonized between the central and local level 		<ul style="list-style-type: none"> • Technical support
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Develop integrated information system • Assess logistic needs and procure adequate logistics. 	<ul style="list-style-type: none"> • Information available as per the needs • Necessary logistics in place 		<ul style="list-style-type: none"> • Technical Support • Supplies and Equipment support

Strategic areas (Sri Lanka)

No	Strategic areas for international health co-ordination	Action/initiatives	Result/Output	Time frame	Possible WHO support at country level
1	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> • Delegate more authority to work directly with: <ol style="list-style-type: none"> 1. Ministry hierarchy, 2. Stakeholders within the ministry 3. Government agencies outside the ministry 4. International agencies/NGO • Create additional required cadres and fill existing vacancies • Development of infrastructure/IT facilities 	<ul style="list-style-type: none"> • Well-functioning IHC 	6 months 2 years 6 months	<ul style="list-style-type: none"> • Support for technical expert Support for technical expert <ul style="list-style-type: none"> • Provision of related equipments
2	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> • National expert to identify cadre requirement and to prepare job description • Organize system for capacity building including TOT 	<ul style="list-style-type: none"> • Road map for capacity development • System and trained manpower 	4 months 2 years	<ul style="list-style-type: none"> • Support for technical expert • Support for TOT (in country and abroad)
3	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> • Official engagement in related activities • Development of a mechanism to organize/synchronize MTSP/NHP/CCS related all activities 	<ul style="list-style-type: none"> • Effective implementation of related programmes through better coordination 	6 months	<ul style="list-style-type: none"> • Technical support in organization of related meetings
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • All the co-ordination activities related to internal and external partners of international health channeled through IHC • Delegate more authority to work directly with: <ol style="list-style-type: none"> 1. Ministry hierarchy 2. Stakeholders within the ministry 3. Government agencies outside the ministry 4. International agencies/NGO 	<ul style="list-style-type: none"> • Efficient and effective utilization of resources without duplicating 	4 months	<ul style="list-style-type: none"> • Support for monitoring and follow -up

No	Strategic areas for international health co-ordination	Action/initiatives	Result/Output	Time frame	Possible WHO support at country level
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • M&E mechanism to be shared with ministerial hierarchy • Overseas postgraduate training in medical fields • Development of infrastructure/IT facilities 	<ul style="list-style-type: none"> • Efficient coordination • Our level national experts in relevant areas • Well-functioning IHC 	<p>4 months</p> <p>1 year</p> <p>6 months</p>	<ul style="list-style-type: none"> • Training on M&E • Fellowships and placements • Provision of related equipments

Strategic areas (Thailand)

No.	Strategic areas for international health co-ordination	Action/initiatives	Result/output	Timeframe	Possible support from WHO at Country level
1.	Organizational set-up (e.g. Personnel Setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> • Set up the practical linkage mechanism with the Bureau of Policy and strategy • Advocate policy-makers to approve the new organizational structure • Set up the new additional functions i.e. play an active role to formulate the international health formulation • Establish the practical/standard International health guidance • Strengthen capacity of other departments of the ministry • Establish network with international relations officers from all the departments of the MOPH 	<ul style="list-style-type: none"> • Strategic plan of international health coordination • Formal organizational structure • Functional networks 	<p>One year</p> <p>3 years</p> <p>immediate</p>	<ul style="list-style-type: none"> • Technical assistance/input for formulating strategic plan <p>Help building international health networks</p>
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> • Establish regular training course for the staff on international health issues and protocol • Provide the staff the opportunities to attend the internal seminar/conference • Provide In-house training • Strengthening IT capacity • Increase financial resource allocation • Strengthen administrative works 	<ul style="list-style-type: none"> • Qualified staff • Sufficient budget • Sufficient equipment 	<p>3-5 years</p> <p>1 year</p> <p>1 year</p>	<ul style="list-style-type: none"> • Staff development/technical assistance

No.	Strategic areas for international health co-ordination	Action/initiatives	Result/output	Timeframe	Possible support from WHO at Country level
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> • Establish focal function for MTSP, CCS, NHP 	<ul style="list-style-type: none"> • An active focal point • for MTSP, CCS, NHP 	3 months	
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> • Strengthening mechanism of coordination among ministerial and international health collaboration network 	<ul style="list-style-type: none"> • Having proactive function • Work proactively with external partners 	Immediate 3 months	<ul style="list-style-type: none"> • Assisting coordination with external agencies especially with the potential partners
5.	Others e.g. logistics, ICT support, agreements, MOU, administrative support	<ul style="list-style-type: none"> • Follow up the resolutions from RC and WHA 	<ul style="list-style-type: none"> • Effectiveness of resolutions implemented 	1-3 year	<ul style="list-style-type: none"> • Grant support

Strategic areas (Timor-Leste)

No.	Strategic areas for international health co-ordination	Action / initiatives	Result/Output	Timeframe	Possible support from WHO at Country level
1.	Organizational set-up (e.g. Personnel setup, Infrastructure, ICT facility)	<ul style="list-style-type: none"> Nomination and recruitment for new head of department and staff Formulate standard operational procedures in relation to international cooperation or partnership management 	<ul style="list-style-type: none"> Department of Partnership Management established with adequate staff Standard operating procedures in place 	<p>1st quarter (Feb '08)</p> <p>1st quarter (March '08)</p>	<ul style="list-style-type: none"> TA from WHO country office
2.	Capacity building (e.g. Training – local, regional, extra-regional, study tours, workshops, etc.)	<ul style="list-style-type: none"> Training on negotiation and communication skills Brief by EDPs on their procedures, mandate and priorities 	<ul style="list-style-type: none"> Training realized Better knowledge on EDP's procedures, mandate and priorities 	<p>3rd Quarter</p> <p>2nd Quarter</p>	<ul style="list-style-type: none"> Funding and Facilitating negotiation place of training Funding study tour
3.	Relation to MTSP, CCS, NHP (e.g. stakeholders meetings, Intra-ministerial meetings, PM meeting, donor co-ordination meetings)	<ul style="list-style-type: none"> Analyse and negotiate with EDPs to ensure their existing plan aligns with HSSP 	<ul style="list-style-type: none"> Alignments of EDPs plan with HSSP 	<p>3rd - 4th Quarter</p>	<ul style="list-style-type: none"> Facilitate and actively participate
4.	Coordination between internal and external partners (e.g. mechanisms for harmonization for aid effectiveness)	<ul style="list-style-type: none"> Prepare TOR of Annual Joint Planning and Evaluation Team Conduct and facilitate Annual Joint Review or evaluation Conduct Annual Joint Plan Mapping on external assistant and NGOs activities 	<ul style="list-style-type: none"> Proper situation analysis and monitoring of health programme Comprehensive Annual Health Sector Plan for 2009 Update HSSP and MTEF 	<ul style="list-style-type: none"> 1st and 2nd quarter 3rd-4th quarter 3rd-4th quarter 	<ul style="list-style-type: none"> Facilitation Funding study tour
	Others e.g. logistics, ICT support, agreements, MOU, administrative support				

Annex 8

Group work outputs: Proposed framework for regional action plan for strengthening international health coordination

1. Organizational setup	
Action/Initiatives based on Country Specific Plans	Priority regional support activities
<ol style="list-style-type: none"> 1. Establish an International Health Division or organizational structure responsible for international health 2. Upgrade/expand the International Health Division 3. Recruit additional staff 4. Establish linkages with national health policy making bureau. 5. Clarify roles and function of the unit 6. Identify staffing needs of the unit 7. Identify organizational needs of the unit 	<ul style="list-style-type: none"> • Prepare a guideline for organizational setup, based on country assessments, to include roles, functions, competencies to be place in the unit. • RO to provide technical support or STC/TIP on demand. • Action plan from the Regional Office, as an outcome of this seminar. • Agenda/sub-agenda at the Health Secretary/high-level policy meetings to establish/strengthen IHD.
2. Capacity building	
Action/Initiatives based on Country Specific Plans	Priority regional support activities
<ol style="list-style-type: none"> 1. Training for special competencies required (programme management, log frame, resource mobilization) 2. Workshop on IPR/IHR 3. Identify appropriate training programmes 4. Prepare training plans/modules 5. Career development schemes for retaining candidates 6. Selection of candidates for training 7. Comparative studies/visits on international Coordination 8. Participation in international meetings 9. Long term trainings/fellowships for IHD 	<ul style="list-style-type: none"> • Identify institutions for training/workshop/ visits for specific areas on international health (programme management, log frame, resource mobilization, negotiation, etc) • Plan for intercountry training programmes – short and long-term. • Use MCAs as a medium for short-term trainings/workshops/study tours on International Health Coordination. • Collaboration with other international organizations can be used to support this. • Issue specific trainings (IP, IHR...) • Develop training modules on specific issues • Support from Regional Office to organize orientation/training on international health coordination/functions. • Conduct regional workshop involving representatives from other ministries. • Facilitate attendance of IHD personnel in international meetings.

3. Relation to MTSP, CCS, NHP	
Action/Initiatives based on Country Specific Plans	Priority regional support activities
<ol style="list-style-type: none"> 1. Strengthen IHD's role for negotiation and coordination 2. One-day workshop on alignment and harmonization 3. Share action plan for international health coordination with MoH 4. Regular meetings with the national focal points 	<ul style="list-style-type: none"> • Support and organize a workshop on A&H, adaptation of module (follow up) • Facilitate networking to share experiences among countries to influence the global health agenda.
4. Coordination between internal and external partners	
Action/Initiatives based on Country Specific Plans	Priority regional support activities
<ol style="list-style-type: none"> 1. Retreat of WHO and MoH senior officers to strengthen collaboration 2. Develop SOPs for international health coordination 3. Conduct gap analysis 4. Alignment and harmonization for aid effectiveness 5. Conduct joint forum for interaction among various stakeholders 6. Revisit coordination mechanism at local governance level 	<ul style="list-style-type: none"> • Provide "gold standard" guidelines/models/ tools for gap analysis. • Regional framework of SOPs on international health coordination • Develop modules for training (harmonization, alignment, negotiation, communication, protocols for international relations, etc.) • Assign focal point at regional and country offices to support the above
5. Others	
Action/Initiatives based on Country Specific Plans	Priority regional support activities
<ol style="list-style-type: none"> 1. Monitoring and Evaluation mechanism 2. Develop integrated information system 3. Administrative support 4. ICT support 5. Assess logistic needs and procure adequate resources 	<ul style="list-style-type: none"> • Provide current, updated information on global health issues • Web-based information source from the Region for better linkages with the IHD and EDPs (mandates, <i>modus operandi</i>). • Guidelines for Monitoring and Evaluation • Strengthening the ICT infrastructure of IHD • To develop tools for gap analysis, monitoring and evaluation • To ensure regional office commitment to support specific country needs (e.g. IHR, TRIPS, strategic plan, etc.)