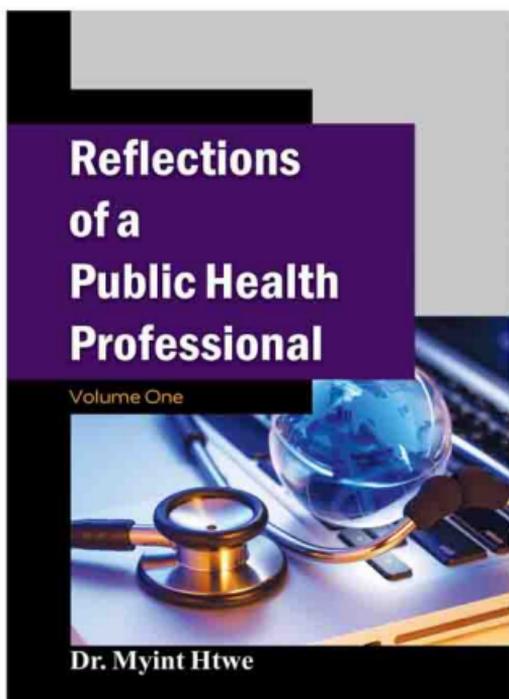


Strengthening International Health Coordination



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7. Strengthening international health coordination

(Based on opening remarks at the “Regional Seminar on Strengthening International Health Coordination at Country Level” Jakarta, Indonesia, February 2008 and “Regional Seminar on Strengthening Country Capacities in Management of International Health Activities” Kathmandu, Nepal, August 2010).

Strengthening country capacity in coordination and management of international health activities is *becoming increasingly important* because there are many players and partners operating in the field of international health, covering the whole spectrum of public health. New players are emerging rapidly, often with substantial funding support from various sources. These players have their own mandates and mission statements, guiding principles, various forms of *modus operandi*, different planning and budgeting cycles, and different levels of expertise and governing structures.

Currently, WHO, UNICEF, UNFPA, UNDP, UNOPS, other UN agencies, the World Bank, Global Fund, GAVI, USAID, DFID, GIZ, JICA, AusAID, SIDA, CIDA, foundations, international and national NGOs, philanthropic organizations, global alliances, etc. are working in the field of public health in the country. Without proper coordination and systematic management, it can lead to:

- (i) Duplication of efforts of several players resulting in wasting of resources;*
- (ii) Confusion of the recipient country due to competing priorities proposed by different players;*
- (iii) Priority proposals or activities of these players may not be in alignment with the national priorities and policies;*
- (iv) The inability of the recipient country to cope with increasing demand or requirements of various players as human resources that are available in the Ministry of Health (MoH) are finite.*

All these factors must be taken into account when we consider strengthening country capacity in coordination and management of international health activities. The emerging players are enthusiastic and generally recipient countries welcome these newcomers. However, given the diversity of mandates and procedures, systematic coordination, prioritization and synchronization of activities of these players are crucial.

There are several relevant units or sections or divisions in different departments under MoH, which deal with coordination of international health affairs. They are the eyes and ears of MoH. These entities should appropriately relay the information, through proper channels, to senior officials of MoH, concerned programme and project managers in MoH in terms of available technical materials and matters, opportunities of various kinds, resources, fellowship and scholarship offers, short-term and long-term training courses, and research funding grants, that would be useful to them. This is easier said than done. To make it happen, one should *develop systematic in-house procedures and simple guidelines*. In other words, project managers must be fully aware of the abovementioned information of external and international players supporting the country.

To deal effectively and efficiently with multiple players and partners in the field of health is pivotal. Concerned officials of *MoH should inform external partners about the country's health policies and priorities, national health plans, strategies and targets, nature and mode of work of MoH*, etc. It is important to be transparent in this endeavour. External players and partners also need to thoroughly digest about this background situation, and also be sensitive to issues and special *ad hoc* priorities of MoH. In this context, it will be beneficial to have a regular platform to frankly discuss these matters (with no hidden agenda) as well as the ground realities of the situation. If both parties have clear perspectives and a collaborative spirit, there will be mutually beneficial outcomes. Currently, the *modus operandi* of sharing information is in place but we need to strongly reinforce it and do systematic follow-ups.

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WHO is the key player in shaping and responding to changes in the field of public health in the country. WHO is one of the closest partners of MoH and is apolitical. Both parties usually adapt basic principles of international health coordination. In 2003, the late Director-General of WHO Dr. Lee Jong-wook in his inaugural address to the World Health Assembly stressed 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 statement can aptly be applied when we are dealing with partners in international health coordination. This message was received, loud and clear, by all delegations from 192 Member countries attending the World Health Assembly in Geneva, Switzerland in May 2003.

It is to be noted that significant changes in international health cooperation and coordination have taken place during recent years, with the emergence of several global public-private partnerships, novel arrangements for governance and financing mechanisms and increased investments in health resulting in changing the way health is resourced.

The 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 and players are working, i.e., the UN system, bilateral donors, global initiatives, INGOs, civil society and other stakeholders. Greater collaboration and coordination among these partners can reduce 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. Accordingly, one example in our country is that the “approaches and management process applied by national project managers of various technical programmes of MoH as well as staff working in the WHO country office need to be aware of these issues and adjust them accordingly”. As a former staff member of WHO and also Chief of international Health IDivision of the MoH, the following examples are highlighted in the context of

coordination with WHO. It is to be emphasized that officials of MoH *need to give extra special and undivided attention when WHO biennial programmes are developed* through a consultative process, involving WHO professional staff from the regional and country office, officials from the international health division, and especially the national project managers handling different technical areas in the country. That is the time when we can review our programme needs rather than just continuing the previous biennial work plan. This is due to expected as well as unexpected changes in the epidemiological situation. *Health challenges are always in a state of flux.* This scenario is extremely important and a strong International Health Division of MoH is required to aptly handle it.

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 office and officials from the International Health Division including project managers, need to have a very frank and practical discussion based on ground realities through sincere sharing of experience, information and contemporary knowledge. This is the process where we can learn from each other, thereby increasing both our work effectiveness and efficiencies. To achieve this, the basic principles to be applied are *“Be frank and sincere with no hidden agenda”* and *“Make compromises, based on ground realities, as much as possible, if we encounter any difficult situation or confrontation”*

The coordinating role that the International Health Division can play is, to the extent possible, to make arrangements so that the right persons attend international consultations, meetings, workshops and seminars. This is one form of effective international health coordination. The participation of specific and relevant officials will not only be beneficial to the country but will help in making a quality technical contribution to the meeting outcome and to the benefit of all participants and the sponsoring organization. We should also *fully utilize the technical services and support rendered by WHO Regional Office and country office staff members.*

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We could not afford to send many officials to attend meetings or workshops or seminars outside the country due to budgetary constraints. In view of this limitation in resources, it would 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 meeting on their return to their own unit or department. This should be a compulsory activity. One side benefit of this would be that participants who attended the meeting would also be serious and attentive because they know that they have to conduct a feedback meeting on return.

To be more efficient in coordinating international health affairs at the country level, with a long-term perspective in mind, technical competency of professionals of MoH needs to be further strengthened together with *updating and strict application of in-house standard operating procedures, guidelines and “dos and don’ts”*. Development and establishment of a robust and dynamic computerized system of work activities in international health coordination in the MoH will provide unlimited benefit which could far outweigh the investment cost.

It is impossible to describe in detail the importance of international health coordination and the International Health Division in this short article. As the scenario is dynamic, the International Health Division should always be on the alert, do introspection and adjust its *modus operandi* to fit into the evolving situation. A strong International Health Division means strong MoH. Other effective instruments relevant to international health coordination as well as in dealing with and getting more funding support from donors and stakeholders are resolutions of the World Health Assembly and the WHO South-East Asia Regional Committee, declarations of the South-East Asia Health Ministers’ meetings, together with the updated Country Cooperation Strategy document. These resolutions, declarations, and Country Cooperation Strategy document contain many important issues and points, which can be referred to and used in discussing and negotiating with donors, partners and stakeholders. In order to achieve effective results and fruitful outcomes from all external

support activities by way of good international health coordination, national project managers need to review from time to time, not only WHO-supported collaborative technical areas but also activities funded by external donors.

If we are aware of the underlying principles and rationale, we can progress significantly to achieve good and reasonable international health coordination in the field of health. There is, however, no single recipe to fulfill all the needs. One important challenge is how to systematically and chronologically map all the collaborative health activities and roles played by various UN agencies, foundations, philanthropic organizations, international NGOs, local NGOs, and other partners working at the country level. In this process, it would be beneficial to analyze the comparative advantage of each player. It would reveal how each of these players is fulfilling the priority needs of the country.

In addition, we can see how these activities are linked to one another, taking note of any duplication of effort and giving due attention to how these activities are being performed, facilitated and monitored by officials of MoH and allied ministries. This is important, as our *human resource for health is finite* and insufficient in many of our States and Regions.

Another key issue that demands attention is: *“All collaborative health activities supported by partners in the country must not only be linked to one another but also closely and strongly associated with national health policies, strategies and plans of the country”*. In essence, international health coordination must be properly coordinated, well timed, synchronized, and synergistic to the extent possible at the country level. With this perspective in mind, there is also a need to review in-depth the coordination of international health activities together with players and partners in the country from time to time, and to take necessary remedial actions based on the findings.

It should be pointed out that improving international health coordination is not a simple and straightforward task. The scenario needs to be reviewed thoroughly, taking into consideration several epidemiological perspectives, applying a systems approach or systems analysis, reviewing various linkages,

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controlled or uncontrolled factors, direct and indirect influencing factors, and also the context of the review process.

In conclusion, it could be confidently stated that:

- (i) *International health coordination is an evolving process in which adjustments and improvements should be made as we go along;*
- (ii) *There is no single recipe to cater to the needs of all partners; and*
- (iii) *Concerted efforts of all partners involved in collaborative health activities are needed.*

We need to work together so that we can come up with practical, realistic and doable country-specific plans to improve the capacity for handling international health coordination at the country level. The need to strengthen international health units/divisions of the MoH, as well as building a dynamic and robust database for international health coordination activities occurring at the country level is essential if we are going to have *a good road map to increase the capacity in the management of international health coordination.*

Further reading

1. Opening Remarks of Dr. Myint Htwe, Director, Programme Management, at the *“Regional Seminar on Strengthening International Health Coordination at Country Level”* Jakarta, Indonesia, 4-6 February 2008
2. Opening Remarks of Dr. Myint Htwe, Director, Programme Management, at the *“Regional Seminar on Strengthening Country Capacities in Management of International Health Activities”* Kathmandu, Nepal, 16-18 August 2010

(NB. This is the updated version of the article, which appeared in the Bulletin of Preventive and Social Medicine Society, Volume 1, Number 3, June 2015.)