

Implementing the strategic agenda: Implications for WHO Country Office

7.1 Organization of the WHO Myanmar Country Office

The current organizational structure of the WHO Myanmar Country Office (WCO) is appropriate to cater to the needs and meet the targets of the Myanmar CCS for 2008-2011. The organogram is regarded as “flexibly functional”, which can always be reviewed according to the priority issues during a particular period of a CCS. Functionally, there are at the moment nine thematic teams of technical programmes (TB, malaria, HIV/AIDS, IVD, avian influenza-IHR, reproductive health-new born care, health system-human resources for health, a technical grouping on leprosy-traditional medicine-health education-oral health-school health-healthy settings-elderly health-tobacco-injury-disability, and another technical grouping of child health-mental health-snakebites-DM-CVD-diabetes-blindness-deafness-food safety and water sanitation). Each technical unit under the groupings has on an average two to four Professional staff (both international and national) and a couple of secretaries to assist them. One international staff is informally assigned as focal point for each thematic team. The technical work of the Professional staff is directly under the supervision of the WHO Representative (WR). A weekly meeting called the Monday Afternoon Meeting (MAM) was initiated in mid-2005 to accommodate the reporting sessions. In order to align the work of the country team on the strategic agenda outlined in the previous section, and to improve internal collaboration and increase efficiency through a streamlined reporting structure, the technical responsibilities of Professional staff will be distributed according to the relevant CCS priorities and strategies. These are: improving the health system performance; improving health conditions for women, children and adolescents; and reducing excess burden of disease.

The health system team — which will also be responsible for planning and monitoring of the WHO country programme — will work “across” programmes and ensure a consistent approach to key elements of the health system including provision of drugs, laboratories, human resource development (including training), health information, costing and funding within its gamut.

The family health team (health of women, children and adolescents) will focus on shaping an overall, coherent approach to this crucial agenda and collaborate with

key partners such as UNICEF and UNFPA in a way that each organization works to its comparative advantage. The team will continue to have a fairly “hands-on” approach and managerially a heavy programme of work related to immunization.

The disease team will include, in addition to the existing competent technical expertise on malaria, TB and HIV/AIDS, a programme management cell for the 3DF funding with technical and managerial competencies.

Future developments related to avian and human influenza may also call for bolstering capacity in the country office, especially in the context of pandemic preparedness in the IHR (2005).

7.2 Sustaining a core team for WHO in Myanmar

The dedication and competence levels of staff at the WHO Myanmar Country Office are impressive. However, the current pattern of multiple short-term contracts is neither rewarding nor supportive of the team in its efforts to be more focussed on a streamlined work programme. It also has an element of insecurity for the staff and entails the spending of considerable time and effort in trying to find immediate, and often not sustainable, means of extending contracts.

Reallocation of some of the existing funding (e.g. for APWs and SSAs), revision of responsibilities of existing staff and hiring of new expertise will go in tandem with the effort to mobilize resources. Besides considering the priority areas, more attention and efforts aimed at allocating and sustaining staff for the neglected and “difficult-to-get-financial-support” diseases (such as dengue, leprosy, lymphatic filariasis, leishmaniasis) need to be given. An effective health system is the backbone for rendering good quality health care and delivery of services at the district and community levels and the WCO needs to devote more staff to this area.

To maintain efficiency levels of WCO staff, and in view of the uncertainty of availability of the voluntary contribution staff cost, the staffing pattern would be changed accordingly.

From 2002 the UNFPA-WHO project worth US\$ 1 million enabled the WCO to cover international staff for the work under reproductive health, MPS and gender. The Italian grant covered newborn health. With both projects coming to an end in 2007, the WCO needs to seek continuous funding for the above areas, especially since they are CCS priorities. With the 3DF being available to Myanmar for TB, HIV and malaria, a dedicated unit was established as a core team for those three diseases. The AI team was established in 2006, supported by voluntary contributions of several donors. These two units are predicted to grow in the coming years: the 3DF will deal with strengthening health-care services and delivery at the township level and the AI unit will be expanded to include the work on IHR (2005).

7.3 Building and strengthening the capacity of the Country Office

The limited resources for health in Myanmar has made the WHO-MoH collaborative programme one of the main sources of funding for supporting the ministry in executing the national health programmes where WHO as a normative agency has also been requested to provide technical support. This encouraged the WCO to mobilize resources in order to provide necessary support to the country to its best capacity. The increased amount of the voluntary contributions implied an increase in the workload of the administrative component of the WCO, where it demands continuous capacity-building of the General Services staff in order to work efficiently and effectively. The Myanmar Country Office will continue its capacity-building efforts through sending staff to the Regional Office for enhanced training in various aspects of the administration, to promote exchange of staff with the Member countries of the Region, and to continue language classes for local staff. Professional staff will continue to participate in various technical meetings at the national, international and global level in order to be able to provide updated information and quality support to their national counterparts and other partner agencies. The WHO Representative (WR) to Myanmar will continue to participate in and be involved with WHO regional and global learning programmes such as the regional and global WRs' Meeting and the Global Leadership Workshop.

Improving the working environment

Six UN agencies together with WHO have relocated their offices to the Traders Hotel, Yangon. In this arrangement by collective move UNICEF has provided secured connectivity on a cost-sharing basis. This has enabled WHO to use GPN and facilitated the planned roll-out of GSM in 2008.

With the transfer of the capital to Nay Pi Taw commencing mid-2006, a weekly courier service between Yangon and Nay Pi Taw has been initiated by the UN system on a cost-sharing basis.

Managing knowledge

WHO will continue to act as the centre for information on health, and cater to providing updated information on health development and guidelines, norms and standards. The external review mission to review existing WHO-MoH collaborative programmes which were organized will continue, since such missions are highly appreciated for their objective observations and findings. WHO will continue to help the country come up with verified data and information through introduction of new statistical models, estimations, conduct of surveillances and other methods. WHO will further support active participation of country experts and national counterparts in the international forums to enable them to share information and findings of various

research activity. WHO continues to assist the MoH in the development of a comprehensive website on avian influenza, which is to be shared widely.

Strengthening support from the Regional Office and Headquarters

For Myanmar to obtain the maximum benefit of support, the strategies would be geared towards: a) improve working relationships with the regional offices and headquarters, especially for seeking technical assistance; b) request information on the latest updates on health matters; c) mobilize funds to sustain staff support at the WCO, and d) seek assistance for resource mobilization. Another strategy would be to enhance relationship with other WRs in the Region, especially the WRs of countries that share their borders with Myanmar and countries with common interests. The horizontal collaboration could benefit the sharing of information and experiences.

Enhancing partnerships

Partnership is the key to success. The Myanmar CCS for 2008-2011 will be shared and disseminated with Member countries of the the SEA Region, the SEA Regional Office and headquarters. It will also be distributed to the WCOs of countries bordering Myanmar, including Laos, Vietnam, Cambodia and China, besides Thailand, Bangladesh, Nepal and India which belong to the SEA Region. The first-named countries belong to the Western Pacific Region, but are also linked with Myanmar and Thailand through the Mekong Sub-Region. The Myanmar Country Office requests the SEA Regional Office and headquarters to promote the Myanmar CCS at the regional and global level and to make maximum use of the strategy as a tool for advocating priority health needs and for mobilizing resources. The strategies in partnerships will be on: a) maintaining and improving working relationships with existing INGOs, NGOS, and bilateral and multilateral partners working in health; b) enhancing collaboration with global organizations, such as with Global Alliance for Vaccine Initiatives (GAVI), GDF the Stop TB Partnership and UNITAID; c) increasing efforts for partnerships with new alliances and forums; d) continue sending senior national officials and experts to international meetings for exposure to recent international health matters and to build networks and share information; e) continue to involve international experts from WHO or relevant organizations in conducting external reviews of the WHO-governmental collaborative work in order to come up with neutral and validated data; and, f) to host international seminars/workshop/training courses in Myanmar.

Expediting the ways of work

Due to the prevailing situation, authorizations to visit the country and those for field trips need at least four weeks to be sanctioned. All visitors to Myanmar need to factor these constraints. Staff from headquarters and the SEA Regional Office should route all moves to collaborate with any organization in Myanmar and must do it through

the Country Office. Likewise, when the Myanmar Country Office is in need of technical support from headquarters and countries of other regions, support should be sought through channels that maintain close consultation with the SEA Regional Office.

7.4 Communicating and linking the WHO strategic agenda with biennium workplans

Besides some immediate readjustments in the team and its work programme for the next bienniums within the CCS period, in close consultation with its national partners, the challenges linked to the current planning framework both in WHO and in the MoH, and to donor-led investments in country activities, should not be underestimated. The country team will have to be supported at the highest levels in the MoH and in the Regional Office if WHO wishes to ensure that its country programme makes the difference that it can actually make in Myanmar.

The WHO Representative will use all possible opportunities to communicate about the Organization's strategic agenda in and with Myanmar in order to mobilize and streamline more support for the health sector and bolster the organization's capacity to support its development.