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**INTENSIFIED WHO COOPERATION ACTIVITIES IN
THE SOUTH-EAST ASIA REGION**

Pursuant to World Health Assembly resolution WHA42.3 the Director-General launched an initiative in 1989 to extend greater and more coherent support to the countries and peoples in greatest need through intensified WHO cooperation (IWC). Bangladesh, Bhutan, Maldives, Mongolia, Myanmar and Nepal have participated in this (IWC) initiative to establish and maintain equitable and sustainable health systems. This document reviews the outcomes of the initiative within the Region, and the lessons learnt, with the aim of improving the efficiency of WHO technical cooperation.

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1. BACKGROUND

The Forty-first World Health Assembly, in 1988, after observing a decade of implementation of health-for-all strategies, called upon the international community to take unprecedented measures to support the least developed countries in their commitment to improving the health of their peoples. These countries were not likely to achieve health for all because of severe economic and other constraints. The Assembly urged all Member States to increase their efforts to attain the goal of health for all by the year 2000 taking into account the findings of the mid-term review of PHC at Riga in 1988. Since then several measures have been taken by the Member States, in collaboration with many agencies, including WHO, to accelerate the implementation of primary health care.

The Director-General of WHO launched a new initiative in 1989 to support the countries and peoples in greatest need through intensified WHO cooperation (IWC) to provide greater and coherent WHO support to the implementation of national HFA strategies.

It was felt at that time that in several countries, especially in Asia and Africa, the performance of the health sector was poor not only as a result of limited economic means but also because of inadequate health infrastructure, weak organization and managerial capacity, limited information systems and insufficient human resources. All these adverse conditions are further compounded by the political, socioeconomic and environmental changes taking place at national, regional and global levels.

The overall purpose of the IWC initiative is to enable those countries in greatest need to establish and maintain equitable and sustainable health systems. To facilitate this commitment of WHO, the Office of International Cooperation (ICO) was established at WHO headquarters with the main function of facilitating coordination of support activities within WHO at global, regional and country levels.

In practice, the IWC initiative takes the form of a pragmatic country-centred approach in response to government requests. The nature of the intensified cooperation required is determined by a dialogue with the government following the review of health development issues and the general economic situation. The partnership which develops includes appropriate cooperating agencies (United Nations system and other international and bilateral agencies) so that all resources available can be mobilized and used in consistency with poverty alleviation strategies.

In most countries, the intensified cooperation focuses on three strategic objectives:

- (1) Building up national capacity for integrated health development and intersectoral cooperation;
- (2) Ensuring consistency between specific country needs and WHO technical contributions, and
- (3) Catalysing efforts to improve coordination of international cooperation.

Operationally, the working plan of action for intensified WHO cooperation in most countries deals primarily with the strengthening of the planning and management capacity at national and other levels, particularly in relation to health policy development, health systems reform (health care financing, restructuring, health information and management), human resources development and aid coordination. In addition, IWC facilitates resource mobilization (both internal and external) to support priority activities in close coordination with other country and intercountry WHO programmes.

At the end of 1992, 24 countries of the world were participating in the IWC initiative, of which six belong to South-East Asia, viz., Bangladesh, Bhutan, Maldives, Mongolia, Myanmar and Nepal.

The WHO Regional Director for South-East Asia established a focal point in the Regional Office to coordinate the implementation of IWC work plans. As the initiative has evolved over the last five years, certain issues have become prominent deserving careful review and coordination at this stage.

2. COUNTRY AND REGIONAL ACTIVITIES IN THE SEA REGION

Since the inception of the IWC initiative, there have been advances in the promotion of the use of the country specific approach. This is mainly because the areas of concentration by IWC, i.e., health policy development, health systems reform, including restructuring and health care financing, improvement of management information system and human resource development, have already been included in priority WHO programmes. Even though most of the countries in the Region had national health policies and plans, the IWC initiative, such as health sector reviews, with improved economic analysis and financing alternatives, was welcomed with enthusiasm. Details of areas for IWC support in the countries of SEAR are given in the Annex.

3. REVIEW

The experience with implementing the strategy of intensified WHO cooperation in the countries of the Region clearly indicated that IWC must be understood by all concerned, especially the target countries as the intensification of cooperation between WHO and the countries rather than as intensification of assistance, even if IWC is able to offer catalytic resources for specific support in health systems development. The Bi-Regional Consultative Meeting on IWC initiative, held in December 1992, had laid stress on clarifying the concept and approaches of the IWC initiative and on seeking suggestions for further improvement of the relevance and efficiency of the initiative. The briefing of WHO Representatives during their meeting with the Regional Director in November 1992 and the joint meeting of ICO/HQ and Regional Office staff in June 1993 also provided an opportunity to clarify administrative and managerial deficiencies.

Another joint meeting of ICO/HQ and the Regional Office staff was held in June this year to further review the implementation of IWC. Agreement was reached on various modalities to ensure more effective implementation of the initiative.

Intensified WHO cooperation (IWC) is a recent initiative to better assist countries in greatest need towards reaching the goal of Health for All. An important step in the process is to identify strategic priorities for health development in the countries, as mutually agreed by the three levels of WHO (HQ, regional office and country office) together with the national authorities. This would ensure technical cooperation closely aligned to the country's priority needs. The identification of priority areas should therefore reflect the well-considered objectives and outcomes rather than be based on *ad hoc* needs.

4. FUTURE ACTIONS

The IWC initiative is catalytic in nature and should remain complementary and supportive to all other WHO collaborative activities at the country level. It should be innovative and flexible enough to respond quickly to the changing needs of the country and stimulate health reform and development.

In the process of implementation of IWC, the emphasis should be on active partnership with Member States. Only concerted and coordinated action by WHO at all levels will lead to optimum utilization of the resources of the Organization towards the strengthening of health development in Member States.

ICO/HQ will continue to play a catalytic role as a focal point for intensified cooperation at the global level. The IWC initiative is based upon full collaboration between all three levels of WHO, with particular important roles being played by the regional and the country offices.

WHO, as a technical agency, should enhance the capacity of its Regional Office to directly support country activities. To achieve this, the technical and managerial capabilities of the Regional Office staff should be improved and the financial resources increased.

In implementing the IWC strategy, the importance of Technical Cooperation among Developing Countries (TCDC) should be kept in mind. In advancing towards the goal of HFA, some countries in the Region have moved significantly faster than others. These countries have now developed a level of technical and financial capacity which enables them to play a valuable role through TCDC mechanisms. This should be encouraged and supported as an important tool for intensified cooperation with countries in greatest need.

The present country experience shows that there is a need for sustainability and complementarity of the initiative facilitated by ICO with the relevant country-level activities, supported by WHO or other agencies. The role of the office of the WHO Representative and the staff in the Regional Office is crucial in this process. This is also in line with the priority of the IWC initiative that calls for strengthening of the planning and management capacity of ministries of health and enhancing WHO's operational capacity at the country level.

The experience during the five years since the launching of the IWC initiative in SEAR indicates that the countries concerned give priority to health policy formulation and reforms in health system, health economics, human resource development and aid management. The initiative has helped to intensify health systems development in the Member States. It is now time to consider mobilizing more resources of the IWC initiative to further improve operational efficiency and to increase WHO's technical and managerial capacity at regional and country levels.

INTENSIFIED WHO COOPERATION IN THE SOUTH-EAST ASIA REGION

Country	IWC Country Strategy ¹	Main Activities Supported Through IWC ²
Bangladesh	<ol style="list-style-type: none"> 1. Improve internal and external coordination as well as technical quality through participation in a major international project. 2. Use hospital management as an entry point for support to the strengthening of health sector performance, including policy review. 	<ol style="list-style-type: none"> 1. Fourth Population and Health Project: coordination and execution of 21 out of 64 components of the project, through technical backstopping and procurement of supplies and equipment. 2. Hospital management: situation analysis and implementation of a problem-solving approach. 3. Extension of above activities to first level of the primary health care system.
Bhutan	IWC country strategy not yet developed.	<ol style="list-style-type: none"> 1. Development of training capacities in the Punakha field area. 2. Strengthening teaching capacities of the Royal Institute of Health Sciences.
Maldives	Support more equitable and more rational utilization of available resources and, in this context, ensure efficient management of the country's main hospital.	<ol style="list-style-type: none"> 1. Commissioning of Indra Gandhi Memorial Hospital in a cost-effective manner. 2. Development of information system. 3. Improvement of Atoll administration and management. 4. Middle-level management training and capacity building of Maldives Centre for Management and Administration to carry out such training. 5. Preparation of donors meeting.
Mongolia	Support adjustment of the health system to rapid economic transition.	<ol style="list-style-type: none"> 1. Management training through twinning with Asian Institute of Health Development, Thailand. 2. Primary health care delivery with special reference to mother and child. 3. Health sector review. 4. Development of health insurance. 5. Collaboration with UNDP in poverty alleviation activities.
Myanmar	IWC country strategy not yet developed.	<ol style="list-style-type: none"> 1. Training of personnel and supplies of drugs and equipment in the border area. 2. Formulation of national health plan. 3. Development of health information system.
Nepal	Support health policy development and strengthening of the health system, ensuring decentralization and devolution of health activities with special focus on vulnerable groups.	<ol style="list-style-type: none"> 1. Strengthening of district health systems, with focus on four of the poorest districts of the country. 2. Development of capacities in health economics through training and support to a task force at the central level. 3. Support for the elaboration of a master plan for human resources development. 4. Development of a health information system.

¹The WHO country office, the Regional Office and the Division of Intensified Cooperation with Countries in HQ (ICO/HQ) are involved in identification and review, planning and implementation.

²These activities are carried out at the country level, with SEARO and ICO/HQ support.