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Millennium Development Goals

*Summary Record of the Staff Retreat
Bristol Hotel, New Delhi, 4-5 December 2003*



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1. INTRODUCTION

The WHO SEARO Staff Retreat on UN Millennium Development Goals (MDG) was held at the Bristol Hotel, Gurgaon, New Delhi, from 4-5 December 2003. A total of 26 professional ('P') staff and 12 senior GS staff participated in the Retreat, including the Regional Director and the Deputy Regional Director/Director Programme Management, and Department Directors (The Programme of Work and List of Participants are attached as Annex 1 and Annex 2, respectively). The Retreat was facilitated by Mrs H.B.K. Pandey, PIO; Dr Anton Fric, RA-EHP, and Dr Mark Brooks, PLN.

2. OBJECTIVES

The objectives of the Retreat were to:

- (1) Clarify the role of 'P' staff whose technical programmes have direct involvement towards the achievement of the MDG, and
- (2) Clarify the issues related to linking the MDG to the work plans for 2004-2005, and to understand the process of preparation of the Programme Budget (PB) 2006-2007 and the Eleventh General Programme of Work (GPW).

3. EXPECTED OUTCOMES

The outcomes expected from the Retreat were:

- (1) A better understanding of the implications on WHO's role regarding the MDG – the rationale, level of involvement, and use of indicators, as well as assisting the countries in monitoring the achievement of MDG, and
- (2) A better understanding of the relationship between the work plans for 2004 – 2005 and the process of preparing the PB for 2006-2007 towards achievement of the MDG, and the role of 'P' staff/concerned technical units in assisting countries and the WHO country offices.

4. RETREAT PROCEEDINGS

The Staff Retreat commenced on the evening of 4 December 2003, with a welcome address by Dr Anton Fric who informed the participants about the informal style of the Retreat. He then requested Dr Mark Brooks to present a 'brief' on the recapping of the previous staff retreat.

Recapping of the Previous Retreat

Dr Mark Brooks briefly introduced the participants about the outcome of the last WHO/SEARO staff Retreat held in May 2001 which focused mainly on administrative processes related to the day-to-day functioning of the office. The areas then covered included : tracking of documents including electronic paper tracking system, and incentives for staff whose performance needs commendation.

Ms Jyotsna Chikersal, TO-ISM mentioned briefly about the progress in implementing the SEARO Proposal Tracking System (PTS). The PTS provides a managerial facility by creating the proposals electronically and routing them for clearance through the existing e-mail system. Currently, the PTS is being used for tracking APWs, and STP, STC and STE proposals. The system provides both financial and technical details incorporated from the Activity Management System (AMS) and the personnel-related details from Personnel Information System (PIS). The system also facilitates the management in tracking the payment status and linking the reports submitted by the contractors. The system provides benefits of fast movement and clearance of proposals with no possibilities of loss. It can trace the location of proposals in the routing loop and easily identify bottlenecks. With PTS, it is also easy to read the electronic comment sheets, e-mail reminders for pending clearances, and in reducing the paper flow. It creates electronic filing for easy retrieval of proposals. The development and implementation of PTS has cost the organization about US\$ 15,000. The staff who had used the PTS found it extremely beneficial and they expressed enthusiastic interest in using it for the next biennium as an office-wide application. It would result in saving costs and staff time.

Mr M.R. Kanaga Rajan, Special Assistant (PCU) and President of SEARO Staff Association reported on the recommendations of the Working Group on Incentives to Staff Whose Performance Needs Commendation. The Group recommended that a system of incentives must be instituted based on merit,

and it should be aimed primarily at expanding the avenues for career development and recognition of individual performance.

Recognizing the differences in the types of incentives for professional and general service staff, the recommendations made for GS staff included:

- (1) Increased within-grade responsibility with a possible one-time financial incentive or within-grade increase;
- (2) Opportunity to attend, as part of the Secretariat, meetings outside the country of their assignment;
- (3) Training in their area of work outside their countries;
- (4) Availability of meritorious lateral rotation of choice, and
- (5) Recognition and declaration of meritorious GS staff of the year.

For 'P' staff, the recommendations made were :

- (1) Opportunity to attend inter-regional/global seminars and conferences;
- (2) Opportunity to attend training of choice outside their countries of assignment, and
- (3) Recognition and declaration of meritorious 'P' staff of the year.

Mr Rajan mentioned that while some of the above recommendations are being implemented through various mechanisms such as SDT activities, most of the others are still to be implemented.

5. OPENING SESSION

Dr Uton Muchtar Rafei, Regional Director, made informal opening remarks on the purpose and expected outcome of the Retreat (Detailed summary of RD's Opening Speech at Annex 3). Dr Uton mentioned that 6 out of 8 goals: 9 out of 18 targets and 18 out of 48 indicators are directly related to health. It is important to have the commitment of nationals in achieving the MDG. He emphasized that MDG are the strategic markers within a broad health agenda that builds on the Alma-Ata legacy. All UN members are required to collectively

report the progress towards achieving the MDG. Continued political commitment should be provided to planning and monitoring MDG. He requested the participants to discuss in a very informal way all issues related to MDG particularly the role of staff of the regional and country offices.

Mrs H.B.K. Pandey broke the ice by generating an informal atmosphere and lightening the mood of the participants. A pre-retreat questionnaire exercise was conducted (Annex 4). This was followed by an exercise wherein each participant was asked to write down one topic each for the next day's group discussion. Their inputs were segregated, analysed and grouped together. The following 2 topics (Annex 5) were unanimously selected:

- (1) Role of WHO staff in MDG, and
- (2) Working with partners

6. WORKING GROUP SESSIONS ON MDG

On the morning of 5 December 2003, after the energizer session facilitated by Mrs H.B.K. Pandey, Dr Anton Fric introduced the working group sessions by explaining the historical background and providing some details of the UN MDG. He stressed that since the MDG address development and poverty eradication, they would become the national goals serving the national policy. Validity, reliability, comparability and consultation are the criteria WHO uses for ensuring data quality. The best sources to be used for MDG should be decided by consensus among the key stakeholders. Ownership of the data resides with the national system.

After the above introduction, four groups were formed which worked on the two topics selected for the group discussion the previous evening.

Summary of Group Discussions and Recommendations - MDGs

In discussing the topic 'Role of WHO in MDG', the participants suggested a general role of WHO by emphasizing participatory facilitation and strengthening of coordination at global, regional and national levels. The group considered (i) technical support; (ii) monitoring and reporting; (iii) resource mobilization, and (iv) advocacy as the main areas that WHO should focus on in its work on MDG.

In the area of technical support, linking of work plans to MDG in the planning stage, identification of cost-effective interventions and capacity-building were suggested as the crucial strategic activities. Monitoring and reporting roles would address the linking of interventions with indicators, equity and ensuring qualitative criteria for monitoring and reporting of achievements. WHO's role in resource mobilization would cover facilitating the use of existing financial resources effectively and advocacy to generate additional funds, in addition to following up on the Commission on Microeconomics and Health (CMH) report in countries. In the area of advocacy, working with UN Agencies and stakeholders at the country level was emphasized. (For detailed output of the discussion, please refer to Annex 6).

On the topic Working with Partners, the participants defined the essentials of partnership, stressing the aspects of transparency, frequent interactions and respect for each other's mandate. In working with partners, the existing mechanisms in countries (e.g. country coordinating mechanisms, interagency meetings/working groups etc.) could preferably be used or modified.

At the planning stage, the groups suggested that reflecting MDG as a strategic principle in the work plans, in addition to identifying the already existing partners or policy frameworks and their role in specific interventions should be considered as a priority action. During the implementation phase, monitoring and reporting goals, targets and indicators should be based on the respective missions of the partners. The partners should agree on the definition of indicators, their data sources, method of collection and reporting. All stakeholders in the country should work together in capacity-building of the country to meet the MDG. (For detailed output of the discussion, please refer to Annex 7).

7. WORKING GROUP SESSIONS – ELEVENTH GPW AND PB 2006-2007

In his introduction, Dr Mark Brooks pointed out that the GPW is required under WHO's Constitution to establish medium-term goals and directions for the Organization. The time period of the GPW is not fixed. The Ninth GPW covered the period: 1996-2001, and was a 66-pages document describing the goals of the entire Organization, including those of Member countries. This included a section on the general principles of programme management.

The Tenth GPW covers the period: 2002-2005, and is a 10-pages document. It is essentially the WHO Corporate Strategy with core functions and strategic directions for the WHO Secretariat. It set out organization-wide priorities for 2002-2003 and stated that these priorities would be revised for 2004-2005 after discussions with Member States.

The DG has now decided that the Eleventh GPW will cover the period: 2006-2015. One of the main reasons for doing this is to make it coincide with the MDG which also is to be completed in 2015. There is as yet no further guidance for developing the Eleventh GPW. HQ are currently preparing a "vision paper" of this GPW and it is expected to be ready in early January 2004 to be discussed by the DPMs before the EB meetings in mid-January 2004. There is some problem with timing, since the Eleventh GPW should be used as the basis for the PB 2006-2007. Work on this budget must start soon since a draft is to be presented at the Regional Committee Meetings in September 2004. This means that the Eleventh GPW must be prepared as soon as possible. Drafts of both the Eleventh GPW and PB 2006-2007 will be prepared and presented to the RC meetings in September 2004.

This schedule means that work on the Eleventh GPW and PB 2006-2007 will have to start soon and continue over the coming months. In addition, the DG has asked HQ to maximize the involvement of countries and regions in preparing these two documents. The Regional Office must play an active role in facilitating communications between countries and HQ.

Summary of Group Discussions and Recommendations - Eleventh GPW and PB 2006-2007

The participants discussed the process in the use of the Country Cooperation Strategy for the formulation of the Eleventh GPW and PB 2006-2007, as well as for the MDG. Involvement of WHO regional and country offices, the governments, stakeholders, UN country teams and high-level regional meetings in the process was emphasized. It was also pointed out that the Regional Committee Resolutions and reports from regional consultations should also be taken into account in the formulation of the Eleventh GPW and PB 2006-2007. (For detailed output of the discussion, please refer to Annex 8.).

The discussion on the role of the Area of Work (AOW) focal points towards both PB 2006-2007 and the Eleventh GPW focused on strategic approaches and actions the AOW focal points should take. It arrived at the

proposed follow-up actions, covering collaboration with WRs and taking into consideration CCS, analysis of each AOW and proposing the regional expected results, targets and indicators. It suggested reviewing all evaluations/work plan reviews from the recent bienniums, in order to distil implications for PB 2006-2007 and the Eleventh GPW. (For detailed output of this discussion, please refer to Annex 9).

Specific contributions of various intercountry meetings towards the formulation of the Eleventh GPW, PB 2006-2007 and MDG were also discussed and practical recommendations formulated. It was suggested that, from planning stages (e.g. planning committee meetings) until the actual Group Educational Activity (GEA) is conducted, MDG should be taken into consideration. Recommendations of the GEAs should address MDG, indicators and targets. Some GEAs might be held in collaboration with other UN agencies. GEAs should be attended by a broader spectrum of participants from the countries which would include NGOs, private sector and others with an MDG orientation. (For detailed output of this discussion, please refer to Annex 10).

8. CONCLUSION

Mrs H. Pandey facilitated the final session during which the participants expressed their understanding of the objectives and expected outcomes before and after the Retreat. Results of the post-retreat questionnaire (Annex 11) showed that the objectives and expected outcomes of the Retreat were achieved; as compared to the pre-retreat questionnaire (Annex 4), the post-retreat responses revealed a better understanding by participants of the MDG and of the role of WHO in assisting countries in meeting the MDG. In addition, steps required for preparing the PB 2006-2007 and the Eleventh GPW and the role of concerned technical units in their preparation were also clarified. Results of the retreat evaluation (Annex 12) indicated a general satisfaction of participants with the achievements of the Retreat.

In their remarks, Dr Uton Muchtar Rafei and Dr Poonam Khetrapal Singh summarized the achievements of the Retreat by emphasizing its follow-up in the Regional Office and the country offices, and in WHO taking a proactive role in assisting the countries for meeting the MDG as identified during the Retreat.

Annex 1
PROGRAMME

Day 1: Thursday, 4 December 2003

1600 hrs	Departure from WHO office
1730 hrs	Arrive at Hotel Bristol, Gurgaon
1730-1815 hrs	Check-in and Tea/Coffee
1815 hrs	Opening Session – introductory remarks
1830-2000 hrs	Plenary Sessions : (a) Recap of the previous staff retreat (PLN) (b) Expectations from this retreat (IO)
2000 hrs	Dinner

Day 2: Friday, 5 December 2003

0800-1030 hrs	Working Groups -Technical clarifications on MDG and discussion on selected topics from 'Individual expectations from the Retreat'
1030-1100 hrs	Tea/Coffee break
1100-1300 hrs	Plenary – working group presentations and summing up of the group presentations
1300-1400 hrs	Lunch
1400-1430 hrs	Plenary discussion of priorities for Eleventh GPW and PB 2006-2007
1430-1545 hrs	Group discussions – process for Regional and country inputs for Eleventh GPW and PB 2006-2007
1545-1615 hrs	Tea/Coffee break
1615-1700 hrs	Report of the working groups
1700 hrs	Post-retreat understanding of the MDG and the Closing Session

Annex 2

LIST OF PARTICIPANTS

- | | |
|-----------------------------------|--------------------------------|
| 1. Ali, Dr. Modasser | 22. Ragupathi, Mr. S |
| 2. Brooks, Dr. R. Mark | 23. Rai, Dr. N. Kumara |
| 3. Chander, Mr. Ramesh | 24. Ramaboot, Dr. Sawat |
| 4. Chikersal, Ms. Jyotsna | 25. Ranganathan, Ms. Prema |
| 5. Chopra, Mr. P. P | 26. Rim, Mr. Pak Chang |
| 6. Fric, Dr. Anton | 27. Ross, Dr. Gabrielle |
| 7. Grigoryan, Ms. Nelli | 28. Singh, Dr. Poonam |
| 8. Gultom, Dr. Batunahal | 29. Singh, Mr. P. P |
| 9. Haider, Dr. Rukhsana | 30. Surendranathan, Mr. K |
| 10. Htwe, Dr. Myint | 31. Swaminathan, Ms. Radha |
| 11. Jayawickramarajah, Dr.P. T. | 32. Than Sein, Dr. U |
| 12. Kanagarajan, Mr. M. R | 33. Dr Jayantha Liyanage |
| 13. Khattar Mr. K. K. | 34. Thompson, Mr. Terrence |
| 14. Krishnan, Mr. R. | 35. Toteja, Mr. T. R |
| 15. Kubota, Dr. Ei | 36. Veniga, Ms. Linda Lopez |
| 16. Leowski, Mr. Jerzy | 37. Weerasuriya, Dr. K |
| 17. Madanpotra, Mr. S. K. | 38. Yoosuf, Dr. A. Sattar |
| 18. Pandey, Ms. Harsaran Bir Kaur | Special Invitee |
| 19. Perez, Dr. Luis | Mrs Joy Phumaphi, ADG, FCH, HQ |
| 20. Puri, Dr. Sarveshwar | |
| 21. Rafei, Dr. Uton Muchtar | |

Annex 3

OPENING REMARKS BY DR UTON MUCHTAR RAFEI REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

- The last SEARO Staff Retreat was held in May 2001. That retreat was focused on improving the efficiency of work, administrative processes with document flow, and a teaching system for proposals. We may revisit some areas discussed during the May 2001 retreat to look at the follow-up steps.
- Six out of the eight goals, nine out of the 18 targets and 18 out of the 48 indicators are related to health and health-related areas. The interventions with regard to all these indicators were truly related health actions such as those for reducing 'maternal mortality' or 'malaria and tuberculosis prevalence and deaths'. Some of them are actions for improving health such as 'access to improved water supply', 'dietary energy consumption' or 'use of solid fuels'. Improvement in health is vital for future development and eradication of poverty. It is important to have commitment to achieving results at the country level. There is a need to aggressively pursue these outcomes to come up with measurable health objectives, including the MDG, which provided a framework for monitoring progress of development. The MDG are the strategic markers within a broad health agenda that builds on the Alma Ata legacy.
- Since early 2000, the Regional Office has been taking the initiative to collect data sets on core health indicators from each country and publish them in regional bulletins and brochures. This mechanism was used to improve the collection, collation and reporting as well as updating of these core health data sets. At the same time, in the spirit of one WHO, the annex tables contained in the annually published World Health Reports would be updated with the inclusion of reporting process on MDG.
- All UN Member Countries are required to collectively report progress towards achieving the MDG. The national health authorities have additional responsibility for reporting annually the progress on 18 of the health related MDG indicators. Some countries in the Region have already initiated the multisectoral process of data collection and reporting on the progress on MDG, while some are in the process of developing such reports. Continued political commitment should be provided to planning and monitoring MDG, and adequate financial, logistics, technical and human resources, in coordination with other sectors, development partners, stakeholders, UN Agencies and NGOs.

- National consultative meetings should be conducted to review and follow-up the MDG health indicators. National focal points responsible for reporting MDG should be designated. An intersectoral working group or taskforce should be established for coordination with other agencies and UN country team, sensitization of political leaders and provision of financial, technical and human resource development support and advocacy for MDG activities. The national MDG reporting agency should ensure that the MDG reporting periodicity should be comparable with all other national information reporting periodicity. Periodical surveys on health and health-related MDG indicators should be carried out to complement national routine data collection, with the support of national governments and development partners.
- Let's discuss, in a very informal way, some burning issues related to MDG, particularly the role of RAs – with the outcomes of understanding the role of staff of the regional and country offices in assisting the countries to monitor, and report the MDG and to implement measures for improving the health of the population in the greatest need.

Annex 4

PRE-RETREAT QUESTIONNAIRE

1. What are MDGs

- (1) Millennium Development Goals
- (2) Perspective planning towards development
- (3) Framework to measure development progress of sustainable development and poverty alleviation
- (4) Sustainable development
- (5) Goals related to poverty agreed to by countries with the UN
- (6) MDG are goals set by UN for poverty reduction and better health
- (7) Set of goals, targets and indicators - UN agencies target to meet
- (8) Millennium Development Goals constituted by UN
- (9) Millennium Development Goals for UN bodies
- (10) Millennium Development Goals are set out by the UN meetings held in NY which include goals, targets and indicators set to achieve by all of us
- (11) UN agencies need to seed ourselves
- (12) Ideal; proposals; achievable
- (13) Millennium Development Goals – implement in UN Millennium Declaration
- (14) Millennium Development Goals – to achieve various goals as perceived by world leaders
- (15) Eight Millennium Development Goals set by world leaders in a UN Millennium summit
- (16) Strengthening world culture
- (17) Infant mortality
- (18) Goals agreed by 189 countries on development goals to be reached by 2005

2. Number of health-related MDG Targets Indicators?

S.No	Goals	Targets	Indicators
1	6/8	8/18	18/48
2	3/8	8/18	18/48
3	6/8	9/18	18/48
4	6	9	18
5	6	9	18
6	6/8	8/18	18/48
7	6	9	18
8	6	8	16
9	6	15	18
10	8	18	28
11	6	18	48
12	6/8	??	18/48
13	3	17	35
14	8	18	46
15	3	8	18
16	8	17	18
17	3/8	9/18	18/48
18	8	9	18
19	<ul style="list-style-type: none"> - Reduce child mortality - Improve MAT & CH Health - Combat HIV/AIDS, Malaria & TB 		

3. Role of WHO staff?

- (1) To collaborate; to monitor; to work in micro management
- (2) To advocate and promote achievement of the goals, targets and attain reasonable level of indicator for MDG
- (3) Monitor; provide technical support; report to UN
- (4) To communicate to countries; to monitor; to evaluate

- (5) Enhanced role for WHO country staff
- (6) To assist countries in collecting data for health indicators
- (7) Provide technical support to countries
- (8) Technical support to countries in monitoring health related MDG
- (9) Make life easy for member states
- (10) To help countries to achieve the goals
- (11) To help our member states achieve MDG related to health
- (12) Provide technical assistance to countries for achieving MDG
- (13) To work as a team
- (14) WHO – to give direction, policy and strategy
- (15) Implement relevant health policies towards achievement of goals
- (16) To guide, supervise and assess at least one goal is reached
- (17) Keep the MDG goals and targets and work hard to achieve them
- (18) To keep things moving
- (19) To achieve goals
- (20) Contribute to MDG through achievement of organization's goals
- (21) Develop strategies and concrete plans to meet the health-related MDG
- (22) To do what ever you can to achieve the health related goals
- (23) Timely implementation of goals by 2015
- (24) Advocacy technical support resource mobilize

Annex 5

TOPICS FOR GROUP DISCUSSION

Working with Partners

1. Reporting on MDG to the UN
2. Collecting accurate data using all sources of information
3. How to work in unison and synergy with other UN agencies
4. How to collaborate better with other UN agencies
5. To discuss new implications and need for partnership
6. Commitment to work
7. Mechanism to work together with other UN agencies and NGOs and MoH at the country level to achieve MDG
8. As a part of micro management – how to improve work culture; result-oriented
9. Role of staff and commitment
10. How WHO can contribute proactively to the attainment of MDG
11. To understand the goals and their relevance for WHO's work
12. for meaningful implementation
13. Contribution of RO, CO, HQ towards achievement of MDG
14. WHO's role in achieving the goals
15. Priority set of indicators for WHO focus
16. How to go beyond WR office in countries?

Role of WHO

17. How to establish effective mechanism within SEARO first
18. How WHO can achieve the goals related to health
19. What is the role of WHO to contribute to the achievement of MDG
20. What role WHO can play in the achievement of MDG goals
21. How to achieve inter-programme collaboration
22. Define what goals are achievable, on what sincere efforts be made
23. to achieve and which ones are difficult to achieve
24. Determine ways to organize our work to help achieve the MDG
25. Brainstorm to understand relation of MDG to WHO work
26. Practical proposals
27. Role of WHO staff
28. MDG -areas covered under the MDG v/s focus on topics outside the MDG

Annex 6

OUTPUT OF GROUPS I AND III – ROLE OF WHO IN MDG

The followings are the highlights of the output of Groups I and III.

General Role of WHO

- (1) Participatory facilitation
- (2) Strengthening coordination at national and regional global levels

Specific Role of WHO

- (1) Technical Support
 - Preparation of common work plan with strategic partners
 - All work plans need to strategize how to link with MDG indicators and targets (maternal health, CDS, HIV/AIDS, W/S, CAH, environmental health, etc.)
 - Identification of cost-effective interventions - common aspects including specific steps to reach the poor (link with PRSP, CMH, FHA)
 - Strengthening bottom-up planning capacities at country levels
 - Promoting health education at all levels
 - Strengthening national health information systems
 - Training staff in data collection analysis, and interpretation at sub-national level
 - Strategizing each goal
- (2) Monitoring and Reporting
 - Facilitate collection of baseline data
 - Identify and coordinate with national MDG focal institutions and all stakeholders

- Work with national authorities and other agencies to incorporate MDG in surveys
- Link interventions with indicators
- Address equity (gender, geographical, sub-national, ethnic groups etc.) in monitoring, reporting and interventions
- Ensure qualitative criteria for monitoring and reporting of achievements

(3) Resource Mobilization

- Follow-up of CMH report in countries
- Advocacy to reach globally-agreed development targets
- Development of joint proposal with partners and the regional and country levels including short- and long- term costing
- Recruitment of skilful staff and posting in countries
- Facilitate the use of existing financial resources effectively
- Advocacy to generate additional funds

(4) Advocacy

- Creating public awareness jointly with UN agencies and stakeholders at country level
- For ownership of MDG
- For sustaining political commitment
- Demonstrate examples – success stories

Annex 7

OUTPUT OF GROUPS II AND IV – WORKING WITH PARTNERS

Essentials of Partnership

- Free flow of information (between and among)
- Transparency in actions/interventions
- Frequent interactions
- Respecting each other's mandate
- Mission approach rather than individual

Overall framework on modus operandi of various partners at the country level must be agreed upon including monitoring and reporting. Existing mechanisms in the countries (CCS, CCM etc.) may be used and modified/streamlined if necessary. WHO would play a coordinating and technical support role in achieving MDG with various partners at different levels.

Planning Stage

- Identify already existing partners or policy frameworks and their roles in specific interventions, identify neglected areas
- Develop partnership for policy and programme development and resource mobilization
- Participate in global taskforces in each goal mandated to develop interventions
- To reflect MDG as strategic principle in programme budget and work plans

Implementation Stage

- Group goals/targets/indicators based on their respective mission statement and objectives of different partners (using UN country team and interagency working groups)
- WHO facilitates consultations with government, civil society and UN agencies on MDG report – health-related indicators
- Using MDG to unify partners towards achievement of common goals – support for interventions
- Use MDG to mobilize resources and political commitment for key health interventions
- To address health equity in monitoring and reporting
- To use health matrix networks at regional and country levels for working with partners in improving country's health information system
- Advocacy for agreement on definition of indicators from all stakeholders
- Use WHO comparative advantage
- To coordinate work with partners including UN country teams in capacity-building of national authorities to achieve MDG

Mrs Joy Phumaphi, ADG, FCH, WHO/HQ was present during the working groups, sessions on MDG and made valuable comments.

Annex 8

OUTPUT OF GROUP I

[One of the possible methods for compiling inputs from countries in the Region is to use the Country Cooperation Strategies (CCS). Your group should discuss the usefulness of these document for the Eleventh GPW and the PB 2006-2007, as well as the MDG. In addition, the group should make specific recommendations about how this might be carried out over the coming months alongwith other roles of country offices.]

Sources of information from countries for Eleventh GPW and PB 2006-2007:

- CCS
- RC Report Resolution
- Consultation Reports

Process:

- Questionnaire to countries
- WR meetings
- Health Secretaries' Meeting (HSM)
- Stakeholders analysis meeting called by WRs or the Regional Office

Steps for inputs to Eleventh GPW and PB 2006-2007:

(1) Develop questions and send to WRs

- GPW – What do you expect from WHO for the next 10 years ?
 - What shall be improved?
 - 2006 – 2007 – suggest new areas of work?
 - Priority programmes?
 - Process of PB exercise?

- MDG – Government commitment
 - Role of UN team and WHO in MDG (look into EIP report)
 - Needs for technical assistance (advocacy, technical support, monitor, resource)
- (2) Send vision paper to WRs
- (3) WR meetings – include Eleventh GPW, 2006-2007, and MDG in agenda
- (4) Interview WR based on questionnaire
- (5) HSM – discussion - topics on GPW, 2006-2007, MDG
- (6) Send comments to HQ periodically

Annex 9

OUTPUT OF GROUP II

[The Area of Work (AOW) Focal Points (FC) in the Regional Office are officially responsible for coordinating work on the development of the PB 2006-2007, as well as with the End-of-Biennium Report of PB 2002-2003 and issues concerning PB 2004-2005. Discuss what these Regional AOW Focal Points can do towards both PB 2006-2007 and the Eleventh GPW. In addition, discuss the responsibilities of the AOW FC and their relationship to the structural positions and organization at the Regional Office. Recommend specific steps that should be taken in order to facilitate their work on the PB 2006-2007 and the Eleventh GPW.]

The group's discussion was mainly focused on the role of the AOW focal points at the Regional Office related to both Eleventh GPW and PB 2006-2007. Strategic approaches and actions the AOW focal points should take were formulated. The following strategic approaches may be considered: (i) to propose AOWs or their combinations based on the reviews, analyses and evaluations; (ii) to propose global expected results which are related to the MDG; and (iii) to consider unfinished agenda of PHC and HFA. The follow-up actions have been suggested as follows:

- analyse Country Cooperation Strategies (CCS) and confirm with WRs whether the CCS priorities are still relevant;
- to make SWOT analysis of each AOW by each AOW focal point with country inputs, and to coordinate this with HQs and other regional offices;
- to propose regional goals, objectives, regional expected results, targets and indicators for AOWs;
- each AOW focal point shares a draft GPW with WHO country office counterpart to obtain inputs and feedback from the country;
- to review all evaluations/work plan reviews from the recent bienniums and distil implications for 2006-2007 and the Eleventh GPW. For this, AMS could be used.

Annex 10

OUTPUT OF GROUP III

[Various intercountry meetings will take place over the next six months. Your group should discuss the specific contributions these forums might provide towards the Eleventh GPW, PB 2006-2007 and MDG. For each of these there should be practical recommendations about how this can be implemented and coordinated.]

The group arrived to the following recommendations:

- (1) The focus and purpose of GEAs should incorporate at least one or two relevant goals of MDG. [RAs to implement in coordination (cross-cutting)]
- (2) Using intercountry meetings as a forum by introducing MDG selectively [Technical units concerned]
- (3) Planning Committee forms should be linked to MDG [FCH/ETS & Technical units]
- (4) Recommendations of GEAs should address MDG/indicators/targets [Units concerned/RDOC while editing reports]
- (5) Evaluation of GEA Recommendations to measure MDG targets/indicators [Directors/PLN]
- (6) Future GEA planning committee meetings should be broadened to include The relevant sectors contributing to MDG [Technical units/Directors]
- (7) GEA participants from countries should be represented broadly (by NGOs, private sector, others) with MDG orientation [Technical units/WRs/MoH]
- (8) NGOs wishing to give short statements in RCs should be encouraged if their interests are meeting MDG
- (9) Joint GEAs with other UN agencies having common interest in achieving MDG
- (10) WHO CCs should be involved/invited to participate in the process

Annex 11

POST- RETREAT QUESTIONNAIRE

A) What are MDGs ?

- (1) Global consensus on minimum set of goals for development
- (2) Influence on WHO's work for the next decade
- (3) A set of goals to implement the United Nations Millennium Declaration
- (4) Sustainable development goals with particular focus on reducing poverty
- (5) Overcome poverty; capacity-building; partnership
- (6) An opportunity to team with agencies and governments
- (7) Partnership goal of WHO staff
- (8) Set of goals, targets and indicators UN and Member States target to meet
- (9) MDG are those goals which have as their objective overall development and reduction of poverty
- (10) Framework to measure development progress for sustainable development and poverty alleviation
- (11) Goals agreed by 189 UN Member countries to alleviate poverty by the year 2015
- (12) Reducing maternal mortality
- (13) Millennium Development Goal
- (14) Reduce poverty – improved health status
- (15) To help underdeveloped people to receive basic requirements

- (16) Internationally agreed benchmarks for social & economic development
- (17) MDG to be monitored by WHO in health-related areas
- (18) MDG are goals for countries to achieve - related to poverty
- (19) Framework guiding WHO's work
- (20) Poverty alleviation as ultimate goal

B) There are how many health MDG? Targets? Indicators?

S.No	Goals	Targets	Indicators
1	6	9	18
2	6	9	18
3	6	9	18
4	6/8	9/18	18/48
5	6/8	9/18	18/48
6	6/8	9/18	18/48
7	6/8	8/18	18/48
8	6	14	18
9	6/8	8/18	18/48
10	6	9	17
11	6	17	18
12	14		
13	6	8	14
14	6	9	18
15	3	7	15
16	6/18	T / 49	

C) What is the role of WHO?

- (1) Technical input, monitoring, evaluation
- (2) Monitor achievement of MDG in health-related areas
- (3) Facilitator

- (4) Provide technical support to Member States, advocate to communicate MDG monitoring report to Member States
- (5) Mainstreaming the achievement of health-related goals through WHO programmes
- (6) Accomplish the targets with
 - capacity-building
 - Strong partnership
- (7) To assist countries in achieving the MDG through technical advice and partnerships
- (8) Enhanced technical support to countries to achieve MDG
- (9) To coordinate planning, implementation and monitoring in collaboration with governments and partners
- (10) To work with countries in the achievement of MDG goals/targets
- (11) Advocate MDG monitoring and evaluate MDG; provide technical assistance about MDG, mobilize resources for MDG
- (12) Help countries achieve MDG – through advocacy, TA resource mobilization, monitoring and recording
- (13) Align MDG goals with PB and GPW involving countries
- (14) Strengthen WHO country presence
- (15) Technical support to countries in monitoring MDG health indicator progress
- (16) Monitoring, reporting and promoting; strengthening national capacity to meet MDG
- (17) 8 Goals, 18 targets, 48 indicators
- (18) – Advocacy
 - Technical support
 - Resource mobilization
 - Monitoring/reporting
- (19) – Monitor/measure health-related
 - Encourage policy dialogue on :
 - Key interventions
 - Health equity
 - Gender equality
 - Health systems (HIS)

Annex 12

EVALUATION OF THE RETREAT

Most Positive things about the Retreat

- (1) Sense of togetherness in WHO's efforts
- (2) To know technical inputs of WHO to achieve MDG
- (3) Involvement of participants
- (4) No non-WHO participants (freedom of expression)
- (5) Exchange views
- (6) Gain good insight into the work of WHO
- (7) Informality
- (8) Team inputs
- (9) The way of conducting it
- (10) Open and frank discussion - broader
- (11) Chance to interact with colleagues on substantive issues
- (12) Informal setting; sense of participation; feeling of belonging
- (13) Gathering
- (14) Better relationship with all staff
- (15) Informal, free set-up
- (16) Opportunity for free interaction
- (17) Openness to discuss issues
- (18) Frank interaction
- (19) Good participatory process
- (20) Openness and equity

Most Negative things about the Retreat

- (1) None
- (2) Venue a bit suffocating
- (3) Lesser interest of involved staff
- (4) Cell phones kept on ringing
- (5) No new innovation
- (6) Too noisy at night
- (7) Scope for improvement in logistic arrangements
- (8) No background documents for afternoon session in the file
- (9) Conflicting signals on participation
- (10) No output
- (11) Transport
- (12) Staying overnight
- (13) Hotel too far. Did not like having to sleep away from home
- (14) Resistance to change
- (15) Nothing
- (16) Nothing
- (17) Venue
- (18) Preparation of materials
- (19) Cell phones ringing all the time

One suggestion to improve future Retreats

- (1) Keep learning
- (2) Broader input into agenda
- (3) More targeted participants

- (4) To get all RAs/COs/ Directors
- (5) Hold it farther away from WHO
- (6) Change concept (no need to stick to "Retreat")
- (7) Appropriate agenda and relevant participants
- (8) Involved participation of concerned staff
- (9) Let participants go home at night and return next morning
- (10) Duration too short – should match gravity of agenda
- (11) Follow all recommendations
- (12) Provide adequate time for units to prepare
- (13) Better group division
- (14) More involvement of staff from every department while planning
- (15) Check and re-check planning
- (16) Extend period by one day
- (17) 2 instead of 1 night
- (18) One more day
- (19) Check availability of staff before setting date
- (20) Opportunity to suggest/be involved from beginning

Evaluation of the Retreat

	Happy	Satisfied	Unhappy
Opportunity to express my thoughts	15	3	2
Satisfaction with process of Retreat	9	10	
Duration of Retreat	9	9	1
I was happy with the Retreat	7	12	1
Venue of the Retreat	7	4	9

Annex 13

LIST OF BACKGROUND DOCUMENTS

- Millennium Development Goals – WHO’s contribution to tracking progress and measuring achievements
- Millennium Development Goals – The Health Indicators : scope, definitions and measurement methods
- Millennium Development Goals – Compendium of health-related indicators (final draft : 20 October 2003)
- Report of a Regional Consultation on “Data Sets on UN Millennium Development Goals (MDG) and WHO Core Health Indicators, WHO/SEARO, 17-19 June 2003”
- Health Situation in South-East Asia – Basic Indicators 2002