

# First GMS Regional Public Health Forum

*Regional Cooperation in Communicable Diseases Control & Health System Development*

*Vientiane, Lao PDR, 5-7 November 2007*

## REGIONAL COOPERATION IN CDC

***"Who does what?"***

(Results of an informal survey)

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*Hanoi, November 2007*

Organizations involved in CDC-related regional activities  
*Results of an informal survey*

## **What is this presentation about?**

- Results of a simple informal survey on CDC-related regional activities

## **Purpose of the survey?**

- To obtain an overview of who-does-what in CDC regionally.
- To develop – from the findings -- a network for regional cooperation.
- To avoid duplication among donors/implementers.

## **Methodology?**

- After poor results of web searches...
- First, a simple 4-question questionnaire sent to >550 addressees.
- Second, a more detailed matrix is sent back to those who had stated they are involved in regional activities.
- Third call for cross-check → information aggregated in a matrix.

## **Results?**

- 25 organizations/projects replied “yes” to the 4-question questionnaire (not all respondents filled all matrix details though).
- Information collected was divided into 5 groups: “Involvement in communicable diseases”; “Type of support provided”; “Type of activities supported”; “Geographic coverage”, and “target populations”

Organizations/ Institutions/ Programs  
who answered positively to the questionnaire

N=25 /550

1. ACMECS
2. Actmalaria
3. ADPC
4. APEC
5. ASEAN Secretariat (*funded by USAID-RDMA*)
6. ASEAN Secretariat + 3 EID
7. AusAid
8. Denmark
9. EC
10. GMS CDC - ADB
11. IFRC
12. IOM
13. Kenan Institute Asia (KIA)
14. MBDS
15. OIE
16. Rockefeller Foundation
17. SIDA
18. USAID Regional Devel. Mission Asia
19. UN at UNSIC
20. UNDP
21. UN-OCHA Bangkok
22. Wildlife Health Sciences, Wildlife Conservation Society
23. World Bank
24. World Bank (Vietnam)
25. WPRO

+ ADB (CDC, Malaria and AI)

# Organizations involved in regional communicable diseases activities

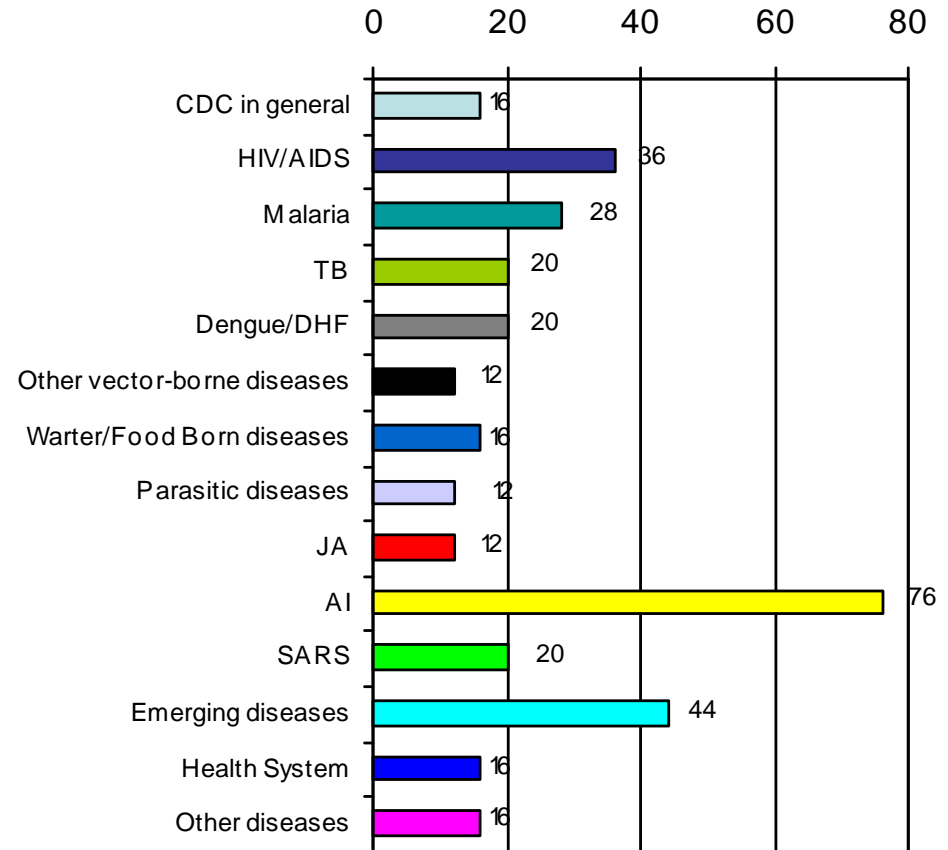
Range of regional activities / Organization	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	Rockefeller Foundation	Actmalaria	UN-ocha Bangkok	UN at UNSIC	IFRC	WPRO	World Bank	UNDP	The USAID Regional Development Mission Asia	USAID	World Bank (Vietnam)	SIDA	IOM	EC	AusAid	Denmark	OIE	ADPC	Sciences, Wildlife Conservation	ASEAN Secretariat (funded by USAID-RDMA)	ASEAN Secretariat + 3 EID	APEC	ACMECS	MBDS	K/A
<b>Communicable Disease involvement</b>																									
CDC in general											X							X						X	
HIV/AIDS	X				X		X	X								X								X	
Malaria	X	X							X															X	X
Tuberculosis	X								X										X					X	
Dengue/ Dengue hemorrhagic fever	X								X																X
Other vector-borne diseases																									
Water-borne/Food-borne diseases					X																				
Parasitic Diseases																									
Japanese encephalitis																									
Avian influenza	X		X	X	X	X	X		X					X	X	X	X		X	X	X			X	
SARS	X					X																			
Emerging diseases			X			X					X				X		X		X					X	
Health system											X														X
Other diseases												X					X								rabies
<b>Type of Support Provided</b>																									
Funding only								X	X			X					X								
Funding and implementing		X															X							X	X
Other (specify)																									funding, coordinating support
<b>Type of Activities Supported</b>																									
Technical assistance and mentoring			X		X			X												X					X
Project management	X	X									X					X			X		X				

Range of regional activities / Organization	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
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Disease control, surveillance and response	X	X									X					X	X		X	X	X			X	X
Procurement of equipment																	X								
Procurement of supplies																	X								
Training & capacity building in general	X		X		X				X		X						X	X	X			X		X	X
IEC / BCC		X														X						X			
Coordination	X		X	X	X				X			X	X		X		X	X			X	X	X	X	X
Special Regional Events	X		X														X			X	X			X	X
Cross border activities	X		X														X				X			X	X
Knowledge management		X	X		X												X		X		X				
Other (specify)																									
<b>Geographic Coverage</b>																									
Region	X	X	X	X	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X			X	X
Country			X		X												X		GMS					X	
Province																								X	
District																									
Commune																									
<b>Targeted Populations</b>																									
Cross border population	X												X											X	X
General population		X	X												X							X			
Urban population																									
"High risk" population		X						X																	
"At risk" population		X						X																	
Remote population		X									X													X	X
Poor population groups		X									X													X	X
Ethnic minorities		X																						X	X
Other (specify)																	Member countries				Gov. authorities				

Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

By communicable disease involvement

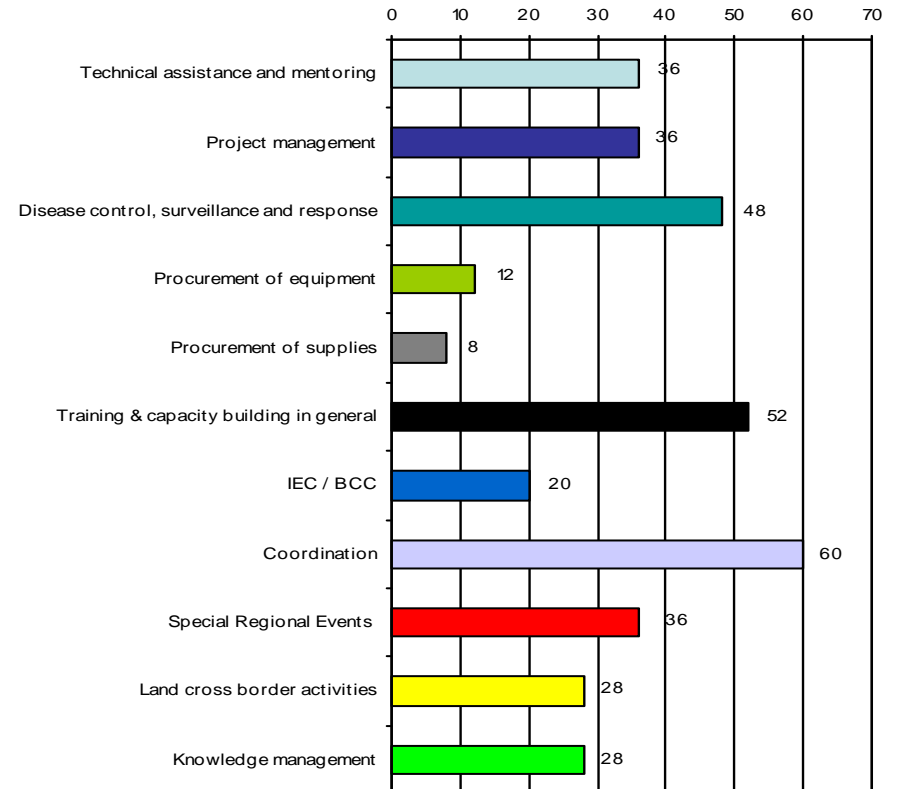
Diseases Involvement	No. of Organization s/ Projects	%
Avian influenza	19	76%
Emerging diseases	11	44%
HIV/AIDS	10	40%
Malaria	7	28%
Tuberculosis	5	20%
Dengue/ Dengue hemorrhagic fever	5	20%
Water-borne/Food-borne diseases	5	20%
SARS	5	20%
CDC in general	4	16%
Health system	4	16%
Other diseases	4	16%
Other vector-borne diseases	3	12%
Parasitic Diseases	3	12%
Japanese encephalitis	3	12%



Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

By Type of Activities Supported

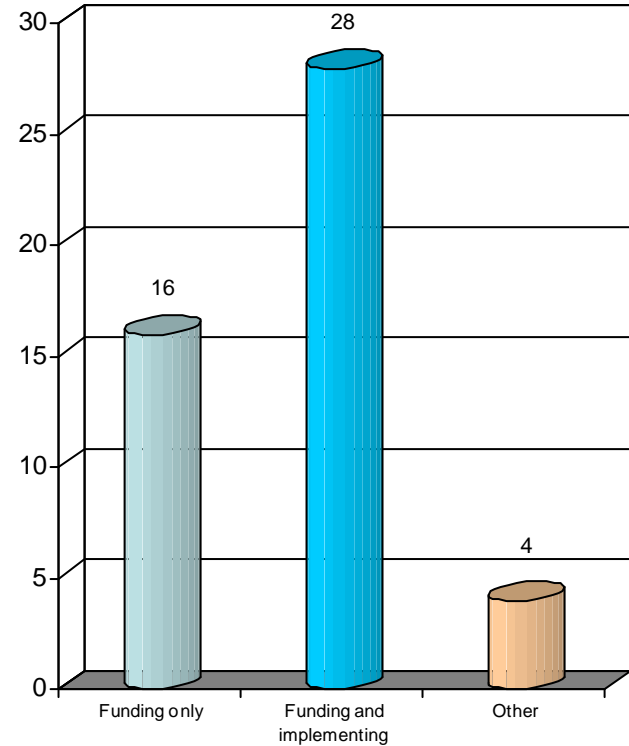
Type of Activities Supported	No. of Organizations / Projects	%
Coordination	15	60%
Disease control, surveillance and response	13	52%
Training & capacity building in general	13	52%
Technical assistance and mentoring	9	36%
Project management	9	36%
Special Regional Events	9	36%
Land cross border activities	7	28%
Knowledge management	7	28%
IEC / BCC	5	20%
Procurement of equipment	3	12%
Procurement of supplies	2	8%



Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

By type of support

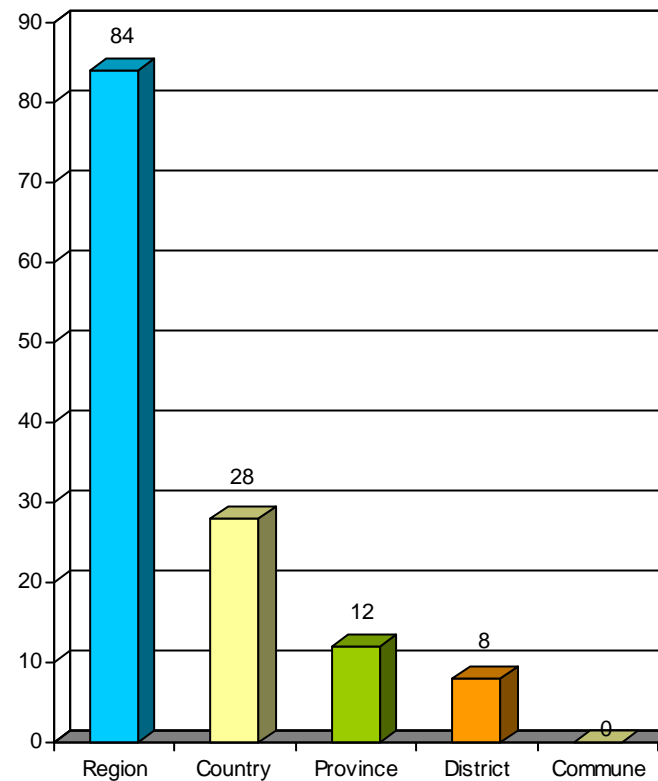
Type of Support	No. of Organizations / Projects	%
Funding only	4	16%
Funding and implementing	7	28%
Other (funding and coordinating)	1	4%



Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

### By Geographic Coverage

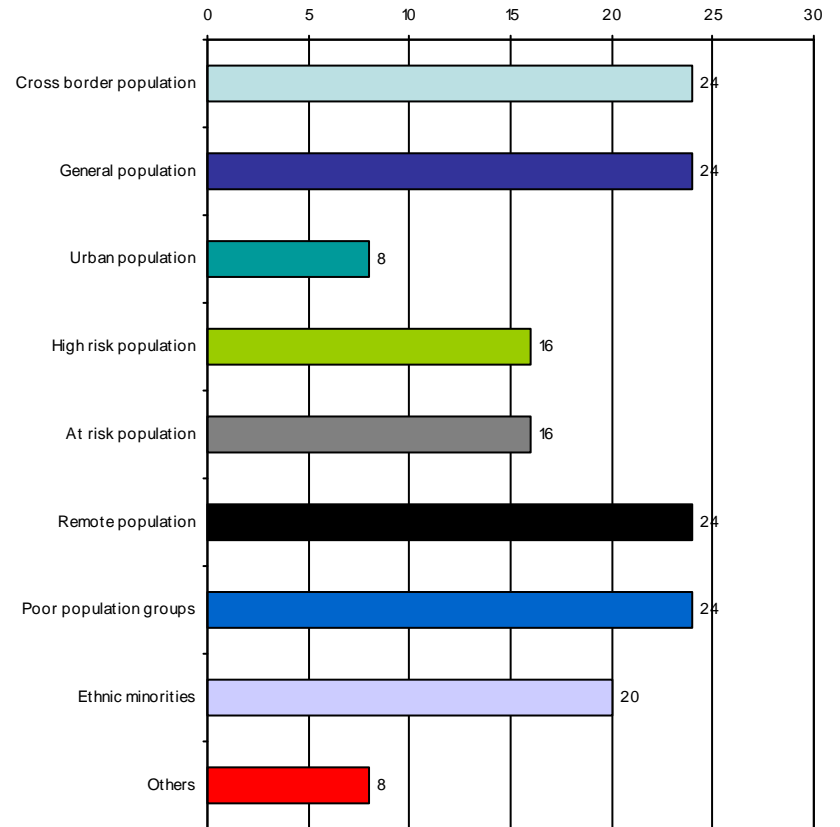
Geographic Coverage	No. of Organizations/ Projects*	%
Region	21	84%
Country	7	28%
Province	3	12%
District	2	8%
Commune	0	0%



Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

By Targeted Populations

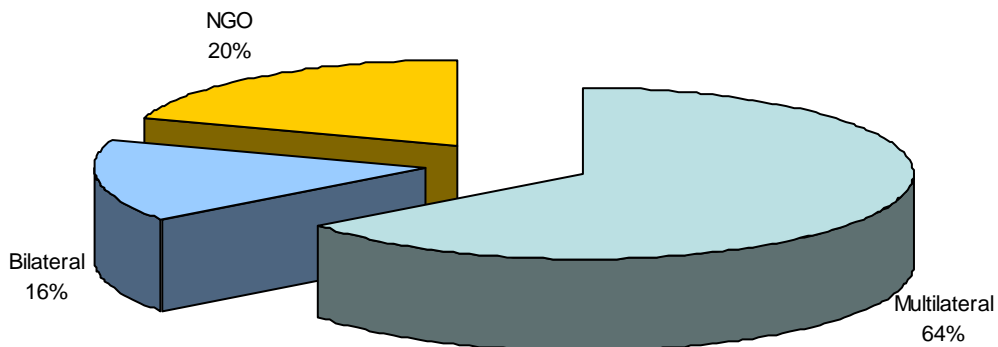
Target Populations	No. of Org. /Projects	%
Cross border population	7	28%
General population	6	24%
Remote population	6	24%
Poor population groups	6	24%
Ethnic minorities	5	20%
"High risk" population	4	16%
"At risk" population	4	16%
Urban population	2	8%
Other: Gov. authorities, member countries	2	8%



Organizations involved in CDC-related regional activities  
total: 25 organizations/ projects

By Type of organization

Type of organization	No. of Org. /Projects	%
Multilateral	16	64%
NGO	5	20%
Bilateral	4	16%



## Organizations involved in CDC-related regional activities

*N= 25 organizations/ projects*

### **Conclusion:**

- ❖ Coordination activities need to be better known.
- ❖ Need to assess coordination roles of regional bodies
- ❖ Most serious public threats (AI/ED) are prioritized, but dengue, water/food-borne diseases and parasitic diseases, health system still lag behind.
- ❖ Training activities need coordination (opportunity cost)
- ❖ Too little involvement in Knowledge Management.
- ❖ IEC / BCC require more attention (technical assistance needed)
- ❖ Funding for supplies is little (donors vs. State Recurrent Cost)
- ❖ Bilateral organizations little involvement in regional activities.
- ❖ Cross-border population not neglected.

## Organizations involved in CDC-related regional activities

*N= 25 organizations/ projects*

### **Recommendations:**

- ☞ Efforts should be pursued to obtain more details on who-does-what regionally in CDC.
- ☞ More important matrix of all partners in the region involved at country/field levels linked through a vibrant network (see slides further down).
- ☞ Centralized Calendar of Events is needed.
- ☞ Coordination in regional events should be sought at all levels
- ☞ Need for optimal communication among involved professionals
- ☞ “neglected diseases” should receive more support
- ☞ More exchanges among professionals for practical knowledge (“know-how”) should be encouraged (see further down)
- ☞ More attention should be granted to quality of IEC/ BCC
- ☞ Cross-border activities need better coordination.

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# DEVELOPING CDC-RELATED COMMUNITIES OF PRACTICE (CoP)

Stéphane P. Rousseau  
*Regional Coordinator*

*ADB GMS CDC Project, Regional Coordination Unit*

*Hanoi, November 2007*

# DEVELOPING CDC-RELATED COMMUNITIES OF PRACTICE (CoP)

## **Goal:**

Improve performance of national CDC chains of work as a whole and individually, and improve collaboration among professionals within the respective countries and across the CLV countries

## **Objective:**

improve the knowledge – including very practical knowledge (“know how”) -- of officers and staff involved in CDC activities.

## **Expected outcome:**

Staff who voluntarily engage in the initiative which significantly increases their knowledge, improves their on-the-job performance, and developed an “esprit de corps” that sustains after the project is closed; they find a boosted self-motivation and satisfaction at work. The regional CoP approach also emulates an healthy competition among cross-country professionals -- hence upgrading the general level – and developed lively regional exchanges, prone to better a cooperation/coordination.

## **Assumption:**

1. The initiative is well explained by RCU and supported by national CDC.
2. RCU finds the proper contractor to develop a lively interactive electronic website/forum able to run from low connection Internet access, and post messages in the 3 languages.
3. Both ADB and WHO consultants participate in identifying CoP “champions” [KM term] during their field missions (a particularly innovative lab technician?)
4. Large number of partners solicited – including academics – contribute through sharing resources.

# A short definition of Community of Practice

*“Communities of Practice (CoPs) are groups of people in organizations that form to share what they know, to learn from one another regarding some aspects of their work and to provide a social context for that work.”*

# Community of Practice vs. Teams, Task Force

<b>Group Types</b>	<b>Function</b>	<b>Basis of Membership</b>	<b>Basis of Cohesion</b>	<b>Duration</b>
Communities of Practice	Develop members' expertise and define their place or role in the community	Self selected	Commitment and identification with the expertise that forms the basis of the practice	As long as members have an interest in improving the practice and maintaining the community
Formal Work Teams	Perform the ongoing work that has been assigned to the team (e.g., produce and deliver a product or service)	Everyone who has been assigned to the team	Job/performance requirements and continuing, common goals	Until the work or the organization is reorganized
Project Teams and Task Forces	Accomplish a specific task or assignment, usually during a particular time frame	As assigned by the management	Project milestones and goals	Until the project or task has been completed
Informal Networks	Collect and share information of common interest	Reciprocal value and acceptance, that is, members obtain and provide information of value	Perceived value in belonging and participating	As long as people have a reason to connect and share information

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

Central level

- Policy Maker
- Manager
- CDC Staff

Nat. & Prov. Institutions

- Manager
- Implementing staff
- Implementing staff

Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

DEVELOPING CDC-RELATED COMMUNITIES OF PRACTICE (CoP)

IN-COUNTRY QUESTIONS:

Question 1: is the CDC staff chain well built and complete?

Question 2: Is EACH post in the chain well defined? (i.e. clear Job Description?)

Question 3: Are the post occupied by properly trained staff?

Question 4: What is the turn over for each post?

Question 5: What are the working conditions for each post? (includes work supplies & equipments, supportive supervision, salary, Per Diem, etc)



The strength of the whole CDC chain of work is determined by its weakest link

# STEP 1: IDENTIFY CoP WITHIN THE COUNTRY

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

## Central level

Example:

- Policy Maker
- Manager
- CDC Staff

## Nat. & Prov. Institutions

- Manager
- Implementing staff Lab technician
- Implementing staff

## Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff Lab technician
- Implementing staff

## District level

- Manager
- Implementing staff Lab technician
- Implementing staff
- Implementing staff

## Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

## IN-COUNTRY QUESTIONS (2):

Question 1: Can we identify posts with similar types of activities?

### Province 1

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Province 2

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Province 3

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Province 4...

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

# STEP 1: IDENTIFY CoP WITHIN THE COUNTRY (2)

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

## Central level

Example:

- Policy Maker
- Manager
- CDC Staff

## Nat. & Prov. Institutions

- Manager
- Implementing staff Lab technician
- Implementing staff

## Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff Lab technician
- Implementing staff

## District level

- Manager
- Implementing staff Lab technician
- Implementing staff
- Implementing staff

## Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

## IN-COUNTRY QUESTIONS (2):

Question 1: Can we identify posts with similar types of activities?

### Province 1

- Manager
- Implementing staff
- Lab technician
- Implementing staff
- Implementing staff

### District level

- Manager
- Lab technician
- Implementing staff
- Implementing staff

### Province 2

- Manager
- Implementing staff
- Implementing staff
- Lab technician
- Implementing staff

### District level

- Manager
- Implementing staff
- Lab technician
- Implementing staff

### Province 3

- Manager
- Lab technician
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Lab technician
- Implementing staff
- Implementing staff

### Province 4...

- Manager
- Implementing staff
- Lab technician
- Implementing staff
- Implementing staff

### District level

- Manager
- Lab technician
- Implementing staff
- Implementing staff

# STEP 1: IDENTIFY CoP WITHIN THE COUNTRY (2)

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

## Central level

- Policy Maker
- Manager
- CDC Staff

Example:

## Nat. & Prov. Institutions

- Manager
- Implementing staff **Lab technician**
- Implementing staff

## Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff **Lab technician**
- Implementing staff

## District level

- Manager
- Implementing staff **Lab technician**
- Implementing staff
- Implementing staff

## Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

## Province 1

- Manager
- Implementing staff
- Lab technician**
- Implementing staff
- Implementing staff

## District level

- Manager
- Lab technician**
- Implementing staff
- Implementing staff

## Province 2

- Manager
- Implementing staff
- Implementing staff
- Lab technician**
- Implementing staff

## District level

- Manager
- Implementing staff
- Lab technician**
- Implementing staff

## Province 3

- Manager
- Lab technician**
- Implementing staff
- Implementing staff
- Implementing staff

## District level

- Manager
- Lab technician**
- Implementing staff
- Implementing staff

## Province 4...

- Manager
- Implementing staff
- Lab technician**
- Implementing staff
- Implementing staff

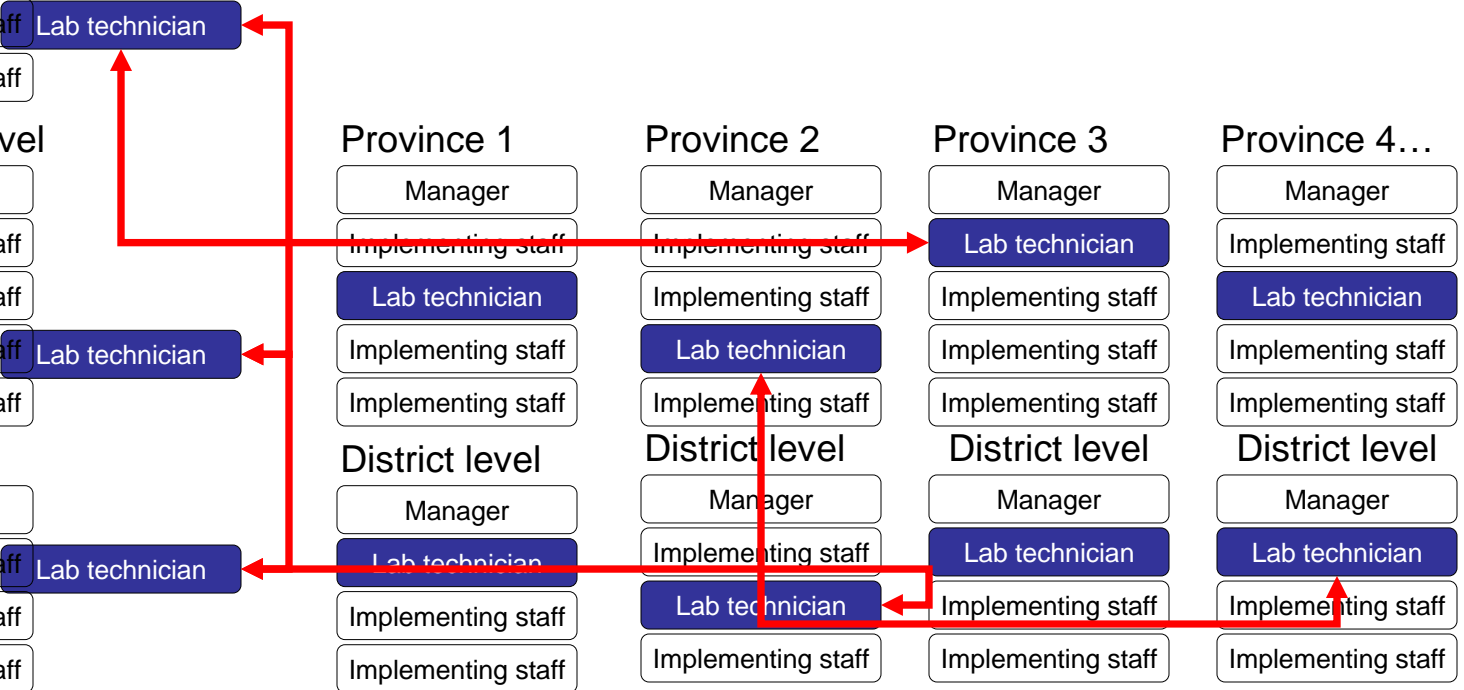
## District level

- Manager
- Lab technician**
- Implementing staff
- Implementing staff

## IN-COUNTRY QUESTIONS (2):

Question 1: Can we identify posts with similar types of activities?

Question 2: How to link them for exchanges?



## STEP 2: IDENTIFY CoP ACROSS THE CLV COUNTRIES

### QUESTIONS FOR REGIONAL CoP:

Question 1: Are the CDC staff chain similar across the countries?

Question 2: Can we identify posts with similar types of activities across the countries?

Question 3: What would be the benefits of having staff with similar activities exchanging knowledge?

Question 4: Are they willing to do so? At the regional level, in English?

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

#### Central level

Policy Maker

Manager

CDC Staff

#### Nat. & Prov. Institutions

Manager

Implementing staff

Implementing staff

#### Provincial level

Manager

Implementing staff

Implementing staff

Implementing staff

Implementing staff

#### District level

Manager

Implementing staff

Implementing staff

Implementing staff

#### Village level

VHV / CHW

Vert. Prog. VHV

Mass org. staff

CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED ↓

## CAMBODIA

### Central level

- Policy Maker
- Manager
- CDC Staff

### Nat. & Prov. Institutions

- Manager
- Implementing staff
- Implementing staff

### Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

## LAO PDR

### Central level

- Policy Maker
- Manager
- CDC Staff

### Nat. & Prov. Institutions

- Manager
- Implementing staff
- Implementing staff

### Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Village level

- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

## VIET NAM

### Central level

- Policy Maker
- Manager
- CDC Staff

### Nat. & Prov. Institutions

- Manager
- Implementing staff
- Implementing staff

### Provincial level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff
- Implementing staff

### District level

- Manager
- Implementing staff
- Implementing staff
- Implementing staff

### Village level

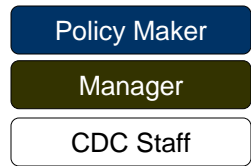
- VHV / CHW
- Vert. Prog. VHV
- Mass org. staff

STEP 2: IDENTIFY CoP ACROSS THE CLV COUNTRIES (2)

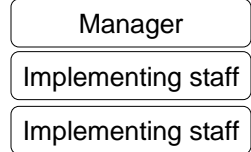
CHAIN OF IN-COUNTRY CDC PROFESSIONALS AND STAFF INVOLVED

**CAMBODIA**

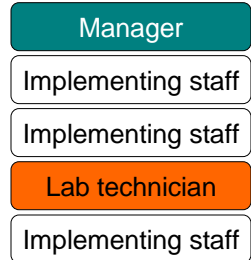
Central level



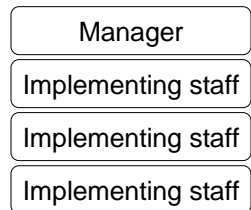
Nat. & Prov. Institutions



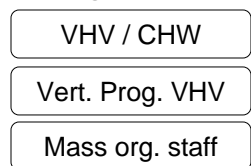
Provincial level



District level

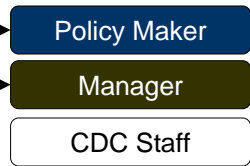


Village level

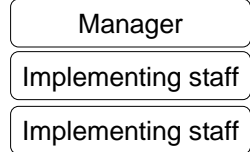


**LAO PDR**

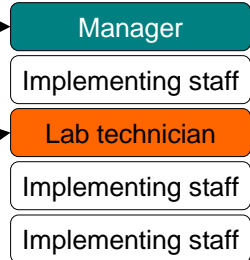
Central level



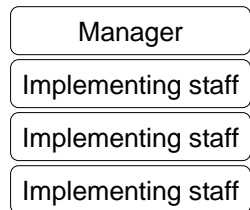
Nat. & Prov. Institutions



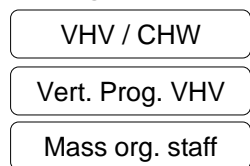
Provincial level



District level

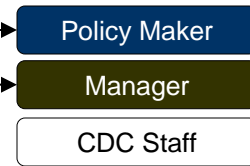


Village level

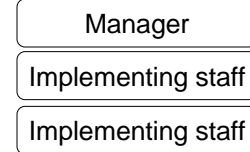


**VIET NAM**

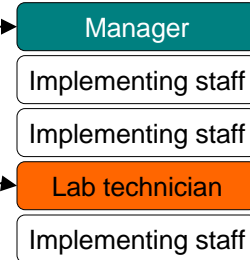
Central level



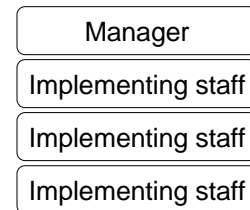
Nat. & Prov. Institutions



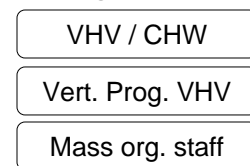
Provincial level



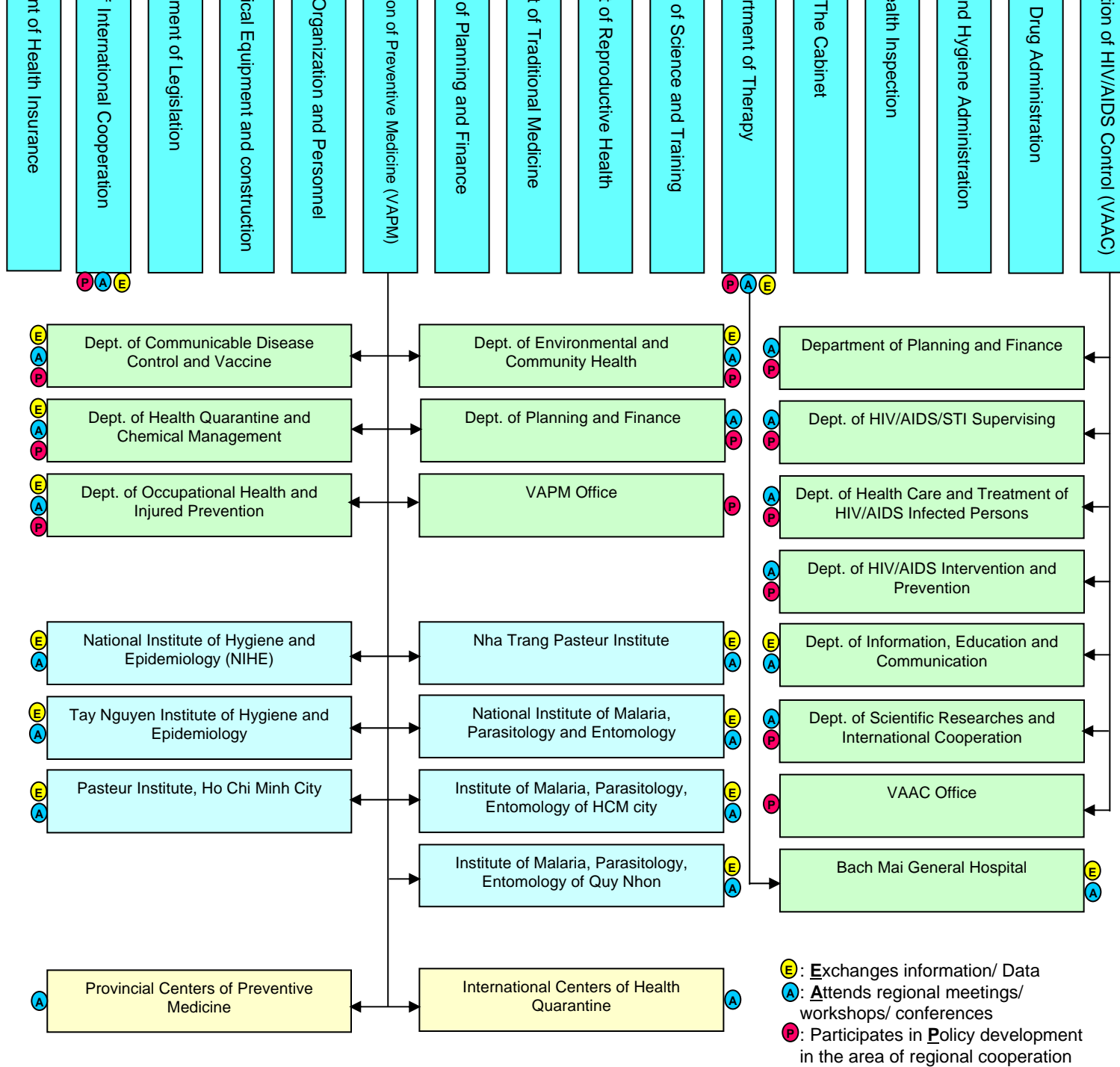
District level



Village level



# Departments involved in Regional Cooperation in CDC

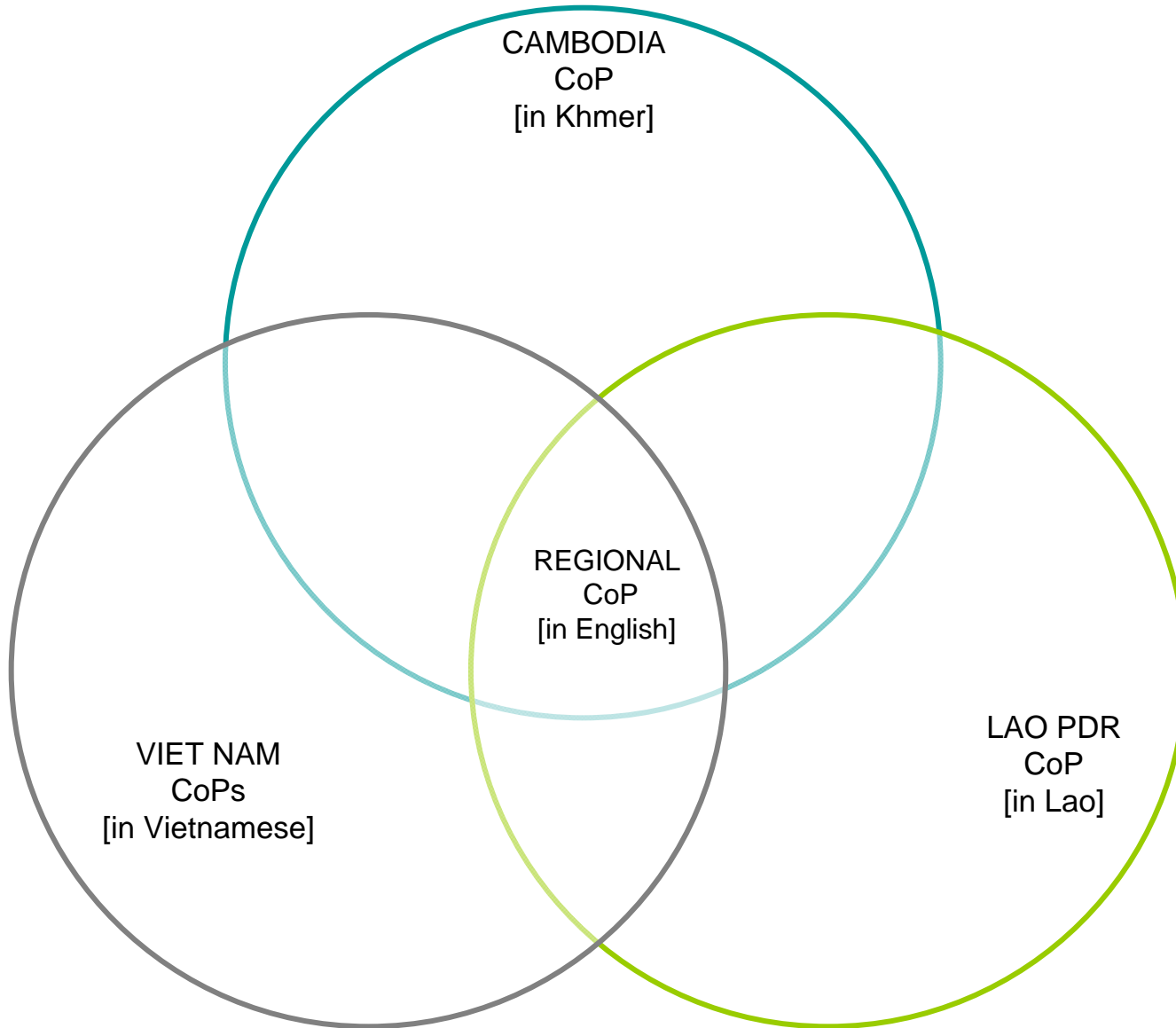


Excerpt from MoH organogram Viet Nam.

Source: Informal "Regional Cooperation in CDC" survey MoH/RCU

Courtesy: Dr Dong Le Thanh, Chief, Department of Quarantine and Chemicals

# IN-COUNTRY CoP DEVELOPING INTO REGIONAL CoP



# How to develop the CoP?

## Steps

1. Step 1: RCU to present proposal to CDC department.
2. Step 2: CDC to draw the whole CDC chain of posts → corrective actions are taken if gap are found or lack of Job Descriptions.
3. Step 3: RCU develops the electronic forum with a full set of job-related job aids, materials and links, etc and invite scholars, and implementation experts (incl. UN, IO, BA, NGOs) to contribute.
4. Step 4: RCU launches the forum and promotes input from the CoP. At first, moderation is provided.

## Indicators

1. Satisfaction survey conducted among the participants
2. Number of hits of the website, or number of exchanges.
3. Number of contributions sent to the forum.
4. Qualitative evaluation of the content of the contribution.
5. On-the-job performance evaluation of the most frequent visitors to the forum.

Google Calendar  
GMS - CDC - Home

# The Greater Mekong Subregion Regional Communicable Diseases Control Project

News The GMS-CDC Project CDC in the Subregion

Forums Resources & Links

- How do I do that?
- Ask your colleagues
- Ask the expert
- Academics online
- Discussion in your language
- Job aids ---
- Job aids online ---

Forum in Khmer  
Forum in Lao  
Forum tiếng Việt  
Forum in English

www.gms-cdc.org

GMS CDC website  
under construction

Interactive electronic  
forums for sharing of  
experiences between field  
professionals

CALENDAR OF EVENTS

October 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01	02	03	04	05	06
07	08	09	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Thank you.