Out of this World
Out of Programme Experience (OOPE) at the World Health Organization

At 6 years old, for some trifling Sunday School achievement I won a copy of 'Trailmaker', an account of the life of Dr David Livingstone. For some reason, this glamorized account of a Scot exploring 'darkest' Africa inspired in me a lifelong passion to work as a doctor in the developing world. A hectic medical registrar rotation almost resulted in burn out and a near conversion to catering, but my career in medicine was saved by a three year posting to deepest rural South Africa, and my calling was revived albeit with a public health slant. I joined the London public health training programme and when the opportunity arose seized the chance to work at WHO headquarters on out of programme experience.

Attached to the Stop Tuberculosis department, I work in the TB/HIV team aiming to reduce the impact of the HIV epidemic on global tuberculosis control. The unprecedented opportunities offered by new funding initiatives, such as the President's AIDS Initiative and the Global Fund to fight AIDS, Tuberculosis, and Malaria, allow for great optimism in global public health. The work, though fast, furious and incessant, provides unrivalled experience across the spectrum of public health competencies. Developing global policy for an innovative approach to the combined epidemics of HIV and tuberculosis has been the mainstay of the work, but now the focus of our team is moving towards supporting the implementation of this policy at country level, providing the technical 'know-how' and resources to highly affected countries, mostly in Africa. As the focal point for Tanzania, Zambia and the Western Pacific Regional Office, I work closely with programme managers in TB and HIV and our partners to assist them in implementing improved services for people with TB and HIV.

One of the privileges of the work is the opportunity to visit the field and see the implementation of global policy at country level and witness the benefits at individual level. Last year I joined an international monitoring mission reviewing the impressive progress of the Indian government in rolling out their revised TB control programme, based on the WHO DOTS strategy. The monitoring missions, comprised of international and national experts in tuberculosis control, perform a rapid assessment of the national programme, through interviews across the board with politicians, high-level government officials, programme managers, health service staff and also TB patients and their carers, to determine knowledge and attitudes to TB and the TB service. Reviews of laboratories, clinics, TB registers and patient treatment cards are used to critically assess performance and make suggestions for programme improvement. Seeing public health in action in settings where it probably has the greatest impact is an eye-opener and often a tear-jerker.

To get the most from an attachment to WHO, especially a short one, it is helpful to have previous experience of working overseas but it is not essential. As with all major organizations, WHO has very particular ways of working and if you think
that the bureaucracy is bad in the NHS, the United Nations is the mother of all bureaucracies. The procedure and ceremony that must be observed, especially in visiting countries, is daunting but adds a new challenge to daily work. However, the opportunity to tackle the cycle of poverty and ill-health at a global level, utilizing the skills I obtained on the London public health training programme, makes the graft worthwhile.

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