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PAHO FRAMEWORK FOR RESOURCE MOBILIZATION

This document proposes the main elements of a PAHO Resource Mobilization Framework for its review and guidance by the Subcommittee on Planning and Programming. Based on this guidance, and further consultations, a detailed strategy will be developed.

This document examines the international context that drives official development assistance (ODA) funding and reviews the main partnerships for health cooperation. It describes the key elements of a Resource Mobilization Framework and recommendations for its implementation in the short and medium terms.

In 2005, the Director launched the Roadmap for Institutional Transformation based on 11 strategic projects aimed at achieving key organizational changes. Several of these projects (e.g. Resource Mobilization, External Communications, and Country Focus) are examining aspects relevant to PAHO's resource mobilization efforts. Their recommendations, due in the coming months, should greatly contribute to the development of a detailed resource mobilization strategy. This document already incorporates current insights and preliminary deliveries of the Resources Mobilization Team of the PASB Roadmap for Institutional Transformation.

At the end of 2005, WHO launched a Resource Mobilization Framework. PAHO participated actively in this process and contributed to many of its recommendations. The WHO Framework—which involves all levels of the Organization—constitutes a reference for PAHO's efforts and is an important source for the analysis and recommendations put forward in this document.

Through the Report of the Working Group on PAHO in the 21st Century, the Member States also provided recommendations on the Secretariat's external relations and resource-mobilization role and functions, and on new modalities of technical cooperation. They also emphasized the need for technical cooperation and support to Member States in this field.

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Introduction

1. The mobilization of voluntary resources (financial, human, and technical) from Member States and partners is, more than ever before, essential to support the implementation of PAHO's strategic directions and Biennial Program Budget (BPB) approved by the Governing Bodies.
2. Voluntary financial contributions accounted for US\$ 178 million or 40% of PAHO's 2004-2005 budget, of which \$31 million came through WHO and \$147.6 million were raised by PAHO itself. Furthermore, the many in-kind alliances and partnerships, through which the Secretariat conducts its work, complement the Organization's own resources.¹
3. During the past two bienniums, the Secretariat has developed a program-based approach whereby the voluntary contributions have to fit clearly into PAHO's program of work.
4. Some major governmental partners (Canada, Norway, Spain, Sweden, and the United States) have agreed to support programs related to regional areas of work (AOWs), instead of specific projects. This gives PAHO greater flexibility in managing its technical cooperation and enables it to respond better to the program as approved by the Governing Bodies. The Biennial Program Budget 2006-2007 will further strengthen this approach as it already identifies the funding gaps in each AOW at the beginning of the new biennium.

Trends in International Development Assistance

5. Important processes in the international arena are shaping the international cooperation agenda. Rapidly increasing globalization has given way to a different reality and a rethinking of the purpose of international cooperation.
6. At the Millennium Summit in 2000 and again at the International Conference on Financing for Development (Monterrey, 2002), world leaders set priorities for development assistance. For example, goal 8 of the United Nations Millennium Declaration is particularly relevant for international cooperation as it emphasizes the need to develop a global partnership for development and its indicators and targets emphasize the financial efforts that developed countries need to make to progress towards fulfilling their financial commitments.

¹ Data provided by the Bureau's Financial Management and Reporting Area, Program Budget Unit, January 2006.

7. Development cooperation tends to move upstream towards sector-wide approaches and budget support and away from individually funded projects, and poverty-reduction strategies (based on poverty-reduction strategy papers) are becoming the frameworks around which most bilateral donors build their cooperation programs. Unfortunately, the presence of health issues in the poverty-reduction strategy papers is still limited.

8. Data from the Organization for Economic Cooperation and Development (OECD) (January 2006) confirm that ODA funding reached \$79.5 billion in 2004 (compared with \$69.1 billion in 2003). This figure represents an average of 0.26% of the donors' gross domestic product (GDP) and a real growth of 5.9% in one year, confirming that major partners are increasing their aid funding, as promised, in response to the Millennium Declaration and other international commitments (though still quite far from the 0.7% of GDP called for since 1969). However, Latin America and the Caribbean (LAC) received \$6.34 billion, representing barely 8% of the total. This proportion, which hovered at around 10% in the late 1990s, has declined in the past three years, primarily as a result of a major refocusing of international funding efforts towards other regions.

9. Globally, ODA for health and population stood at an average of \$8.58 billion in 2002-2003. It had continued to increase over the last four decades, at an average rate of 4.4% in real terms, with funds for HIV/AIDS accounting for much of the increase in recent years. In Latin America and the Caribbean, ODA for health has oscillated between \$2.5 billion and \$4 billion since 2000 (approximately \$3.5 billion in 2004).

10. Overall, while ODA funding has been increasing substantially at the global level in recent years, the Latin American and Caribbean countries have been receiving a smaller proportion of those funds. This pattern is also confirmed by important bilateral partners: some have already indicated that they will cease their support to health in our Region in the coming years [the German Agency for Technical Cooperation (GTZ) and the Norwegian Agency for Development Cooperation (NORAD)], or that their cooperation will focus on a smaller number of Latin American and Caribbean countries [only five countries in the case of the Canadian International Development Agency (CIDA)]. Others like the United States Agency for International Development (USAID) face increasing difficulties to obtain funding for health programs in our Region.

Humanitarian Assistance

11. Most bilateral development agencies have distinct funding channels for disaster reduction and humanitarian aid, channels that do not compete with sources of funding for health development activities. And although Latin America and the Caribbean may also fall short in proportion of global funding received for disaster reduction when compared to other regions of the world, it remains a topic of debate whether this is because natural

and complex disasters are less severe or protracted in the Americas or because Member States in this Region are better prepared and able to deal with the health consequences of disasters. Nonetheless, humanitarian donors have been major sources of funding and have demonstrated flexibility by investing in a health disaster program rather than solely in earmarked projects (although the latter have become important sources of funding for national activities in recent years). While a substantial increase in funding is not foreseen for routine disaster reduction activities, neither is a substantial reduction anticipated. This scenario may change, however, were a major crisis to develop such as pandemic influenza or a disaster of the magnitude of the south Asia tsunami.

12. In 2000, PAHO formed the Partnership for Health Preparedness (PHP), a consortium of agencies who have provided longstanding support of PAHO's core program of disaster preparedness and mitigation activities in Latin America and the Caribbean. The PHP is a mechanism for liaison, dialogue and joint reporting to these partners that support health emergency preparedness. Its members are the Office of U.S. Foreign Disaster Assistance (USAID/OFDA), the Canadian International Development Agency (CIDA/HAPS), and the Department for International Development of the U.K. (DFID/CHAD). For the 2004-2005 biennium, existing coordination mechanisms allowed the mobilization of US\$14 million for multidisciplinary and Organization-wide activities.

Harmonization and Alignment of International Cooperation

13. In February 2003, major multilateral development banks, international and bilateral organizations, and recipient-country representatives, gathered in Rome for the High-Level Forum on Harmonization. Through the Rome Declaration on Harmonization, they committed to take action to improve the management and effectiveness of aid, setting out the following objectives among others:

- Ensuring that development assistance is delivered in accordance with partner country priorities and that harmonization efforts are adapted to the country context.
- Expanding country-led efforts to streamline donor procedures and practices.
- Reviewing and identifying ways to amend procedures and practices to facilitate harmonization.
- Implementing the good practice standards or principles in development assistance delivery and management.

14. Two years later, in March 2005, the Paris Declaration on Aid Effectiveness, issued by delegates at the second High-Level Forum moved the aid-effectiveness agenda from the general consensus reached in Rome to more concrete commitments to increase

efforts in harmonization, alignment and managing for results, and established mechanisms for monitoring progress.

15. These new initiatives and approaches in international cooperation present new opportunities and challenges for the health sector, in terms of leadership, priorities, and resource mobilization.

16. The Fifty-eighth World Health Assembly, in May 2005, adopted Resolution WHA58.25 on WHO's role in the harmonization of operational development activities at country level, and its relationship with the United Nations reform process.

Strategic Alliances and Partnerships for Resource Mobilization

17. The establishment of alliances and partnerships with other agencies in the international community will facilitate joint efforts to address the unfinished agenda, protect achievements, and face the new health challenges in our Region. Over the past recent years, the creation of more than 50 global health alliances and initiatives represent a challenge and opportunities for the health sector. PAHO has been exploring collaboration with these new global partnerships and funds, and with foundations, the private sector, and nongovernmental organizations.

18. Coordination and collaboration with WHO have become an increasingly important component of PAHO's resource mobilization efforts. WHO mobilizes large amounts of voluntary funds for technical cooperation. PAHO has harmonized its PB 2006-2007 with WHO in order to facilitate the flow of voluntary contributions to its own technical programs and AOWs. In the 2004-2005 biennium, \$31 million were transferred from WHO to PAHO. On the other hand, WHO's recommended Resource Mobilization Framework contains inputs from all the regional offices, including PAHO, and will be the frame of reference for all future joint and corporate resource mobilization efforts.

Advocacy and Policy Dialogue with Regional and Subregional Organizations

19. Increased coordination within the U.N. system (e.g. with UNDP, UNICEF, UNFPA, UNAIDS) will increase capacity to implement important initiatives and better respond to country needs. Opportunities are being sought to build collaboration on the strengths and capacities of each agency. At the country level, the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes define a framework for joint action. At the regional level, coalitions of agencies built around specific themes, such as the LAC Regional Directors Group on HIV/AIDS or the interagency assessment of the Millennium Development Goals (MDGs) under the coordination of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) have proved to be useful.

20. PAHO is working closely with the Organization of American States (OAS) in linking the health priorities of the Region to the political agenda of the Hemisphere. This will involve joint efforts and complementary initiatives with the OAS Secretariat, and regular exchanges with the OAS Permanent Council to keep them abreast of health issues and engage their support. Biannual meetings with ambassadors in advance of meetings of the Governing Bodies have proved useful for reporting on the regional health agenda.

21. The new political and economic reality has generated a trend towards increasing integration. Countries in our Hemisphere are forming blocks, such as the Andean Community (CAN), Caribbean Community (CARICOM), Central American Free Trade Agreement (CAFTA), Central American Integration System (SICA), Southern Common Market (MERCOSUR), and the North American Free Trade Agreement (NAFTA), that will constitute critical partners in the development efforts. The corresponding health entities or ministerial bodies [Central American Ministers of Health Council (COMISCA), Community Council for Human and Social Development (COHSOD), Andean Health Agency (ORAS), Social Integration Secretariat of Central America (SISCA), etc.] are critical mechanisms for advancing health priorities. The subregional financing Institutions like the Caribbean Development Bank (CDB), the Central American Bank for Economic Integration (CABEI) and the Andean Development Corporation (CAF) are also increasingly involved in funding the health sector.

22. PAHO will continue working with the international financing institutions (IFIs) in health policy matters and in respect of loan or grants agreements for the health sector. PAHO will identify the opportunities in which it can add value to national review and assessment processes for loans and grants provided by the IFIs, in response to Member States' requests for technical cooperation. The work with the IFIs therefore needs to be expanded at country level, through the development of trust and partnerships between the IFIs and PAHO/WHO country offices. Global health issues such as HIV/AIDS or pandemic influenza are challenges that require strengthened collaboration between PAHO, the Inter-American Development Bank and the World Bank to strengthen and revitalize the Shared Agenda.

Resource Mobilization from Governments

23. Since 1996, 80% to 90% of PAHO's voluntary contributions have come from governments, hence the need to expand the donor countries base and to work closely with WHO in negotiations with countries outside the Region. During the past four years, PAHO has successfully mobilized voluntary financial resources from several of these partners in support of regional areas of work: NORAD, for example, has provided \$5 million over five years; SIDA \$6 million over three years; Spain \$6 million over three years; USAID \$13.2 million over three years and Canada, 18 million \$Can. Over 3 years.

24. PAHO has developed a long and strong relationship with a group of donor countries, building a high level of sustained support to the Region through the Organization. This has been reflected in assessments by the Canadian and Swedish International Development Cooperation Agencies (CIDA and SIDA), which have emphasized the respect that PAHO enjoys in the Region, the high quality of its personnel, and the high quality and flexibility of its systems.

25. Cooperation should be sought from these partners in the form of trust funds or program support to strengthen regional program efforts. At the country level, and where decision-making for country support has been decentralized to embassies, PAHO will support the health sector in mobilizing resources towards sectorwide approaches (SWAp) and budget support, beyond the more traditional project financing.

Strengthening New Partnerships for Health

26. PAHO's collaboration with the private sector has been very limited, never amounting to more than 1% of overall extrabudgetary income (similar to the percentage in WHO). The recently adopted Guidelines of the Pan American Health Organization on Collaboration with Private Enterprises (Document CD46/28) establish procedures for decision-making on proposals for collaboration with private-sector partners. Within this framework, various teams under the Bureau's Roadmap for Institutional Transformation are preparing recommendations for approaching the private sector. Very useful lessons have been learned from previous experiences with the private sector, for example in support of child health (integrated management of childhood illness, control and prevention of diarrheal diseases), HIV/AIDS projects, or in-kind contributions such as vaccines and essential medicines from pharmaceutical companies (i.e. Merck Co., with Ivermectin).

27. Relationships already developed with some foundations need to be strengthened. The United Nations Foundation and the Bill and Melinda Gates Foundation, for example, have tremendous potential for increased collaboration with PAHO. In this context, improved coordination with WHO and other U.N. agencies will be necessary in order to build more attractive partnerships, a precondition for grant-making. Efforts will also have to be made to identify foundations in Canada, Europe, and Latin America and the Caribbean that would be interested in funding health programs in the LAC region, particularly in the five priority countries—Bolivia, Guyana, Haiti, Honduras, and Nicaragua.

28. Globally, NGOs now channel about 25% of ODA. Their ability to mobilize resources and to influence policy-making, and their role in the delivery of services are all increasing. PAHO will continue to foster and support partnerships between governments and NGOs for better health in the Americas, including joint fundraising and project

execution. Existing partnerships with voluntary organizations such as the Red Cross Federation –and the National Red Cross Associations-, Rotary International, Lions Club or March of Dimes, and religious institutions like the Catholic Medical Mission Board (CMMB) will be strengthened.

29. As a result of major global commitments by political and philanthropic leaders [(Millennium Conference, G8, G77, United Nations General Assembly Special Session on HIV/AIDS (UNGASS), Bill and Melinda Gates Foundation, etc.)] several global funds have been established in recent years to advance research or action on single health topics. These include the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the Global Alliance for Vaccines and Immunization (GAVI), the Global Alliance for Improved Nutrition (GAIN), and the Global Environment Facility (GEF). The Global Fund in particular has changed the way in which the international community delivers foreign assistance. It currently represents the world's largest source of funding for tuberculosis and malaria, and combines public and private sectors as few other institutions can. In general, U.N. agencies have had only limited access to these funding sources. However, it is important for PAHO to put itself in a position to access these funds by promoting specific agreements governing its relations with these funds or making explicit the technical cooperation, advocacy and scaling up support it provides to Member States.

Main Components of PAHO's Resource Mobilization Framework

Goal, Objectives, and Strategic Approach

30. The overall objective of PAHO's Resource Mobilization Framework and future strategy is to obtain voluntary resources (financial and nonfinancial) from a wide range of partners in order to address the health priorities of the Region.

31. The specific objectives proposed are:

- To develop a policy and *modus operandi* for resource mobilization by the Secretariat.
- To provide technical cooperation to Member States in order to strengthen their capacity for resource mobilization.

32. In order to enhance the mobilization of resources, PAHO will develop a comprehensive approach that includes the following lines of action: advocacy and promotion, clear priorities, dialogue with partners, adoption of programmatic and project approaches, strengthening of resource-mobilization capacity, coordination of resource-mobilization efforts, and technical cooperation with Member States.

Advocacy and Promotion: Influencing Global and Hemispheric Agendas

33. The Secretariat already has considerable and recognized expertise in the advocacy and promotion areas, as shown by the prominent profile of health issues in the Declarations and Plans of Actions of the Summit of the Americas, the Ibero-American Summit, and the Conference of First Ladies. It also has experience in subregional integration processes and a long trajectory of promoting and supporting intersectoral ministerial meetings (e.g. health and environment, health and labor, health and agriculture, and health and education).

34. Global, hemispheric, and subregional forums provide excellent opportunities for delineating the role of health in the development process. More specifically, they offer a unique platform for promoting, to the highest political leaders, the health mandates adopted by PAHO's Governing Bodies, and obtaining the leaders' support and commitments. In turn, these commitments (reflected in the Declarations and Plans of Action of the Summits referred to above) provide additional political legitimacy to attract the interest and resources of national and external partners.

35. PAHO will sustain and increase its advocacy and promotional efforts, by working closely with other U.N. and inter-American agencies, subregional integration bodies, and with the offices of international relations of health ministries. Promotional efforts will also be carried out with foreign ministries and with First Ladies' offices. Participation will be sought in important preparatory mechanisms such as the Summit Implementation and Review Group (SIRG) and other special events, including technical and ministerial meetings. PAHO country offices will play a leading role in promoting and sustaining these efforts at the country level and in coordinating with other country offices and the Regional Office. Advocacy activities need to be planned and incorporated into the work of all units, centers, and country offices.

36. Advocacy and promotional efforts will build upon the market research findings and recommendations of the External Communications Initiative of the PASB's Roadmap for Institutional Transformation. It will be particularly important to communicate to external partners the key messages that convey the *raison d'être* of the Organization and its main comparative advantages, such as its technical excellence, impartiality, country presence, policy dialogue facilitation, intercountry coordination, cross-fertilization of ideas and experiences, international procurement mechanisms, networking capacity and alliance-building, and strong administrative procedures.

Clear Priorities

37. To be successful in resource mobilization it will be crucial to focus on PAHO's priorities. Identification of regional and subregional priorities for seeking external

funding and nonfinancial resources will be based on the Health Agenda for the Americas 2008-2017, the PASB Strategic Plan 2008-2012, the Regional Public Health Plans and the corresponding Program Budgets. The Program Budget 2006-2007 identifies the funding gaps in each regional AOW, and defines key countries, vulnerable populations, and public health priorities.

38. The fact that several AOWs are linked to the MDGs will also strengthen PAHO resource mobilization efforts, as the goals represent global political commitments that are shaping the policies and funding priorities of development partners.

39. The country priorities to be promoted with the international community will be part of each country's BPB and the result of joint assessment by national authorities and PAHO/WHO Country Offices. The Country Cooperation Strategy, which maps out the external cooperation in health already under way in each country, and identifies priority needs in the medium term, will also be of great benefit in that regard.

Dialogue with Partners

40. PAHO, through its external relations efforts, will maintain systematic contacts and dialogue with development partners. This will take the form of upstream dialogue, including a periodic multipartner forum.

41. Multipartner consultations will be essential in order to promote harmonization and coordination of PAHO's resource mobilization efforts. This will be a necessary element of the programmatic approach to be promoted by the Secretariat. At the country level, PAHO will support the country's role in leading and managing harmonization, alignment, and coordination of its external cooperation. PAHO will adopt the policies and processes necessary to participate actively in these country efforts.

Programmatic and Project Approaches

42. The program support approach has reinforced the primacy of supporting the mandates approved by PAHO's Governing Bodies. It has also promoted interprogrammatic collaboration and provided increased flexibility in the allocation and management of funds. In several instances, the external partner has agreed that PAHO's planning and evaluation system (AMPES) should be used to report on plans of action, progress on activities, and financial execution. This programmatic approach should be expanded to additional bilateral partners. In addition, whenever possible, budget support, i.e. unearmarked funds to be allocated to the corporate program of work, will be promoted.

43. There is still a lot of scope and an important need to mobilize resources through specific projects, provided that they are fully aligned with the PASB Strategic Plan and Program Budget.

Strengthening of the Bureau's Resource Mobilization Capacity

44. The resource mobilization effort will be the responsibility of all levels of the Secretariat. In order to accomplish this task in an effective manner, there is a need for a wide dissemination of intelligence on trends, priorities, and opportunities in health cooperation for various categories of partners. There is also a need to develop a support system with guidelines and tools for advocacy, project design, and monitoring and reporting. It will also be important to ensure that proposals are of the highest quality and fully meet the PASB's institutional guidelines before being submitted to an external development partner. High-quality proposals and a strong project implementation record are in themselves excellent tools for resource mobilization.

45. As approved by its Governing Bodies, PAHO proposals to mobilize voluntary contributions will continue to include a Project Support Cost (PSC). This fee is essential to help offset the common expenses and services which cannot be specifically identified and charged to each project. The policy governing the PSC should also continue to allow for special lower rates for country-based projects and procurement of health items, and for exceptions such as in the case of emergency relief grants.

Coordination of Resource Mobilization Efforts

46. PAHO resource mobilization at all levels of the Organization requires a strong coordination function so that the Organization's efforts are mutually complementary. This is particularly important in the context of a programmatic approach that involves several functional units. It is also important in order to ensure that there is a rapid cross-fertilization of ideas and experiences. Finally, it will be essential for PAHO to speak with a clear and strong voice and for its representatives to convey the same key message.

Expansion of New Modalities of Resource Mobilization

47. PAHO will expand on its successful experiences in mobilizing nonfinancial resources and in partnering with national institutions and other international organizations to achieve a common objective (i.e. internship program with Canada, APO/JPOs from some European countries). These include secondments of senior and specialized high-level professionals by national institutions, or placement of young professional officers who contribute with their expertise or get first-hand experience in international health. It also includes agreements with academic institutions, nongovernmental organizations, or

foreign governments to share expertise and collaborate in the implementation of a given project.

48. PAHO will also promote strategic alliances such as the Expanded Program of Immunizations (EPI) Revolving Fund and the Regional Revolving Fund for Strategic Public Health Supplies (PAHO Strategic Fund). By purchasing supplies and medicines in large volumes directly from manufacturers, the Fund is able to negotiate lower prices for these goods. The Fund also provides technical cooperation to Member States to help ensure efficiency in the procurement process, adherence to high quality standards, and, in general, a timely and adequate supply of essential medicines and supplies.

49. PAHO will strengthen and develop the regional network of WHO Collaborating Centers. In addition, PAHO will promote mutual collaboration among national institutions of excellence and networks that have gained recognition in the Region for their high-level capacity regarding health issues.

Technical Cooperation with Member States

50. Through the Report of the Working Group on PAHO in the 21st Century, discussions with health ministers, recommendations from offices of international relations, and on numerous other occasions, Member States have requested PAHO's support in order to strengthen their external cooperation and resource mobilization efforts. PAHO's efforts should therefore be systematized and implemented in collaboration between the Regional Office and the country offices.

51. As a result of ad hoc technical cooperation efforts conducted in some countries several years ago, some Member States have accumulated valuable expertise in the management of their international health cooperation and mobilization of resources and are starting to share this experience through various networks. PAHO's support to these networks would help speed up the cross-fertilization of experiences and tools among the countries. For low-income countries, areas of collaboration might include mobilization of resources; and for middle-income countries, harmonization/alignment/coordination issues, project design and monitoring, and promotion and advocacy of health topics in global, regional, and subregional forums.

Action by the Subcommittee on Planning and Programming

52. The Subcommittee is requested to offer comments and guidance on the proposed framework for a resource mobilization strategy for PAHO, including technical cooperation in strengthening the capacity of Member States to mobilize resources for health and external cooperation.