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TECHNICAL COOPERATION AMONG COUNTRIES IN THE REGION

This document is a progress report on the support that the PAHO/WHO Secretariat has provided for Technical Cooperation among Countries (TCC), as a singular instrument for solidarity, horizontal cooperation, understanding, and strengthening of the institutional capacity of the countries to meet their health needs.

The report presents an analysis, from the regional perspective, of the TCC in health supported by PAHO/WHO with funds allocated specifically for this purpose and includes the projects proposed by the countries and supported by the Secretariat during the period 1998-2005, classifying them by the areas addressed. Similarly, it reviews the resources allocated during the period, the participating institutions, cooperation modalities, geographical distribution, and project results.

It also tracks progress toward compliance with the recommendations that emerged from the last discussions on TCC in the Governing Bodies of PAHO/WHO, which took place in 1998. Finally, it discusses some lessons learned in the interim.

The Secretariat seeks to emphasize TCC as an exceptional modality for cooperation in health, whose potential should be taken greater advantage of to help overcome the current challenges and move more swiftly toward the attainment of the Development Goals of the Millennium Declaration.

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Technical Cooperation among Countries (TCC) in PAHO/WHO. Concept and History.

1. Technical Cooperation among Countries (TCC) is understood as the execution and management of activities and development projects among countries, which involves the sharing of experiences and technical capacities as well as the countries' own resources, with external assistance and financial support when necessary.

Technical Cooperation among Countries (TCC) is essentially a process whereby two or more countries work together to develop individual or collective capacity through cooperative exchanges of knowledge, skills, resources, and technologies. Ideally, TCC activities should be initiated, organized, and managed by the countries themselves, under the direction of the respective governments and with the participation of public and private institutions and organizations (UNDP 1998)

2. The mission of Technical Cooperation among Countries (TCC) is to contribute to capacity building in one or more countries, strengthen relations between them, increase the exchange, generation, dissemination, and use of scientific and technical knowledge, in addition to training the countries' human resources and strengthening their institutions.

3. The origins of Technical Cooperation among Countries (TCC) in health, as a strategy for accelerating health development through the countries' capacity and potential, lie in the concept of Technical Cooperation among Developing Countries (TCDC). The agreement that marked a milestone in the application of this concept was the *Buenos Aires Plan of Action for Promoting and Implementing Technical Cooperation among Developing Countries*, signed by 138 States at an event sponsored by the United Nations Organization in 1978. Through this Plan, a resolution to promote and implement TCDC as a development strategy was adopted, within the sociopolitical context of the decolonization of nations in Africa, Asia, and the Caribbean.¹

4. Mechanisms for cooperation among countries have been set up in the Inter-American System. The creation of the Inter-American Council for Integral Development (CIDI) in 1996, within the Organization of American States (OAS), and the implementation of horizontal cooperation programs are examples of this.

5. Among the agencies of the United Nations system, PAHO/WHO stands out for having created a specific budget allotment for TCC as a concrete way of implementing the strategy outlined in 1978 and endorsed in diverse forums. Organizations such as the

¹ Document CSP25/9 *Technical Cooperation among Countries: Panamericanism in the 21st Century*, 15 July 1998, www.paho.org

Latin American Economic System (LAES), the Association of Caribbean States (ACS), and the Amazon Cooperation Treaty Organization have adopted TCC as a strategy to advance their objectives. A decade after the adoption of the Buenos Aires Plan of Action, the Member States of PAHO created a specific allotment to promote implementation of the strategy. The purpose of the allotment was to call attention to a discipline of cooperation among countries consistent with the very nature of the Organization, which is dedicated to this, as stated in the Constitution of the Pan American Health Organization: “The fundamental purpose...shall be to promote and coordinate efforts of the countries...to combat disease, lengthen life, and promote the physical and mental health of the people.”

6. The Mission of the Pan American Health Organization (PAHO) is: “*to lead strategic collaborative efforts among the Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of Americas*”². Thus, Technical Cooperation among Countries (TCC)³ is one of the Organization’s main instruments for accomplishing its mission.

7. Since its founding, the Pan American Health Organization (PAHO) has promoted sanitary measures for disease prevention in and among countries, developing an extensive web of agreements with international institutions and cooperation agencies. In the 1970s, specifically 1977, through resolution CD25.R28 of the Directing Council, the countries of the Region expressed their continuing interest in TCDC and their intent to establish and maintain coordination with the Organization in this respect.

8. In the 1980s, the Governing Bodies reaffirmed PAHO’s position in order to promote and support TCDC as a mechanism for encouraging the self-sufficiency of the countries, both individually and collectively, in the health sector.

9. In September 1998, the Secretariat of PAHO submitted the document *Technical Cooperation among Countries: Panamericanism in the Twenty-first Century* to the 122nd Session of the Executive Committee and the 25th Pan American Sanitary Conference. This document advanced the concept of Technical Cooperation among Countries⁴ and served as a progress report on TCC in the Region during the celebration of the 20th anniversary of the Buenos Aires Plan of Action.

² Values, Vision, and Mission of PAHO/WHO. Website. Pan American Health Organization/World Health Organization. July 2004.

³ CTP in Spanish, for *Cooperación Técnica entre Países*.

⁴ The TCC principles that should guide proposals formulated between countries with the cooperation of PAHO/WHO are as follows: solidarity, sovereignty, dignity, equity, capacity development, and sustainability. (*Technical Cooperation among Countries: Panamericanism in the Twenty-first Century, Century*).

TCC (Technical Cooperation among Countries) presupposes a conscious, systematic process based on the countries' foreign policy interests, developed to create webs of multiple links between two or more countries.

10. The Management Strategy for the work of the Bureau instituted by the Director of PAHO/WHO in 2003 establishes five strategic objectives, among them: "Respond better to country needs" and "Foster innovative modalities of Technical Cooperation," which serve as the framework for the renewed commitment of the Organization to TCC.

11. This implies "*working in close connection with all the political, technical, and social networks, and mobilizing the resources that are or may become available.*" Thus, PAHO/WHO will be in a position to "*continue serving Member States, setting forth the goals and most successful strategies to ensure that the unfinished agenda is addressed, that the gains that have been realized are maintained, and that the new challenges are faced.*"⁵

12. Technical Cooperation among Countries constitutes an ideal mechanism and an opportunity to build partnerships and develop networks with different sectors of society to address the determinants of health through concrete actions and consensus-based public policies aimed at attaining the highest possible level of health for all.

13. In essence, projects for Technical Cooperation among Countries (TCC) are a means or instrument for facilitating the transmission of knowledge in all areas of human endeavor, as well as for capacity building in the countries. Technical Cooperation among Countries (TCC)⁶ is important for:

- enhancing the countries' capacity to adopt technologies and skills that will enable them to meet their specific development needs.
- building the countries' confidence through their creative capacity to find solutions to priority health problems, in keeping with their aspirations, values, and special needs.
- promoting the sharing of experiences and community among the Member States to encourage the shared use of their own resources and the development of complementary capacities.

⁵ *Annual Report of the Director 2003: Moving towards a New Century of Health in the Americas*, Pan American Health Organization, Message of the Director, page xiii. This can be accessed at www.paho.org

⁶ *Manual for the Preparation of Projects for Technical Cooperation among Countries (TCC)*, (2005).

- promoting the transfer of technology and skills, consistent with the resources and development potential of the participating countries.
- preparing the countries to optimize their participation in international social and economic activities and expanding international cooperation in health.

Analysis of TCC Projects in the Region of the Americas 1998-2005

14. At the request of several Member States, the Secretariat submits to the Governing Bodies an analysis of the TCC projects executed from 1998 to 2005.⁷ All projects considered in this report have been generated, developed, and proposed by the countries and supported by the Secretariat.

15. It should be noted that a sample of 67 projects selected from those that submitted a final report was also studied.

TCC Projects Supported by PAHO. Volume and Process.

16. A total of 216 TCC projects were approved during these four biennia. In Table 1 a clear upward trend in the number of projects approved per biennium can be seen. Consistent with this trend, the Secretariat has received 65 projects for consideration in the current biennium, 35 of which had been approved as of July 2005.

Table 1
**Projects for Technical Cooperation among Countries (TCC) Supported by PAHO
1998-2005⁸**

Biennium	TCC Projects
1998-1999	52
2000-2001	62
2002-2003	67
2004-2005 ⁹	35
Total	216

⁷ Includes information up to 31 May 2005.

⁸ The criterion for inclusion in the respective year is the TCC project approval date.

⁹ In addition to the 35 projects approved in the first 18 months of the current biennium, another 30 TCC projects have been presented, which are currently being negotiated by the countries in question or are under review by the technical Areas. The figure cited corresponds to TCC projects approved up to May 2005.

17. The cooperation mechanisms and instruments have progressively improved the standards and procedures for the application of this strategy, from adoption of the logical framework for project preparation up to the monitoring, evaluation, and submission of the final report.

18. The PAHO/WHO Representative Office in each country acts as a catalyst to ensure that proposals meet the requisite scientific and technical standards. TCC projects receiving PAHO support must therefore complete the three sequential stages summarized below.

Design Phase

19. When a country recognizes that it would benefit from an exchange with another country with respect to a particular issue or problem to increase its capacity to address it, the pre-analysis stage begins. Here, the countries identify an issue or problem, its possible solution, and how to arrive at it in a manner consistent with their respective foreign policy governing relations between them, their national health policy, and their sectoral priorities. Each country explores this interest with another country or countries, within the framework of shared interests. The countries determine their mutual interest in the issue or problem, as well as alternative solutions or the need to develop the necessary capacity. At the same time, they identify the institutions that would be involved with the project in terms of levels of responsibility and execution. The PAHO/WHO Representative Office in each country participates and advises, providing theory and methodologies for the drafting of the proposal and, if necessary, serving as a facilitator in negotiations between the countries.

20. The second stage of this phase is the Preparation and Planning of the TCC Project, using the methodology known as the Logical Framework for Project Preparation. The project is prepared with the cooperation of the PAHO/WHO Office in each country in a joint effort between the countries and pertinent professionals from PAHO/WHO, consulting with the regional technical units for the necessary technical changes. At this stage, the TCC budget is drawn up, considering the contribution of each country and the for TCC funds to complement the execution of the project. The PAHO/WHO Offices are in charge of overseeing technical consistency, and, in consultation with the regional technical units, put together a version that meets the approval of both the countries and PAHO/WHO, identifying the project's lead country, which will be the main actor.

21. The PAHO/WHO Country Office leading the project submits it to the Regional Office through the Country Support Unit (CSU). The request is accompanied by the necessary approval and verification documents, such as national endorsements, the endorsement of the Ministry of Foreign Affairs, enumeration of responsibilities, and commitments from the national authorities. CSU verifies the project's consistency with TC policies, orientations, and priorities, sends its comments and final suggestions to the technical units involved, and verifies that the modifications are incorporated in the final version submitted for the Director's approval.

Project Execution or Implementation Phase

22. The TCC funds are then allocated to each country involved through the PAHO/WHO Country Office, and execution of the work plan established in the TCC begins. The resources are entered in the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) system--that is, under the TCC project or National Health Development and Management of the technical cooperation program, or under the substantive projects, depending on the main theme of the project.

23. Technical and administrative staff in the PAHO/WHO Country Offices monitor and provide support for the execution process--responsibilities that include coordinating the trips of experts and organizing meetings, if programmed.

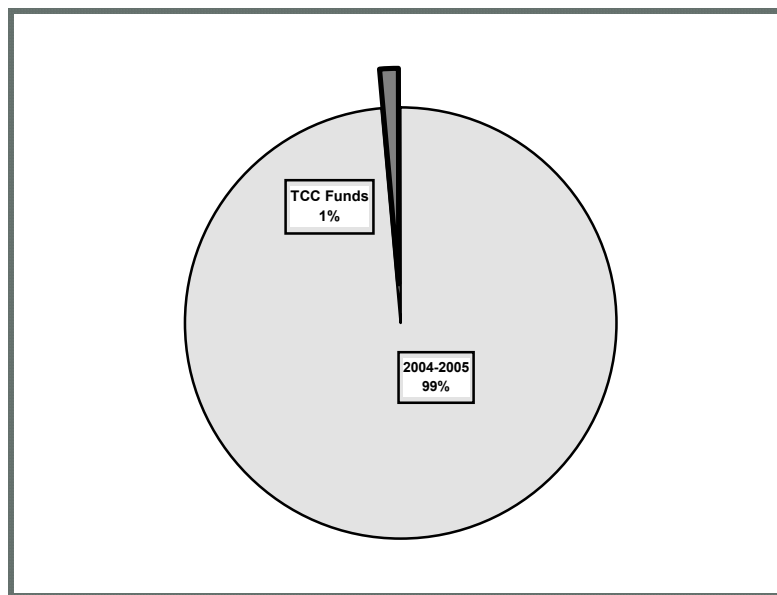
Project Monitoring and Evaluation Phase

24. This phase includes monitoring, project progress reports, evaluation and the final report, impact assessment or evaluation of the activities generated by the project, and publication, disseminating information about the project.

Resources Allocated to TCC in the Region of the Americas

25. As seen in Figure 1, the budget allocated by the Organization for the execution of TCC projects represents 1.24% of the Organization's total budget for all the technical work areas. The resources allocated are considered a "seed fund" to encourage larger investments by the countries themselves. In fact, TCC is financed principally by the countries, since they are the ones who directly provide the experts, their salaries, domestic travel expenses, and equipment. This seed fund is generally aimed at facilitating the experts' travel, whose basic cost is assumed by each country.

Figure 1. TCC Funds as a Proportion of the Total PAHO Budget for Technical Areas 2004-2005.



26. The budget line for TCC is a portion of the regular funds allocated to the countries for specific use in the implementation of the technical cooperation program with the country. The total resources allocated to each country in support of TCC figure in the official program budget approved biennially by the Governing Bodies. The PAHO/WHO Country Offices have access to this budget line, known as technical cooperation, only when they submit projects for technical cooperation among countries that are duly endorsed by the countries involved and meet the criteria set by the Director of PAHO/WHO. Of the resources allocated, only those necessary to execute the projects approved are authorized; these projects can be found on the PAHO internet. TCC funds that are allocated but not used return at the end of the biennium as miscellaneous income, as does the remaining balance of any other regular budget line that is not fully executed.

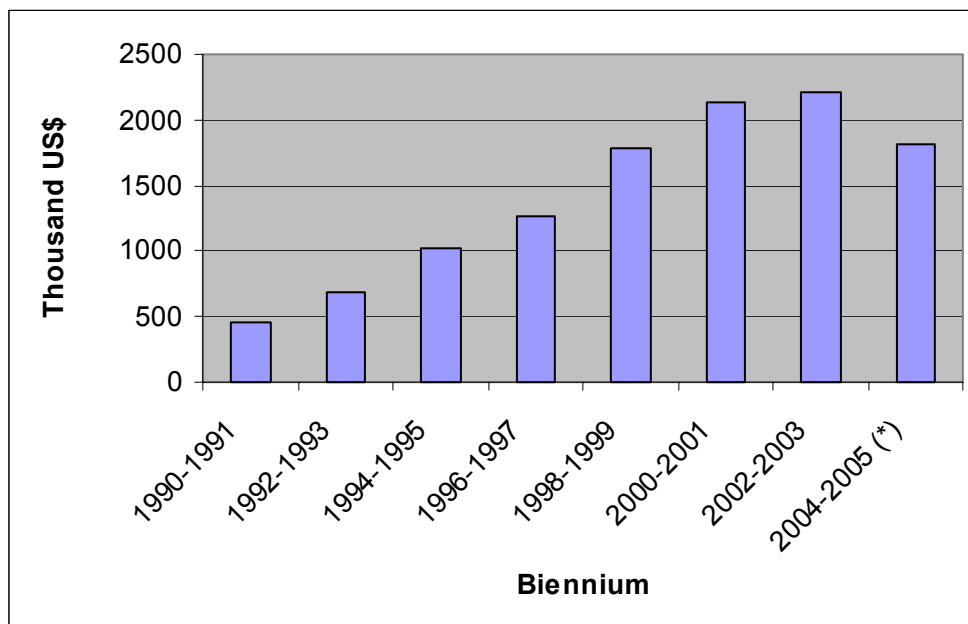
27. The project budget also includes calculations of the cost of the participating staff and, where relevant, certain infrastructure costs (equipment and fixed, or nonconsummable, materials), and supplies (such as reagents and fuel) covered by the participating countries. These costs are the counterpart funds, or the contributions, of each country.

28. Three-quarters of the way through the current biennium, Argentina, Bolivia, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua,

Uruguay, Venezuela, and some Eastern Caribbean countries have committed some 75% to 100% of the funds allocated for TCC projects. Figure 2 shows the upward trend in the utilization of TCC funds over the past eight biennia.

Figure 2

TCC Project Funds Approved for the Use of the Countries per Biennium, Region of the Americas 1990-2005



* Includes TCC funds approved in the first 18 months of the biennium.

29. In some cases, the financing of TCC projects involves innovative international cooperation modalities, such as triangular cooperation. This consists basically of the association of a traditional source (bilateral or multilateral) with a country with an intermediate level of development, providing horizontal cooperation for joint action on behalf of a third developing nation (the beneficiary). This particular type of association in international cooperation is closely allied with the concept of “emerging country,” which refers to countries with an intermediate level of development that have clear comparative advantages in some of their sectors and who are given the opportunity to act as potential partners in horizontal cooperation.

30. As established in 1997,¹⁰ South-South cooperation is a complement to North-South cooperation, with triangulation a clear example of this type of development assistance

¹⁰ X Session of the United Nations High-Level Committee on the Review of TCDC.

development. An example of this type is the partnership between Bolivia and Brazil, with financial cooperation from the United Kingdom (UK) through the Department for International Development (DFID).

“Prevention and Control of STI/HIV/AIDS in Bolivia”

The purpose of the project *Prevention and Control of STI/HIV/AIDS in Bolivia* was to boost the capacity of Bolivia’s national program to respond to the HIV/AIDS epidemic through cooperation with Brazil. The main components of this project were: to develop a comprehensive plan for the care of people living with HIV/AIDS, to improve the Epidemiological Surveillance System, and to strengthen strategic partnerships with civil society for the intensification of prevention efforts.

A variety of institutions were included as co-participants. The project was financed with resources from the UK’s Department of the International Development (DFID), a practice in TCC known as triangulation.

Analysis of TCC Projects by Work Area

31. Generally speaking, the areas addressed by TCC projects reflect the interests, priorities, or problems that the countries are experiencing, as well as the strengths that they can offer the rest of the international community.

32. The TCC projects were classified by work area¹¹, as follows:

- (a) **Intersectoral action and sustainable development:** Health and human security, Healthy spaces and local development (includes border areas and neighboring countries), Nutrition and food security, Food safety, and Human ecology and environmental health.
- (b) **Health information and technology:** Knowledge management and research, Health information and analysis, Information and communication technology, Essential drugs, and Clinical technology and blood safety.
- (c) **Universal access to health services:** Public health infrastructure and leadership, Social protection in health, Health services, and Human resources for health.

¹¹ Were grouped using the explicit categories listed in the “Areas of Work” section of the *Proposed Program Budget of the Pan American Health Organization for the Financial Period 2004-2005*. PAHO Document No. 307, September 2003.

- (d) **Disease control and risk management:** Tobacco, Environmental risk management, Tuberculosis and emerging diseases, Malaria and other vector-borne diseases, Neglected diseases and research, Noncommunicable diseases, and Veterinary public health.
- (e) **Family and Community Health:** Maternal and women’s health, Child and adolescent health, Education and social communication, Mental health and substance abuse, Immunization and vaccine development, and AIDS and sexually transmitted infections.

33. For the purposes of this analysis, all projects were grouped under the five categories listed above, according to the thematic emphasis in the proposal. It should be noted, however, that a sizable number of projects addressed more than one area. Projects that dealt with topics in two or more areas account for 19% of the total.

Table 2

**Distribution of TCC Projects by Area of Work and Biennium
Region of the Americas, 1998-2003**

Biennium	Intersectoral action and sustainable development	Health information and technology	Universal access to health services	Disease control and risk management	Family and community health	TOTAL
1998-1999	9	12	14	11	6	52
2000-2001	14	8	14	16	10	62
2002-2003	22	10	13	15	7	67
Total	45	30	41	42	23	181
Total (%)	25%	16%	23%	23%	13%	100%

34. As seen in Table 2, out of 181 projects analyzed, the highest proportion of projects corresponded to “Intersectoral Action and Sustainable Development,” accounting for 25% of the total projects, followed by “Disease Control and Risk Management” and “Universal Access to Health Services,” each with 23% of the total.

35. In the area of **Intersectoral Action and Sustainable Development**, project growth per biennium doubled, with the greatest number corresponding to Healthy spaces and local development, Human ecology and environmental health, and Nutrition and food security.

36. The upward trend in the number of projects in this area reveals progress in the social construction of health and the commitment to strengthen the steering role in the

sector within the framework of decentralization and greater social participation. This area by nature involves many actors and sectors at the central and local level.

37. Mention should be made of the increase in TCC proposals for transborder activities, whether from countries from a single subregion or similar areas, under the sub-area of healthy spaces and local development. The volume of TCC proposals in transborder regions reveals the countries' mutual interest in integration and their recognition of the value of health in development; these proposals are a response to the growth in trade and the movement of people, goods, and services across borders, where most of the countries exhibit the greatest lags in social development, especially in health.

38. Some examples are: the *Municipal Development Project*, between Bolivia and Cuba; the *Integrated Project for the Health of Indigenous Peoples*, between Argentina, Bolivia, and Paraguay; and *Migrant Populations and Their Impact on Health*, between Belize, Costa Rica, Guatemala, Nicaragua, Panama, and the Dominican Republic.

39. In **Health information and technology**, national centers of excellence tend to seek other sources of financing to support their exchanges and collaborative efforts. However, there is still the challenge of implementing the TCC mechanism to accelerate exchanges and promote a common agenda that will permit the optimal participation of centers of excellence in efforts to address the unfinished agenda, maintain the achievements in public health, and tackle new challenges. Examples in this area include the projects: *Strengthening of Antimicrobial Resistance Monitoring. INEI in Argentina and LCDC in CAN*, between Argentina and Canada; *Training Researchers in Health for the Management, Analysis, and Interpretation of Scientific Work*, between Mexico and Paraguay; and *National Reference Centers, Technology Exchange on Contaminants, Pesticides, Molecular Biology, Chagas' Disease, and Smoking*, between Brazil and Colombia.

40. **Universal access to health services** accounts for 23% of the total projects, exhibiting a stable trend, with projects concentrated basically in services rather than health systems. Despite the countries' progress in the formulation of proposals that guarantee universal access and social protection, there have not yet been enough exchanges via the TCC mechanism to apply the lessons learned so as to increase national benefits to meet the needs of other countries in the Region. This area includes the following examples: *Elimination of Physical Barriers for Access to Public Spaces by Persons with Disabilities*, between Nicaragua and Peru; *Drug Policy Formulation Management*, between Barbados and Belize; and *Strengthening of Blood Banks*, between El Salvador and Guatemala.

41. **Disease Control and Risk Management** also accounts for 23% of the projects. In this area, greater emphasis has been placed on the issue of malaria and other vector-borne diseases. The following projects can be mentioned: *Surveillance, Control, and*

Eradication of Chagas' Disease, between Bolivia and Chile; *Prevention and Control of Malaria and Other Vector-borne Diseases*, between Ecuador and Peru; *Surveillance, Diagnosis, and Treatment of Hemorrhagic Fevers*, between Argentina and Venezuela. Many border projects have their origins in the coordination of disease control activities, subsequently evolving toward comprehensive projects that include health promotion and the active involvement of local governments and other sectors.

42. The area of **Family and Community Health** accounts for 13% of the total projects. Several of the Millennium Development Goals (MDGs) address this area. The Organization should channel its efforts through several mechanisms, including TCC, to accelerate attainment of the MDGs, particularly in the priority countries, encouraging solidarity and the successful country focus in the Region. The following examples can be found in this area: *Maternal Health*, between Cuba and Haiti; *Improvement of the Quality of Maternal and Perinatal Care*, between Chile and Uruguay; and *Networks to Address and Prevent Domestic Violence*, between Bolivia and Nicaragua.

National Institutions Participating in TCC Projects

43. Given the intergovernmental nature of PAHO and the very concept of TCC, it is obvious that the Secretariat only supports projects that have been endorsed by the ministries of health of its Member States, which in turn respond to the priorities set by the country for these exchanges, through their international cooperation offices or agencies.

44. Thus, the ministries of health are always involved, as the entity responsible for each of these projects. Notwithstanding this official sectoral function in prioritization, supervision, and coordination, it is the national programs, health facilities, and centers of excellence under the ministries that most often participate substantively in these projects.

45. In the period in question, the trend has been toward diversification of the institutions involved in the execution of TCC, partly because of the rise in the number of projects that can be classified, though not exclusively, under the area of intersectoral action and sustainable development. Furthermore, this trend seems to respond to greater recognition of the varying degrees of the different types of national capacity at each level to execute projects for cooperation among countries. This, in turn, is a response to decentralization, democratization, social participation, and the diversification of actors and institutions, even at the local level.

46. In an analysis of TCC projects, it was confirmed that in less than 40% of the cases, project execution was the exclusive responsibility of the ministry of health, while in 60%, a number of institutions were involved in the execution of the projects.

47. In order of frequency, universities and academic research centers exhibited the greatest participation, followed by other ministries - Agriculture, Education, Women's Secretariats. Municipalities were in third place, and civil society organizations, including professional organizations, in fourth.

TCC Projects by Cooperation Modality

48. As stated in *Technical Cooperation among Countries: Panamericanism in the 21st Century*, the modalities of TCC are: reciprocity, exchange, and contribution.¹² It should be borne in mind that these categories are not mutually exclusive, but rather, interrelated and combinable.

49. Reciprocity is understood as cooperation between two or more states that assume commitments, combining efforts and capacities in a complementary manner depending on their areas of greatest progress and technical expertise for mutual benefit. This is the most symmetrical modality. Examples are the projects *Mental Health: Advanced Practice Nursing in the Caribbean*, executed by Dominica, Belize, Guyana, Jamaica, and Trinidad and Tobago; *Networks to Address and Prevent Family Violence*, between Bolivia and Nicaragua; *Development of Environmental Health Programs*, between Brazil and Mexico.

50. The modality of exchange, or cooperativism, consists of cooperation grounded in common objectives or goals, facilitating information and technology. Examples are the TCC projects: *Improvement of Sanitary Conditions in the Zarumilla International Canal*, between Ecuador and Peru; *Hydatidosis Prevention and Control along the Brazil-Uruguay Border*, and *Project to Share Experiences in Pesticide Risk Control*, between Colombia and El Salvador.

51. Finally, the modality of contribution includes projects in which technology resources are transferred from one country to another or others, leaving productive capacity that contributes to collective self-sufficiency. This is the prevailing modality in: *Solid Waste Management*, between Haiti and Cuba; *Improving Waiting List Management*, between Canada and Trinidad; *Strengthening the Malaria Entomology Program in Suriname in Collaboration with Brazil*, between Brazil and Suriname.

52. As seen in Table 3, exchange is the predominant modality, accounting for 52% of the total in the first three periods analyzed, with contribution in second place, with 34%, and finally, reciprocity, with 14%. Although the Secretariat has made an effort to stress the modalities of exchange and reciprocity over contribution, a great deal remains to be

¹² Op. cit, pg. 7.

done in this regard. As the priority countries have been incorporated in TCC efforts, the contribution modality has received slightly greater emphasis.

Table 3
Number of TCC Projects per Biennium by Cooperation Modality

Biennium	Cooperation Modality			Total
	Reciprocity	Exchange	Contribution	
1998-1999	6	20	26	52
2000-2001	9	39	14	62
2002-2003	11	35	21	67
Total	26	94	61	181
%	14%	52%	34%	100

53. As to the participation of the priority countries¹³ in dynamic of TCC, it should be noted that 28% of the projects during the period in question included one of the five countries mentioned, showing a marked upward trend.

TCC Projects and the Expression of the Common Interests among Countries

54. Taking geographic and population criteria and the integration processes into account, the analysis of TCC projects in the Region of the Americas reveals an emphasis on technical cooperation among neighboring or bordering countries and cooperation among countries of the same subregion. In the three bienniums analyzed, a predominance of cooperation between countries that share a border, neighboring countries, or countries that are part of the same subregion can be observed, accounting for 88% of projects.

55. The countries have demonstrated a growing interest in using TCC mechanisms to respond to the cooperation needs emerging from the subregional integration processes, and to promote local development (often, but not exclusively, in border areas, covering areas such as settings in capital cities, for example), or national reference institutions.

56. As mentioned earlier, the majority of TCC projects (88%) originate in the similar needs of neighboring or bordering countries or countries of the same subregion, with the participation of local actors in border areas becoming especially important. These initiatives, moreover, make a particular contribution to dialogue and harmony among peoples. The health sector and intergovernmental agencies facilitate the building of trust in their mediation of the dialogue and definition of the lines of action (via TCC), helping to overcome the conflicts stemming from complex agendas (historical, political, cultural, social, economic) between neighboring peoples.

¹³ Bolivia, Haiti, Honduras, Guyana, and Nicaragua.

“Institutional Development of the Coordinator of Indigenous Organizations and Peoples of the South American Chaco”

The project *Institutional Development of the Coordinator of Indigenous Organizations and Peoples of the South American Chaco* was executed by Argentina, Bolivia, and Paraguay. The peoples of the South American Chaco have joined forces to move down the path to development using the health perspective as the principal integrating approach. The Confederation of Indigenous Peoples of the South American Chaco (COPICHAS), with PAHO/WHO assistance, executed a project whose purpose has been to develop and strengthen its institutional capacities for implementing strategies to promote joint efforts in the Chaco territories of Paraguay, Bolivia, and Argentina. The principal components of this project are: To improve communication among the indigenous peoples of the Chaco region; to train local leaders in the management of social projects; and to strengthen capacity in health situation analysis and improve living conditions.

The results obtained include the creation of an organizational infrastructure to continue more sustained cooperation with COPICHAS and other indigenous organizations.

The South American Chaco is a territory inhabited by different native ethnic groups, whose rights have been ignored and who genuinely represent a clear example of the "unfinished agenda" to which our will and decisions on development cooperation must be directed.

Results and Products of the TCC Projects

57. The project reports note that the main contribution is the boosting of national technical capacity to address a particular problem. The improved technical capacity is the result of a convergence of the expertise of various disciplines, as well as the approaches derived from a variety of experiences that have generally been rather successful. The synergy of determination and capacity achieved through these projects facilitates, in turn, the application of interdisciplinary approaches that substantially enhance the technical competency required for the design of health interventions.

58. The strengthening of communication among neighboring countries or countries from different subregions, as well as the coordination expressed through joint plans of action, and the signing of agreements, are other major achievements.

59. The growing involvement of regional or local entities in TCC makes it possible to broaden opportunities for interchange and enrichment with analogous entities in other countries, going beyond the central or national entities to strengthen capacities at the subnational level. The participation of these local entities in TCC tends to have a more direct and favorable impact on equity in health, due to their nature as agents in service delivery and public policy-making. In addition, the improved networking between the

countries and their institutions and individuals is a product of TCC, which at the same time is a medium for the transfer of values, concepts, experiences, and technologies in health.

60. Another achievement closely related to the first is the adaptation of models, methodologies, or technologies in a country as a result of the exchange with another country that transfers them.

61. Less often mentioned are other achievements, such as the documentation of a process or systematization and publication of documents, sensitization of the authorities, the development of standards, policy-making, situational diagnosis, etc.

62. In practice, all these products reveal the importance of TCC as a political-technical instrument that not only contributes to the solution of a particular problem, but fosters intersectoral coordination, public policy-making, and the dissemination of knowledge and information.

Compliance with the Recommendations of the Governing Bodies

63. *Technical Cooperation among Countries: Panamericanism in the 21st Century* proposed a series of recommendations for PAHO/WHO and other international agencies and the Member States. Below is a brief outline of compliance with these recommendations:

- “Maintain TCC as a key strategy in the 1999-2002 SPO.

64. The Secretariat has allocated more resources and adopted a mechanisms that make it possible to monitor and evaluate the achievements and scope of the projects during their execution and once they are completed. It developed a training strategy for its managerial staff (PAHO/WHO Representatives in the countries, through orientation sessions and subregional Managers Meetings) and its technical staff (orientation sessions) in the Representative Offices to ensure that they understand the concept of TCC and the requirements for the formulation of projects and the approval of resources.

- “Intensify coordination with the other agencies of the United Nations and Inter-American systems in support of the countries, so that TCC will be a key element in national development strategies”and “Conduct training on the concept, management, and operation of TCC in health for the governments and focal points of the ministries of health in the countries.”

65. The Secretariat has coordinated with UNDP and the OAS to conduct TCC training activities in the entities in charge of international cooperation in the ministries of health of the Central American, Andean, and Southern Cone countries. These activities have been conducted in

collaboration with LAES. Similar activities with the Caribbean countries have yet to be developed.

- “Pay particular attention to designating new PAHO/WHO Collaborating Centers as specialized centers for TCC, and promote the optimal utilization of those already so designated.”

66. The Centers of Excellence, or national reference institutions, have played an important role in TCC projects and have been emphasized in the New Management Strategy, for the work of the Secretariat.

- “Take advantage of the full potential of modern communication and information technologies (including the Internet) to facilitate the use of TCC in health.”

67. Although the Secretariat has made progress in developing and adapting its information systems to comply with this recommendation, much remains to be done. This will require major investments in terms of effort and resources. The locator of experts and ScientT project promoted by BIREME will facilitate the search for the necessary expertise.

Lessons Learned

Intrinsic Value of TCC

68. The opportunity to share experiences and take advantage of complementary resources are one of the major benefits of TCC, as it reaffirms recognition of the existing capacities in the Region and their potential when placed at the service of other countries.

69. The countries acknowledge that the projects’ main achievement has been the improvement of relations between countries to deal with problems in a coordinated manner.

70. PAHO/WHO is committed to the continuity and improvement of TCC as an effective tool for maintaining and strengthening solidarity and unity among the countries of the Region. TCC is one of the new modalities of technical cooperation, figuring prominently with the country focus in the new Management Strategy for the work of the Secretariat.

TCC as a Strategy to Strengthen Institutional Capacity for National Health Development

71. National capacity building is recognized by the countries as one of the most important contributions of the TCC projects.

72. Notwithstanding, the long-term vision must be emphasized; TCC projects generally have limited financing and a limited time frame. The exchange established via TCC should be viewed as a first step in a lengthier sustainable process that requires additional financing and time.

73. It would therefore be necessary to set up mechanisms that help the countries clearly define the expected results of TCC, taking into account the long-term impact, including methodologies and procedures for its monitoring and evaluation and its inclusion in bilateral cooperation agendas.

Evaluation, Documentation, and Knowledge Management as a Key Element of TCC

74. Examination of the available reports yields a great wealth of experiences, not only for the participating countries but for others with similar needs. However, the availability of information and the dissemination of existing information are still rather limited. This requires work to strengthen the mechanisms for systematizing and disseminating the information, thus enabling the countries that request cooperation to have the necessary information and knowledge about the available experiences.

75. Therefore, as part of this effort, the Secretariat has put the files containing the available final reports on the Web to facilitate joint systematization of the experience as part of TCC's contribution to the countries' development.

Action by the Directing Council

76. This document is submitted to the Directing Council to report on the progress made in the implementation of Technical Cooperation among Countries (TCC) and to obtain its suggestions and comments for future actions in this regard.