COLLABORATION BETWEEN PAHO AND NONGOVERNMENTAL ORGANIZATIONS

The changing social, political, and economic situation in the Region, and the need to develop innovative approaches and new partnerships that respond to the rising demands for more effective health responses in the Hemisphere, has led the Pan American Health Organization (PAHO) to encourage nongovernmental organization (NGO)-government partnerships. This document undertakes to report on the progress that PAHO has made over the past six years with regard to the promotion of NGO-government collaboration as one of several innovative strategies for dealing with some of the Region's health problems. In Latin America and the Caribbean, NGOs have increasingly been viewed as important partners in the transformation toward a more just and participatory society.

The discussion focuses on the factors which are necessary for achieving an effective interchange, as well as those determinants which clearly act to inhibit a dynamic partnership. The criteria for NGO selection, incorporated in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, which was approved by the XXXVIII Meeting of the Directing Council in September 1995, are also outlined.

The purpose of this document is to inform the members of the Subcommittee on Planning and Programming of the comprehensive gains that have been made and the lessons learned in the process of fomenting heightened working relations between the Member States and NGOs. The Subcommittee on Planning and Programming may wish to further endorse the initiative and to encourage the Member States to continue systematically incorporating NGO expertise into health and human development programming, including health reform activities, wherever it is deemed feasible and appropriate to do so. Although much has been achieved, a great deal more has yet to be undertaken in strengthening the capacity of Member States to build on the accomplishments that have already been realized by continuing to design programs that reflect the comparative advantages of both governments and NGOs.
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1. Introduction

In December 1990, a document entitled *Nongovernmental Organizations (NGOs)* was presented to the 15th Meeting of the Subcommittee on Planning and Programming of the Executive Committee. The paper addressed the issue of why the Pan American Health Organization (PAHO) should begin to encourage the inclusion of nongovernmental organizations involved in health care as partners with relevant governmental agencies in the planning and execution of health policies and programs. The study also sought to clarify the developmental role of NGOs in comparison to those of governmental and private sector organizations. The relative strengths and weaknesses of NGOs were examined, along with possibilities for greater intersectoral collaboration in health-related activities.

It was concluded that the time had come for PAHO to foster NGO-government partnerships in health. The extent to which this work has expanded in the Region is also reflected in the growing tendencies of PAHO's programs to seek out NGO partnerships. For example, programs such as Women, Health, and Development, Noncommunicable Diseases, Health and the Environment, Integrated Vector Control, Family Health and Population, Emergency Preparedness and Disaster Relief, and the Special Program for Vaccines and Immunization are all working actively, not only with governments but also with NGOs in the Region.

In addition, with extrabudgetary funding from the Government of the Netherlands, PAHO has since 1990 strengthened NGO capacity to work with the governments of Chile, Ecuador, Guatemala, and Haiti. The Global Program on AIDS has supported specific NGO work in Barbados, Honduras, and Saint Lucia. PAHO has also received requests for support in this area from several other countries, for which additional funding will be necessary in order for PAHO to be able to respond.

The growing importance of NGOs is reflected not only in PAHO's work but also in the increasing flow of international assistance that is now being channeled through these organizations. Total development aid disbursed by international NGOs for developing countries increased from US$ 900 million in 1970 to over $7.6 billion in aid to developing countries in 1992. It is now estimated that over 15% of total overseas development aid is channeled through NGOs, and, of a total of $4.7 billion for health, 22.9% or $1.1 billion was directed through NGOs worldwide in 1990. In the area of emergency assistance, $11 billion is now being channeled through NGOs compared to $7 billion to $8 billion via the United Nations and its related agencies (1). NGO legitimacy has also swelled, with recent surveys indicating that donors are twice as likely to have greater confidence in the NGO sector than in the public sector for delivering international assistance to the most needy populations (2). In addition, the multilateral lending institutions have created special units to deal with NGOs and have designed new
methods for funding their work which, by definition, must complement the priorities and plans presented for government funding.

In December 1994, at the Summit of the Americas in Miami, the Heads of State and Government included in their Plan of Action Initiative 17 on Equitable Access to Basic Health Services. Of significance to this discussion is the point on that agenda which calls for greater participation by social actors and NGOs in the health reform process.

At the XXXVIII Meeting of the Directing Council, held in Washington, D.C., in 1995, Resolution CD38.R14 approved the concept of health sector reform, while Resolution CD38.R5 ratified the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations. The two resolutions simultaneously reflect the tides of change sweeping across the globe and demand new and innovative responses to the health and development processes.

Policy has since been put into practice. During a two-week period in February 1996, the Ministers of Health of four Member States (Colombia, Ecuador, Honduras, and Panama) attended separate seminar/workshops in their respective countries for the purpose of sharing their draft national health reform plans and actively calling for NGOs to analyze and provide input into these plans.

For the past six years, PAHO’s thrust for heightened NGO-government collaboration has been responding to the more measured views that have surfaced as state authoritarianism has diminished and democratic practices have increased. Formerly idealistic, and at times confrontational, attitudes are gradually moderating to the extent that nongovernmental and community organizations are now seeking means to interact more extensively with the State and to have a recognized voice in the development of national policy and planning. NGOs are becoming sought-after partners to strengthen the democratic process, increase social participation, and improve the governments’ overall performance in social services. In Latin America and the Caribbean, many formerly marginalized NGOs and their self-help projects are also increasingly being viewed as principal elements in the transformation toward a more just and participatory society.

The participation of NGOs and governments will continue to grow in the coming years as joint activities occur involving mutual discussion, planning and execution, follow-up, and monitoring of a variety of revised global and regional objectives. The objectives articulated in the World Summit for Social Development, the Summit of the Americas, and the Fourth World Conference on Women serve to highlight the important contributions made by NGOs and governments working together for a common purpose. The collaboration process is also replete with complexities linked to the decentralization and restructuring of relations in the public-private sphere, as well as to the discussion of the new roles and demands currently being faced by NGOs and governments alike.
This paper is being submitted to the Subcommittee in response to a call for another review of PAHO's experiences over the past six years in building effective mechanisms for NGO-government dialogue and for planning and executing national health priority activities. It is also in recognition of the fact that PAHO Member States have gone beyond rhetoric and now wish to concentrate on the practical lessons learned in the past, in order to develop more systematic and successful operational methods for achieving ongoing collaboration with NGOs. There is no doubt that further steps should be taken within Member States to examine present NGO activity and to see what must be done to strengthen collaboration at the national level, while intensifying the alliances that are needed for effective cooperation at the village, local, and district levels.

2. PAHO's Official and Informal Working Relations with NGOs

Between 1950 and 1990, most examples of PAHO-NGO collaboration involved international NGOs that provide technical assistance and training and undertake research. This relationship is continuing to expand. PAHO currently maintains official working relations with 10 inter-American NGOs. These NGOs are associations or federations representing a profession, educational faculty, or enterprise. They provide educational programs, coordinate services, and disseminate information to their members in the different countries of the Region.

In addition to those in official relations, PAHO is also working with a large number of other technical and scientific NGOs which are not classified as "inter-American" or "federated." With renewed emphasis being placed on the need to improve the basic quality of life and standard of living for the people of the Western Hemisphere, on decentralization, social participation, and health policy reform, PAHO has been steadily incorporating the expertise of the increasing number of national NGOs that have a proven record in health and human development.

These NGOs are normally characterized as being nonprofit and having an institutional mission that seeks to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, and undertake community development. They are institutions or civil associations which engage in independent research, social action, promotion, and community organization, and focus on a broad range of development, health, environment, human rights, gender, labor, children and youth, and indigenous issues (3). They include churches, research institutes, professional associations, and lobby groups (4).

PAHO also works with a number of NGOs for its emergency relief activities and is presently training Japanese NGOs on emergency relief procedures and norms.
Like many other international financial and development cooperation agencies, PAHO recognizes the extent to which NGOs are noted for their effectiveness in small-scale development activities, which are quite distinct from the larger-scale programs preferred by governments. PAHO and its Member States also acknowledge that sustainable and practical larger-scale development work requires dynamic linkages between NGOs and governments, and that the work being undertaken at the micro level must be complementary and synergistic with the broader national systems and structures of which they constitute a distinct but significant part.

3. PAHO’s Achievements in Meeting its Objectives for Heightened NGO-Government Relations

In its work over the past six years, PAHO’s thrust has been to recognize the potential role and contribution of NGOs to improve health conditions, particularly for high risk groups, and therefore to foster a more proactive NGO role in the health care system. NGO involvement in the health care system is viewed as being highly complementary to the efforts of the countries’ health ministries and other health institutions.

PAHO’s specific objectives have been to support better means for technical cooperation and program support in key areas such as primary health care; to promote and support the exchange of information and experiences among NGOs and governments and among NGOs themselves through the formation of networks; to link NGO-government services in order to avoid duplication and waste of resources; and to provide technical training and develop national action plans for NGO-government collaboration by moving small-scale success stories to full-scale application. More recently, PAHO has been supporting Member States in their efforts to engage NGOs in an active analysis of the evolving national health reform philosophy, goals, and strategies.

In this regard, and in support of its Member Governments’ efforts to extend better health services to all population groups, PAHO’s longer-term goals are the following:

- To incorporate national NGOs into health policy analysis and health reform dialogue;

- To advance working partnerships in program planning and execution;

- To assist in the design of legal and operative mechanisms for intersectoral program implementation.
Examples of progress in achieving the above objectives can be found throughout Latin America and the Caribbean. In some territories of the Caribbean, NGOs in the health field have achieved a place on national committees on AIDS, drug abuse, and the environment and have begun participating in the definition of national development programs. Other NGOs have become full partners in health promotion activities involving community participation. As mentioned above, funding from the Government of the Netherlands from 1990 to the present, and from the Global Program on AIDS has permitted PAHO to achieve a number of successes in the Western Hemisphere.

Through a process involving a series of strategic planning workshops, the respective governments and national NGOs have engaged in pre-arranged discussions in order to share experiences and analyze policy and practices. The ultimate objective is that the exchange of ideas, perspectives, and methodologies will serve as a catalyst for the creation of formal mechanisms designed to sustain ongoing policy and planning dialogue, and to reach a consensus on mutual involvement in particular issues such as community action for health, quality attention with a gender focus, health promotion for a safe environment, immunization campaigns, child survival, nutrition, infectious disease control, and the health of indigenous peoples, among others.

Of particular interest is the present experience in Ecuador, where one of the Government's stated priorities is to find innovative solutions which will help to overcome inequities in living and working conditions and to incorporate the marginalized population more equitably into the productive health processes. PAHO has encouraged government officials to engage in dialogue with NGOs that have expertise in culturally appropriate health responses for the indigenous peoples, health promotion in urban environments, family violence, women's reproductive health, and management and administration of health services. At the same time, the NGOs have been supported by PAHO staff in the development of appropriate methods to systematize their experiences by means of an analytical document. The purpose of the process is to permit NGOs and their government counterparts to be in a position to share experiences, evaluate alternative methodologies and generate appropriate policies which can be put into practice.

This approach has borne fruit, as evidenced by the first seminar/workshop, entitled *NGOs and Health Sector Reform in Ecuador*, held in Quito on 15-16 February 1996. During this meeting, which was organized by PAHO and an NGO (Centro de Estudios de Población y Paternidad Responsable (CEPAR)), the Minister of Health joined other representatives from the Government, the National Council of Health, the Embassy of the Netherlands, and international agencies to present the draft *National Health Sector Reform Platform* to 75 national NGOs and to receive their feedback. Part of the exchange of information also involved a presentation of the systematized materials documenting the experiences of those NGOs that PAHO has supported with Dutch funding over the past two years.
An outcome of this seminar/workshop was the formation of a committee to produce a document on the role of NGOs in the health reform process, and the unofficial incorporation of NGOs into the National Council of Health until such time as they can be constitutionally recognized by law as full working partners. Additionally, it was agreed that geographically-specific networks capable of interacting with the government councils at the local level were crucial for the consolidation of a dynamic and effective working relationship. PAHO will co-facilitate this ongoing process with funding from CEPAR.

In Guatemala, where communicable diseases continue to be a major cause of death (accounting for 47% of all deaths) and diarrheal diseases continue to be a leading cause of death among children aged 1-4, PAHO-sponsored NGO-government collaboration has focused on extending primary health care coverage, basic sanitation, and nutrition in the departments of Huehuetenango, El Quiche, and Baja Verapaz. In Huehuetenango, NGOs united into a coordinating council and engaged in undertaking epidemiological surveillance which also incorporated a gender perspective. In addition, NGO staff were trained by government facilitators in the use of educational materials. Work plans were generated to incorporate these techniques into their respective geographical areas and communities. In November 1994, the Coordinating Council of NGOs and the Huehuetenango Department Health Center met to analyze the specific health activities that the NGO members of the Council might undertake to complement the Department’s annual plan of action. This coordinating mechanism has since run into some difficulties, the causes of which will be discussed in Section 4.1 of this document, *Principal Factors which Inhibit the Development of a Firm Relationship between Governments and NGOs*.

In Chile, the program has supported NGOs working in a number of aspects of women’s health, such as occupational health, quality attention for reproductive health, promotion of preventive action for cervical and breast cancer, and the health of the elderly from a gender perspective. This network of NGOs has established excellent relations with the National Women’s Agency, the Ministry of Health, and government ministries at all levels, as well as with academic institutions and a number of workers’ unions.

In Barbados, Guatemala, Honduras, and Saint Lucia a coordinating mechanism has been created to enable the Governments and their citizens to create national networks for the purpose of identifying some of the AIDS-related issues that will be of particular concern to the countries’ human service agencies in the future, and to share useful information, identify resources, and continue the process of building a network of cooperation in the voluntary sector around this issue. The initiative recognizes the need to foster dialogue at the community level to prevent the spread of AIDS, to promote
appropriate treatment of those affected by the disease, and to collaboratively plan complementary program and funding approaches.

On 7 February 1996, in Panama, a seminar/meeting entitled *First National Meeting of Nongovernmental Organizations for Health and the Environment* took place. The seminar was organized by the Ministry of Health with extensive support from the PAHO Representation in Panama. As in Ecuador one week later, the Minister of Health formally presented the country's national health reform vision and called for NGO analysis of the policies and practices relating to health, the environment, women's and children's rights, and community organization. The results were later presented to the First Lady of the Republic and the Minister of Health. PAHO will have an important "bridging" role to play in the coming period.

Discussion so far has concentrated on the growing momentum with regard to NGO-government dialogue and the planning that is presently being documented in the specific countries by PAHO. In order to gain a clearer idea of what the other country offices are accomplishing in this domain, the Office of External Relations (DEC) conducted an informal survey in November 1995. Of PAHO's 27 country offices in the Region, the following countries indicated that they have a national officer responsible for coordinating NGO activities: Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Venezuela. In the Caribbean area, Barbados, Haiti, Jamaica, and Trinidad and Tobago also have responsible national staff.

4. **Lessons Learned by PAHO in the Process**

4.1 **Principal Factors which Inhibit the Development of a Firm Relationship between NGOs and Governments**

As illustrated in the above discussion, governments increasingly are articulating an appreciation that NGOs and community organizations must be included as full partners in all stages of project design, planning, monitoring, and evaluation. Aside from increasing the possible impact and sustainability of the specific project or activity, the inclusion of NGOs, especially at the initial stages, is of vital importance to the subsequent willingness of governments and NGOs to work with one another, as it foments dialogue and creates mechanisms for consultation.

The most commonly used mechanism being applied in the developing and developed world is the coordinating body for NGOs, of which there are two principal types: government-generated and NGO-generated. While the articulated mission, objectives and activities undertaken within each may not differ considerably, the prime difference appears to be in who controls the agenda. NGOs often view
government-generated coordinating bodies with suspicion and as a means of controlling what NGOs do in the field instead of permitting a full and equal partnership. On the other hand, governments have often perceived NGO-generated coordinating bodies with mistrust and as a means for NGOs to criticize government policies and programs and to establish competing, parallel development activities (5). PAHO's NGO-government initiative has therefore attempted to bridge the perception gap by developing a methodology which encourages a joint NGO-government-generated coordination.

The challenge which must be faced in working with NGOs in the next few years, with a view to increasing equitable access to health services and ensuring better health for the Region's population, will be in overcoming the principal factors which have, in the past, inhibited the development of a firm relationship between governments and NGOs. They can be summarized as follows (5):

- A highly politically centralized environment where NGOs often fall into the opposition camp because the government or ruling party sees itself as the sole legitimate voice of the people.

- NGOs' preference for isolation and unwillingness to engage in dialogue with the government, and poor coordination with one another. Some NGOs prefer to keep well separated from the government orbit to avoid drawing attention to their activities.

- Resentment of civil servants towards the NGOs because of the level of access to financial resources, information, and professional development.

- On occasion, the NGO constituency may have access to better service or more resources because of the NGO's presence in that area. This, in turn, tends to further stratify the population.

4.2 **PAHO's Commitment to a Working Partnership with NGOs and Governments**

As pointed out in the document submitted to the 15th Meeting of the SPP in December 1990, PAHO's technical collaboration activities are country-based (6). This orientation places the PAHO/WHO Representations in a key position with respect to all PAHO activities and becomes especially critical in the initiative to facilitate governmental-nongovernmental partnerships at country level, which is what is being sought. The PWR is also aware of the changing political, economic, and social trends within the country, and it is this knowledge which becomes critical in assessing the mutual willingness of governmental and nongovernmental entities to collaborate with one another.
A major challenge, therefore, in consolidating any collaborative initiative is to convince the personnel within the country offices of the Region, and their partners within the respective ministries of health and other ministries, of the intrinsic value of a trilateral relationship. A second challenge is to ensure that they have the appropriate skills and methodology for ensuring its ongoing success.

4.3 Positive Elements which Contribute to an Effective Working Relationship

The speed and the mode with which the PWR can act to catalyze the process of mutual NGO-government collaboration will necessarily vary from one country to another. PAHO staff must be aware of the dynamic tensions and be sensitive to the different NGO-government relations, which have varied from country to country over the past 30 years. In order to realize the objectives of an effective working relationship between NGOs and governments that take into account each other’s advantages, and to overcome the obstacles, the following elements must be present (5):

- An appreciation by NGOs and governments of the strengths, comparative advantages, and roles of the other party;
- Transparent agendas by all parties;
- An environment which supports open and frank discussions between participants;
- A definition of realistic and achievable goals and workplans for the coordinating mechanism;
- Development of explicit and realistic workplans and expectations for each participating institution;
- Sufficient resources to support both the operation of the coordination mechanism and development activities (to overcome the problem of the creation of high expectations without follow-up action);
- Constant communications;
- Decentralization of the coordinating mechanism;
- Written agreements and regulations about the role and responsibilities of each party;
- Accountability by all parties;
- A sector-specific and broad-based membership.
While recognizing that the benefits of successful NGO-government collaboration will not be realized unless both participants willingly support the dialogue and planning process, PAHO staff and government personnel should view their role as catalytic, with each individual positively promoting the process of solidifying sustainable mechanisms for NGO-government dialogue, analysis, planning, and implementation.

4.4 Feeling Comfortable with the Criteria for the NGO Collaborative Work and the Planning Process

Given the heterogeneity of the NGO sector, any government's relationship with an individual organization or network of NGOs depends greatly upon that organization's defined activities, purpose, and institutional or personal ties. Dynamic relationships often break down for lack of knowledge and mutual understanding of one another's institutional mission, structure, and mode of operation.

Clearly, the most important determinant for successful NGO collaboration in specific programs is the process of identifying appropriate NGO partners and solidifying the relationship. PAHO staff and governments must therefore be conscious of the unique assets, strengths, and capabilities of NGOs and be able to assess and identify those NGOs which would positively contribute to an effective working relationship. This involves supporting countries in:

- Creating a database or assembling information on the NGO health and development sector in each country;
- Establishing appropriate selection criteria based on political neutrality, quality of work, and institutional sustainability;
- Encouraging NGOs to work among themselves and to overcome isolationism;
- Ensuring that there is a sound methodological process established that lends itself to joint information sharing, technical exchanges and training, collaborative planning, analysis, implementation, monitoring, and evaluation.

4.4.1 Creating a Database

Most countries in the Region have begun the process by creating a database. The drawback of NGO directories, however, is that they are static and often fail to reflect the dynamic process of change. Time, therefore, must be dedicated to meeting with the personnel of the NGOs themselves, gathering additional qualitative information on each NGO's institutional abilities and each institution's successes and failures. Keeping in touch with other national and international NGO umbrella organizations and sharing...
experiences with appropriate government departments, international agencies, and universities are also necessary components of the confidence-building process.

4.4.2 Establishing Appropriate Selection Criteria

The general criteria for those NGOs eligible for partnership policy discussions and operational level undertakings would include NGOs that:

- Are legally registered in their respective countries;
- Have a demonstrated track record in service provision or applied research in the specific areas of national interest (reproductive health, STD services, development of appropriate promotional and educational materials, etc.);
- Possess qualified staff to carry out the proposed plans of action in articulated priority areas;
- Promote innovative, technically sound approaches to service delivery;
- Consider the special needs of the target population (migrants, women, adolescents, etc.);
- Include members of the target population in the design and delivery of services on their behalf;
- Have viable administrative structures and levels of authority;
- Have possibilities of medium- and longer-term financial solvency.

5. Conclusions

The purpose of this document is to inform the members of the Subcommittee on Planning and Programming of the comprehensive gains that have been made and the lessons learned in the process of fomenting heightened working relations between the Member States and NGOs. An increasing number of Member States are beginning to undertake the challenging task of systematically incorporating NGO expertise into their range of health and human development programming, and health sector reform activities, and to call upon PAHO to assist in the process.

Over the past six years, PAHO has succeeded, to differing degrees in a number of countries, in facilitating more successful cooperative relations among NGOs, the
ministries of health and the environment, and other ministries. In pursuit of this objective, PAHO has provided its Member States with the following specific cooperation:

- Confirmed a common understanding of the priorities and strategic lines of action leading to more permanent mechanisms of dialogue and collaboration along specific themes (Barbados, Chile, Ecuador, Honduras, and Saint Lucia, 1991-1995);

- Established criteria which categorize and qualify the work of NGOs (Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations) (September 1995);

- Supported and strengthened NGOs in their capacity to work within the framework of their countries' state and health reform processes as promoters of and partners in sustainable health for their people (Ecuador, Guatemala, Honduras, and Panama, 1991-1996);

- Enhanced the negotiation skills for project design and resource mobilization through intersectoral collaboration (manual written in 1995, to be disseminated in 1996).

Given the countries' needs and diverse experiences in developing more solid mechanisms for joint NGO-government collaboration, and considering the comparative advantages of each sector, as described above, as well as the significant flows of international resources for health channeled through NGOs, there can be little doubt of the importance of further supporting the countries' efforts to achieve more coordinated program planning, implementation, and evaluation between the two sectors. Much knowledge has been gained and documented over the past six years. This in turn is serving to put PAHO's technical cooperation in a leadership role with respect to other international agencies in terms of its focus on bridging the perception gaps, facilitating ongoing dialogue, and creating structural frameworks for practical NGO-government collaboration in specific sectors of health and development. The models that have been developed, the lessons that have been learned, and the evident intent to incorporate NGOs—as a distinct and important part of civil society—into the health services and health reform processes, will no doubt serve as working examples that can be replicated (with the necessary adjustments) to suit the particular national political, social and economic situation in many other countries of the Region.
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