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**EXPERIENCE WITH THE APPLICATION OF THE COUNTRY
COOPERATION STRATEGY (CCS) METHODOLOGY IN THE REGION OF
THE AMERICAS**

The Policy and its Methodological Instrument

1. For many years WHO and its Regions have been working to develop a policy that can reflect and guide their continuing search for forms of technical cooperation that are more important and pertinent to the needs and priorities of each country. As a result of this effort, WHO has developed a policy known as Country-Focused Cooperation (CFC). The search for more effective and efficient modes of cooperation has also been a constant within PAHO/WHO, in line with this general orientation.
2. The Country Cooperation Strategy (CCS) is a methodology developed by WHO for operationalizing the Country-Focused Cooperation policy. This methodology can be used to construct a medium-term vision (4–6 years) for the work of the Organization as a whole with each Member State, providing a strategic framework for technical cooperation.
3. PAHO/WHO, like the other Regions of WHO, has adopted the CCS as a methodology for implementing the Country-Focused Cooperation policy. It has made adaptations to the policy that reflect the nature of technical cooperation in our Region, and has decided to apply it progressively in all the countries. This means working with each Member State to develop an integrated cooperation proposal consistent with the concept and objectives of national health development (NHD).

Principal characteristics of the CCS methodology

- Its strategic nature, putting NHD in its national historical context and at the same time relating it to the subregional, regional, and global levels.
- Geared to action in the medium term. (Note: In this respect, the CCS differs from the biennial program budget. However, it contributes to the biennial program by making it possible to develop a more relevant technical cooperation proposal.)
- Focus and linchpin of national health development (NHD).
- Its application involves a variety of actors, sectors, and partners linked with NHD in each country (including international cooperation agencies).
- Encourages countries to assume ownership of the international cooperation process and to exercise a steering role in that process.
- It is involved in the process for defining the coordination exercises of the United Nations system (CCA-UNDAF) in each country.
- Seeks to identify gaps in institutional capacity and financing needs.
- Promotes coordination between the various levels and parts of the Organization in keeping with the country's needs.

4. With the application of the CCS methodology, PAHO/WHO tries to ensure that cooperation responds more effectively to the policies and needs of each country within the context of subregional, regional, and global agreements. It attempts to strike a reasonable balance between national priorities on the one hand, and regional and global orientations and strategies on the other.

5. The CCS has a dual role. While it is a methodology for strategically characterizing the NHD process, evaluating its progress, and identifying its successes and problems, it is also a strategic instrument for programming technical cooperation in the medium term. For this it relies on other technical cooperation instruments and methodologies developed by the Organization, some of which are listed in the box below:

**Examples of useful methodological instruments developed by PAHO/WHO
for carrying out the CCS**

- Health sector analysis
- Water and sanitation sector analysis
- Core Health Data Initiative
- Evaluation of the performance of the Essential Public Health Functions
- Health system profiles and monitoring of sectoral reform processes
- Evaluation of the steering role of the national health authority
- Observatory of Human Resources in Health
- Studies of social exclusion in health
- Evaluation of national immunization programs

Process for Applying the CCS

6. The CCS exercises include the following stages:
- Preparation of the exercise, coordination with national authorities, naming of the team, convening of the participants, exhaustive literature review;
 - Prospective and participatory strategic analysis of national health development in the country, including analyses of the situation, international health cooperation, and PAHO/WHO cooperation;
 - Concerted definition of the strategy and contents of PAHO/WHO technical cooperation with the country in the medium term, and
 - Joint identification of the political, technical, and administrative implications for the organization and management of PAHO/WHO technical cooperation with the country.

7. In all cases, in keeping with very essence of the CCS, the exercise involves consultation and strategic dialogue with a wide range of national actors (government, public agencies, civil society, universities) and international cooperation partners.

Results and Benefits of Applying the CCS

8. The joint report (prepared by the Member State and PAHO/WHO) on the application of the CCS provides a framework for analyzing and defining the areas, priorities, and modalities for planning and allocating the resources of the Organization as a whole, as well as mobilizing other national and external resources to add value to NHD initiatives and build the institutional capacity to carry them out. The CCS therefore takes into account other processes and interventions that are important for international cooperation with the country, such as poverty-reduction strategies (contained in the PRSP); strategies for the harmonization, alignment, and coordination of cooperation; the formulation of sector-wide approaches (SWAps); and the coordination exercises of the United Nations system (CCA-UNDAF).

9. At the political level, application of the CCS offers an opportunity for the social dialogue needed for the development of public policies and enlisting the support of the social actors and sectoral institutions that can assist the national government in strengthening its steering, normative, and regulatory role with respect to all health actors in the country. It can help achieve greater intersectoral action and social participation as basic elements for strengthening shared management and social networks. It also facilitates coordination among all agencies providing technical cooperation in health in the country, permitting movement toward the definition of common goals and agendas.

10. At the country level, the cooperation resulting from the CCS exercise will make it possible to advance the NHD process by focusing cooperation on the country's needs and demonstrating how health can contribute to changes in the medium and long term that favor the sustainable development of the country. This implies boosting national capacity for improved performance of the health system functions (steering role, financing, insurance, and health care delivery) connected with the essential public health functions. It also promotes high-quality sectoral and intersectoral planning and the development of policies and strategies for integrating and regulating the different sectors of the health systems (public, private, and social security).

11. Internally, by reorienting technical cooperation toward the countries' needs, the CCS demands the review and redistribution of the technical, human, and financial resources of PAHO/WHO as a whole. It makes it possible to reorient the work of the Representative Offices in the countries, establishing a development plan for them aimed at filling the gaps in infrastructure, information, and communication, thus strengthening the capacity of the team by developing the necessary competencies for effective

cooperation and contributing to the decentralization of the Organization's functions and financial resources.

Experiences with the Application of the CCS in the Region of the Americas

12. The table below summarizes the four years of experience with the application of the CCS methodology in our Region.

Country or region where the CCS has been applied	Date the process began	Main components of the resulting agenda	Cost of applying the CCS in the country (US\$)
NICARAGUA	2000	<ul style="list-style-type: none"> • Partnerships for development and health • Improvement of health management • Health care delivery and health components • Disaster reduction in the health sector 	(CCS pilot)
VENEZUELA	Second semester 2001	<ul style="list-style-type: none"> • Health in human development • Health systems and services development • Disease prevention and control • Promotion of the quality of life and health • Environmental protection • Cooperation in health and social development 	18,390 (2 missions)

GUYANA	March 2003	<ul style="list-style-type: none"> • Prevention, control, and reduction of communicable diseases • Prevention and control of noncommunicable diseases • Healthy growth and development • Health promotion and promotion of healthy lifestyles and environments • Universal access to integrated health systems • Disaster prevention and response management 	26,856 (2 missions)
COSTA RICA	July 2003	<ul style="list-style-type: none"> • Reduction of exclusion and inequities in health • Policies and steering role in health • Health financing • Health services network • Water and sanitation 	17,500 (1 mission)
BOLIVIA	August 2003	<ul style="list-style-type: none"> • Improving national health system performance • Maternal and child health • Integrated health care throughout the life cycle • Disease prevention and control • Environmental health and disaster preparedness • Management of scientific knowledge • Strategic partnerships and country-focused cooperation 	31,160 (2 missions)
MEXICO	December 2003	<ul style="list-style-type: none"> • Fight to reduce inequities in health • Promotion of healthy environments • Health, borders, migration, and globalization • Family and community health • Steering role, quality of care, and improvement of health system performance 	37,102 (3 missions)

NICARAGUA	April 2004	<ul style="list-style-type: none"> • Management of health information and intelligence • Action on health and disease determinants • Equity and social inclusion in health • Health for All and strengthening of primary health care 	72,048 (2 missions)
BARBADOS/ EASTERN CARIBBEAN	April 2004	<ul style="list-style-type: none"> • Health systems that ensure equitable access and quality services • Strengthening of leadership in public health, promotion of well-being, and reduction of inequities in health • Reduction of mortality, morbidity, and disability in priority areas • Reduction of risk factors from economic and environmental causes • Effective and timely response to the specific needs of the countries 	108,359 (2 missions)

13. Depending upon whether they entail a single mission (in Costa Rica) or two missions (in the majority of cases, and as suggested in the methodology), the cost of the missions have ranged between \$10,000 and \$42,000 (the latter being the cost of applying the CCS in the countries of the Eastern Caribbean, which required many visits to different countries with a high per diem). Since the exercise seeks to define a strategic agenda, involving the different levels of the Organization in terms of national priorities, it requires the participation of staff at the global and regional levels and in the Representative Offices. Travel costs for international staff members are very high; this is justified by the value of having these staffers become familiar with the realities and challenges of the Region and specific countries, as well as the value added by incorporating a global perspective in the definition of the strategic agenda.

14. Local costs generally range from \$9,500 to \$20,000, and cover the costs of the locale where the consultation with different speakers and cooperation partners in the country is held, as well as printing costs for the CCS document. In some countries, such as Mexico for example, an initial mission is carried out in advance to provide information to national authorities. Local costs were higher in Nicaragua and the Eastern Caribbean countries due to the need to strengthen the Representative Office for the preparatory analytical phase and to engage in successive consultations with the authorities, respectively.

Immediate Implications

15. The first evaluation of these experiences with the CCS, which is currently under way, suggests a number of very clear implications for the management of technical cooperation, both regionally and with the specific countries where the exercise has been carried out:

- The system for planning and programming technical cooperation has changed in terms of the elements and sequence of its cycle and its frameworks in order to ensure timely and adequate inclusion of the country perspective and efforts to meet the challenges mentioned above.
- The Biennial Program Budget 2006-2007 includes new work areas that emphasize cooperation for strengthening the leadership and coordination of the countries, as well as the PAHO/WHO presence in the countries.
- The programming sequence for the biennium 2006-2007 has been modified to ensure that country program proposals are a basic input for programming at the Regional level.
- As mentioned earlier, in 2005 the CCS that have already been executed are being analyzed to provide feedback for programming and to address common cross-sectional issues with a view to optimizing support from the regional and global levels, especially for the priority countries.

14 Strengthening of the PAHO/WHO presence in each country and developing the Representative Offices is an area of institutional development essential for a better response to the challenges of the NHD process. PAHO/WHO's presence in the countries—one of its major comparative advantages—should include the capacity to guide the Secretariat's response, mobilizing and coordinating support from the global and subregional levels and from other countries in this or other Regions. It is therefore necessary to adapt the work of the aforementioned levels to the specific characteristics of the process in each country.

15 This is especially necessary for the priority countries identified in the Strategic Plan for the Pan American Sanitary Bureau for the period 2003-2007; their NHD processes are more vulnerable or face greater threats to their progress and sustainability. For this reason, the Secretariat has begun to conduct CCS exercises in the priority countries, giving special consideration to the challenges posed by the harmonization of international cooperation, the scope of the Millennium Development Goals, and the strengthening of the health systems.