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69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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K. COOPERATION FOR HEALTH DEVELOPMENT IN THE AMERICAS: PROGRESS REPORT

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in the implementation of Resolution CD52.R15 (2013) (1), *Cooperation for health development in the Americas*, linked to policy document CD52/11 (2013) (2), which states: “The goal of the policy is to strengthen cooperation among countries and horizontal partnerships within and across regions in order to proactively share health solutions that effectively and sustainably address common health problems, particularly in priority areas such as facilitating universal access to health care and addressing the social determinants of health. Cooperation among countries and horizontal partnerships can also be used to tackle equity issues and asymmetries within and among countries. Shared solutions and exchanges should be increasingly evidence-based in order to strengthen the scientific approach to these types of cooperation.”

2. Resolution CD52.R15 requests the Director of the Pan American Sanitary Bureau (PASB) to “present the Directing Council or the Pan American Sanitary Conference with periodic evaluations of the implementation and impact of the policy on cooperation for health development in the Americas, especially cooperation which, for the Organization, involves resource mobilization in order to highlight the possible challenges and success factors that could help to further improve the policy, beginning with the 29th Pan American Sanitary Conference;”.

Update on Progress Achieved

3. In fulfillment of the mandate of the resolution and policy document on cooperation for health development in the Americas, a qualitative evaluation of the program for technical cooperation among countries (TCC) has been conducted that details the opportunities and challenges facing the Region, as well as the steps that the Organization is taking to support cooperation among countries for health development.

4. Consultations on South-South and triangular cooperation were held with the Member States (in Panama in 2015 and the Dominican Republic in 2016) to promote cooperation among countries and capitalize on existing good practices.

5. With regard to the promotion of South-South and triangular cooperation, reports of the UN Secretary-General submitted to the General Assembly in 2015 and 2016 recognized PAHO as an important partner for the development of policy and dialogue in this field (3, 4).

6. With a view to incorporating the guidelines of the policy document into the daily work of the Organization, the practice of cooperation among countries has been institutionalized through planning and the identification of opportunities for cooperation in the biennial work plan for 2016-2017. Cooperation among countries for health development has also been included in the biennial work plan for 2018-2019.

7. PAHO has also enlisted the support of many regional stakeholders, including United Nations agencies, international cooperation agencies, and regional integration mechanisms, to encourage dialogue and involve all stakeholders in initiatives to promote cooperation among countries. It is likewise negotiating formal cooperation agreements with entities such as MERCOSUR, UNASUR, and the Ibero-American General Secretariat (SEGIB). Significant advances have also been made by the Mesoamerican Public Health System, which works at the subregional level of Central America and its ten Member States.¹

8. In response to requests from the Member States, PAHO created the Program for Strengthening Cooperation for Health Development in the Americas, in partnership with the FIOCRUZ Center for International Relations in Health (CRS/FIOCRUZ), a PAHO/WHO Collaborating Center for global health and South-South cooperation, to strengthen the capacities of international relations offices. Representatives of 33 Member States participated in this training program, which included two in-person meetings, virtual sessions, and work with mentors in areas connected with diplomacy and health cooperation, current global health challenges, global health governance, health in regional and subregional integration process, and health in foreign policy in the Region.

9. PAHO has worked in the production of information and documentation on South-South and triangular cooperation, especially through the report *La Cooperación Sur-Sur y triangular en el sector de la salud en Iberoamérica*² [South-South and triangular cooperation in the health sector in Ibero-America], a joint publication with the Ibero-American General Secretariat.

¹ For more information, see document CSP29/INF/8(C) - Subregional Organizations.

² Document available in Spanish from:
<http://iris.paho.org/xmlui/bitstream/handle/123456789/34005/9789275319451-spa.pdf?sequence=1&isAllowed=y>.

10. In addition, it has also compiled information through PASB and the PAHO/WHO representative offices on initiatives in which PAHO has been involved directly. Thus, between 2014 and 2016, 51 initiatives classified as “completed” and “under implementation” were identified, in addition to 34 in the “development” phase. Concerning the initiatives that are “completed” and “under implementation,” the following should be noted:

- a) The South American subregion accounts for 39% of the initiatives, while Central America and the Caribbean account for 29% and 25%, respectively. The remaining 7% corresponds to the North American subregion and to initiatives with other regions of the World Health Organization (WHO).
- b) All PAHO Member States have participated in these initiatives, either through direct involvement or regional integration mechanisms, particularly in the Caribbean through the Caribbean Community (CARICOM) and the Caribbean Public Health Agency (CARPHA).
- c) A significant portion of the initiatives (46%) have a component related to Category 4 (Health Systems) of the PAHO Strategic Plan. These are followed by those linked to Category 1 (Communicable Diseases, 21%) and Category 2 (Noncommunicable Diseases and Risk Factors, 14%).
- d) Concerning the 2030 Agenda for Sustainable Development, the vast majority of the initiatives are related to Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”), especially target 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) (5).

Action Necessary to Improve the Situation

11. With the purpose of continuing to fulfil the mandate of the Governing Bodies and Member States, PASB must continue to implement capacity-strengthening programs through virtual communities of practice—both with Member States and strategic partners, as well as within the Organization—in order to institutionalize this approach and better respond to the different challenges for cooperation among countries.

12. The Organization will carry on working closely with international cooperation agencies, regional integration mechanisms, and the other partners to promote cooperation among countries for health development.

13. PASB will continue its efforts to disseminate good practices and lessons learned with regard to cooperation among countries, and will provide continuity for activities related to the registry, documentation, and analysis of cooperation among countries and

its impact on health development.³

14. In order to continue supporting cooperation among countries for health development, and considering the opportunities and challenges involved in this kind of cooperation, PASB has implemented a mechanism to finance projects for cooperation among countries, along with procedural guidelines, project templates, and evaluation methodologies, which are being disseminated among the Member States and strategic partners.

15. Continued support will be provided for cooperation among countries in the cross-cutting areas (gender, equity, human rights, and ethnicity), and with key countries (Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname) and vulnerable populations (for example: children, adolescents, and women).

16. With a view to improving the implementation of cooperation among countries, it will be necessary to develop tools for systematization and to implement a monitoring and evaluation framework to determine the impact of this kind of cooperation.

17. In order to keep the Governing Bodies of PAHO informed about compliance with the mandates of Resolution CD52.R15, progress reports will be submitted every two years.

Action by the Pan American Sanitary Conference

18. The Conference is invited to take note of this report and offer its comments and recommendations to further the promotion of cooperation among countries for health development in the Americas.

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http://www2.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=23243&Itemid=270&lang=en

³ For more information, please visit the following link: <http://www.paho.org/cchd>.

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