



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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COOPERATION AMONG COUNTRIES FOR HEALTH DEVELOPMENT IN THE AMERICAS

Policy Document

Introduction

1. Cooperation among countries and horizontal partnerships optimize existing health capacities and encourage the sharing of knowledge and know-how between partners. Such cooperation can strengthen and accelerate health development at all levels and across all regions (1-4). At the national level, cooperation among countries can create momentum for change and contribute to national health policy dialogue. These results can be multiplied through intercountry exchanges, which then have the potential to impact subregional and regional integration processes as well as global health policy debates. All these processes create important spaces for dialogue and diplomacy among countries. All levels of health development can benefit from the innovations and important lessons that emerge. Health can bring countries and partners together around shared values and common problems to reach much-needed public health solutions.

2. Over the years, many countries in the Region have made important strides in addressing shared health goals, such as reducing the burden of vaccine-preventable diseases, promoting an equity based approach to health care, and decreasing child mortality rates, to name a few. In the process valuable development expertise has been gained that could be useful to others facing similar challenges. Likewise, the countries of the Americas stand to benefit from health advances made in other regions that can be applied locally. Building on its years of experience facilitating and fostering technical cooperation among countries, the Pan American Health Organization (PAHO) seeks to strengthen its capacity to promote these types of cooperation as viable, effective, and sustainable tools for health development through a renewed policy.

Background and Rationale

3. Cooperation among countries to address development challenges is not a new concept. Over the last decade, renewed importance has been given to what is often referred to as South-South cooperation (SSC) and Triangular Cooperation (TrC), largely thanks to strong political backing from developing and middle-income countries (5–11). Economic growth and enhanced capacity in developing countries, as well as their shared context, histories, languages, and other factors, make the exchange of expertise and technologies through direct partnerships between developing countries more feasible and in some cases more desirable (5, 7). As the use and political clout of SSC has expanded, it has enriched the dialogue by presenting new challenges and ways of thinking about international cooperation.

4. In the United Nations, cooperation among developing countries was first addressed at the 1978 Conference on Technical Cooperation among Developing Countries and resulted in the Buenos Aires Plan of Action (BAPA). This Conference provided a conceptual and operational framework for technical cooperation among developing countries (TCDC) (5). Over time, the concept of TCDC evolved from strictly technical exchanges and expanded to include other forms of collaboration among countries, which could be political, economic, social, cultural, or environmental in nature. This broadened framework is what is currently understood as South-South cooperation (SSC), which can occur on a bilateral, regional, subregional, or interregional basis (6). A High-level United Nations Conference on South-South Cooperation was held in Nairobi, Kenya, in 2009, and the outcome document of the Nairobi conference, endorsed in 2010 by the United Nations General Assembly, became the renewed conceptual framework to guide, promote, and strengthen this broader understanding of SSC and TrC (7). In 2011, the Special Unit for South-South Cooperation became the United Nations Office for South-South Cooperation (UNOSSC), reflecting the still growing role of SSC and TrC, and most recently, in 2012, UNOSSC proposed a framework of operational guidelines for SSC and TrC within the United Nations system, issued by the Secretary-General (12).

5. In the international dialogue around aid effectiveness, the growing importance of SSC and TrC was formally recognized through the dedication of a “building block” around SSC and TrC in the lead-up to the Fourth High Level Forum on Aid Effectiveness in Busan, Korea, in November 2011 (8–11). The Busan outcome document openly states the importance of including SSC and TrC within the development portfolio. The document concludes with the establishment of a new, more inclusive “Global Partnership for Effective Development Cooperation” that incorporates both developed and developing countries as well as other international development partners (11).

6. In PAHO, the Directing Council endorsed Resolution CD25.R28 in 1977, which provided the Organization with its first mandate to actively promote and support

technical cooperation among countries in health (13). Since then, the Governing Bodies have been presented with several reports¹ on the Secretariat's activities in support of such technical cooperation. As part of the World Health Organization (WHO) reform process, Member States from the Region emphasized the importance of engaging in modalities of cooperation among countries that are both sustainable and innovative in order to continue advancing health development both within and across regions (18).

7. Declining rates of official development assistance and development assistance for health, particularly in the Region of the Americas, have created a need to foster and strengthen complementary cooperation mechanisms (19). Simultaneously, health capacities in the Region of the Americas have continued to grow. National institutions and centers of excellence can be more systematically engaged to collaborate with other partners to strengthen and develop new health capacities, as has been requested by Member States (1). In light of the conceptual and contextual changes that have occurred around SSC, as well as the evolution of the United Nations system towards support for SSC and TrC, PAHO needs to consider a revitalized approach to cooperation among countries for health development.

Situation Analysis

8. The most traditional understanding of South-South cooperation is a bilateral arrangement between the governments of two countries (5). Many countries in the Region have engaged in this type of cooperation in health over the years.² In fact, in the context of a growing emphasis on cooperation among countries (including both SSC and TrC) in general, health continues to be one of the largest categories for intercountry cooperation in the Region. According to the 2012 Report on South-South Cooperation in Ibero-America published by the Ibero-American General Secretariat (SEGIB), of the 192 bilateral horizontal cooperation projects documented in 2011 within the "social" category, almost half were in the health field, making it the sector with the largest

¹ 1980 (27th Directing Council), 1984 (30th Directing Council), 1985 (31st Directing Council), 1986 (22nd Pan American Sanitary Conference), 1998 (25th Pan American Sanitary Conference), 2005 (46th Directing Council) (3-4, 13-17).

² A few examples: Argentina's South-South and Triangular Cooperation Fund (FO-AR), Website: <http://www.foargentina.cancilleria.gov.ar/cooperacion.php?active=2&lang=EN>, reports that 6% of its bilateral cooperation between 2000 and 2007 was in the health sector; the Brazilian Cooperation Agency Website: <http://www.abc.gov.br/Projetos/CooperacaoSulSul#>, has completed more than 300 health projects around the world; the Chilean Cooperation Agency, Website: <http://www.agci.gob.cl/index.php/acerca-de-agci/centro-de-documentacion/documentos-de-trabajo/informes-estadisticos-agci/cooperacion-otorgada-por-chile>, reports that in 2011 health was the third largest thematic area for horizontal cooperation offered by Chile; Cuba had more than 39,000 health professionals working in 66 countries around the world in 2011; and Venezuela has been undertaking international health missions through *Misión Milagro* since 2005 (21).

participation (22). This trend, in which health³ has represented one of the primary areas of cooperation among countries, has been documented by SEGIB since as early as 2008 (22-26). In South America, a network has been formed that is specifically dedicated to improved coordination of health cooperation among countries, the UNASUR Network of International Offices of International Health Cooperation [*Red de Oficinas Internacionales y de la Cooperación Internacional en Salud de la UNASUR—REDSSUR-ORIS*] (27).

9. Triangular cooperation (TrC) usually consists of traditional development partners, countries, and international organizations providing financial or technical support to facilitate development initiatives or activities between two developing countries (28-32). The developing country providing the technical cooperation is selected on the basis of its strengths or capacities, often a particular knowledge or technology that has evolved in its own development process.

10. PAHO currently promotes and facilitates cooperation among countries for health development through three different approaches: (a) its own triangular cooperation initiative, known as Technical Cooperation among Countries (TCC) (3-4); (b) subregional technical cooperation programs; and (c) ongoing support for public health networks.

11. PAHO most directly participates in SSC and TrC through its TCC mechanism. PAHO “reserved” a modest volume of resources for TCC projects for the first time in 1991. The process has continued, grown, and evolved, and since 1998, 325 TCC projects had been approved and undertaken throughout the Region as of December 31, 2012.⁴ From 2008 through 2012, approximately US\$ 5.6 million has been allocated to TCC initiatives. So far, PAHO is the only WHO Region that has earmarked resources to support SSC.

12. PAHO also facilitates intercountry exchanges through its subregional technical cooperation programs. Most of the integration mechanisms in the Region have a dedicated health body that articulates the health sector goals and seeks synergies and areas for cooperation among countries.⁵ Integration mechanisms intrinsically assign a privileged space to cooperation among their corresponding Members, and PAHO is

³ The SEGIB report notes that it is difficult to classify cooperation initiatives by sector, especially as programs and approaches become increasingly intersectoral. SEGIB Report on South-South Cooperation in Ibero-America 2009, p. 49 (25).

⁴ A preliminary Organisation for Economic Co-operation and Development (OECD) report on triangular cooperation ranked PAHO among the leading agencies engaged in triangular cooperation around the world (32), along with Japan and the Special Unit for South-South Cooperation.

⁵ MERCOSUR, the Amazon Cooperation Treaty Organization, the Central American Integration System, the Andean Community of Nations, CARICOM, the Bolivarian Alliance of the Americas, the Union of South American Nations, and the Mesoamerican Integration and Development Project all engage in health initiatives at the subregional level.

therefore strategically placed to optimize opportunities for intercountry cooperation through the subregional groupings.

13. Lastly, PAHO supports many of the public health networks that are actively functioning in the Region,⁶ which inherently lend themselves to cooperation among countries and horizontal partnerships. Networks bring together a wide range of stakeholders to work collectively towards shared goals. Public health networks may be subregional, regional, or interregional, and most of them have important areas of convergence among partners that naturally promote a collective approach to addressing shared health challenges.

14. Given this rich history of cooperation among countries in the health field in the Region of the Americas, more evidence and robust information is required in order to understand the contribution that this cooperation has made to health development in the Region. There is need for better assessment of results, impact, and lessons learned; for documentation of good practices; and for ways to capture relevant information from nongovernmental sectors. The policy being presented seeks to address these analytical needs for the health sector, and it pushes the Secretariat to develop its capacity in this regard as it seeks to foster even greater use of niches and networks of expertise available in the Region.

Proposal: PAHO Policy on Cooperation among Countries for Health Development

15. This policy seeks to reinforce and formalize the position of cooperation among countries and horizontal partnerships as an integral and cross-cutting delivery mechanism that should be mainstreamed into the work of PAHO and WHO. It aims to build upon important lessons learned thus far and take advantage of the significant health capacities already available in the Region and around the world. The policy promotes the proactive mobilization of expertise, experience, and technology within and across regions to best address shared health needs, and it encourages the targeted mobilization of resources to support such exchanges.

16. This policy aims to provide a common conceptual framework and guiding principles for cooperation among countries and horizontal partnerships for health development, in line with the most recent international agreements and thinking on the

⁶ Examples include: the CARMEN Initiative for Integrated Prevention of Noncommunicable Diseases in the Americas, Website: <http://new.paho.org/carmen/>; the Pan American Network for Drug Regulatory Harmonization (PANDRH), Website: http://new.paho.org/hq/index.php?option=com_content&view=article&id=1054&Itemid=513&lang=en; the Inter-American Network of Food Analysis Laboratories (INFAL), Website: <http://www.panalimentos.org/ri/laa/ingles/index.asp>; and the ePORTUGUÊSe network, Website: <http://eportuguese.blogspot.com/>, among many others.

subject (5, 7, 11-12, 33). It also seeks to delineate clear roles and responsibilities for the Bureau and its Member States in order to strengthen these modalities of cooperation.

Definitions and Guiding Principles

17. *Cooperation among countries and horizontal partnerships* are understood to be dynamic processes and arrangements that do not have a predefined structure; instead, they are flexible and adaptable to the particular challenges and political frameworks of the countries involved. Arrangements can be bilateral (between two countries), triangular (between two countries with financial or other support from a third source, either another country or an international cooperation partner), or consist of a collaborative network that brings many countries and actors together towards a shared goal. The common factor is that all the arrangements should be country-led and based on exchanges of knowledge, skills, resources, technology, or technical know-how through collective actions and inclusive partnerships involving governments, civil society, academia, and the private sector, for the individual and/or mutual benefit of the countries involved (7, 12).

18. The guiding principles and values that catalyze cooperation among countries and horizontal partnerships continue to be solidarity, mutual benefit, respect for national sovereignty, respect for diversity, and non-conditionality. Over time, key operational principles have been incorporated, such as: emphasis on national ownership and demand-driven cooperation, mutual accountability, results-based cooperation, a focus on capacity-building, and an inclusive multi-stakeholder approach (3-5, 7, 12). PAHO will actively advocate for the inclusion and consideration of the cross-cutting themes of gender equity, equity in health, human rights, and ethnicity in cooperation among countries initiatives in an attempt to ensure that these efforts reach and benefit even the most vulnerable populations.

Goal

19. 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.

PAHO Commitment to Implementation

20. Recognizing that one of the principal values of cooperation among countries is country ownership, the policy suggests the following division of roles and responsibilities between the Bureau and the Member States.

Role of the Member States

- (a) *International advocacy.* Mobilization of political will and resources in international dialogue and forums to support and further strengthen cooperation among countries and solidify its role as a complementary approach to traditional international cooperation.
- (b) *Steering and coordination of cooperation initiatives.* Initiate, lead, and manage cooperation among countries activities as part of ongoing efforts in the Region to strengthen engagement in international cooperation; identify and continue to strengthen national institutions and centers of excellence in order to enhance capacity to participate in health cooperation activities.
- (c) *Knowledge-sharing.* Promote and intensify ongoing initiatives to share good practices and experiences that then form the basis for exchanges and collective learning among countries, including the sharing of methodologies for the assessment of cooperation among countries activities.

Role of the Pan American Sanitary Bureau (PASB)

21. The role of PASB is to facilitate and support the Member States in the aforementioned processes. This includes continuing ongoing activities such as active participation in international dialogue around SSC to advocate for health, as well as the assessment and improvement of existing support mechanisms such as the TCC and the subregional technical cooperation programs to ensure their optimal use. Additional areas that should be strengthened to further promote these new modalities include:

- (a) *Convening and advocacy.* Fostering cooperation among countries at all WHO levels, including the development of the appropriate mechanisms for interregional exchanges.
- (b) *Brokering and knowledge-sharing.* Facilitating knowledge and information-sharing particularly the documentation and exchange of evidence-based good practices at regional and global levels; develop methodologies to assess cooperation among countries and better measure its impact on health development.
- (c) *Building partnerships and mobilizing resources.* Promote the forging of strategic partnerships and networks among national institutions and regional centers of excellence that can be called upon to address shared health issues both within and across regions; mobilization of resources to facilitate engagement in such exchanges.

22. In general, implementation of this policy will require consistent and active participation of all staff, as well as ministries of health in Member States. It will require linkages across all the PASB entities and levels, including other regional offices and the global level as well. It will also require collaboration between ministries of health,

ministries of foreign affairs, national institutions, other government sectors, academic institutions, nongovernmental organizations, the private sector, and other international development organizations and partners.

23. This policy applies to all work throughout the Organization. Effective implementation of the policy will require senior-level commitment and validation as well as organizational support for activities to advance staff capacity to promote and facilitate cooperation among countries and horizontal partnerships. This includes the promotion of a corporate conceptual understanding of the underlying values of cooperation among countries and horizontal partnerships and their complementarity with traditional development approaches. This policy will directly contribute to the implementation of the PAHO strategic plan and to the fulfillment of PAHO and WHO core functions in the current global cooperation environment.

Action by the Executive Committee

24. The Committee is invited to examine the proposed Policy on Cooperation among Countries for Health Development and consider adoption of the proposed resolution (Annex A).

Annexes

References

1. Pan American Health Organization. National institutions associated with PAHO in technical cooperation [Internet]. 50th Directing Council, 62nd Session of the Regional Committee of WHO for the Americas; 2010 27 Sep27-Oct 1; Washington (DC), US. Washington (DC): PAHO; 2010 (Document CD50/8) [cited 2013 Feb 15]. Available from: <http://new.paho.org/hq/dmdocuments/2010/CD50-08-e.pdf>.
2. World Health Organization. WHO collaborating centres [Internet]. Geneva: WHO; c2012 [cited 2013 Feb 15]. Available from: <http://www.who.int/collaboratingcentres/en/>.
3. Pan American Health Organization. Technical cooperation among countries: Panamericanism in the twenty-first century [Internet]. 25th Pan American Sanitary Conference, 50th Session of the Regional Committee of WHO for the Americas; 1998 Sep 21-25; Washington (DC), US. Washington (DC): PAHO; 1998 (Document CSP25/9) p.5 [cited 2013 Feb 8]. Available from: http://www.paho.org/english/gov/csp/csp25_9.pdf.

4. Pan American Health Organization. Technical cooperation among countries in the Region [Internet]. 46th Directing Council of PAHO, 57th Session of the Regional Committee of WHO for the Americas; 2005 Sep 26-30; Washington (DC), US. Washington (DC): PAHO; 2005 (Document CD46/9) [cited 2013 Feb 12]. Available from:
<http://www.paho.org/english/gov/cd/CD46-09-e.pdf>.
5. United Nations Development Program, Special Unit for TCDC. The Buenos Aires plan of action. Buenos Aires Plan of action for promoting and implementing technical co-operation among developing countries [Internet]. New York: UNDP; 1994 [cited 2013 Feb 8]. Available from:
<http://ssc.undp.org/content/dam/ssc/documents/Key%20Policy%20Documents/Buenos%20Aires%20Plan%20of%20Action.pdf>.
6. United Nations Office for South-South Cooperation. FAQ [Internet]. New York: UNDP [cited 2013 Apr 25]. Available from:
<http://ssc.undp.org/content/ssc/about/faq.html>.
7. United Nations. Nairobi outcome document of the high-level United Nations conference on south-south cooperation [Internet]. Sixty-fourth Session of the UN General Assembly; 2009 Sep 15-Dec 15; New York (US). New York: UN; 2010 (Resolution A/RES/64/222) [cited 2013 Feb 11]. Available from :
http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/222.
8. Organisation for Economic Co-operation and Development, Development Co-operation Directorate-Development Assistance Committee. Busan building block on south-south and triangular co-operation: unlocking the potential of horizontal partnerships: concept note [Internet]. Fourth High Level Forum on Aid Effectiveness (HLF-4); 2011 Nov 29-Dec 1; Busan (Republic of Korea). Paris (France): OECD, DCD-DAC; 2011 (Busan Proceedings, page 37) [cited 2013 May 1]. Available from:
<http://www.oecd.org/dac/effectiveness/Final%20file.pdf>.
9. Task Team on South-South Cooperation. Unlocking the potential of South-South cooperation, policy recommendations from the task team on South-South cooperation [Internet]. 2011 July [cited 2013 Feb 15]. Available from:
http://api.ning.com/files/nq*oqlDQ7bVOjv5D7-HQCIw1OMXelYdZH8K0uDrY1yB8sMfqHWOhysHmjhgRaJB9WLepgUazsY4Z1P8yjN*YloYkW99SP-KG/Policy_Recommendations_TTSSC.pdf.

10. United Nations. Bogota statement, towards effective and inclusive development partnerships (Final version March 25th, 2010) [Internet]. The High Level Event on South-South Cooperation and Capacity Development; 2010 Mar 24-26; Bogota (Colombia). New York: UN; 2010 [cited 2013 Feb 15]. Available from: <http://www.un.org/en/ecosoc/newfunct/pdf/bogota-statement-final.pdf>.
11. Organisation for Economic Co-operation and Development, Development Co-operation Directorate-Development Assistance Committee. Busan partnership for effective development co-operation [Internet]. Fourth High Level Forum on Aid Effectiveness; Nov 29-Dec 1; Busan (Republic of Korea). Paris (France): OECD, DCD-DAC; 2011 [cited 2013 Apr 26] Available from: <http://www.oecd.org/dac/effectiveness/49650173.pdf>.
12. United Nations South-South Cooperation for Development. Framework of operational guidelines on United Nations support to South-South and triangular cooperation [Internet]. High-level Committee on South-South Cooperation, Seventeenth Session; 2012 May 22-25; New York (US). New York: UN; 2012 (Document SSC/17/3) p. 5 [cited 2013 Feb13]. Available from: http://ssc.undp.org/content/dam/ssc/documents/HLC%20Reports/Framework%20of%20Operational%20Guidelines_all%20languages/SSC%2017_3E.pdf.
13. Pan American Health Organization. Technical cooperation among developing countries. XXV Directing Council of PAHO, XXIX Meeting of the Regional Committee of WHO for the Americas; 1977 Sep 27-Oct 6; Washington (DC), US. Washington (DC): PAHO; 1977 (Resolution CD25.R28) [cited 2013 Feb 11]. Available from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=8617&Itemid=39972&lang=en.
14. Pan American Health Organization. Technical cooperation among developing countries [Internet]. XXVII Directing Council of PAHO, XXXII Meeting of the Regional Committee of WHO for the Americas; 1980 Sep 22-Oct 3; Washington (DC), US. Washington (DC): PAHO; 1980 (Document CD27/18) [cited 2013 Feb 15]. Available from: <http://hist.library.paho.org/English/GOV/CD/25154.pdf>.
15. Pan American Health Organization. Technical Cooperation among Developing Countries. Guidelines for the promotion of TCDC/ECDC in the health sector with the collaboration of PAHO [Internet]. XXX Directing Council of PAHO, XXXVI Meeting of the Regional Committee of WHO for the Americas; 1984 Sep 24-Oct 2; Washington (DC), US. Washington (DC): PAHO; 1984 (Document CD30/15) [cited 2013 Feb 15]. Available from: <http://hist.library.paho.org/English/GOV/CD/25906.pdf>.

16. Pan American Health Organization. Promotion of TCDC/ECDC in the health sector with the collaboration of PAHO [Internet]. XXXI Directing Council of PAHO, XXXVII Meeting of the Regional Committee of WHO for the Americas; 1985 Sep 23-28; Washington (DC), US. Washington (DC): PAHO; 1985 (Document CD31/20) [cited 2013 Feb 15]. Available from: <http://hist.library.paho.org/English/GOV/CD/25987.pdf>.
17. Pan American Health Organization. Progress made in the use of TCDC/ECDC by Member Governments and the Organization [Internet]. XXII Pan American Sanitary Conference of PAHO, XXXVIII Meeting of the Regional Committee of WHO for the Americas; 1986 Sep 22-27; Washington (DC), US. Washington (DC): PAHO; 1986 (Document CSP22/11) [cited 2013 Feb 19]. Available from: http://hist.library.paho.org/English/GOV/CSP/22_11.pdf.
18. World Health Organization. WHO reform [Internet]. Executive Board Special Session on WHO Reform; 2011 Nov 1-3; Geneva (Switzerland). Geneva: WHO; 2011 (Document EBSS/2/INF.DOC./6) [cited 2013 Feb 8]. Available from: http://apps.who.int/gb/ebwha/pdf_files/EBSS/EBSS2_ID6-en.pdf.
19. De Los Ríos R, Arósquipa C, Vigil-Oliver W. El financiamiento internacional para la cooperación al desarrollo de la salud de América Latina y el Caribe (Informe especial/Special report) [Online]. *Revista Panamericana de Salud Pública*. [cited 2013 Feb 8]; 30(2) 2011 Aug 1; 133(11). Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892011000800004&lng=en&nrm=iso&tlng=en.
20. Martinez E. Experiencia Cubana de Cooperación en Salud [Internet]. Presented at the Latin American Economic System's (SELA) XXII Reunión de Directores de Cooperación Internacional de América Latina y el Caribe; 2011 Sep 29-30 [cited 2013 Feb 11]. Available from: http://www.sela.org/attach/258/default/Presentacion-CUBA-Evelyn_Martinez.pdf.
21. Comisión de Enlace para la Internacionalización de las Misiones Sociales (CEIMS) En Cinco Años la Misión Milagro ha realizado 1.196.300 Intervenciones Oftalmológicas [Internet]. Caracas (Bolivarian Republic of Venezuela): The People's Ministry of Foreign Relations, Bolivarian Government of Venezuela; 2010 Oct 2 [cited 2013 Feb 12]. Available from: http://ceims.mppre.gob.ve/index.php?option=com_content&view=article&id=496:en-cinco-anos-la-mision-milagro-ha-realizado-1196300-intervenciones-ofthalmologicas&catid=13:noticias&Itemid=33.

22. Ibero-American General Secretariat. Report on South-South Cooperation in Ibero-America 2012, 6th ed. [Internet]. Madrid: SEGIB; 2012; [cited 2013 Feb 11]. Available from:
http://segib.org/sites/default/files/Sursur2012_Ingles.pdf.
23. Ibero-American General Secretariat. Report on South-South Cooperation in Ibero-America 2011 [Internet]. Madrid: SEGIB; 2011 (SEGIB Studies No. 6) [cited 2013 Feb 11]. Available from:
<http://segib.org/news/files/2011/11/Coop-South-South-2011.pdf>.
24. Ibero-American General Secretariat. Report on South-South Cooperation in Ibero-America 2010 [Internet]. Madrid: SEGIB; 2010 (SEGIB Studies No. 5) [cited 2013 Feb 11]. Available from:
<http://segib.org/publicaciones/files/2010/12/sur-sur-ingles.pdf>.
25. Ibero-American General Secretariat. Report on South-South Cooperation in Ibero-America 2009 [Internet]. Madrid: SEGIB 2009 (SEGIB Studies No. 4) [cited 2013 Feb 11]. Available from:
<http://segib.org/programas/files/2010/02/South-South .pdf>.
26. Ibero-American General Secretariat. II Informe de la Cooperación Sur-Sur en Iberoamérica. Madrid: SEGIB; 2008 (Estudios SEGIB No. 3) [cited 2013 Feb 11]. Available [in Spanish only] from:
http://segib.org/documentos/esp/sur_sur_web_ES.PDF.
27. Red de Oficinas Internacionales y de la Cooperación Internacional en Salud de la UNASUR. I Foro Sudamericano de Cooperación Internacional en Salud. Cooperación para la integración [Internet]. Rio de Janeiro (Brazil); 2011 Nov 23-25. Quito (Ecuador): REDSSUR-ORIS/UNASUR: 2011 [cited 2013 Feb 8]. Available from:
http://portalsaude.saude.gov.br/portalsaude/redessul/site_sp/default.htm.
28. Gómez Galán M. Ayllón Pino B. Albarrán Calvo M. Reflexiones Prácticas sobre Cooperación Triangular [Internet]. Madrid: Fundación CIDEAL de Cooperación e Investigación; 2011 [cited 2013 Feb 19]. Available from:
http://www.cideal.org/docs/COOP%20TRIANGULAR_OnLine.pdf.
29. United Nations Development Programme. Enhancing South-South and triangular cooperation. Study of the current situation and existing good practices in policy, institutions, and operation of South-South and triangular cooperation [Internet]. New York: Special Unit for South-South Cooperation, UNDP; 2009 [cited 2013 Feb 15]. Available from:
http://southsouthconference.org/wp-content/uploads/2009/10/E_Book.pdf.

30. The Organisation for Economic Co-operation and Development. Triangular Co-operation and Aid Effectiveness. Can triangular co-operation make aid more effective? [Internet]. Talita Yamashiro Fordelone, Ed. (presented at the Policy Dialogue on Development Co-operation [Mexico City; 2009 Sep 28-29]). Paris (France): OECD; 2009 [cited 2013 Feb 27]. Available from: <http://www.oecd.org/dac/46387212.pdf>.
31. The World Bank Institute. Triangular Cooperation: Opportunities, risks, and conditions for effectiveness. [Internet]. Washington (DC): The World Bank, WBI; c2012 (from the issue *Development Outreach*; 2010 Oct 8) [cited 2013 Feb 12]. Available from: <http://wbi.worldbank.org/wbi/devoutreach/article/531/triangular-cooperation-opportunities-risks-and-conditions-effectiveness>.
32. OECD Development Co-operation Directorate. Advance Copy of the “Triangular Co-operation: What can we learn from a survey of actors involved?” [2012 report in press].
33. Joint Inspection Unit of the United Nations. South-South and Triangular Cooperation in the United Nations System [Internet]. Geneva: UN; 2011 (Document JIU/REP/2011/3) [cited 2013 Feb 15]. Available from: https://www.unju.org/en/reports-notes/JIU%20Products/JIU_REP_2011_3.pdf.



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152nd SESSION OF THE EXECUTIVE COMMITTEE

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PROPOSED RESOLUTION

COOPERATION AMONG COUNTRIES FOR HEALTH DEVELOPMENT IN THE AMERICAS

THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE152/15, *Cooperation among Countries for Health Development in the Americas*,

RESOLVES:

To recommend that the 52nd Directing Council adopt a resolution along the following lines:

COOPERATION AMONG COUNTRIES FOR HEALTH DEVELOPMENT IN THE AMERICAS

THE 52nd DIRECTING COUNCIL,

Having reviewed Document CD52/___, *Cooperation among Countries for Health Development in the Americas*;

Taking into account United Nations Resolution 33/134, which endorses the Buenos Aires Plan of Action regarding Technical Cooperation among Developing Countries (TCDC) (1978); United Nations Resolution 64/222, which endorses the outcome document of the High-level United Nations Conference on South-South Cooperation, held in Nairobi, Kenya (2009); and the Busan Partnership for Effective Development Cooperation statement (2011);

Recalling Resolution EB60.R4 of the WHO Executive Board, which recommends that programs and activities promote and stimulate cooperation among countries, and Resolution CD25.R28 of the PAHO Directing Council, which recommends that technical cooperation programs be conducted jointly by countries both inside and outside subregional groupings;

Taking into account the reports provided by the Bureau in 1980 (27th Directing Council), 1984 (30th Directing Council), 1985 (31st Directing Council), 1986 (22nd Pan American Sanitary Conference), 1998 (25th Pan American Sanitary Conference), and 2005 (46th Directing Council) on progress in the implementation of technical cooperation among countries initiatives within PAHO;

Aware that both international health cooperation and the concept of Technical Cooperation among Developing Countries have evolved over time towards a broader concept of cooperation among countries and horizontal partnerships that can include a wide range of health development actors, including governmental entities, multilateral organizations, private sector, civil society, and academic institutions, among others;

Noting that traditional development assistance for health is declining among middle-income countries, including most of those in the Region of the Americas, and that complementary health development and cooperation mechanisms must be fostered and strengthened in order to continue advancement of the regional and global health agendas; and

Recognizing that many countries and partners in the Region have made important health development advances and have acquired development expertise that may be beneficial to others in the Region and in other regions; and appreciating that many countries in the Region actively participate in South-South, triangular, and other forms of cooperation among countries, particularly in health development issues,

RESOLVES:

1. To approve the renewed policy for Cooperation among Countries for Health Development as contained in Document CD52/___;
2. To urge Member States to:
 - (a) continue their advocacy in international forums and dialogue for the mobilization of political will and resources to support and further strengthen cooperation among countries, and solidify its role as a complementary approach to traditional international cooperation;

- (b) to initiate, lead and manage cooperation among countries initiatives for health development and continue ongoing efforts to strengthen national capacity to participate in international health cooperation both within and across regions;
 - (c) promote and intensify ongoing initiatives to share good practices and experiences that then form the basis for exchanges and collective learning among countries, including the sharing of methodologies for the assessment of cooperation among countries activities; and
 - (d) support the mobilization of resources for strengthening cooperation among countries for health development within the Region and across regions.
3. To request the Director to:
- (a) collaborate with Member States in the international advocacy and resource mobilization efforts to strengthen cooperation among countries as a viable and sustainable modality of cooperation for health development;
 - (b) mainstream the policy for Cooperation among Countries and Health Development modalities into the Organization's technical cooperation programs and the new strategic plan;
 - (c) promote the organization's brokering role and facilitate the linking of supply and demand for health expertise, experience, and technology at the regional and global levels in coordination with other WHO offices, including the development of the appropriate mechanisms for interregional exchanges;
 - (d) facilitate the development of methodologies and guidelines for the assessment and evaluation of cooperation among countries modalities and their impact on health development in order to strengthen evidence-based approaches and identify how best to use these modalities to strengthen and accelerate health progress in the Region;
 - (e) continue the development and enhancement of the regional knowledge-sharing platform in order to facilitate the exchange and sharing of good practices and methodologies based on the countries' experiences;
 - (f) promote the forging of strategic partnerships and networks among national institutions and regional centers of excellent that can be called upon to address shared health issues both within and across regions;
 - (g) strengthen the Technical Cooperation among Countries mechanism, promoting its strategic use to address targeted health priorities and health problems that are most effectively addressed through collective action within and across regions.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
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CE152/15 (Eng.)
Annex B

**Report on the Financial and Administrative Implications
for the Secretariat of the Proposed Resolution**

1. Agenda item: 4.8: Cooperation among Countries for Health Development in the Americas

2. Linkage to Program and Budget:

(a) Strategic Objective: 15

To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO Eleventh General Programme of Work, and the Health Agenda for the Americas.

(b) Expected result:

RER 15.1 – Effective leadership and direction of the Organization exercised through the enhancement of governance, and the coherence, accountability and synergy of PAHO/WHO work to fulfill its mandate in advancing the global, regional, subregional and national health agendas.

It is worth noting that the effective implementation of this policy can potentially contribute to the achievement of all technical cooperation related strategic objectives. It is a cross-cutting approach that can support and potentially accelerate the achievement of shared public health goals.

3. Financial implications:

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities): US \$2.25 million approximately per biennium for as long as the policy remains active.

(b) Estimated annual cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):

US\$ 1,125,000 per year

Breakdown is as follows:

Staff – approx. US\$ 75,000 (assuming 50% dedicated staff time of a P2)

- Senior level (P5 or above) staff to participate in international dialogue and lead evaluation methodology development (part time, 5 to 10% of time dedicated)

- P2 or P3 support staff to assist with knowledge management, knowledge sharing, and general coordination of policy implementation (50% to full time depending on the level of activity)

Internal Activities – approx. US\$ 25,000 + staff time

- Development of an implementation plan, which will address and include:
 - Guidelines for the documentation and sharing of good practices and public health solutions.
 - Development of methodologies to evaluate and assess the various modalities of cooperation among countries and their impact on health development.
 - Gather and analyze data related to cooperation among countries for health development on a regional scale.
 - Training activities and staff development to enhance the necessary competencies.
 - Evaluation and potential redesign of TCC mechanism and approach, including the development of new guidelines to be shared with other Regions and HQ.

External Activities - US\$ 25,00

- Participation in regional and global solutions exchanges
- Participation in global dialogue around Cooperation among Countries (including ongoing dialogue around South-South and triangular cooperation)
- Hosting of events to forge new strategic partnerships among countries and partners as well as share good practices and health solutions

Funds for TCC mechanism -US\$ 1,000,000

Total estimated annual cost: \$1,125,000

Item	Approx. annual cost
<i>Staff</i>	\$75,000
<i>Internal Activities</i>	\$25,000
<i>External Activities</i>	\$25,000
<i>Funds for TCC mechanism</i>	\$1,000,000
TOTAL	\$1,125,000

While some funds from regular budget should be dedicated to the TCC mechanism, the policy also suggests that the Organization actively seek to mobilize additional resources to further enhance cooperation among countries, supporting regional network activities as well as Technical Cooperation among Countries projects.

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?

Staff costs could be reduced by redistributing the tasks mentioned above among already existing staff members (PWRs with much experience in the topic, CFS Coordinator who oversees the TCC mechanism, etc.). Similarly a program officer position within the Organization could dedicate 50% or more of their time to the coordination of activities required by this position.

Regarding the convening role, many technical meeting costs are already covered by the technical units. The policy would call for the incorporation of and fostering of cooperation among countries opportunities within already scheduled meetings and events, more so than scheduling new meetings. The PAHO/WHO Representatives also advocate and foster TCC as part of their role at country level.

4. Administrative implications:

(a) Indicate the levels of the Organization at which the work will be undertaken:

All levels of the Organization will be involved: country, regional and global levels (including other regional offices in coordination with HQ in Geneva). It will also require the active participation of the ministries of health and ministries of foreign affairs (or cooperation agencies) in Member States.

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

1. P4 or P5 to actively participate in the ongoing international dialogue around cooperation among countries and work with ministries of health and ministries of foreign affairs (strong background in the topic and strong understanding of external relations and partnerships, including relations with other UN agencies and international organizations). This role could be played by existing PWRs, the CFS Coordinator, or a professional within ERP.
2. P2 or P3 staff to work on knowledge management and sharing activities, including the documentation of good practices and serve as liaison with other regional offices and the UNOSSC, and support policy implementation activities.

(c) Time frames (indicate broad time frames for the implementation and evaluation):

The implementation of the policy would begin as soon as it is approved by the Directing Council, for its incorporation into the new strategic plan and program budget policy (to begin in 2014). There is no designated end point, but a review of the approach could be established for 2017, to align with the end of the Health Agenda for the Americas, and to determine any further areas for refinement of the policy.



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Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.8: Cooperation among Countries for Health Development in the Americas

2. Responsible unit: Country Focus Support

3. Preparing officer: Patricia Skillin, PAHO Consultant

4. List of collaborating centers and national institutions linked to this Agenda item:

All collaborating centers and national institutions are linked to this Agenda item.

- Ministries of Health and national health institutions
- Ministries of Foreign Affairs
- Other governmental agencies and entities
- WHO Collaborating Centers
- Civil society organizations
- Universities
- UN agencies – particularly UN Office for South South Cooperation
- Organization of American States
- World Bank
- Other international health cooperation partners
- Subregional integration mechanisms

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

Implementation of the cooperation among countries policies has the potential to contribute to the advancement of all the areas of action as defined by the Health Agenda for the Americas. Additionally, one of the principles and values outlines in the agenda is Pan American solidarity, calling for collaboration among the countries of the Americas to reach common and shared health development goals, overcome observed inequities in health, and strengthen health security in the Region. This policy exemplifies that solidarity and seeks to foster and strengthen that value in the pursuit of shared health goals.

6. Link between Agenda item and Strategic Plan 2008-2012:

Cooperation among countries for health development can be understood as a key component of two of the core functions defined in the Strategic Plan that guide how the organization organizes the actions taken to support Member States to improve the regional health situation:

- (i) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- (v) Establishing technical cooperation, catalyzing change and building sustainable institutional capacity

It falls under SO 15 of the Strategic Plan, “to provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO Eleventh General Programme of Work, and the Health Agenda for the Americas.” However, the effective implementation of this policy has the potential to actively contribute to the achievement of all technical cooperation related strategic objectives and shared health goals.

7. Best practices in this area and examples from countries within the Region of the Americas:

As stated in the document, many countries are actively participating in Cooperation among Countries for health, and PAHO has emerged as a global leader in supporting triangular cooperation initiatives in health. Many countries now have their own international cooperation agencies that are active participants in the ongoing international dialogue and oversee many health cooperation initiatives and projects between countries.

A knowledge sharing space has been opened to document and share good practices as well as lessons learned from cooperation among countries in health: <http://new.paho.org/sscoop>. That site also links to collaborative networks working on public health issues in the Region, ministries of health and international cooperation agencies working on health, and good practice databases (both national, regional and global).

8. Financial implications of this Agenda item:

The proposed budget for the planning and implementation would involve allocating an estimated US\$ 125,000 yearly to planning and implementation of the policy and approximately US\$ 1,000,000 to support triangular cooperation efforts through the identified TCC mechanism. This is a total of US\$ 1,125,000 yearly.