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**COUNTRY-FOCUSED COOPERATION  
AND NATIONAL HEALTH DEVELOPMENT**

In January 2003, the Director-General of the World Health Organization launched the country-focused cooperation initiative (CFC) at the 111th Session of the Executive Board (Document EB111/33). The formulation of the Country Cooperation Strategy (CCS) constitutes the first of the six CFC components, which, by decision of the Director-General, has been adopted as a policy of the WHO. The CCS is a method of assessing the national health development (NHD) process and its degree of progress, and also constitutes the programming framework for PAHO/WHO cooperation with each country in the medium term.

PAHO has decided to adapt the instrument known as the CCS, developed by WHO, to the characteristics of the Region and is applying it as a valuable tool for the medium term strategic orientation of technical cooperation in each country.

This document presents the comments made during the 39th Session of the Subcommittee on Planning and Programming and the 136th Session of the Executive Committee. It provides information to the Directing Council concerning application of this WHO policy in the Region, and requests the Council to offer observations and orientations regarding this framework for the Organization's action.

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## **Introduction**

1. One of the most important issues for the Pan American Health Organization/World Health Organization (PAHO/WHO) is how to maximize the efficiency and impact of technical cooperation in and with the countries<sup>1</sup>. This is a common concern for WHO in general, and efforts have been under way for many years to find a solution. As a result, WHO has developed a policy for orienting technical cooperation, centering it on the needs and demands of the countries. This policy is called “Country-Focused Cooperation (CFC).” PAHO/WHO has therefore concluded that since the countries are its focus, it should respond as effectively as possible to both specific country needs and global and regional mandates aimed at addressing health problems and the Region’s enormous gaps in equity and social inclusion in health. It has therefore decided to adapt the country cooperation strategy (CCS) instrument to the characteristics of the Region and to apply it as a valuable tool for the medium-term strategic orientation of country-focused technical cooperation, using the NHD process as the object of analysis and center of its action.

## **Country-focused Technical Cooperation**

2. The concept of international cooperation (TC) has shifted from a social welfare approach (centered on the simple transfer of technology, knowledge, or inputs) to concepts based on horizontal relations involving joint action between cooperation agencies and the countries, and between countries that share common objectives. Thus, it is recognized that cooperation is a two-way street, an exchange from which all countries benefit, regardless of their level development. It implies a joint effort to build and strengthen the institutional capacities of the countries, enabling them to identify and autonomously and sustainably address the problems inherent to both their own NHD process and define their contribution to global progress.

3. Thus, technical cooperation is a complex activity influenced by many factors—among them, the current social, political, and economic systems, values, the culture and history of each country, and the solidarity between the parties involved. This makes the multisectoral programming approach more relevant, with its emphasis on the best use of national experience and capacity as the framework for approaches based on vertical projects and programs.

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<sup>1</sup> Other development cooperation agencies are posing similar questions in different scenarios, seeking, among other options, methods to integrate and boost cooperation. Examples of these are the Sector-wide Approach (SWAP), and the CCA-UNDAF programming instrument created by the United Nations Development Group (UNDG).

4. In this vision, the key variable that ensures the effectiveness of technical cooperation is specificity. International cooperation in health should therefore be based on a systematic study of the NHD process, trends and stages, and the policies and plans formulated by each country.

5. Effective country-focused technical cooperation should be grounded in the following principles:

- Recognition that the countries have different needs and capacities;
- The importance of participatory democratic national leadership in the national health development process;
- Clear definition and respect for the functions of the different actors involved in the NHD process and the cooperation effort;
- Flexibility in the use of means and resources to achieve the objectives established to meet the needs identified by the countries.

6. A key cooperation objective of the agencies that make up the United Nations system is national institutional capacity building to find solutions to the problems facing the countries, in a manner consistent with its values, aspirations, and special needs—one that increasingly helps each country to strengthen its role and action in the international sphere.

7. At PAHO/WHO, the evolution in technical cooperation theory and practice has also been determined by the gradual decentralization of functions, responsibilities, and resources to heighten the Organization's presence in the countries.

8. WHO has recently placed emphasis on defining the expected results of technical cooperation in each country in terms of its NHD, making it the basic criterion for organizing, allocating resources for, and managing the technical cooperation of the entire Organization at its different operational levels. This implies the construction of a single technical cooperation agenda for each country (and hence, the concept of "a single program budget"). Commitment to the results in each country has become a priority in the agendas and institutional change processes that PAHO/WHO promotes.

9. All this calls for continuous analysis and consensus-building with the countries on national needs and priorities, as well as optimization of the national and international potential for cooperation in national health development.

10. The Country Cooperation Strategy (CCS) is a methodology proposed by WHO to operationalize the CFC policy. The main objective of this methodology is to contribute to

the construction of a medium-term vision (4-6 years) for the action of Organization as a whole with each Member State, providing a strategic framework for technical cooperation. Application of the strategy is aimed at developing an integrated cooperation proposal that, based on the concept and objectives of NHD, responds to the policies and needs of each country within the context of agreements reached through consensus, making possible the development of a single strategy and a single budget. The CCS is an exercise in strategic analysis conducted through a dialogue with the country and bringing other actors and partners into the process. It attempts to strike a reasonable balance between national priorities, as visualized by the Organization, and regional and global orientations and strategies. Some of its most salient characteristics are:

- Its strategic nature and medium-term orientation. (In this respect it differs from the biennial program budget, contributing to the formulation of a more relevant cooperation proposal);
- The involvement of diverse actors, sectors, and partners linked with NHD in each country (including the agents of international cooperation); and
- The search to realign the different levels and parts of the Organization on the basis of country needs.

11. Document CD46/INF/4 presents the objectives, main characteristics, process, most important results, and a summary of regional experience with the application of the CCS methodology in the Region of the Americas.

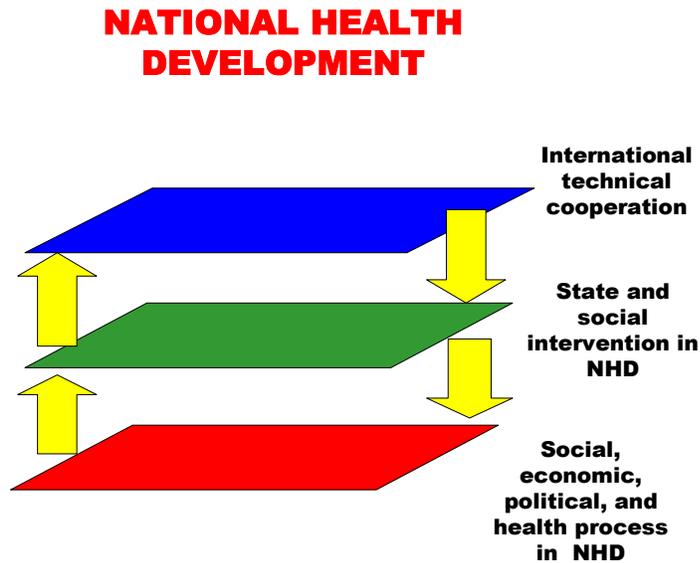
### **The National Health Development Process**

12. All countries have their own particular national health development process, based on their history and economic, social, and political structures. The NHD of any given country is the process (economic, social, political, cultural, and health) that serves as the structural matrix for defining the health and living conditions of its people, as well as the state and social possibilities and interventions for changing and improving these conditions. It is this dynamic and complex substrate of the health situation and the institutional and organizational characteristics of each country that is targeted by international cooperation in health.

13. This complexity is expressed in three interactive and mutually determined planes :

- Health and its determinants

- Government and social interventions to contend with health problems and transform the health situation
- International cooperation



14. The first plane of the NHD is where the health and living conditions of the population are defined, expressed in the level, structure, and trend of the health situation. This plane reflects the action and impact of health determinants.

## HEALTH DETERMINANTS

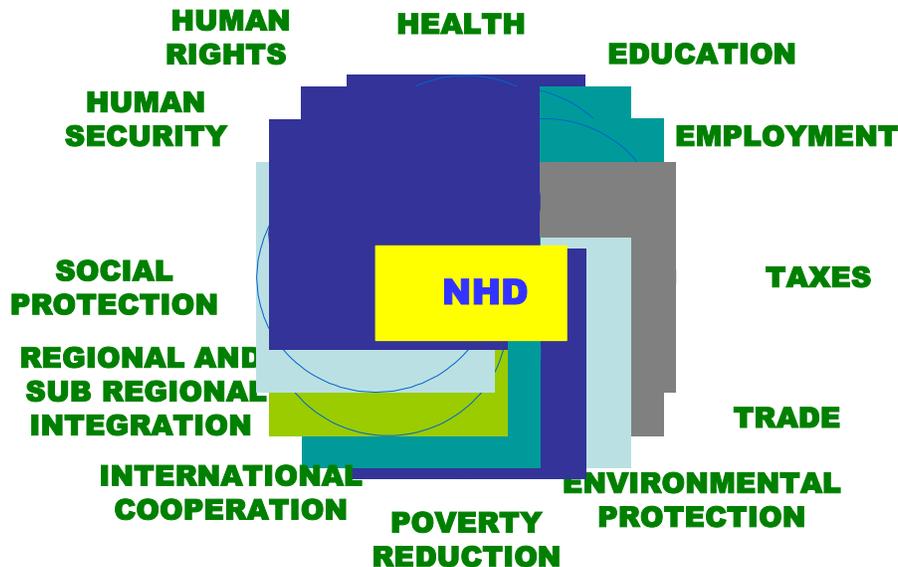


15. The second plane is where state and social interventions in health are found:
- *The policies, priorities, strategies, and interventions* for improving the health of the population.<sup>2</sup> Note the multisectoral nature of this plane in response to the complex determinants of health.

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<sup>2</sup> This is the plane of the important predecessor of the NHD concept that WHO was to develop in the years immediately preceding the Alma-Ata Conference, as one of the instruments developed for the implementation of the Primary Health Care strategy. It is found in *Managerial Process for National Health Development. Guiding principles, 1981*. In this document NHD refers and is limited to a technical-political process influenced by social, economic, political, and cultural factors. In this construct, NHD is determined by national health policies, the corresponding strategies, and the planes of action essential for instituting and executing the PHC strategy on a national scale. Thus, the progress and consolidation of state management of NHD is considered a precondition for meeting the goal of Health for All. To accomplish this, NHD requires effective, highly developed management, based on strong, sustainable institutional capacities to ensure the execution of a sequence of technical management interventions that include national planning, programming, and management of health systems, goods, and resources. Thus, proper sustainable management of NHD should create the conditions for developing health systems based on PHC and integration of the different health care subsystems as a *sine qua non* for more effective program execution, human resources development, and the essential community participation.

## **NHD: POLICIES THAT INFLUENCE RESULTS**



- *The health system*—that is, the specific institutional and organizational frameworks (state and social, public and private) for meeting the health needs of the population. The health system includes all actions that help to improve the health of the population: or, personal health care, public health services and infrastructure (responsible for the essential public health functions), and the intersectoral activities selected for improving health.

16. The third plane is where cooperation for NHD is found. It requires commitment, resources, and specific national and international interventions in support of the national management of state and public interventions that have an impact on NHD, among them PAHO/WHO technical cooperation.

17. In short, the concept of NHD involves three inseparable planes that are complexly linked, and because they are related, are mutually defined in a dynamic that can and should be positively influenced by the catalyzing intervention of international cooperation for health development; and specifically, by the action of PAHO/WHO.

18. The purpose of country-focused technical cooperation is to accelerate NHD in each country, as a member of the international community, creating conditions and interventions to effect a positive change in the health determinants and health status of

the population, promote sustainable development of the health systems, and promote health and make it part of national development agendas—all this to ensure that populations attain optimal levels of health that will enable them to reach their maximum potential and enjoy the highest possible quality of life.

19. The current scenario in international development cooperation is becoming increasingly complex and poses a series of challenges for recipient countries and development partners alike, while at the same time offering opportunities. The global commitment to worldwide poverty reduction assumed by the countries at the Millennium Summit through the Millennium Development Goals is the mandatory framework for international efforts to ensure that international development cooperation is more effectively and efficiently managed for the benefit of populations.

### **Technical Cooperation for National Health Development**

20. Country-focused technical cooperation for national health development is therefore a multisectoral process that implies:

- Adequate sustained capacity to characterize (measure, evaluate, monitor) health determinants and their expression in terms of the quality of life and health status (through appropriate indicators) and to assess the performance and impact of the health systems.
- Action that generates leadership, resulting in policy-making that contributes to the development of institutions based on the rule of law that guarantees equitable distribution of the achievements in health.
- Strictly speaking, technical action of a systemic nature that includes continuous development and improvement of the health systems, strengthening capacities and competencies to address the health problems of the population through the necessary strategies, programs, and interventions.

21. The action of CFC to promote NHD implies a clear political commitment. It is closely linked with the consolidation of democracy, social cohesion, and governance. It requires effective action (not only the passive recording of indicators) to meet the national, regional, and global objectives and commitments signed in recent decades, such as the Millennium Development Goals and other relevant goals and guiding principles, which constitute institutional frameworks for promoting progress. These commitments, promoted in diverse international conferences, manifest the collective will to govern health in a multidimensional manner.

22. For PAHO/WHO, this means a commitment to strengthen the institutional capacity of the countries and to support the development of policies and strategies, plans and programs that will contribute to national health development. Strengthening the health sector leadership is essential for putting health on national development agendas, and more specifically, making it part of the poverty reduction strategies promoted in many countries through the national governments' negotiations with the international financing agencies (*Poverty Reduction Strategy Papers*). Another result of CFC should be the development of national institutional capacity to guarantee opportunities for access to global public goods. Within this context, special mention should be made of the need to restore and strengthen institutional capacity for health planning and the formulation of national health objectives, which are essential not only for guiding and regulating sectoral development, but for aligning and harmonizing international health cooperation.

### **The Challenges of Country-focused Technical Cooperation in Terms of the Alignment and Harmonization of International Cooperation in Health**

23. International development cooperation faces numerous challenges.
24. From the cooperation supply side:
- Lack of continuity in global development investment priorities.
  - Many agencies, with diverse mechanisms, conditionalities, and procedures and lack of coordination thereof;
  - Unpredictability of financial disbursements;
  - Lack of coordination between official development assistance and new global initiatives;
  - Fragmented global initiatives that do not facilitate improvements in national systems for the harmonization of international cooperation;
  - Ineffectiveness of international cooperation for national capacity building.
25. From the demand side (the beneficiary countries):
- Ineffective leadership and limited “ownership” of the initiatives;
  - Limited institutional capacity to implement public policies and health plans;
  - Failure to harmonize macroeconomic and social policies and conflict between them;

- Little cumulative experience in planning and managing initiatives and projects, exacerbated by difficulties in retaining trained personnel;
- Limited resources and chronic underfinancing of public health systems<sup>3</sup>.

26. Valuable activities are under way in the Region (Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, and Peru, among others) that are yielding important lessons, which were analyzed in a recent workshop in Nicaragua on the harmonization and coordination of international cooperation. Some of these countries are participating in the process for increasing the effectiveness of international cooperation, promoted by the OECD and the agreements of the Rome Declaration (2003) and the Paris Declaration (2005).

27. Based on these experiences, with a strengthened steering role and institutional capacity the linchpin for the management of international cooperation for the benefit of each country, effective CFC for NHD should contribute to the development and strengthening of a series of national conditions and capacities, such as:

- “Ownership” of the Millennium Development Goals and alignment of public policies with them.
- Formulation of health development plans and health objectives to guide the alignment and harmonization of international cooperation with national priorities.
- Improvement of the overall capacity to manage international development cooperation, effectively and flexibly employing sector-wide approaches (SWAps).
- Participation with the economic sectors in HIPC initiatives and the PRSP processes to capitalize investments in health development.
- Active and effective participation in the formulation of the CAC–UNDAF, and in the interagency coordination of the United Nations system and the Inter-American System.
- Knowing and taking advantage of the benefits derived from the World Bank Comprehensive Development Framework.
- Mobilization of existing national resources.

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<sup>3</sup> Report of the workshop *Harmonization/Coordination of International Cooperation and Sectoral Approaches under the Millennium Development Goals*, Managua, 9-11 Dec. 2004

- Coordination with key actors in international cooperation (bilateral, multilateral, NGOs, and private sector).
- Greater influence of national priorities in the definition of public health agendas at the subregional, regional, and global levels.

### **Contents of Country-focused Technical Cooperation for National Health Development**

28. CFC for NHD uses the management of state and social responses for directing and improving the NHD process as the mediator and focus of its action. An effective, good quality CFC policy should help advance the NHD process through following strategic interventions:

#### *Promotion of National and International Partnerships for Effective Advocacy and the Active Mobilization of Resources for Health*

29. Develop platforms for advocacy based on the mandates for action, which provide adequate ethical and institutional backing for the interventions and are found in:

- The mandates of the global, regional, and subregional Summits;
- The Millennium Declaration and the Millennium Development Goals.
- Resolutions of the World Health Assembly
- Resolutions of the Governing Bodies of PAHO/WHO
- Binding agreements and conventions such as the Framework Convention on Tobacco Control and the International Sanitary Regulations.

#### *Strategic Analysis and Information and Knowledge Management*

30. This capacity is essential for setting priorities and objectives to orient policies, strategies, and interventions for strengthening NHD. They include:

- Health situation and trend analysis: basic health indicators;
- Health sector analysis, health system profiles, and evaluation of sectoral reform processes;
- Evaluation of the performance of the Essential Public Health Functions;

- Effective use of institutional networks;
- Research in public health and health policies and systems;
- Various initiatives and platforms for information dissemination, knowledge management, and training in health.

*Development and Strengthening of Health Systems*

31. There is agreement in all forums (including the Governing Bodies of PAHO/WHO and international development cooperation institutions and agents) that if adequate sustainable development, capacity building, and improvements in health system performance are not guaranteed, none of the health challenges, none of the broad global strategies, and none of the commitments and goals signed by the countries will be achieved.

32. This intervention seeks to define and apply strategies for developing and strengthening the countries' institutional capacity, functions, and the scale and effectiveness of the policies, strategies, services, programs, and interventions of their health systems for the benefit of all citizens. These strategies include:

- The formulation of health policies and healthy public policies of a multisectoral nature;
- The development of institutional capacity in terms of the steering role, financing, insurance, and service delivery;
- Health advocacy;
- Expansion of the health financing resource base;
- Promotion of leadership and the training of critical personnel;
- Strengthening of public health programs and the health services network;
- Development of the public health infrastructure;
- Institutional reengineering and sector modernization;
- Extension of social protection in health;
- Management and development of human resources in the sector;

**Action by the Directing Council**

33. The Directing Council is requested to offer its observations and orientations regarding this framework for the Organization's action, which seeks to coordinate strategic management of the country-focused cooperation policy with national health development processes. Additionally, the Directing Council is asked to furnish guidance about the use of this approach and its operational methodology (CCS) to develop the medium-term agenda for cooperation with each country, considering its implications for the 2006-2007 program budget of PAHO/WHO.

Annex

**CCS ROLL OUT IN THE REGION**

<b>Country</b>	<b>Planned for 2005/2006</b>
Argentina	Planned for the end 2005
Bahamas	Planned for the beginning 2006
Brazil	Planned for 2006
Chile	Planned for 2006
Colombia	Second mission 2-5 September 2005
Cuba	Planned for 2006
Dominican Republic	Planned for 2006
Ecuador	Planned for 2006
Guatemala	First mission 12-16 September 2005
Haiti	No CCS but Interim Cooperation Framework (ICF)
Honduras	CCS completed in 2005, final document pending
Jamaica	Planned for 2006
Panama	Planned for 2006
Paraguay	Planned for 2006
Peru	Planned for 2006
Suriname	First mission 5-9 September 2005
Trinidad and Tobago	Planned for the end 2005
Uruguay	First mission 5-9 September 2005
Venezuela	CCS completed in April 2002. Revision planned for end 2005