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PAHO'S ROLE IN PROMOTING GOVERNMENT-NGO COLLABORATION

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

The review focuses on a number of program- and country-specific achievements and the elements which are necessary for achieving an effective interchange, as well as those determinants which inhibit a dynamic partnership. Appropriate criteria characterizing those NGOs with which governments might wish to collaborate are also outlined.

The purpose of this document is to inform the members of the Executive Committee of the comprehensive gains that have been made and the lessons which have been learned in the process of promoting heightened working relations between Member States and NGOs. The Executive Committee may wish to endorse the initiative and to recommend that the Member States continue to diversify their partnerships by requesting the Director of PAHO to facilitate further the process of systematically incorporating NGO expertise into health and human development programming, including health reform activities, wherever it is deemed feasible and appropriate to do so.

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EXECUTIVE SUMMARY

This paper documents PAHO's experiences over the past six years in building effective mechanisms for government-NGO dialogue and for planning and executing national health priority activities. The concept of collaboration serving one purpose only, to produce results that are more likely to be achieved by working together than by working alone, is the basis of PAHO's initiative. The goal is health for all and by all.

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

The growing importance of NGOs is reflected in the increasing flow of international assistance that is now being channeled through these organizations. It is now estimated that 25% of official development assistance for health is channeled through NGOs.

The extent to which collaborative alliances are expanding in the Region is reflected in such PAHO programs as Women, Health, and Development, Noncommunicable Diseases, Communicable Diseases, Health and the Environment, Integrated Vector Control, Family Health and Population, Emergency Preparedness and Disaster Relief, and the Special Program for Vaccines and Immunization, all of which are working actively, not only with governments but also with NGOs in the Region.

In addition, with extrabudgetary funding from the Government of the Netherlands, PAHO has since 1990 strengthened NGO capacity to work with the Governments of Chile, Ecuador, Guatemala, and Haiti. The Global Program on AIDS has supported specific NGO work in Barbados, Honduras, and Saint Lucia. PAHO has also received requests for support in this area from several other countries, for which additional funding will be necessary in order for PAHO to be able to respond. Another recent thrust has been PAHO's support to a number of Member Governments wishing to incorporate NGOs into the health reform debate and process.

The most commonly used mechanism for consultation being applied in the developing and developed world is the coordinating body for NGOs, of which there are two principal types: government-generated and NGO-generated. PAHO's government-NGO initiative undertakes to bridge the two by developing a methodology which encourages a joint government-NGO-generated coordination.

1. Introduction

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

This paper was reviewed by the 26th Meeting of the Subcommittee on Planning and Programming of the Executive Committee in March 1996 in response to a call for a review of PAHO's experiences over the past six years in building effective mechanisms for government-NGO dialogue and for planning and executing national health priority activities. The concept of collaboration serving one purpose only, to produce results that are more likely to be achieved by working together than by working alone, was analyzed. In this case, it was agreed that the result must be health for all and by all.

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

A significant number of PAHO Member States have gone beyond rhetoric and wish to concentrate on the practical lessons learned in the past, in order to develop more systematic and successful political and operational methods for achieving ongoing collaboration with NGOs. PAHO's work to promote more dynamic government-NGO collaboration is therefore in response to the changing social, political, and economic situation in the Region, and the need to develop innovative approaches that respond to the rising demands for more effective health responses in the Hemisphere. Formerly idealistic and at times confrontational attitudes are gradually moderating, to the extent

that nongovernmental and community organizations are now seeking means to interact more extensively with the State and to have a recognized voice in the development of national policy, planning, and execution. NGOs are becoming sought-after partners to strengthen the democratic processes, increase social participation, and improve the governments' overall performance in social services.

2. The Changing Face of International Assistance Channeled through NGOs

The growing importance of NGOs is reflected in the increasing flow of international assistance that is now being channeled through these organizations. Total development aid disbursed by international NGOs for developing countries increased from US\$ 0.9 billion in 1970 to over \$7.6 billion in 1992. It is now estimated that over 15 % of total official development assistance is channeled through NGOs, and, of a total of \$4.7 billion for health, 22.9% or \$1.1 billion was directed through NGOs worldwide in 1990. In the area of emergency assistance, \$11 billion is now being channeled through NGOs compared to \$7 billion to \$8 billion via the United Nations and its related agencies (1).

NGO legitimacy has also swelled, with recent surveys indicating that donors are twice as likely to have greater confidence in the NGO sector than in the public sector for delivering international assistance to the most needy populations (2). In 1994 and 1995, over one-third of USAID child survival funds for immunization, oral rehydration supplies, and food and nutrition were provided to U.S. NGOs, which in turn are increasingly working with other NGOs in the Region (3). In addition, the multilateral lending institutions have created special units to deal with NGOs and have designed new methods for funding their work which, by definition, must complement the priorities and plans presented for government funding.

Generally, the nongovernmental organizations of interest to donors have been those engaged in such functions as the following: disaster relief; provision of services; grant making to people's organizations and to service provider organizations; training and technical assistance support to organizations performing development functions; research and information exchange; networking; and advocacy (4).

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

Between 1950 and 1990, most examples of PAHO-NGO collaboration involved NGOs which provide technical assistance and training and undertake research. This relationship is continuing to expand. PAHO currently maintains official working relations with 10 inter-American NGOs. These NGOs are associations or federations representing a profession, educational faculty, or enterprise. They provide educational

programs, coordinate services, and disseminate information to their members in the different countries of the Region.¹

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

These NGOs are normally characterized as having an institutional mission that seeks to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, and undertake community development. They include churches, research institutes, professional associations, and lobbying groups (5). They engage in independent research, social action, promotion, and community organization, and focus on a broad range of development, health, environment, human rights, gender, labor, children and youth, and indigenous issues (5). Although NGOs have had to become increasingly market-oriented and more professional over the last two decades, their distinguishing institutional identities continue to be non-profit and are characterized by values of altruism and voluntarism. For this reason, they are also referred to as private voluntary organizations (PVOs) or private development organizations (PDOs).

The extent to which collaborative alliances are expanding in the Region will be discussed in Section 4 of this document. PAHO programs such as Women, Health, and Development, Noncommunicable Diseases, Communicable Diseases, Health and the Environment, Integrated Vector Control, Family Health and Population, Emergency Preparedness and Disaster Relief, and the Special Program for Vaccines and Immunization are all working actively, not only with governments but also with NGOs in the Region.

In addition, with extrabudgetary funding from the Government of the Netherlands, PAHO has since 1990 strengthened NGO capacity to work with the Governments of Chile, Ecuador, Guatemala, and Haiti. The Global Program on AIDS has supported specific NGO work in Barbados, Honduras, and Saint Lucia. PAHO has also received

¹ For a detailed discussion on the different categories of NGOs, refer to SPP15/5, *Nongovernmental Organizations (NGOs)*, December 1990, Chapter 1.

requests for support in this area from several other countries, for which additional funding will be necessary in order for PAHO to be able to respond.

Another recent breakthrough, discussed in Section 5, has been PAHO's support to a number of Member Governments wishing to incorporate NGOs into the health reform debate and process. The antecedents of this trend occurred in December 1994, at the Summit of the Americas in Miami, when the Heads of State and Government included Initiative 17 on Equitable Access to Basic Health Services in their Plan of Action. Of significance to this discussion is the point which calls for greater participation by social actors and NGOs in the health reform process.

4. PAHO's Activities in Meeting its Objective for Heightened Government-NGO Relations

4.1 *Country-Specific Activities*

Examples of progress in achieving effective collaboration can be found throughout Latin America and the Caribbean, with more successes having been achieved with respect to operational partnerships and some incorporation of NGOs into the health reform dialogue and health policy analysis.

In some territories of the Caribbean, NGOs in the health field have achieved a place on national committees on AIDS, drug abuse, and the environment and have begun participating in the definition of national development programs. Other NGOs have become full partners in health promotion activities involving community participation. As mentioned above, funding from the Government of the Netherlands from 1990 to the present and from the Global Program on AIDS has permitted PAHO to achieve a number of successes in specific countries of the Region.

Through a process involving a series of strategic planning workshops, the respective governments and national NGOs have engaged in prearranged discussions in order to share experiences and analyze policy and practices. The ultimate objective is that the exchange of ideas, perspectives, and methodologies will serve as a catalyst for the creation of formal mechanisms designed to sustain ongoing policy and planning dialogue, and to reach a consensus on mutual involvement in particular health issues.

Of particular interest is the present experience in Ecuador, where one of the Government's stated priorities is to find innovative solutions which will help to overcome inequities in living and working conditions and to incorporate the marginalized population more equitably into the productive health processes. PAHO has encouraged government officials to engage in dialogue with NGOs that have expertise in culturally appropriate health responses for the indigenous peoples, health promotion in urban environments,

family violence, women's reproductive health, and management and administration of health services. At the same time, the NGOs have been supported by PAHO staff in the development of appropriate methods to systematize their experiences by means of an analytical document. The purpose of the process is to permit NGOs and their government counterparts to be in a position to share experiences, evaluate alternative methodologies, and generate appropriate policies which can be put into practice.

In Guatemala, where communicable diseases continue to be a major cause of death (accounting for 47% of all deaths) and diarrheal diseases continue to be a leading cause of death among children aged 1-4 years, PAHO-sponsored government-NGO collaboration has focused on extending primary health care coverage, basic sanitation, and nutrition in the departments of Huehuetenango, El Quiché, and Baja Verapaz.

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

In Barbados, Guatemala, Honduras, and Saint Lucia a coordinating mechanism has been established to enable the Governments and their citizens to create national networks for the purpose of identifying some of the AIDS-related issues that will be of particular concern to the countries' human service agencies in the future, and to share useful information, identify resources, and continue the process of building a network of cooperation in the voluntary sector around this issue.

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

4.2 *Program-Specific Achievements*

The extent to which PAHO's technical work with NGOs has expanded in the Region is also illustrated in the background papers submitted to the Office of Analysis and Strategic Planning in preparation for PAHO'S technical discussions in March 1996 on Rethinking Technical Cooperation, Experiences in Working With Non-Traditional Partners. Of particular note are the programs of Women, Health, and Development, Noncommunicable Diseases, Communicable Diseases, Health and the Environment, Family Health and Population, Emergency Preparedness and Disaster Relief, and the Special Program for Vaccines and Immunization, all of which are working actively with NGOs in the Region.

For example, the Special Program for Vaccines and Immunization has incorporated an increasing number of NGOs and PVOs in the following countries (6):

Country	1994	1995
Bolivia	12	53
Dominican Republic	4	8
Ecuador	-	5
El Salvador	42	66
Guatemala	12	7
Honduras	5	20
Nicaragua	4	20
Peru	8	10

In addition, an NGO, Rotary International, was one of PAHO's major partners in the polio eradication initiative, contributing funds for the purchase of vaccines and social mobilization activities during the National Immunization Days. In Bolivia, Colombia, Cuba, Ecuador, Nicaragua, Peru, and Uruguay, Rotary International was involved in a range of activities which included seminars, press conferences and roundtable discussions, surveillance and epidemiological control, and support for cold chain equipment. Rotary International has also played a significant role in the implementation of measles programs throughout the English-speaking Caribbean.

The purpose of PAHO's Program on Women, Health and Development (HDW) is to promote and support initiatives that respond to the challenge of achieving gender equity in health and human development. Because much of this groundbreaking work was advanced initially by organized women's groups, the Program has found and established ongoing linkages with these groups, both as individual organizations and as networks of organizations.

Particular note should be made of HDW's extensive involvement with NGOs in the project design, development, and execution of the regional initiative to eliminate intrafamily violence against women. HDW is also working with UNFPA in putting into practice the principles agreed upon at the International Conference on Population and Development and the Fourth World Conference on Women. The objectives involve the promotion of gender equity in sexual and reproductive health and are being partially realized through NGO strengthening and interinstitutional coordination and collaboration.

Also of interest is the Division of Disease Prevention and Control, which has been working with a variety of international NGOs in its programs to reduce the incidence of diabetes, intestinal parasitic diseases, and onchocerciasis and to increase the number of women regularly undergoing cervical cancer screening.

5. PAHO Support to Member Governments and NGOs in Health Sector Reform

Following the Summit of the Americas in December 1994, the XXXVIII Meeting of the Directing Council, held in Washington, D.C., in 1995, approved the concept of health sector reform in Resolution CD38.R14 and called for greater participation by social actors and NGOs in the process.

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

In Ecuador, an outcome of this seminar/workshop was the formation of a committee to produce a document on the role of NGOs in the health reform process, and the unofficial incorporation of NGOs into the National Council of Health until such time as they can be constitutionally recognized by law as full working partners. Additionally, it was agreed that geographically-specific networks capable of interacting with the government councils at the local level were crucial for the consolidation of a dynamic and effective working relationship. PAHO will co-facilitate this ongoing process, with funding from the Center for Studies on Population and Responsible Parenthood (CEPAR).

On 7 February 1996, in Panama, the First National Meeting of Nongovernmental Organizations for Health and the Environment took place. The seminar was organized by the Ministry of Health with support from the PAHO Representation in Panama. The Minister of Health formally presented the country's national health reform vision and called for NGO analysis of the policies and practices relating to health, the environment, women's and children's rights, and community organization. The results were later

presented to the First Lady of the Republic and the Minister of Health. PAHO will have an important "bridging" role to play in the coming period.

6. Lessons Learned by PAHO

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

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

To achieve this, the most commonly used mechanism being applied in the developing and developed world is the coordinating body for NGOs, of which there are two principal types: government-generated and NGO-generated. While the articulated mission, objectives, and activities undertaken within each may not differ greatly, the prime difference appears to be in who controls the agenda. NGOs often view government-generated coordinating bodies with suspicion—a means of controlling what NGOs do in the field instead of permitting a full and equal partnership. On the other hand, governments have often viewed NGO-generated coordinating bodies with mistrust—a means for NGOs to criticize government policies and programs and to establish competing, parallel development activities (7). PAHO's government-NGO initiative has therefore attempted to bridge the perception gap by developing a methodology which encourages a joint government-NGO-generated coordination.

The challenge which must be faced in working with NGOs in the next few years, with a view to increasing equitable access to health services and ensuring better health for the Region's population, will be in overcoming the principal factors which have in the past inhibited the development of a firm relationship between governments and NGOs. They can be summarized as follows (7):

- A highly politically centralized environment where NGOs often fall into the opposition camp because the government or ruling party sees itself as the sole legitimate voice of the people.
- NGOs' preference for isolation, unwillingness to engage in dialogue with the government, and poor coordination with one another.

- Resentment of civil servants towards NGOs because of the level of access to financial resources, information, and professional development.
- On occasion, the NGO constituency may have access to better service or more resources because of the NGO's presence in that area. This, in turn, tends to further stratify the population.

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

As pointed out in the document submitted to the 15th Meeting of the SPP in December 1990, PAHO's technical collaboration activities are country-based (8). This orientation places the PAHO/WHO Representative (PWR) Offices in a key position with respect to all PAHO activities and becomes especially critical in the initiative to facilitate governmental-nongovernmental partnerships at country level, which is what is being sought. The PWR Office is also aware of the changing political, economic, and social trends within the country, and it is this knowledge which becomes critical in assessing the mutual willingness of governmental and nongovernmental entities to collaborate with one another.

A major challenge, therefore, in consolidating any collaborative initiative is to convince the personnel within the PWR offices of the Region, and their partners within the respective ministries of health and other ministries, of the intrinsic value of a trilateral relationship. A second challenge is to ensure that they have the appropriate skills and methodology for ensuring its ongoing success.

6.3 *Positive Elements which Contribute to an Effective Working Relationship*

The speed and the mode with which the PWR Office can act to catalyze the process of mutual government-NGO collaboration will necessarily vary from one country to another. PAHO staff must be aware of the dynamic tensions and be sensitive to the different government-NGO relations, which have varied from country to country over the past 30 years. In order to realize the objectives of an effective working relationship between governments and NGOs that takes into account each other's advantages, and to overcome the obstacles, the following elements must be present (7):

- An appreciation by governments and NGOs of the strengths, comparative advantages, and roles of the other party;
- Transparent agendas by all parties;
- An environment which supports open and frank discussions between participants;

- A definition of realistic and achievable goals and workplans for the coordinating mechanism;
- Explicit and realistic workplans and expectations for each participating institution;
- Sufficient resources to support both the operation of the coordination mechanism and development activities (to overcome the problem of the creation of high expectations without follow-up action);
- Constant communications;
- Decentralization of the coordinating mechanism;
- Written agreements and regulations about the role and responsibilities of each party;
- Accountability by all parties;
- A sector-specific and broad-based membership.

While recognizing that the benefits of successful government-NGO collaboration will not be realized unless both participants willingly support the dialogue and planning process, PAHO staff and government personnel should view their role as catalytic, with each individual positively promoting the process of solidifying sustainable mechanisms for government-NGO dialogue, analysis, planning, and implementation.

6.4 *Criteria for NGO Collaborative Work*

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

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

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

6.4.1 *Creating a Database*

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

6.4.2 *Establishing Appropriate Selection Criteria*

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

- Are legally registered in their respective countries;
- Have a demonstrated track record in service provision, disaster relief, applied research, community organization, technical and educational assistance, training, and advocacy in the specific areas of national interest (e.g., reproductive health, sexually transmitted disease services, development of appropriate promotional and educational materials);
- Possess qualified staff to carry out the proposed plans of action in priority areas articulated by the government;
- Promote innovative, technically sound approaches to service delivery;

- Consider the special needs of the target population (e.g., migrants, women, adolescents);
- Include members of the target population in the design and delivery of services on their behalf;
- Have viable administrative structures and levels of authority;
- Have possibilities of medium- and longer-term financial solvency.

6.5 *Results from a PAHO-Sponsored Seminar on Government-NGO Collaboration*

On 18-19 March 1996, the first Regional Seminar on Government-NGO Collaboration took place in Washington, D.C. Representatives from the ministries of health and NGOs jointly concurred that collaborations serve one purpose and one purpose only: to produce results that are more likely to be achieved by working together than by working alone. In this case, it was agreed that the result has to be health for all and by all.

With this as a common vision, the following activities were recommended that would serve to enhance the process of building effective partnerships between governments and NGOs and to accelerate a more systematic incorporation of NGOs into health and development programs:

- articulate concrete national priorities and lines of action where NGO expertise and contribution is desirable (e.g., health sector reform; research; health advocacy as a “noble cause”; health promotion and prevention through information, education and communication; strengthening of dynamic community participation; and immunization campaigns);
- choose good conveners who are supportive and flexible with good organizing and interpersonal skills;
- hold effective meetings that involve ministry personnel and NGO representatives and which provide valuable information that leads to making joint recommendations on the national priorities and strategic lines of action where NGO input is sought;
- create geographically-specific and theme-specific networks capable of interacting with government councils at the local, departmental, and national level;

- encourage the systematization of NGO experiences and their subsequent dissemination through joint discussion and analysis;
- explore mechanisms for joint human resource training on innovative, cost-effective, culturally appropriate, and gender-specific strategies that involve alternative means of delivering services to the most vulnerable population groups.

7. Conclusion

An increasing number of Member States have begun to undertake the challenging task of systematically incorporating NGO expertise into their health and human development programming and health sector reform activities, and to call upon PAHO to assist in the process.

The Executive Committee may therefore wish to recommend that the Member States continue to diversify their partnerships by accelerating the process of systematically incorporating NGO expertise into health and human development programming, including health reform activities, wherever it is deemed feasible and appropriate to do so, and by requesting the Director of PAHO to provide assistance in the process.

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