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TECHNICAL COOPERATION IN HEALTH AMONG COUNTRIES IN THE AMERICAS

This document is a progress report on the support that the PAHO/WHO Secretariat has provided for Technical Cooperation among Countries (TCC), as a singular instrument for solidarity, horizontal cooperation, and strengthening of the institutional capacity of the countries to meet their health needs.

The report presents an analysis, from the regional perspective, of the TCC in health supported by PAHO with funds allocated specifically for this purpose and includes the projects proposed by the countries and supported by the Secretariat during the period 1998-2003, classifying them by the areas addressed. Similarly, it reviews the resources allocated during the period, the participating institutions, cooperation modalities, geographical distribution, and project results.

It also tracks progress toward fulfillment of the recommendations that emerged from the last discussions on TCC in the Governing Bodies of PAHO, which took place in 1998. Finally, it discusses some lessons learned in the interim.

The Secretariat seeks to emphasize TCC as an exceptional modality for cooperation in health, whose potential should be made the most of to deal with the new challenges and move swiftly toward the attainment of the Millennium Development Goals.

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Technical Cooperation among Countries (TCC) in PAHO/WHO. Concept and History.

1. The origins of Technical Cooperation in Health among Countries (TCC) as a strategy for accelerating health development through the existing capacity and potential of the countries themselves, lie in the concept of Technical Cooperation among Developing Countries (TCDC).
2. The most significant milestone in the implementation of this concept was the Buenos Aires Plan of Action, signed by 138 States at a meeting sponsored by the United Nations Organization in 1978. Within this Plan, the resolution to promote and implement TCDC as a development strategy was adopted.¹
3. In the Inter-American System, different mechanisms for collective cooperation were set up. The creation of the Inter-American Council for Integral Development (CIDI) in 1996, within the Organization of American States (OAS), and the implementation of horizontal cooperation programs are some examples.
4. Thus, the two multilateral systems of Technical Cooperation among Countries were clearly recognized as instruments for promoting developing countries' capacity to execute and manage activities and projects as an integral part of national, regional, and interregional cooperation programs for their own development.
5. The Mission of the Pan American Health Organization (PAHO) is ...: *“to lead strategic collaborative efforts among the Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of Americas”*². Thus, Technical Cooperation among Countries- TCC³- is a fundamental instrument for the Organization to fulfill its mission.
6. Since its founding, the Pan American Health Organization (PAHO) has promoted sanitary measures for disease prevention in each country and among countries, developing an extensive network of agreements with international institutions and cooperation agencies. In the 1970s, specifically 1977, through Resolution CD25.R28 of the Directing Council, the countries of the Region gave it a mandate on TCDC in health and the goal of establishing and maintaining an effective mechanism for its implementation.

¹ For further details, see Document CSP25/9 *Technical Cooperation among Countries: Panamericanism in the 21st Century*, 15 July 1998, www.paho.org

² Values, Vision, and Mission of PAHO/WHO. Website. Pan American Health Organization/World Health Organization. July 2004.

³ CTP in Spanish.

7. In the 1980s, the Governing Bodies reaffirmed the decision to promote and support TCDC as a mechanism for encouraging the self-sufficiency of the countries, both individually and collectively in the health sector.

8. In September 1998, the Secretariat of PAHO submitted the document *Technical Cooperation among Countries: Panamericanism in the 21st Century* to the 122nd Session of the Executive Committee and the 25th Pan American Sanitary Conference. This document represented an advance in the conceptual development of Technical Cooperation among Countries and constituted a progress report on TCC in the Region to mark the 20th anniversary of the Buenos Aires Plan of Action, adopted in 1978 by the United Nations General Assembly.⁴

9. Under the Strategy for Organizational Change instituted by the Director of PAHO/WHO in 2004, five strategic objectives have been established, among them: “Respond better country needs” and “Foster innovative modalities of Technical Cooperation,” which signal the renewed commitment of the Organization to TCC.

10. This commitment implies “*working in close connection with all the political, technical, and social networks, and mobilizing the resources that are or may become available.*” Thus, PAHO is in a position to “*continue serving Member States, setting forth the goals and most successful strategies to ensure that the unfinished agenda is addressed, that the gains that have been realized are maintained, and that the new challenges are faced.*”⁵

11. Technical Cooperation among Countries constitutes an ideal mechanism and an opportunity to build partnerships and develop networks with different sectors of society to address the determinants of health through concrete actions and consensus-based public policies aimed at attaining the highest possible level of health for all.

Analysis of TCC Projects in the Americas 1998-2003

12. At the request of some Member States, the Secretariat submits to the Governing Bodies an analysis of the TCC projects executed with specific funds from 1998 to December 2003. All the projects analyzed in this report were presented by the countries and endorsed and supported by the Secretariat.

13. It should be noted that a sample of 64 projects, selected from all projects that submitted a final report, was also studied.

⁴ Buenos Aires Plan of Action. The United Nations Conference on Technical Co-operation among Developing Countries Buenos Aires Argentina. 1978.

⁵ Excerpt from *Annual Report of Director–2003: Moving towards a New Century of Health in the Americas*, Pan American Health Organization, Message of the Director, page xiii. This can be accessed at www.paho.org

TCC Projects Supported by PAHO in the Region of the Americas

14. A total of 181 TCC projects were approved in these three biennia. Table 1 shows a clear upward trend in the number of projects approved per biennium. Continuing this trend, 47 projects were received in the first year of the biennium 2004-2005.⁶

Table 1
Projects for Technical Cooperation among Countries (TCC).
Region of the Americas 1998-2003.

Biennium	TCC Projects	TCC Projects with a Final Report	% of Projects with a Final Report (*)
1998-1999	52	5	10%
2000-2001	62	25	40%
2002-2003	67	34	50%
Total	181	64	100%

(*) Percentage of completed projects with final reports.

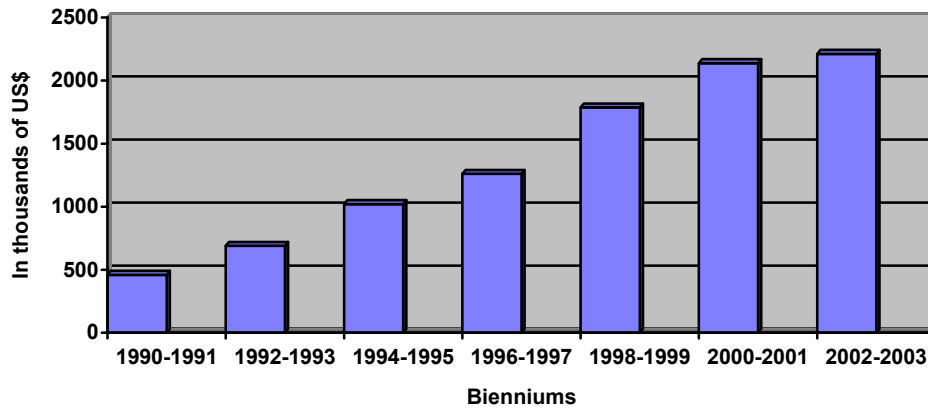
15. As seen in Table 1, the number of projects with a report final has been increasing. Monitoring the commitments made in the Governing Bodies' discussions, the Secretariat added an evaluation component to the project itself; this would consist of at least one (1) joint evaluation meeting or one (1) report on the results obtained from the execution of the project. This requirement explains the growing practice of preparing and presenting the Final Report for the project executed. This practice is consistent with the Secretariat's ongoing and growing efforts to introduce elements to systematize the different cooperation modalities for the adoption of mechanisms that contribute to results-based management.

16. As seen in Figure 1, the trend in the utilization of funds over the past seven biennia has been on the upswing, increasing from US\$ 459,000 in the biennium 1990-1991 to \$2,210,000 in 2002-2003.

⁶ Includes projects approved and projects in the analysis and approval process submitted up to 31 December 2004.

Figure 1

**TCC Project Funds Approved for the Use of the Countries per Biennium,
Region of the Americas 1990-2003**



The purpose of the project *Prevention and Control of STI/HIV/AIDS in Bolivia* was to boost the capacity of Bolivia's national program to respond to the HIV/AIDS epidemic through cooperation with Brazil. The main components of this project were: to develop a comprehensive plan for the care of people living with HIV/AIDS, to improve the Epidemiological Surveillance System, and to strengthen strategic partnerships with civil society for the intensification of prevention efforts.

A variety of institutions were included as co-participants. The project was financed with resources from the UK's Department of the International Development (DFID), a practice in TCC known as triangulation.

TCC's validity as an instrument for tackling new challenges is obvious, making the capacities and achievements of other countries available to the neediest countries for the benefit of their peoples.

TCC Projects by Area of work

17. Generally speaking, the areas addressed by TCC projects reflect the interests, priorities, or problems that the countries are experiencing, as well as the strengths that they can offer the rest of the international community.

18. The TCC projects were classified by area of work⁷, as follows:

- a) **Intersectoral Action and Sustainable Development:** Health and Human Security, Healthy Spaces and Local Development (includes border areas and neighboring countries), Nutrition and Food Security, Food Safety, and Human Ecology and Environmental Health.
- b) **Health Information and Technology:** Research and Knowledge Sharing, Health Information and Analysis, Information and Communication Technology, Essential Medicines, and Clinical Technology and Blood Safety.
- c) **Universal Access to Health Services:** Leadership and Public Health Infrastructure, Social Protection in Health, Health Services Delivery, and Human Resources for Health.
- d) **Disease Control and Risk Management:** Tobacco, Environmental Risk Assessment and Management, Tuberculosis and Emerging Diseases, Malaria and Other Vector-Borne Diseases, Neglected Diseases and Research, Noncommunicable Diseases, and Veterinary Public Health.
- e) **Family and Community Health:** Maternal and Women's Health, Child and Adolescent Health, Education and Social Communication, Mental Health and Substance Abuse, Immunization and Vaccine Development, and AIDS and Sexually Transmitted Infections.

19. For the purposes of this analysis, all projects were grouped under the five categories listed above according to the thematic emphasis in the proposal. However, it should be noted that a sizable number of projects dealt with more than one area. Projects that dealt with topics in two or more areas account for 19% of the total.

⁷ To have a basic criterion for classifying TCC projects executed during the period in question by topic, these were grouped using the categories explicitly indicated in Annex 2, "Description of PAHO's Areas of Work for the Period 2004-2005" in the *Biennial Program Budget Proposal for 2004-2005*. PAHO Document No. 307, September 2003.

Table 2

**Distribution of TCC Projects by Area of Work and Biennium
Region of the Americas, 1998-2003**

Biennium	Intersectoral action and sustainable development	Health information and technology	Universal access to health services	Disease control and risk management	Family and community health	TOTAL
1998-1999	9	12	14	11	6	52
2000-2001	14	8	14	16	10	62
2002-2003	22	10	13	15	7	67
Total	45	30	41	42	23	181
Total (%)	25%	16%	23%	23%	13%	100%

20. As seen in Table 2, out of 181 projects analyzed, the highest proportion of projects corresponded to “Intersectoral Action and Sustainable Development,” accounting for 25% of the total projects, followed by “Disease Control and Risk Management” and “Universal Access to Health Services,” each with 23% of the total projects.

Table 3

**Intersectoral Action and Sustainable Development
Number of Projects per Biennium and Growth in Percentage Points**

Biennium	Intersectoral action and sustainable development	Total areas	Percentage
1998-1999	9	52	17%
2000-2001	14	62	23%
2002-2003	22	67	34%
Total	45	181	25%

21. Table 3 shows that in the area of **Intersectoral Action and Sustainable Development**, project growth per biennium was remarkable. During the period in question the proportion of projects considered in this category doubled, with the greatest number corresponding to Healthy Spaces and Local Development, Human Ecology and Environmental Health, and Nutrition and Food Security.

22. This area by nature involves many actors and sectors at the central and local level. The growing number of projects in this area reveals progress in the social construction of health and the commitment to strengthen the sectoral steering role within the framework of decentralization and increased social participation.

23. Special mention should be made of the increase in TCC proposals for transborder activities, whether from countries from a single subregion or similar areas, under the sub-area of healthy spaces and local development. The number of TCC proposals in transborder regions reveals the countries' shared interest in integration and their recognition of the value of health in development; these proposals are a response to the increase in trade and movement of people, which are very active elements in the growth of integration. This area, moreover, is where the majority of the countries exhibit the greatest lags in physical and social infrastructure and where there are greater problems in access to the benefits of health services development.

24. Some examples of TCC projects in this area are: the *Municipal Development Project*, between Bolivia and Cuba; the *Integrated Project for the Health of Indigenous Peoples*, between Argentina, Bolivia, and Paraguay; and *Migrant Populations and Their Impact on Health*, between Belize, Costa Rica, Guatemala, Nicaragua, Panama, and the Dominican Republic.

25. In **Health Information and Technology**, 30 projects were identified during the three bienniums. One reason for the low representation in this category is that national centers of excellence tend to seek other sources of financing to support their exchanges and collaborative efforts. However, there is still the challenge of implementing the TCC mechanism to accelerate exchanges and promote a common agenda that will permit the optimal participation of these institutions in efforts to address the unfinished agenda, maintain the achievements in public health, and tackle new challenges. Examples in this area include the projects: *Strengthening of Antimicrobial Resistance Monitoring. INEI in Argentina and LCDC in CAN*, between Argentina and Canada; *Educating Health Researchers for the Management, Analysis, and Interpretation of Scientific Works*, between Mexico and Paraguay; and *National Reference Centers, Technology Exchange on Contaminants, Pesticides, Molecular Biology, Chagas' Disease, and Smoking*, between Brazil and Colombia.

26. **Universal Access to Health Services** accounts for 23% of the total projects, with a stable trend, services being a more common topic than health systems. Despite the countries' progress with respect to proposals that guarantee universal access and social protection, there have not yet been enough exchanges with the TCC mechanism to share and apply the lessons learned. The following examples are found in this area: *Elimination of Physical Access Barriers to Public Spaces for Persons with Disabilities*,” between Nicaragua and Peru; *Drug Policy Formulation Management*, between Barbados and Belize; and *Strengthening of Blood Banks*, between El Salvador and Guatemala.

27. **Disease Control and Risk Management** also accounts for 23% of the projects. In this area, greater emphasis has been placed on the issue of malaria and other vector-borne diseases, as seen in the projects: *Surveillance, Control, and Eradication of Chagas' Disease*, between Bolivia and Chile; *Prevention and Control of Malaria and Other Vector-borne Diseases*, between Ecuador and Peru; *Surveillance, Diagnosis, and Treatment of Hemorrhagic Fevers*, between Argentina and Venezuela. Many border projects have their origins in the coordination of disease control activities, subsequently evolving toward comprehensive projects that include health promotion and the active involvement of local governments and other sectors.

28. **Family and Community Health** accounts for 13% of the total projects. Several of the Millennium Development Goals (MDGs) address this area, which poses a special challenge for the priority countries. The Organization can orient TCC to accelerate the achievement of the MDGs, particularly in the priority countries, encouraging solidarity and the successful country focus in the Region. The following examples can be found in this area: *Maternal Health*, between Cuba and Haiti; *Improvement of the Quality of Maternal and Perinatal Care*, between Chile and Uruguay; and *Networks to Address and Prevent Domestic Violence*, between Bolivia and Nicaragua.

Institutions Participating in TCC Projects

29. Given the intergovernmental nature of PAHO and the very concept of TCC, it is obvious that the Secretariat supports projects endorsed by the Ministries of Health of its Member States through their international cooperation offices or agencies, in response the country's TC priorities and foreign policy.

30. The Ministries of Health are always the entity responsible for each of these projects. Notwithstanding this official sectoral function in prioritization, supervision, and coordination, it is the national programs, health facilities, and centers of excellence under the ministries that most often participate substantively in these projects.

31. In the period in question, the trend has been toward diversification of the institutions involved in the execution of TCC, partly because of the rise in the number of projects in the area of intersectoral action and sustainable development. Furthermore, this trend seems to respond to greater recognition of the diversity of national capacity at the different levels to execute projects for cooperation among countries. This, in turn, is a response to decentralization, democratization, social participation, and the diversification of actors and institutions, even at the local level.

32. In an analysis of TCC projects with a final report, it was confirmed that in 35% of the cases, project execution was the exclusive responsibility of the Ministry of Health, while in 64%, the projects were executed through various institutions.

33. Universities and academic research centers had the greatest participation, followed by other ministries - Agriculture, Education, Women's Secretariats. Municipalities were in third place and civil society organizations, including professional organizations, in fourth.

TCC Projects by Cooperation Modality

34. As stated in *Technical Cooperation among Countries: Panamericanism in the 21st Century*, the modalities of TCC are: reciprocity, exchange, and contribution.⁸ It should be borne in mind that these categories are not mutually exclusive, but rather, interrelated and combinable.

35. Reciprocity is understood as cooperation between two or more states that assume commitments, combining efforts and capacities in a complementary manner depending on their areas of greatest progress and technical expertise for mutual benefit. This is the modality that makes it possible to take fullest advantage of TCC's potential. Examples of TCC in which this modality prevails are the projects *Mental Health: Advanced Practice Nursing in the Caribbean*, executed by Dominica, Belize, Guyana, Jamaica, and Trinidad and Tobago; *Networks to Address and Prevent Family Violence*, between Bolivia and Nicaragua; *Development of Environmental Health Programs*, between Brazil and Mexico.

36. The modality of exchange, or cooperativism in cooperation, is grounded in common objectives or goals, facilitating information and technology. Examples of this modality are the TCC projects: *Improvement of Sanitary Conditions in Zarumilla International Canal*, between Ecuador and Peru; *Hydatidosis Prevention and Control along the Brazil-Uruguay Border*, and *Project on Sharing Experiences in the Control of Pesticide Risks*, between Colombia and El Salvador.

⁸ Op. cit, pg. 7.

37. Finally, the modality of contribution includes projects in which technology resources are transferred from one country to another or others, leaving productive capacity that contributes to collective self-sufficiency. This is the prevailing modality in: *Solid Waste Management*, between Haiti and Cuba; *Improving Waiting List Management*, between Canada and Trinidad; *Strengthening the Malaria Entomology Program in Suriname in Collaboration with Brazil*, between Brazil and Suriname.

38. As seen in Table 4, exchange is the predominant modality, accounting for 52% of the total in the first three periods, with contribution in second place, with 34%, and finally, reciprocity, with 14%.

39. Although the Secretariat has made an effort to stress the modalities of exchange and reciprocity over contribution, a great deal obviously remains to be done in this regard. As the priority countries have been incorporated in TCC efforts, the contribution modality has received slightly greater emphasis.

Table 4
Number of TCC Projects per Biennium by Cooperation Modality

Biennium	Cooperation Modality			Total
	Reciprocity	Exchange	Contribution	
1998-1999	6	20	26	52
2000-2001	9	39	14	62
2002-2003	11	35	21	67
Total	26	94	61	181
%	14%	52%	34%	100

40. As to the participation of the priority countries⁹ in dynamic of TCC, it should be noted that 28% of the projects during the period in question included one of the five countries mentioned, showing a marked upward trend.

TCC Projects and the Expression of the Common Interests among Countries

41. Taking geographic and population criteria and the integration processes into account, the analysis of TCC projects in the Region of the Americas reveals an emphasis on technical cooperation among neighboring or bordering countries and cooperation among countries of the same subregion, which in the three bienniums analyzed, accounted for 88% of the projects.

⁹ Bolivia, Haiti, Honduras, Guyana, and Nicaragua.

42. The countries have demonstrated a growing interest in using TCC mechanisms to respond to the cooperation needs emerging from the subregional integration processes, and to promote local development (often, but not exclusively, in border areas, covering areas such as settings in capital cities, for example), or national reference institutions.

43. As mentioned earlier, the majority of TCC projects (88%) originate in the similar needs of neighboring or bordering countries or countries of the same subregion, with the participation of local actors in border areas becoming especially important. These initiatives, moreover, make a particular contribution to dialogue and harmony among peoples. The health sector and intergovernmental agencies facilitate the building of trust in their mediation of the dialogue and definition of the lines of action (via TCC), helping to overcome the conflicts stemming from complex agendas (historical, political, cultural, social, economic) between neighboring peoples.

The project *Institutional Development of the Coordinator of Indigenous Organizations and Peoples of the South American Chaco* was executed by Argentina, Bolivia, and Paraguay. The peoples of the South American Chaco have joined forces to move down the path to development using the health perspective as the principal integrating approach. The Confederation of Indigenous Peoples of the South American Chaco (COPICHAS), with PAHO/WHO assistance, executed a project whose purpose has been to develop and strengthen its institutional capacities for implementing strategies to promote joint efforts in the Chaco territories of Paraguay, Bolivia, and Argentina. The principal components of this project are: To improve communication among the indigenous peoples of the Chaco region; to train local leaders in the management of social projects; and to strengthen capacity in health situation analysis and improve living conditions.

The results obtained include the creation of an organizational infrastructure to maintain more sustained cooperation with COPICHAS and other indigenous organizations.

The South American Chaco region is a territory inhabited by different native ethnic groups, who bear the incontrovertible burden of forgotten rights and who genuinely represent a clear example of the development debts included in what has been called the "unfinished agenda."

Results and Products of the TCC Projects

44. The main contribution mentioned in the project reports is the improvement of national technical capacity to deal with a particular problem.

45. The strengthening of communication among countries, the coordination expressed through joint plans of action, and the signing of agreements are other major achievements.

46. The growing involvement of regional or local entities in TCC makes it possible to broaden opportunities for interchange and enrichment with analogous entities in other countries, going beyond the central or national entities to strengthen capacities at the sub national level. The participation of these local entities in TCC tends to have a more direct and favorable impact on equity in health, due to their nature as agents in service delivery and public policy-making .

47. Another achievement identified that is closely related is the adaptation of models, methodologies, or technologies in a country as a product of the exchange with another, transferring country.

48. Less often mentioned are other achievements, such as the documentation of a process or systematization and publication of documents, sensitization of the authorities, the development of standards, policy-making, situational diagnosis, etc.

49. In practice, all these products reveal the importance of TCC as a political-technical instrument that not only contributes to the solution of a particular problem, but fosters intersectoral coordination, public policy-making, and the dissemination of knowledge and information.

Compliance with the Recommendations

50. *Technical Cooperation among Countries: Panamericanism in the 21st Century* proposed a series of recommendations for PAHO/WHO and other international agencies and the Member States. Below is a brief outline of compliance with these recommendations:

- “Maintain TCC as a key strategy in the 1999-2002 SPO.

The Secretariat has allocated more resources and adopted a mechanisms that make it possible to monitor and evaluate the achievements and scope of the projects during their execution and once they are completed. It developed a training strategy for its managerial staff (PAHO/WHO Representatives in the countries, through orientation sessions and subregional Managers Meetings) and its technical staff (orientation sessions) in the Representative Offices to ensure that they understand the concept of TCC and the requirements for the formulation of projects and the approval of resources.

- “Intensify coordination with the other agencies of the United Nations and Inter-American systems in support of the countries, so that TCC will be a key element in national development strategies” and “Conduct training on the concept, management, and operation of TCC in health for the governments and focal points of the ministries of health in the countries.”

The Secretariat has coordinated with UNDP and the OAS to conduct TCC training activities in the entities in charge of international cooperation in the Ministries of Health of the Central American, Andean, and Southern Cone countries. These activities have been conducted in collaboration with LAES. Similar activities with the Caribbean countries have yet to be developed.

- “Pay particular attention to designating new PAHO/WHO Collaborating Centers as specialized centers for TCC, and promote the optimal utilization of those already so designated.”

The Centers of Excellence, or national reference institutions, have played an important role in TCC projects and have been emphasized in the New Management Strategy.

- “Take advantage of the full potential of modern communication and information technologies (including the Internet) to facilitate the use of TCC in health.”

Although the Secretariat has made attempts to develop and adapt its information systems to comply with this recommendation, much remains to be done. Efforts in this area will be facilitated with the approach adopted by IKM (Information and Knowledge Management), which will require significant efforts and resources.

Lessons Learned

Intrinsic Value of TCC

51. The opportunity to share experiences and take advantage of complementary resources are one of the riches of TCC, for it reaffirms recognition of the existing capacities in the Region and their potential usefulness when put to the service of the larger community of nations.

52. The countries acknowledge that the projects’ main achievement has been the improvement of relations between countries to deal with problems in a coordinated manner.

53. PAHO/WHO is committed to the continued strengthening of TCC as an effective tool for maintaining and reinforcing solidarity and unity among the countries of the Region. TCC is one of the new technical cooperation modalities, figuring prominently with the country approach in the Secretariat's new Management Strategy.

TCC Projects as a Strategy that Impacts Institutional Capacity for National Health Development.

54. National capacity building is recognized by the countries as one of the most important contributions of the TCC projects.

55. Notwithstanding, the long-term vision must be emphasized; TCC projects generally have limited financing and a limited time frame. The exchange established via TCC should be viewed as a first step in a lengthier sustainable process that requires additional financing and time.

56. It would therefore be necessary to set up mechanisms that help the countries clearly define the expected results of TCC, taking into account the long-term impact, including methodologies and procedures for its monitoring and evaluation and its inclusion in bilateral cooperation agendas.

Evaluation, Documentation, and Knowledge Management as a Key Element of TCC

57. Examination of the available reports yields a great wealth of experiences, not only for the participating countries but for others with similar needs. However, the availability of information and the dissemination of existing information are still rather limited.

58. This area requires work to strengthen the mechanisms for systematizing and disseminating the information, thus enabling the countries that request cooperation to have the necessary information and knowledge about the available experiences.