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TECHNICAL COOPERATION AMONG COUNTRIES: PANAMERICANISM IN THE TWENTY-FIRST CENTURY

This document is a progress report on technical cooperation among countries, principally in the current decade, and on the 20th anniversary of the Buenos Aires Plan of Action.

The report consists of a conceptual and operational review of technical cooperation among countries (TCC), beginning with the Buenos Aires Plan of Action (1978) endorsed by the United Nations General Assembly. The report analyzes the history and implementation of TCC in health in the Americas and the Caribbean, as well as its limitations, achievements, and financing. It proposes that political, technical, and administrative support be provided for TCC, which is understood as the strategic participation of all the countries in external cooperation. Also highlighted are the principles of technical cooperation among countries: solidarity, sovereignty, sustainability, and dignity.

The report proposes that the countries use this strategy as one more instrument for reducing equity gaps in health, within the framework of the new international order, taking into account the globalization of the economies and the progress made in Pan American integration. It also promotes the drafting of public policies within and among the countries to consolidate national systems for technical cooperation that will support sustainable development in health on a national and regional scale.

The Director of the Pan American Sanitary Bureau has addressed this topic at the subregional meetings of ministers of health and has actively pursued coordination with the World Health Organization, the United Nations Development Program, the Latin American Economic System, and the Organization of American States. Having presented the report to the Executive Committee, which offered very pertinent observations and suggested improvements, the Secretariat now submits it to the Pan American Sanitary Conference for the Member States to comment on their expectations and recent experiences in this area and on the recommendations of the Secretariat.

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1. Introduction

The countries of the Region of the Americas are currently undergoing a process of change and reform as a result of the new world order, in which economic liberalization, globalization, and rapid communications are the hallmark. In the current reality, social conditions are marked by greater participation and organization, lack of equity in income distribution and service delivery, rapid urbanization, and the aging of the population, and political conditions, by democratization, decentralization, and the crisis in governance. These new circumstances make it both necessary and opportune to revive the spirit and essence of technical cooperation among countries (TCC) as a strategy for spurring development in health, taking advantage of the existing capabilities and potential of the Region.

In this scenario it is very important to rethink conceptual, methodological, and operational aspects to lend greater impetus to the development and implementation of TCC proposals, projects, and activities on an intra- and interregional scale as the twenty-first century approaches.

2. Background

2.1 *TCDC in the United Nations System*

The first historical precedent for technical cooperation among developing countries (TCDC) was set in 1978 by the United Nations General Assembly in the *Buenos Aires Plan of Action for Promoting and Implementing Technical Cooperation among the Developing Countries*. This plan, proposed at the historic time of the most recent wave of decolonization (predominantly in Africa and some parts of Asia and the Caribbean), marked a milestone in the history of external cooperation and became the foundation for the autonomy of the external cooperation of the developing countries.

Although 20 years have passed, the validity and timeliness of the Plan have been confirmed on several occasions. Some of its objectives are:[1]

- to foster the self-reliance of developing countries and find solutions to their development problems, in keeping with their own aspirations, values, and special needs;

[1] UNDP, Special Unit for TCDC, Buenos Aires Plan of Action for Promoting and Implementing Technical Coooperation among Developing Countries. New York, 1994.

- to promote and strengthen collective self-reliance among developing countries through exchanges of experience, the pooling, sharing, and utilization of their technical resources, and the development of their complementary capacities;

- to increase the quantity and enhance the quality of external cooperation and improve the effectiveness of the resources devoted to overall technical cooperation through the pooling of capacities;

- to promote the transfer of appropriate technology and skills so as to strengthen the individual and collective self-reliance of the countries;

- to increase and improve communications among the developing countries, leading to a greater awareness of common problems and wider access to available knowledge and experience in tackling development problems;

- to improve the capacity of the developing countries to absorb and adapt technology and skills in order to meet their specific development needs;

- to respond to the problems and requirements of the least developed, landlocked, island-developing, and most seriously affected countries.

In Resolution 38/201 of 1983, the United Nations General Assembly established the Manuel Pérez Guerrero Trust Fund to support technical and economic cooperation activities among developing countries of the Group of 77. The purpose of the Fund was to finance preinvestment and feasibility studies and to facilitate the execution of economic cooperation projects among developing countries (ECDC), or TCDC.

Resolution 1992/41 of the United Nations Economic and Social Council, ratified by the General Assembly of 1993 in Resolution 48/172, emphasized that all partners in the development process should renew their efforts to make wide use of TCDC as the preferred modality for the formulation and execution of projects and development activities, going beyond the marginal application of this modality.

In 1995 the new orientations for TCDC were formulated and subsequently adopted in Resolution 50/119 of the General Assembly of United Nations. The most relevant of these are:

- support for the formulation of national policies on TCDC;

- strengthening of national centers for the coordination of TCDC;

- better collaboration with specialized centers;

- integration of TCDC with ECDC;
- selection of countries with solid experience in TCDC;
- promotion of triangular cooperation arrangements;
- sharing of positive experiences with TCDC projects.

At the 10th Session of the United Nations High-Level Committee on the Review of TCDC (1997) it was pointed out that, despite the advances in recent years in the promotion of TCDC, it was necessary to contribute to the development of institutional and attitudinal policies and procedures for its complete optimization. To this end, it was recommended that the developing countries incorporate TCDC as a key element in their national development strategies. It was also emphasized that the national agencies and/or focal points for TCDC be given the human and financial resources necessary to operate effectively. Finally, it was suggested that financing for TCDC be substantially increased by the developing countries themselves, as well as the cooperating countries and multilateral agencies.

It was reiterated, moreover, that South-South cooperation should not be considered a substitute for North-South cooperation but rather a complement to it, promoting triangular approaches to support programs and projects in the South-South context. The delegates concluded that opportunities for TCDC have increased to the point where the countries are beginning to develop the management processes characteristic of external cooperation and strategic, innovative, and technological areas of cooperation are increasing.

2.2 *The Inter-American System and Horizontal Cooperation*

The Inter-American System has been generating cooperation mechanisms for the development of its Member States for more than a decade.[2] In 1987 the General Assembly of the Organization of American States (OAS) once again emphasized the priority of horizontal cooperation for contributing to regional solidarity. In 1996 the Inter-American Council for Integral Development (CIDI) commenced operations as a political discussion forum and a system for promoting cooperation among the Member States.

In the 1990s, a number of countries requested the OAS to set up programs for horizontal cooperation, implementing activities with resources from the countries

[2] Organización de los Estados Americanos. Secretaría Ejecutiva para el Desarrollo Integral. *Cooperación solidaria y la cooperación horizontal.* Informe final de la Reunión sobre Cooperación Solidaria y las Agencias Nacionales de Cooperación Internacional de las Américas. Washington, D.C., October 1997.

themselves, as well as the recipient countries and/or donors through specific funds, among them the Argentine Fund for Horizontal Cooperation (1992); the Project to Strengthen the Technical Cooperation of Mexico with Countries in Latin America and the Caribbean (1993); and the Brazilian Cooperation Fund (1995).

The Second Regular Meeting of CIDI (Mexico, 1997) approved programs to combat poverty and discrimination and to promote sustainable development and formulated the Strategic Plan for Partnership in Development 1997-2001. At this meeting there were proposals to promote horizontal cooperation among the Member States.

3. Concept and Principles of TCC

The meeting of experts on TCDC, convened in 1990 by the United Nations Development Program (UNDP), defined TCDC as the execution and management of development activities and projects by institutions of the developing countries, in which they share experiences and mutual technical capabilities and utilize, whenever necessary, advisory services and financial support from external sources, among them the organizations of the United Nations development system. In this regard, TCDC should be considered an integral part of the national, regional, and interregional programs for international technical cooperation.

In the document presented by PAHO at the Interregional Consultation on TCDC Programming in Health, convened by WHO in Jakarta in 1993, it was reaffirmed that, for the Region of the Americas, the term TCDC will be understood as TCC—that is, technical cooperation among countries—whatever the degree of development of the country, consistent with the Organization's historic tradition of Pan Americanism.

The principles of technical cooperation among countries that should be upheld in the proposals prepared by the States with PAHO/WHO cooperation are:

- *Solidarity***.** The principle of brotherhood among countries, whereby two or more join forces to achieve common objectives and goals and/or work together on another's behalf in a horizontal relationship to help meet its development needs and priorities.

- *Sovereignty*. The principle of self-determination of States and mutual cooperation, within the framework of integration among and within countries and regions. Sovereignty implies noninterference in the internal affairs of countries, regardless of their degree of economic, social, and cultural development.

- *Dignity*. The principle that reaffirms the legitimacy and equality of rights and respect for diversity among and within countries, without conditions or

dependency between the cooperating parties. Each country is a donor and at the same time a recipient, depending on its resources and human, political, social, cultural, economic, technical, and scientific potential.

- *Equity*. The principle that governs the relations between States with regard to cooperation, based on impartiality and justice, working in close concert with the countries that are least developed, landlocked, island developing nations, or who face special problems requiring greater effort and resources to spur their human and economic development.

- *Capacity development.* A principle based on domestic development that creates the conditions for strengthening, building confidence in, and exploiting the potential of national capabilities and talents in the countries.

- *Sustainability*. The principle of continuity and self-management, whereby the processes or projects undertaken by the countries within the framework of TCC ensure their permanence over time and their capacity for self-maintenance.

4. Modalities of Technical Cooperation among Countries

TCC is carried out through operational modalities or forms of cooperation that are not mutually exclusive and, as a result, can be combined. Briefly, these modalities or forms are:

- *Reciprocity*. This implies cooperation between two or more States that assume commitments, joining forces in a complementary manner, based on the areas in which they are most advanced and technically proficient, for their mutual benefit.

- *Exchange or joint cooperation.* Under this modality, two or more States decide to cooperate through a project, program, or common enterprise based on common objectives or goals, thereby facilitating information and technology transfer.

- *Contributions***.** The transfer of a country's technology resources to another country or countries, leaving behind installed capacity that contributes to collective self-sufficiency.

5. National Coordinating Entities for TCC/TCDC

The national coordinating entities for TCC/TCDC are the force behind the management of this strategy and play a vitally important role in the establishment of public policies on external cooperation. Administratively, these entities for the most part are under the ministries of foreign affairs or the offices of the president or vice-president of

the countries; in a few cases, they are under the ministries of planning or the treasury. In addition to the long history of international cooperation furnished by the United States of America and Canada through their respective international cooperation agencies, other countries, such as Brazil, Chile, and Colombia, have external cooperation agencies in charge of promoting and coordinating TCC/TCDC. Others, such as Argentina and Mexico, while lacking cooperation agencies, have created funds to finance TCC. Other countries, among them Peru and Venezuela, are exploring the possibility of creating agencies of this type.

In a considerable number of countries, focal points for TCC/TCDC have been designated in each sector. In the health sector, these are frequently under the office of international relations, where this exists.

Articulation between each of these sectoral focal points for TCC/TCDC and the national coordinating entity is still weak in many countries in the Region. With few exceptions (among them Brazil, Cuba, and Mexico), the sectoral focal points for TCC/TCDC tend to be linked with their counterparts in other countries without the necessary articulation with the respective national coordinating entities. This unfortunately reduces the potential of TCC/TCDC as a foreign policy instrument. Furthermore, the national entities that should be coordinating TCC/TCDC do not always maintain the necessary communication with the sectoral focal points, which then lack information on the established agreements, national political interests, and potential sources of financing.

The multiplication of regional and local actors as a result of the national decentralization processes has made even more apparent the need to articulate them in a national external cooperation system or network that takes national political interests and technical cooperation priorities into account. Due to these shortcomings in the development and operation of the system, the lack of continuity among the authorities responsible for TCC/TCDC imposes serious limitations on the operations and monitoring of technical cooperation among countries.

It is important for the Member States to make TCC a State policy in order to safeguard Pan American integration, optimizing their own capabilities and mobilizing national and local talents and resources between the developed and developing countries. This policy has great potential for the implementation of selective development strategies, such as poverty reduction, the promotion of sustainable human development, health promotion and the fostering of equity in health, and science and technology development. National science and technology councils and research centers should be part of this system, since the adverse impact of globalization on research and development financing can be forestalled, at least in part, through TCC/TCDC.

6. The World Health Organization and TCC/TCDC

Through the Buenos Aires Declaration and Plan of Action, WHO has reaffirmed its commitment to promoting TCC/TCDC. At the International Conference on Primary Health Care (Alma-Ata, 1978), the importance of TCC/TCDC in health was recognized, and it was recommended that the countries share and exchange information, experience, and expertise in the development of primary health care. This topic was taken up in several World Health Assemblies and by 1979, 12 resolutions had been adopted in support of TCC/TCDC.[3]

Resolution WHA32.27 of the World Health Assembly of 1979 requested the Director-General to ensure the equitable distribution of budgetary and extrabudgetary resources and to establish focal points to promote TCC/TCDC in the WHO Regional Offices.

The Forty-third World Health Assembly adopted Resolution WHA43.9, which reaffirmed the need to implement TCC/TCDC, establish focal points in the Regional Offices, designate institutions in the Region as Collaborating Centers, and mobilize resources from several sources and among agencies.

Resolution WHA50.27 (1997), on strengthening health systems in the developing countries, reaffirmed Resolutions WHA42.37, WHA43.9, and WHA46.17 on the importance of this strategy as a key element in sanitary development.

WHO supported the execution of the I and II Medium-term Program for TCC/TCDC to promote health for all, in effect during the periods 1984-1989 and 1990-1995, respectively. It also developed the Initial Plan of Action for TCC/TCDC in the period 1990-1991.

In compliance with Resolution WHA50.27, Colombia, as President of the Nonaligned Movement, presented the project “Technical Cooperation among Nonaligned Countries on Health Sector Reform” to the United Nations Development Program (UNDP), which subsequently approved it. This project will establish information exchange among countries on sectoral reform experiences, with technical support from PAHO/WHO.

7. The Pan American Health Organization and TCC

[3] The resolutions were as follows: WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.24, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17, WHA40.30, and WHA41.30.

From its inception PAHO promoted disease prevention measures in and among the countries, establishing a wide range of agreements with international institutions and cooperation agencies.

In fact, the very creation of the Pan American Sanitary Bureau is an expression of TCC. The Pan American Sanitary Code, signed in 1924, established as one of its objects: "The promotion of cooperative measures for the prevention of the introduction and spread of disease into and from the territories of the Signatory Governments." The work of PAHO represents nearly a century of work for the implicit promotion of technical cooperation among countries, geared toward building self-reliance among them to ensure self-sufficiency and development in health, moving beyond the concept of North and South.

The mission of the Pan American Sanitary Bureau reflects this constitutional mandate:

> . . . to cooperate technically with the Member States and to stimulate cooperation among them in order that, while maintaining a healthy environment and charting a course to sustainable human development, the peoples of the Americas may achieve Health for All and by All.[4]

Most of PAHO's technical staff comes from the countries of the Region, and a large proportion have been public servants in their own countries before becoming international public servants, some of them seconded by or on leave without pay from their own governments.

In 1977, Resolution CD25.R28 of the Directing Council of PAHO noted the continued interest of the countries of the Region in TCDC and proposed that coordination between the Organization and the countries in this area be established and maintained.

In 1980, a report was presented to the 27th Directing Council on the progress made in TCDC activities, the criteria applied in the Latin American and Caribbean countries, and the role of PAHO.

The subject was subsequently brought before the Governing Bodies for three consecutive years: 1984 (30th Directing Council), 1985 (31st Directing Council), and 1986 (22nd Pan American Sanitary Conference). The resolutions issued by the Governing Bodies, CD30.R3, CD31.R21, and CSP22.R23, reaffirmed the Organization's commitment to promoting and supporting TCDC as a mechanism to encourage individual

[4] PAHO/WHO. Strategic and Programmatic Orientations. Washington, D.C., 1996.

and collective self-sufficiency in the health sector, while requesting the Director to report periodically to the Governing Bodies on the progress made in this area.

In this regard, PAHO organized and/or participated in a series of events aimed at promoting and stimulating the development of TCC, among them:

- II Meeting of the Special Working Group on TCDC, 1984, Washington, D.C.

- Regional Advisory/Operational Meeting, 1986, Havana, Cuba, with the participation of the national health focal points.

- Internal technical discussions on TCDC (1986 and 1989).

- Interregional Advisory Meeting on the Programming of TCDC in Health, 1993, Jakarta, Indonesia, where the document "Technical Cooperation Among Countries in the Americas," prepared by PAHO, was presented.

The strategic orientations and program priorities (SOPPs) for the quadrennium 1987-1990 clearly indicated the priority that should be assigned to TCC on defining its characteristics.

The SOPPs approved by the Governing Bodies during the quadrennium 1991-1994 established the following goal: "By the end of 1994 the volume of technical cooperation activities for health between countries will have increased, as will the number of solutions of scale to common health problems on the subregional level, as a complement to multilateral technical cooperation for health."

The SPOs for the quadrennium 1995-1998 recognize TCC as a constitutional responsibility and point out that "the enormous potential of TCC for the solution of some of the Region's problems has not been fully realized. . . . PAHO will renew its efforts to sensitize the countries to the importance of this approach and establish mechanisms to systematize and disseminate information about the most successful experiences."

7.1 *The Regional Programs and TCC*

Generally speaking, the regional programs operate in ways ranging from traditional direct technical cooperation, passing through intermediate mixed forms, and ultimately to TCC. The following examples are worth noting:

- During its 20 years of existence, the Expanded Program on Immunization (EPI) has contributed to the strengthening of national institutions, which now cooperate with each other in a division of labor based on technical expertise to achieve the

goals of the EPI. The underlying principles of the EPI Revolving Fund correspond precisely to those of TCC. The countries have developed an additional form of mutual cooperation: the loan of vaccines in emergencies.

- The Program on Emergency Preparedness and Disaster Relief has helped to develop national capabilities that are now frequently mobilized to support the countries in emergencies and catastrophes, even outside the Region of the Americas. Moreover, the maturation of this national expertise is leading to a redefinition of the regional program.

- The Program on Essential Drugs and Technology identifies relevant talent and experiences, mobilizing national resources for the implementation of the regional program agreed to by the countries as a group.

- The Program on Veterinary Public Health, making particular use of the capabilities of PANAFTOSA, has supported the countries of the River Plate Basin, obtaining great success in the eradication of foot-and-mouth disease.

The regional programs generally work in close collaboration with scientific societies, professional associations, and institutions responsible for the training of human resources, which engage in many cooperation activities. Furthermore, the specialized centers of PAHO, nine in all, participate in the regional programs and generally favor the mixed forms of cooperation mentioned above—for example, facilitating the exchange of technical knowledge and experts, sharing information, and conducting multicenter research. All of them are supported in large measure by contributions from the participating governments (in the case of the subregional centers) and the host country.

7.2 *TCC and the PAHO/WHO Collaborating Centers*

The idea of using national institutions for international purposes dates back to the days of the League of Nations, when national laboratories were designated as reference centers for the standardization of biologicals. When WHO was established new reference centers were recognized, and in 1947 the World Influenza Center was created in London for global epidemiological surveillance.[5]

By 1949, the 2nd World Health Assembly had established the policy of not creating international research institutions under WHO auspices, promoting health research instead by supporting and coordinating the activities of existing institutions. All

[5] PAHO/ACHR/97.13. Analysis of Some Successful Experiences: Collaborating Centers in Veterinary Public Health. XXXII ACHIR. Meeting of the Advisory Committee on Health Research of the Pan American Health Organization, 16-18 July 1997. Washington, D.C.

WHO Collaborating Centers have been designated in accordance with that policy, which undoubtedly has improved national participation in regional or global responsibilities.

In this regard, it should be stressed that the Collaborating Centers are part of an interinstitutional collaborative network designed to support WHO's cooperation programs at the national, regional, and global level. TCC has been very important in strengthening these centers and has led to a certain division of labor among them, based on the scientific and technical expertise that they can contribute to the rest of countries in their respective specialties.

The Region of the Americas has 264 Collaborating Centers[6] (20% of the world total), 75% of which are located in the United States and in Canada. These countries, together with Brazil and Argentina, have 86% of the Collaborating Centers in the Region. These Centers, as national entities with recognized expertise, are vitally important for TCC.

7.3 *TCC and the PAHO Country* Programs

The regional mandates issued collectively, together with the national priorities in technical cooperation constitute the parameters for the PAHO cooperation program in each country, which is run basically from the Representative's Office.

There has been a growing trend among the countries to request that part of their national priorities in technical cooperation be met through TCC. This appears to be due to the following factors: improved national capabilities and dissemination of information about them; greater opportunities for information exchange among the national personnel of the countries; and greater mutual confidence among the countries, which are beginning to shift toward a division of labor that recognizes relative development and comparative advantages with a view to collective self-sufficiency. The most recent example is the response to the hantavirus outbreaks in the Southern Cone.

When discussing and formulating PAHO-country cooperation programs, the support for TCC should be spelled out, as should the role of TCC in responding to national priorities for technical cooperation in health.

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[6] *Ibid.*

7.4 TCC and the Subregional Situation

PAHO/WHO has promoted TCC through a variety of mechanisms and approaches, among them the subregional initiatives. The Central American, Caribbean, Andean Area, and Southern Cone health initiatives were launched in the 1980s under agreements between the countries and PAHO to organize cooperation in health in areas of common interest requiring joint activities or in which economies of scale can be obtained.

In the Central American initiative in particular, the joint effort in health had an impact that extended far beyond the sectoral sphere, promoting mutual understanding and peace in the subregion. The actors in technical cooperation in international health changed—first in the subregion, and then in the Region as a whole—with the participation of bilateral European agencies in the financing of many of the projects generated.

It should be emphasized that each of these subregions has had a long history of cooperation, grounded in historical and cultural ties forged prior to their independence—ties that have been strengthened through this same cooperation. Thus, the meetings of ministers of health far predated the launching of the initiatives. More recently, the economic integration processes have constituted an additional incentive for these joint efforts.

The successes achieved are solid testimony to the force of collective efforts among the countries when common interests are identified. However, challenges remain, derived from the need to move beyond the strictly sectoral vision of the integration processes. Monitoring of the integration processes' impact on health must be intensified, together with advocacy to convince the countries of health's contribution to the integration processes.

Apart from these subregional initiatives, the countries of the Region have joined forces in other ways, based on geopolitical, cultural, and economic and/or ecological interests—for example, the Treaty for Amazonian Cooperation and the Association of Caribbean States, to which PAHO has offered advisory services in specific areas of collective interest.

In this context, it is interesting to note that the UNDP has also decided to adopt the subregional approach to strengthen TCDC in the Region of the Americas.

8. Financing of TCC

The financing of TCC should be the responsibility of the developing countries themselves. However, not all of them have a national budget that guarantees implementation of the many bilateral and multilateral cooperation agreements. This

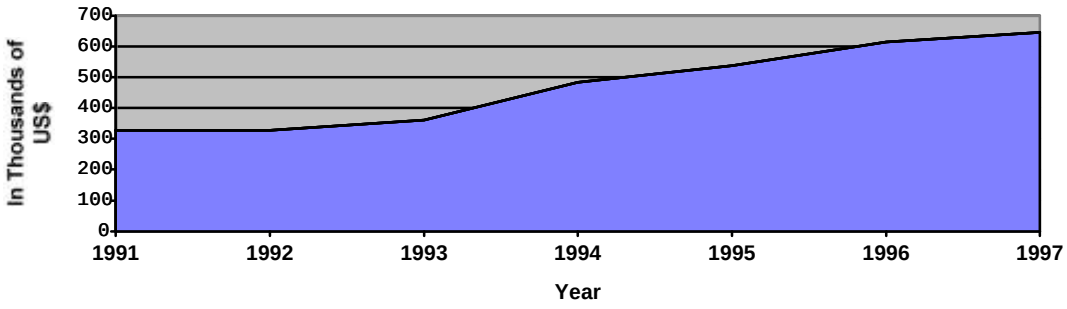
constitutes a serious impediment to the mobilization of resources for TCC, except in the few countries that have special funds for this purpose.

Hence, the mobilization of external cooperation is important. One method is through "triangular" arrangements in TCC in which more developed countries finance cooperation among less developed countries. For example, Belgian cooperation cofinanced Cuba's technical cooperation to Bolivia with respect to arbovirus.

It should be mentioned that the national budgets are the primary source of financing for TCC. National capabilities have obviously been developed thanks to sustained investment in infrastructure and human resources. The national budgets are also the primary source of financing for recurrent expenditures. Thus, the international organizations, including PAHO, participate only as catalysts for TCC.

In the biennium 1988-1989 PAHO established a financing mechanism expressly designed to stimulate TCC. In its proposed budget for that biennium, PAHO for the first time allocated over-the-ceiling funds for the country program budgets in the allotment "Technical Cooperation Among Countries." These funds come from regional resources and, as a result, increase the budget allotment for the countries. Approval of TCC funds is subject to the submission of proposals for cooperation between two or more countries that meet the established criteria. Prior to this measure, PAHO was already financing TCC activities with funds from regional programs or from the countries. As indicated in the table below, the percentage of utilization of TCC funds by the countries has been growing since 1990 (from 11% to 60%).

TCC Funds Approved for Direct Country Use, 1990-1997



Source: PAHO/WHO, Office of the Assistant Director, Biennial Evaluation 1996-1997

Annex A presents information on the PAHO budget corresponding to the bienniums 1996-1997 and 1998-1999. As indicated in the table in the Annex, the total funds directly available to the countries for TCC projects and activities rose by US$ 1 million. This signified a $1 million increase in the funds distributed among the

country budgets, over and above the TCC budget approved earlier by the Governing Bodies.

9. TCC Trends in the Region of the Americas

The most frequent types of TCC activities and projects found in the Americas, some of which have received the catalytic support of PAHO, are presented below. The information for constructing these groupings, based on geographical/population, political, and scientific and technical criteria, is taken from a registry of these activities and projects that PAHO has maintained since 1990, in compliance with its mandate to promote and monitor TCC.

Annex B presents some of the recent experiences in TCC in the Region of the Americas, the majority of which received PAHO support through the specific allotments for TCC.

The criteria for granting resources from specific TCC allotments in response to country requests are listed in the document in Annex C.

9.1 *Technical Cooperation among Neighboring or Bordering Countries*

The purpose of the TCC projects and activities between neighboring and/or bordering countries is usually to meet health needs in border areas. Very often these projects and activities are geared toward the prevention, surveillance, and control of emerging and re-emerging communicable diseases, as well as the development of local health systems. More recently, the "healthy borders" approach has been introduced, and the growing importance of these activities has fostered a WHO initiative called "Healthy Borders." Activities in this area generally focus on local priorities. With the advance of globalization and subregional integration, the number of bilateral agreements has increased, creating the framework for tackling new border health issues. The new topics addressed are environmental health, including the management of shared water basins and regulations governing the movement of people and goods such as drugs and food.

Practically all the countries of the Region have received support from PAHO/WHO for at least one TCC project with one or more of their neighbors during the present decade. These projects include surveillance and control of cholera, hantavirus, foodborne diseases, polio, measles, equine encephalitis, malaria, yellow fever, environmental pollution in border areas, and sister cities. It should also be mentioned that at the subregional meetings of ministers of health of the various integration groups, increasing priority has been give to the topic "Healthy Borders."

9.2 *Technical Cooperation among Countries of the Same Subregion*

The purpose of TCC projects and activities between countries that are nearby but not necessarily bordering on one another can be to exchange information on experiences or establish common systems, sharing innovative processes.

Such activities are generally based on national and subregional priorities, some of them established at the formal meetings of the authorities.

In every subregion and bloc of countries PAHO/WHO has supported projects of this nature. Examples of these activities are the sharing of experiences on health sector reform, the harmonization of drug registration, the training and use of human resources, the accreditation of professionals, the initiative to eliminate *Triatoma infestans*, reproductive health, and the prevention and mitigation of natural disasters.

The bulk of the cooperation among the countries of the Caribbean Basin is of this type and its goals include establishing mechanisms for shared health care services at the third level of care and sharing experiences in areas critical for strengthening the health services.

9.3 *Technical Cooperation among Countries with Common Science and Technology Interests*

This area covers projects among countries, whether or not they are neighbors, in areas of common interest in science and technology, even if these interests are only situational in nature, as well as strategic projects and projects of the "shared risk" type, involving technology transfer and development. With PAHO/WHO support, such projects have become more frequent. Some examples are: research and development for the manufacture of biologicals, especially some vaccines; technology transfer in different areas between national institutes and diagnostic laboratories and laboratories for the production of antigens and reagents, and among national systems for the maintenance of biomedical equipment and the management of scientific information in health.

9.4 *Technical Cooperation among Countries with Medium- and Long-term Contributions of Human and Technology Resources*

This includes TCC projects involving the delivery of specialized services by country experts over relatively extended periods. These projects are usually supported by bilateral agreements. Some projects of this type have been extended or have been under way for more than a year. In these cases PAHO has fostered a human resources education component to ensure the sustained impact of TCC and real development of national capacity.

10. Impact and Constraints in the Implementation of TCC

Some of the TCC projects supported by PAHO have been subjected to qualitative evaluations. The results have been very positive with respect to the degree of satisfaction expressed by the participating countries and institutions. As process and product technologies are transferred, adapted, and reciprocally validated, highly valuable collateral products are generated as well as greater capacity. It may be stated that high among these collateral products is the empowerment of the participating personnel and institutions, which receive positive feedback from their peers and strong incentives to redouble their efforts. Moreover, the bonds of respect, tolerance, and brotherhood are strengthened.

The following are factors that can impede the advance of TCC in the countries of the Region. Some of them are extrasectoral in nature—that is, they are common to other sectors besides health:

- the degree of government knowledge about the country's potential for TCC and its mechanisms;
- consistency and continuity in the political will to promote this strategy;
- the level of confidence in the country's own capacity and that of the other countries to offer and receive cooperation in a two-way process;
- a policy of negotiating and incorporating technologies, favoring turnkey technologies, as a part of complete packages in which there are fewer possibilities for selecting options and alternatives;
- the degree of knowledge about the procedures, preparation, and operationalization of projects and activities imbued with the spirit of TCC;
- the presence and relative weight of health in the definition and identification of national priorities for international technical cooperation from the foreign relations sector;
- poor articulation between the focal points for TCC in health and the national coordinating entity for TCC;
- the turnover rate for staff in charge of external cooperation and TCC;
- inadequate linkage and horizontal communication between the countries of the Region.

Within PAHO, there is undoubtedly room for improving promotion of the strategy, especially in terms of the responsibility of regional and country programs for identifying institutions with TCC capabilities, dissemination of this information, and mobilization of resources. There is a need for greater advocacy among decisionmakers in the countries and multilateral agencies (the United Nations and Inter-American systems) to permit the countries to develop systems for external technical cooperation and obtain the needed support.

11. Recommendations

11.1 *For the Member States*

- Establish State policies on external cooperation in general and TCC in particular that include the development of national systems for external cooperation in health that articulate the various interests and actors, both national and international, and the allocation of specific budgets for TCC.

- Establish simple and effective mechanisms for monitoring and evaluating TCC, including the documentation and publication of the results and experiences in TCC in health.

- Identify TCC as an explicit strategy for implementing bilateral and multilateral agreements, including the coordination of the multilateral and bilateral agencies and the private sector, promoting triangular cooperation arrangements.

11.2 *For PAHO*

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

- 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.

- 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.

- 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.

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

11.3 *For the Agencies*

- Recognize the national capabilities already developed by the Region and ensure that they are reflected in the context and mechanisms mobilized to satisfy national cooperation priorities.

- Apply the new UNDP orientations for TCDC, especially the integration of technical cooperation with economic cooperation. This involves the design and implementation of strategic joint ventures that truly articulate health in development.

12. Conclusions and Outlook

TCC mechanisms will take on ever-greater proportions in technical cooperation in health in the twenty-first century. This assertion is based on an observation of the following factors: the critical mass of cumulative national capacity in health in the Region of the Americas at the aggregate level; the dissemination of information about this capacity; greater mutual confidence among countries to enable them to tackle common problems; and the countries' desire for options (instead of uniform or single proposals). PAHO technical cooperation with each country of the Region, together with its support and incentives to encourage cooperation among them, has contributed in large measure to the situation described.

Despite its limitations, TCC in health is gaining momentum as an external cooperation strategy for the countries, since it respects their sovereignty and self-determination, its content is relevant, and it is relatively inexpensive. In a globalized world in which economic processes tend to blur borders, TCC can foster integration while heightening national identity. Through TCC, experiences are shared that make it possible for alternative technologies to be validated among equals—technologies that up to now have been predominantly related to processes.

Some of the countries in the Region have shown greater progress in developing a national system for external cooperation, while others have established agencies for external cooperation or funds for its financing. This facilitates channeling of the technical cooperation interests of many national actors besides the traditional ones as a result of the decentralization and democratization processes.

The contents of the TCC activities and projects indicate greater reciprocity and less "unidirectional design" in cooperation among countries. Although at first, countries were identified as recipients or donors, there has been a growing awareness that everyone who participates in the implementation of this strategy comes out ahead.

In several countries of the Region the national agency responsible for TCC has been moved out of the ministry of planning or the national planning office to the ministry of foreign affairs. This can be interpreted as reflecting the countries' need to actively insert themselves into the globalization process.

Bibliography

1. Alleyne G and Sotelo JM, PAHO/WHO, Technical Cooperation among the Countries of the Americas, prepared for the Interregional Consultation on the Programming of TCC in Health, Jakarta, 1993.

2. United Nations, Conference on Technical Cooperation among Developing Countries, Buenos Aires, 30 August to 12 September 1978.

3. OMS, Cooperación técnica entre los países en desarrollo con miras al objetivo de la salud para todos, 77.ª sesión del Consejo Ejecutivo, EB77/16, 1986.

4. OMS, El concepto de cooperación técnica de la OPS, DGO/80, 3-5 May 1980.

5. OMS. Informe del Consejo Ejecutivo en su 59.ª reunión sobre el proyecto de presupuesto por programas para 1978-1979, Acta oficial No.238, 1977.

6. OPS/OMS, Cooperación Interpaíses, Seminario-Taller sobre la Instrumentación del Plan de Acción SPT-2000, IMPLAN/7.

7. PAHO/WHO, Technical Cooperation among Developing Countries. XXX Meeting of the Directing Council, Washington DC, September-October 1984.

8. PAHO/WHO, Technical Discussion: Technical Cooperation among Countries (TCC), Washington DC, 1989.

9. PAHO/WHO, Basic Documents of the Pan American Health Organization, Official Document No.240, pp.9-12, 47-52, 1991.

10. OPS/OMS, Informe de la Segunda Reunion del Grupo Especial de Trabajo en CTPD de la OPS/OMS, Washington DC, 30 April-11 May 1984.

11. OPS/OMS, Informe del Subcomité de Planificación y Programación del Comité Ejecutivo. Lineamientos para la promoción de la CTPD/CEPD en el sector salud con colaboración de la OPS, 92.ª reunión del Comité Ejecutivo, June 1984.

12. PNUD, Decisiones mayores sobre la CTPD adoptadas en 1992-1993, dependencia Especial para CTPD.

13. PNUD, Nuevas orientaciones de la cooperación técnica entre los países en desarrollo, August 1996.

Annexes

TCC PROGRAM BUDGET

UNIT	APPROVED BUDGET		DIFFERENCE	AVAILABLE 1998
	1996-1997	1998-1999	1996-1997 vs. 1998-1999	
ARG	150,600	165,600	15,000	78,700
BAH	22,800	97,800	75,000	46,500
BLZ	80,500	115,500	35,000	54,900
BOL	87,100	132,100	45,000	62,700
BRA	144,000	169,000	25,000	80,300
CAR	431,400	431,400	-	204,900
CHI	26,300	86,300	60,000	41,000
COL	100,600	125,600	25,000	59,700
COR	60,200	100,200	40,000	47,600
CUB	70,900	165,900	95,000	78,800
DOR	72,200	107,200	35,000	50,900
ECU	67,700	107,700	40,000	51,200
ELS	60,200	110,200	50,000	52,300
GUT	133,000	148,000	15,000	70,300
GUY	57,300	117,300	60,000	55,700
HAI	189,400	204,400	15,000	97,100
HON	37,600	97,600	60,000	46,400
JAM	94,800	119,800	25,000	56,900
MEX	140,400	155,400	15,000	73,800
NIC	165,800	180,800	15,000	85,900
PAN	53,600	93,600	40,000	44,500
PAR	62,100	102,100	40,000	48,500
PER	130,600	145,600	15,000	69,200
SUR	26,300	81,300	55,000	38,600
TRT	67,400	112,400	45,000	53,400
URU	49,600	94,600	45,000	44,900
VEN	122,300	137,300	15,000	65,200
AD	296,400	296,400	-	140,800
TOTALS	**3,001,100**	**4,001,100**	**1,000,000**	**1,900,700**

TECHNICAL COOPERATION AMONG COUNTRIES: SOME OF THE EXPERIENCES IN THE REGION OF THE AMERICAS

Cuba/United States of America

The epidemic neuropathy that took place in Cuba beginning in the second half of 1991 and that by 1994 had affected over 50,000 people required a multidisciplinary investigation to ascertain its causes. PAHO induced and coordinated international cooperation efforts to study the etiology and pathogenesis of the epidemics. Scientists from the NIH and CDCP of the United States worked jointly with scientists and health workers from Cuba to design and carry out a comprehensive and exhaustive research that included clinical, epidemiological, nutritional, toxicological, and virus isolation studies, in order to determine causal factors of this puzzling epidemic that produced visual loss in many of the patients. In 1994 an international conference was convened in Cuba in which the results of the investigation were presented. The information derived from the study was very rapidly translated into measures to control the epidemics by the Cuban Government.

Argentina/Bolivia/Chile/Mexico/Paraguay/Peru/Uruguay

After the outbreak of hantavirus that took place in Chile in bordering areas with Argentina, several countries in the Region decided to improve joint actions to control transmission of hantavirus by strengthening the capabilities for laboratory diagnosis and for investigation and control of outbreaks. Since most countries in the middle of the Region, closer to the United States, could rely on the support offered by the CDCP, countries in the Southern Cone agreed to make use of the capability developed by Argentina in the *Administración Nacional de Laboratorios e Institutos de Salud (ANLIS)*. Mexico, which also has a recognized capacity in this field, also participated in this project, in order to undertake the support to other countries closer to it. In April 1998, the Second International Meeting on Hantavirus took place in Buenos Aires; during the meeting it was concluded that all the commitments assumed by the countries in the previous meeting had been satisfactorily developed regarding epidemiological surveillance, clinical and laboratory diagnosis, biosafety, control measures, and outbreak investigation.

Brazil/Paraguay

After having evaluated very satisfactorily the joint program on rabies control agreed upon in 1996 and carried out during 1997, Brazil and Paraguay decided to expand their cooperation to include other areas such as treatment of bites from venomous animals

(including the supply of antivenin for snakebites) and prevention and control of leptospirosis and leishmaniasis. Besides the technology transfer, Brazil has provided a sizeable contribution in kind (rabies vaccine and antivenin for snakebites).

Colombia/Venezuela

During 1996 an epidemic of equine encephalitis developed in Venezuela and subsequently spread to Colombia. In order to prevent new outbreaks and epidemics, both countries agreed to carry out a project to increase the ability of the veterinarians and doctors to diagnose it and to implement control measures; to identify the geographical areas of increased risk; and to develop a joint plan for surveillance and prevention of the disease. Several joint workshops took place, as well as other training activities to strengthen the capabilities in laboratory diagnosis.

Honduras/Panama/Dominican Republic

In June 1996 a meeting of the National Directors of Mental Health of the Region was held in Panama to review progress in the implementation of the Declaration of Caracas (1990) on restructuring psychiatric care, whose aim was to promote comprehensive community-based care that is decentralized, participatory, ongoing, and preventive in nature. As a result of the meeting, several countries of the Region decided to work together to provide mutual support. Panama and Honduras have been organizing visits to share experiences, establishing training programs for psychiatric residents to enable them to learn about the programs already under way in Panama. The Dominican Republic is interested in cooperating with Panama and Honduras in the field of mental health.

El Salvador/Honduras and Costa Rica/Nicaragua

Countries are increasingly working together in health across borders. What started as a proposal for the obvious need to coordinate some actions, such as rabies control, immunization campaigns and exchange of information for cholera control, has developed into a more embracing proposal for access to health services across borders.

Belize/Guatemala

These two countries have decided to work together for rabies prevention and control in border areas.

Cuba/Nicaragua

The need to develop the National Diagnostic and Reference Center had long been identified by the Nicaraguan authorities. After the leptospirosis outbreak that took place in 1996, this need became more pressing. Cuba has been providing technical cooperation to Nicaragua for several years to strengthen the *Centro Nacional de Diagnóstico y Referencia*. A number of Cuban experts have visited Nicaragua to carry out training activities and technology transfer in laboratory diagnosis.

Sister Cities across Borders

Along several of the boundaries in the Region, cities are paired at each side. Besides sharing a common ecology, populations share a special "border culture" that frequently makes them have more in common with the city across the border than with any other community in the country itself. This is the basis for a set of projects of paired or sister cities, such as those on the US/Mexico border, Tacna and Arica on the Peru/Chile border, and many others.

Bolivia/Mexico

A large number of births in Bolivia and Mexico are attended by traditional midwives. PAHO promoted a technical cooperation project between the two countries to share experiences on working with traditional birth attendants and encourage more effective and appropriate action by the national reproductive health programs. The project was successfully carried out, and both ministries of health produced a publication to disseminate the results.

Ecuador/Peru

After the Ecuador–Peru war, there was renewed interest on the part of the health authorities in both countries to continue the cooperation in health across borders. This was also viewed as an opportunity for bridging the differences between the countries and for the health sector to help build a durable peace. PAHO supported a consultancy to develop a health intervention project in the border area. This project is currently being carried out. Recently both health ministers met in a border city and agreed to make health a prominent issue on the agenda for peace negotiations among both countries.

Eastern Caribbean Countries

The Caribbean islands have a long tradition of cooperation in health. In the area if essential drugs purchasing, they established a formal agreement for joint procurements, in order to lower costs. Given the success of this project an arrangement for sharing services for biomedical equipment maintenance is being explored. The countries have also discussed the mechanisms for establishing shared services for tertiary health care (specialties such as radiology, ophthalmology, neurology, and dermatology). Measures for referral and payment of these services are still to be devised.

Canada and Several Caribbean Countries

The PAHO/WHO Collaborating Center on Clinical and Administrative Nursing located in Mount Sinai Hospital in Toronto has been providing consultancies to several English-speaking Caribbean countries in order to improve staffing patterns in the area of nursing that would allow them to match human resources with staff needs.

Jamaica/Suriname

Both countries have cooperated to strengthen the nursing services in the Paramaribo Academic Hospital through training opportunities for nurses from Suriname at the Kingston Public Hospital in Jamaica.

Guyana/Trinidad and Tobago

Following resolutions of the Caribbean ministers of health on the subject of shared services, Guyana and Trinidad and Tobago established an agreement to allow Guyanese citizens to receive specialized health care in Trinidad.

CRITERIA FOR THE USE OF PAHO TCC FUNDS

PAHO TCC funds may be used for the following purposes:

- to formulate a TCC project;
- to fund activities within a TCC project.

The use of TCC funds can be authorized only by the Director. Although the general areas will have been approved in the BPB, the Director must see the specific project proposals that will be submitted to him through the office of the Assistant Director. The approval will be facilitated if the "projects" have the following characteristics.

- Background and justification: including the agreement legal or otherwise between countries indicating their willingness to cooperate.
- Purpose: specifically what the project is intended to achieve and an indicator of that achievement.
- Expected results: the expected outputs of the cooperation and their indicators of achievement.
- Activities: these will fall under one or several of the functional approaches of technical cooperation. This section must show clearly the country contributions.
- Budget: this must show clearly the contribution from the countries and that from PAHO.

Note: No new detailed proposals will be required for changes in specific activities within projects already under way.

- Proposals which fit within a larger program will take precedence over proposals which seek to apply the scarce PAHO resources to single isolated activities of limited impact.
- The project proposals do not need to be elaborate documents, but PAHO must be precise and responsible with this form of technical cooperation as with any other.
- If there is adequate justification, the Director is prepared to authorize the use of TCC funds for the promotional aspects of TCC, which may include funding meetings or preparatory missions to prepare specific TCC proposals.