



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 136th SESSION OF THE EXECUTIVE COMMITTEE

*Buenos Aires., Argentina, 20-24 June 2005*

*Provisional Agenda Item 4.9*

CE136/18 (Eng.)

5 May 2005

ORIGINAL: SPANISH

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

The Country-focused Technical Cooperation Strategy (CTCS) defines the strategic agenda of PAHO/WHO for a particular country, seeking the maximum effectiveness and impact from its actions in terms of national health development (NHD) needs in the medium term. A country's NHD is the economic, social, political, cultural, and health process that determines the health and living conditions of the population, as well as the state and social possibilities and interventions for changing and improving these conditions. It is this substrate of the health situation and the institutional and organizational characteristics of the country that is the target of international cooperation in health.

The main objective of the CTCS is to make progress in NHD. However, CTCS also enables each country to exercise greater influence on the process of improving public health at the subregional, regional, and global level. The CTCS should reflect the country perspective in all political, technical, and managerial aspects of the Organization's action.

It has therefore been decided to adapt the country cooperation strategy instrument (CCS), generated by WHO, to the characteristics of the Region and to apply it as a valuable tool for the medium-term strategic orientation of technical cooperation in each country, taking the NHD process as the object of analysis and the center of its action. The CCS is a methodology for characterizing the NHD process and the progress it has made and at the same time is an instrument for programming medium-term cooperation with a view to influencing this process.

This document presents a series of considerations essential to the application of the concepts of country-focused technical cooperation and national health development and to the practice of PAHO/WHO technical cooperation: its principles, programmatic expressions, and contents, within the framework of the Millennium Development Goals.

The Executive Committee is requested to offer comments, observations, and orientations regarding this framework for action, which seeks to coordinate strategic management of the CTCS with NHD processes. It is also requested to make suggestions about incorporating this approach in the methodology for developing the medium-term strategy for cooperation with each country (CCS) and the PAHO/WHO program budget for the period 2006-2007.

## CONTENTS

|   | <i>Page</i> |
|---|-------------|
| Introduction.....   | 3           |
| Country-focused Technical Cooperation .....   | 3           |
| The National Health Development Process .....   | 6           |
| Technical Cooperation for National Health Development .....   | 10          |
| The Challenges of Country-focused Technical Cooperation in Terms of the<br>Alignment and Harmonization of International Cooperation in Health. .... | 11          |
| Contents of Country-focused Technical Cooperation for National Health<br>Development.....   | 13          |
| Programmatic and Managerial Consequences for Country-focused Technical<br>Cooperation in Terms of National Health Development .....                 | 15          |
| Action by the Executive Committee.....  | 17          |

## **Introduction**

1. One of the most timely and important issues for the Pan American Health Organization/World Health Organization is how to maximize the efficiency and impact of technical cooperation in and with the countries<sup>1</sup>. WHO has developed a methodology for defining strategic cooperation centered on the needs and demands of the countries, which it calls the “Country Focus.” PAHO/WHO has therefore concluded that since the countries are its focus, it should respond as effectively as possible to both specific country needs and global and regional mandates aimed at addressing health problems and the Region’s enormous gaps in equity and social inclusion in health. It has therefore decided to adapt the country cooperation strategy (CCS) instrument to the characteristics of the Region and to apply it as a valuable tool for the medium-term strategic orientation of country-focused technical cooperation, using the NHD process as the object of analysis and center of its action.

## **Country-focused Technical Cooperation**

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

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

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

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

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

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

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

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

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

9. All this calls for continuous analysis and consensus-building with the countries on national needs and priorities, as well as optimization of the national and international potential for cooperation in national health development through joint formulation of the PAHO/WHO medium-term strategy for cooperation with each country (*Country Cooperation Strategy, CCS*).

10. The Country Cooperation Strategy (CCS) is a methodology proposed by WHO within the framework of the Country Focus Initiative, which makes it possible to construct a medium-term vision (4-6 years) for the action of Organization as a whole with each Member State, providing a strategic framework for the joint effort. The goal is to fashion an integrated cooperation proposal that, consistent with the NHD concept and objectives, responds to the policies and needs of each country within the context of the

collective agreements, making possible the development of a single strategy and a single budget. The CCS is an exercise in strategic analysis conducted through a dialogue with the country and bringing other actors and partners into the process. It attempts to strike a reasonable balance between national priorities, as visualized by the Organization, and regional and global orientations and strategies.

11. The CCS has a dual role. While it is a methodology for strategically characterizing the NHD process, evaluating its progress and identifying its successes and problems, it is also a strategic programming instrument for technical cooperation in the medium term. For this it relies on other instruments and methodologies developed by the Organization for technical cooperation, some of the most important of which are listed in the box below:

**Instruments Created by WHO of Use for Implementation of the CCS**

- Health Sector Analysis
- Core Health Data Initiative
- Evaluation of the performance of the Essential Public Health Functions
- Health system profiles and monitoring of sectoral reform processes
- Evaluation of the steering role of the National Health Authority
- Observatory of Human Resources
- Characterization of Social Exclusion in Health

12. Every CCS exercise consists of the following stages:

- Preparation of the exercise, coordination with the national authorities, naming of the team, convening of the participants, exhaustive literature review;
- Prospective and participatory strategic analysis of national health development in the country, including an analysis of the situation, international health cooperation, and PAHO/WHO cooperation;
- Concerted definition of the strategy and contents of PAHO/WHO technical cooperation with the country in the medium term; and
- Shared identification of the political, technical, and administrative implications for the organization and management of PAHO/WHO technical cooperation with the country.

13. Thus, the CCS is the obligatory framework for analyzing and defining the areas and modalities in which PAHO/WHO should work in a country, for planning and allocating the resources of the entire Organization, for mobilizing other national and external resources to add value to NHD initiatives, and for building national institutional capacity to carry them out. The CCS therefore takes into account other processes and

interventions important for international cooperation with the country, such as strategies for poverty-reduction (PRSP) and the harmonization, alignment, and coordination of cooperation, the formulation of sector-wide approaches (SWAps), and the coordination exercises of the United Nations system (CCA-UNDAF).

14. At the political level, application of the CCS offers an opportunity to improve dialogue and assist national governments in strengthening the regulatory function of all health actors on a national scale. It can help achieve greater intersectoral action and social participation as a basic element for strengthening shared management and social networks. It also facilitates coordination among all the agencies providing technical cooperation in health in the country, permitting movement toward the definition of common goals and agendas.

15. At the country level, the TC resulting from the CCS exercise will make it possible to strengthen the promotion of NHD by focusing TC on the country's needs and demonstrating how health can contribute to change in the medium and long term, ensuring the sustainable development of the country. This implies the strengthening of national capacity, improving the performance of health system functions (steering role, financing, insurance, and health care delivery) connected with the essential public health functions. It also contributes to the promotion of promote quality in sectoral and intersectoral planning and the development of policies and strategies for integrating and regulating the different sectors of the health systems (public, private, and social security).

16. Internally, by reorienting technical cooperation toward the countries' needs, the CCS demands the review and redistribution of the technical, human, and financial resources of the entire Organization. It makes it possible to orient work in the Representative Offices, establishing a development plan for them aimed at filling in the gaps in infrastructure, information, and communication, thus strengthening the capacity of the team, developing the necessary competencies for effective cooperation, and contributing to the decentralization of the Organization's functions and financial resources.

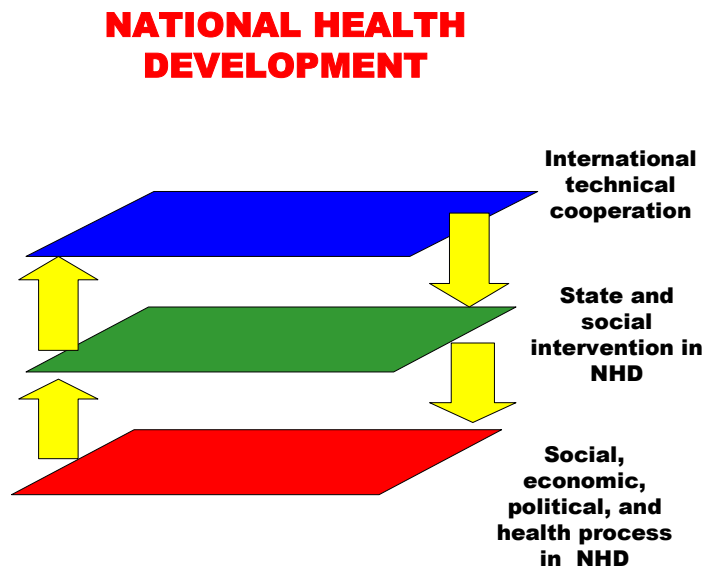
### **The National Health Development Process**

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

18. This complexity is expressed in three interactive and mutually determined planes (see Figure 1):

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

Figure 1

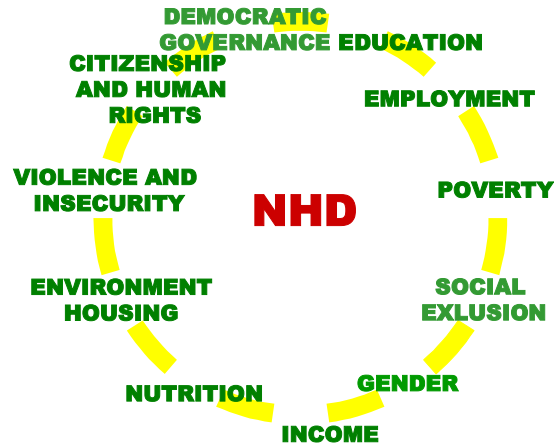


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19. The first plane of the NHD is where the health and living conditions of the population are defined, expressed in the level, structure, and trend of the health situation. This plane reflects the action and impact of health determinants, as seen in Figure 2, below:

Figure 2

## HEALTH DETERMINANTS



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20. The second plane is where state and social interventions in health are found:
- *The policies, priorities, strategies, and interventions* for improving the health of the population.<sup>2</sup> Note the multisectoral nature of this plane in response to the complex determinants of health. Figure 3, below, illustrates this condition.

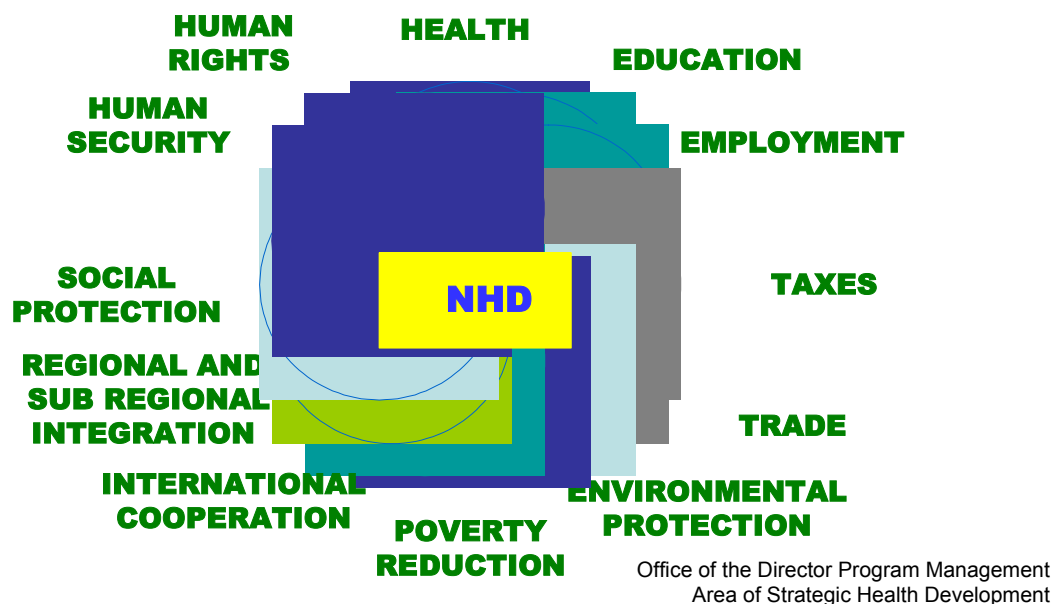
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<sup>2</sup> This is the plane of the important predecessor of the NHD concept that WHO was to develop in the years immediately preceding the Alma-Ata Conference, as one of the instruments developed for the implementation of the Primary Health Care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



Figure 3

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



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

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

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

23. The purpose of technical cooperation is to accelerate NHD in each country, as a member of the international community, creating conditions and interventions to effect a positive change in the health determinants and health status of the population, promote sustainable development of the health systems, and promote health and make it part of national development agendas—all this to ensure that populations attain optimal levels of health that will enable them to reach their maximum potential and enjoy the highest possible quality of life.

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

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

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

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

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

promoted in diverse international conferences, manifest the collective will to govern health in a multidimensional manner.

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

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

28. International development cooperation faces numerous challenges.
29. From the cooperation supply side:
- Lack of continuity in global development investment priorities.
  - Many agencies, with diverse mechanisms, conditionalities, and procedures and lack of coordination thereof;
  - Unpredictability of financial disbursements;
  - Lack of coordination between official development assistance and new global initiatives;
  - Fragmented global initiatives that do not facilitate improvements in national systems for the harmonization of international cooperation;

- Ineffectiveness of international cooperation for national capacity building.
30. From the demand side (the beneficiary countries):
- Ineffective leadership and limited “ownership” of the initiatives;
  - Limited institutional capacity to implement public policies and health plans;
  - Failure to harmonize macroeconomic and social policies and conflict between them;
  - Little cumulative experience in planning and managing initiatives and projects, exacerbated by difficulties in retaining trained personnel;
  - Limited resources and chronic underfinancing of public health systems<sup>3</sup>.□.
31. Valuable activities are under way in the Region (Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, and Peru, among others) that are yielding important lessons, which were analyzed in a recent workshop in Nicaragua on the harmonization and coordination of international cooperation. Some of these countries are participating in the process for increasing the effectiveness of international cooperation, promoted by the OECD and the agreements of the Declaration of Rome and the recent High-level Forum in Paris.
32. Based on these experiences, with a strengthened steering role and institutional capacity the linchpin for the management of international cooperation for the benefit of each country, an effective CTCS for NHD should contribute to the development and strengthening of a series of national conditions and capacities, such as:
- “Ownership” of the Millennium Development Goals and alignment of public policies with them.
  - Formulation of health development plans and health objectives to guide the alignment and harmonization of international cooperation with national priorities.
  - Improvement of the overall capacity to manage international development cooperation, effectively and flexibly employing sector-wide approaches (SWAps).
  - Participation with the economic sectors in HIPC initiatives and the PRSP processes to capitalize investments in health development.

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

- Active and effective participation in the formulation of the CAC–UNDAF, and in the interagency coordination of the United Nations system and the Inter-American System.
- Knowing and taking advantage of the benefits derived from the World Bank Comprehensive Development Framework.
- Coordination with key actors in international cooperation (bilateral, multilateral, NGOs, and private sector).

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

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

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

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

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

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

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

- Health situation and trend analysis: basic health indicators;

- Health sector analysis, health system profiles, and evaluation of sectoral reform processes;
- Evaluation of the performance of the Essential Public Health Functions;
- Effective use of institutional networks;
- Research in public health and health policies and systems;
- Various initiatives and platforms for information dissemination, knowledge management, and training in health.

***Development and Strengthening of Health Systems;***

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

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

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

- Management and development of human resources in the sector;

### **Programmatic and Managerial Consequences for Country-focused Technical Cooperation in Terms of National Health Development**

38. The definition and adoption of the technical cooperation strategy (through the CCS exercise) with each of the countries of the Region seeks to identify specific aspects of the NHD process that PAHO/WHO technical cooperation can influence to facilitate rapid, sustainable progress. To date, seven CCS exercises have been carried out, some of most salient features of which are summarized in the table below. An exhaustive analysis of this experience is currently under way, with a view to developing a definitive methodology for the CCS exercises in all the countries of the Region, which should be concluded by the end of the next biennium.

#### **Experiences with the CCS in the Region of the Americas**

| <b>Countries/Regions where the CCS has been carried out</b> | <b>Date the process began</b> | <b>Main components of the resulting agenda</b>   |
|---|-------------------------------|--|
| VENEZUELA   | Second semester 2001          | <ul style="list-style-type: none"> <li>• Health in human development</li> <li>• Health systems and services development</li> <li>• Disease prevention and control</li> <li>• Promotion of the quality of life and health</li> <li>• Environmental protection</li> <li>• Cooperation in health and social development</li> </ul>  |
| GUYANA  | March 2003                    | <ul style="list-style-type: none"> <li>• Prevention, control, and reduction of communicable diseases</li> <li>• Prevention and control of noncommunicable diseases</li> <li>• Healthy growth and development</li> <li>• Health promotion and promotion of healthy lifestyles and settings</li> <li>• Universal access to integrated health systems</li> <li>• Disaster prevention and response management</li> </ul> |
| COSTA RICA  | July 2003                     | <ul style="list-style-type: none"> <li>• Reduction of exclusion and inequities in health</li> <li>• Policies and steering role in health</li> <li>• Health care financing</li> <li>• Health services network</li> <li>• Water and sanitation</li> </ul>  |

| <b>Countries/Regions where the CCS has been carried out</b> | <b>Date the process began</b> | <b>Main components of the resulting agenda</b>  |
|---|-------------------------------|---|
| BOLIVIA   | August 2003                   | <ul style="list-style-type: none"> <li>• Improving national health system performance</li> <li>• Maternal and child health</li> <li>• Integrated health care throughout the life cycle</li> <li>• Disease prevention and control</li> <li>• Environmental health and disaster preparedness</li> <li>• Management of scientific knowledge</li> <li>• Strategic partnerships and country-focused cooperation</li> </ul>   |
| MEXICO  | December 2003                 | <ul style="list-style-type: none"> <li>• Fight to reduce inequalities in health</li> <li>• Promotion of healthy settings</li> <li>• Health, borders, migration, and globalization</li> <li>• Family and community health</li> <li>• Steering role, quality of care, and improvement of health system performance.</li> </ul>  |
| NICARAGUA   | April 2004                    | <ul style="list-style-type: none"> <li>• Management of health information and intelligence</li> <li>• Action on health and disease determinants</li> <li>• Equity and social inclusion in health</li> <li>• Health for All and the strengthening of Primary Health Care.</li> </ul>   |
| EASTERN CARIBBEAN   | April 2004                    | <ul style="list-style-type: none"> <li>• Health systems that ensure equitable access and quality services</li> <li>• Strengthening of leadership in Public Health, promotion of well-being, and reduction of inequities in health</li> <li>• Reduction of mortality, morbidity, and disability in priority areas</li> <li>• Reduction of risk factors from economic and environmental causes</li> <li>• Effective and timely response to the specific needs of the countries</li> </ul> |

39. In all cases, as determined by the very nature of the CCS, the exercise implies consultation and strategic dialogue with a wide range of national actors (government, public agencies, civil society, universities) and international cooperation partners.

40. The system for the planning and programming of technical cooperation has changed, in terms of the elements and sequence of its cycle and its frameworks, to ensure timely adequate inclusion of the country perspective and efforts to meet the challenges mentioned above.:



- New Work Areas have been established that emphasize cooperation for strengthening the leadership and coordination of the countries, as well as the PAHO/WHO presence in the countries.
- The programming sequence for the biennium 2006-2007 has been modified to ensure that country program proposals are studied by the regional level and constitute a basic input for the programming of the Regional level.
- As mentioned earlier, in 2005 the CCS that have already been executed will be analyzed to provide feedback for the programming and address common cross-sectional issues to optimize support from the regional and global level, especially for the priority countries.

41. The issue of PAHO/WHO's presence in each country and the development of the Representative Offices is an area of institutional development that is essential for a better response to the challenges of the NHD process mentioned above. PAHO/WHO's presence in the countries—one of its major comparative advantages— should involve the capacity to guide the Secretariat's response, mobilizing and coordinating support from the global and subregional level or from other countries in this or other regions. It is therefore necessary to adapt the work of the aforementioned levels to the specific characteristics of the process in each country.

42. This is especially necessary for the priority countries identified in the Strategic Plan 2003-2007, whose NHD processes are more vulnerable or face greater threats to their progress and sustainability.

43. For this reason, the Secretariat has begun to conduct CCS exercises in the priority countries, giving special consideration to the challenges posed by the harmonization of international cooperation, the scope of the Millennium Development Goals, and the strengthening of the health systems.

#### **Action by the Executive Committee**

44. The Executive Committee is requested to offer its comments and observations on this framework for action aimed at coordinating strategic management of the CTCS with NHD processes. It is also requested to issue suggestions regarding the incorporation of this approach in the CCS methodology that will be implemented in the coming years and the PAHO/WHO technical cooperation program budget for the period 2006-2007.