

RITCH SERIES
Technical Report PAHO/DAP/96.4.24
Original : English/Spanish

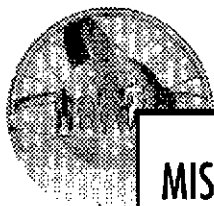
RETHINKING INTERNATIONAL TECHNICAL COOPERATION IN HEALTH

Final Report of a Seminar held 27-29 November 1995



Office of Analysis and Strategic Planning
Pan American Health Organization
World Health Organization
May 1996





MISSION OF THE PAN AMERICAN SANITARY BUREAU

The Pan American Sanitary Bureau is the Secretariat of the Pan American Health Organization (PAHO), an international agency specializing in health. Its mission is to cooperate technically with the Member Countries 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.

This document is the product of an international seminar supported by the Carnegie Corporation that brought together authorities of various agencies and representatives of countries to rethink the concept of international technical cooperation in health. The Seminar demonstrated the resources that can be mobilized in all areas of the world as a part of technical cooperation.

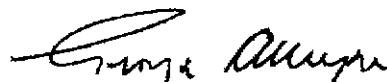
Technical cooperation is the primary product of the Pan American Health Organization's work. Its content is based essentially on the needs of the Member States and is consolidated in the Strategic and Programmatic Orientations of the Organization that they have set.

Although there is no single definition of technical cooperation in health that is accepted by all external sources, for PAHO it is the expression of the work that two or more parties carry out jointly in order to reach specific objectives. This process requires not only mutual agreement but also organization, planning, and financing and a political involvement, in order to be optimally productive.

Although cooperation, support and collaboration are not new concepts or practices, the notion that an organization, a country or a group of countries can systematically direct their efforts to help others, is relatively recent. Technical cooperation occurs in a social, economic and political environment which is in process of constant evolution and change, and is subject to the influence of the approaches taken to the development process. but I believe that the basic elements of the process can be usefully codified and studied.

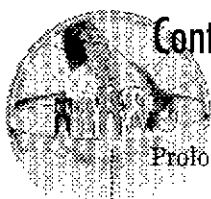
This document represents part of an ongoing effort of PAHO to have agencies and countries identify more clearly not only what is meant by technical cooperation but also to signal that the ultimate responsibility for the organizing of such cooperation and ensuring its internal consistency lies with governments themselves. The optimal application of international technical cooperation will depend on the national capacity as much as on the external resources available.

I am convinced that this represents an important field of inquiry and am pleased to present our modest contribution.



George A.O. Alleyne
Director





Contents

Prologue	1
Changing Patterns of Technical Cooperation	3
New Approaches and Actors	3
Role of PAHO/WHO	6
The Nature of Technical Cooperation	7
Planning, Programming, and Evaluation	8
Health Advocacy	10
Resource Mobilization	13
Coordination of Efforts	16
Epilogue	19
Annexes	i
Annotated Bibliography	iii
Annotated Agenda	vii
List of Participants	ix

. . . no one in the field can possess the absolute truth on technical cooperation.

. . . the subject itself is not static, given the fact that ideas and approaches must constantly be adapted to respond to changing needs.

. . . rethinking technical cooperation in health requires going beyond the examination of principles and definitions to assess the strategies being utilized



Prologue

A Seminar on Rethinking International Technical Cooperation in Health was held on 27-29 November 1995 at the Headquarters of the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (PAHO/WHO), in Washington, D.C., with the cosponsorship of the Carnegie Corporation. The primary objective of the seminar was to explore ways of increasing the effectiveness of technical cooperation in health. The meeting brought together representatives of a broad range of institutions concerned with technical cooperation in the health field, including government agencies, intergovernmental organizations, bilateral agencies, public and private foundations, and nongovernmental organizations (NGOs), as well as representatives of PAHO and WHO.

The seminar was planned as part of an evolutionary process which has been underway for more than two decades within PAHO/WHO. This process has entailed a rethinking of the mission and work of the Organization and a reexamination of approaches to technical cooperation. As one facet of the process, PAHO/WHO, with the support of the Carnegie Corporation and the Rockefeller Foundation, undertook a study of technical cooperation in 16 countries in five of the six WHO regions. The study revealed, *inter alia*, a loss of coordinating capacity on the part of the Organization as a result of the proliferation of institutions and actors involved in technical cooperation in the health sector; limited ability on the part of governments to set priorities and procure the resources to support them; and a lack of mechanisms for monitoring the cooperation process and assessing the real effectiveness of technical cooperation activities. These and other factors have seriously hindered efforts to identify new ways of improving the quality of international cooperation in health.¹

During the seminar, the participants explored the concepts and practices that have characterized technical cooperation in the health field up to now, shared diverse experiences, highlighted the major issues and problems that need to be addressed, and recommended a number of possible strategies and mechanisms for strengthening future international technical cooperation in health and achieving better coordination among the agencies and institutions involved. The discussions held ratified the notion that no one in the field can possess the absolute truth on technical cooperation. Moreover, they underscored the fact that the subject itself is not static, and therefore reaching definitive conclusions would appear impractical, given the fact that ideas and approaches must constantly be adapted in

¹ A summary of the study findings appears in the publication *Summary International Technical Cooperation in Health*, part of the series "Rethinking International Technical Cooperation in Health."

response to changing needs. Nevertheless, the seminar did yield a clear idea of current thinking and practice in the area of technical cooperation and pointed up a number of issues that need to be addressed in order to make cooperation more effective.

This document attempts to consolidate and summarize the myriad ideas and insights that emerged from the three-day seminar. More detailed information on the presentations made, the background documentation prepared for the seminar, and the reports of the small-group discussions held during the seminar may be obtained from the Office of Analysis and Strategic Planning of the Pan American Health Organization (see the attached Annotated Bibliography).

Changing Patterns of Technical Cooperation

Technical cooperation is taking place in a different and changing social, economic, and political environment. Economies are more market-oriented, democracy is spreading, and the world is being connected more closely through the communications revolution. In this context, the patterns of interchange of international cooperation have shifted and actors have multiplied, creating greater competition for scarce resources



New Approaches and Actors

The pattern of technical cooperation has evolved since the 1940 and 1950, from a rather paternalistic approach, in which richer countries that possessed greater technical know-how provided technical assistance to poorer countries that lacked that know-how, to a relationship between countries that is based more on a true spirit of cooperation — i.e., a spirit of working together toward a common end. One effect of this conceptual shift has been the recognition that cooperation is a two-way process and that all countries, regardless of size and level of development, can benefit from this unique interaction.

Technical cooperation has been, and continues to be, influenced by the views and approaches taken to the overall development process. At least four distinct but overlapping periods were taken into consideration in the evolution of thinking about development. Up to 1960, development was equated with economic growth, and the provision of technical assistance was intended to boost the productive and investment capacity of the recipient countries. During the period 1960 - 1975, modernization was viewed as the means to development, and technology transfer was considered the central element in the effort to bring about structural change. In the third period, 1975 - 1985 emphasis shifted to the elimination of poverty, and the bulk of technical cooperation efforts and resources were devoted to that end.

In the current stage, the key concept is sustainable development, of which human capital formation, private-sector participation, and environmental protection, within a framework of equity and social justice, are essential aspects. Beyond traditional “technical” issues, such as the search for better ways to investigate, to teach and to apply health technology, the international health agenda today, is concerned with the influence on health of socioeconomic development, strengthening

institutional capacity for policy determination, planning and advocacy for health, and organization for country and multi-county programs.

There is a growing perception of the need to move away from technical cooperation that focuses on the nature of the inputs to a new approach based on the nature of the purpose of the cooperation. There has also been a tendency to move away from a project approach to one that is more programmatic and multisectoral in scope and that emphasizes better utilization of national technical expertise. These changes will allow the formulation of a better-organized, competitive and sustainable process of technical cooperation.

However, sustained cooperation does not mean maintaining expatriate advisors or foreign personnel on a long-term basis. Changing directions in technical cooperation will have to result from a joint effort between the agencies and the countries using their national experts. The previous tendency to overcome local deficiencies with foreign know how will be replaced by a new emphasis on building national capacity. Dependency perpetuated on external assistance should progressively yield to national and resident expertise in order to bolster national capacity and self-reliance. In most cases, mainly in the Americas, the know-how and the technology is already in place and what is really needed is leadership and managerial capacity to fully utilize local resources.

The success of technical cooperation is dependent in large measure on the competence and sensitivity of professional personnel to transmit knowledge and experience. While training, specifically at local level, continues to be necessary, it is important to realize that the trend for self-reliance demands much more than the traditional training, and involves leadership development capable of coping with both the policy environment and the prevalent managerial practice.

In the process of capacity building, short-term consulting services must be favored, taking in consideration that most of the activities should be carried out essentially by nationals, based on the fact that long-term self-sufficiency in health development depends on local capabilities. Networks of high-level national resources who can be mobilized for specific activities without being incorporated as permanent international staff, should be identified and utilized. In mobilizing personnel in each country, good coordination among the agencies should also be sought.

Insufficient use has been made of information and communications technologies as instruments of technical cooperation. The new information technology available today makes it possible for countries, with a relatively modest investment, to learn

from the experiences of other countries and avoid costly mistakes before they make decisions or institute programs. The ease and speed with which information can be transmitted around the world could render the practice of sending experts to a country and other traditional approaches to technical cooperation rather anachronistic. Hence, the possibility of expanding the use of information science and technology resources should be fully explored, and there should be greater support for the analysis and utilization of information.

Another important issue in the evolution of the approach from technical assistance to technical cooperation has been the emergence of multiple national, inter-country, and inter-regional providers and resources for the sector. International cooperation in the health field has become significantly more complex in recent years as a result of the integration of cooperation modalities - in which technical cooperation often goes hand in hand with financial cooperation - and the growing presence of a wide variety of actors from both the private and the public sectors. In addition, actors that have traditionally been suppliers of technical cooperation, including some international organizations and cooperation networks, have also become consumers of cooperation resources, which has intensified competition for increasingly scarce resources.

In recent years, an increasing number of actors have been involved in international action in the field of health. An estimated 80% of all external technical cooperation resources originate from organizations - both governmental and non-governmental - with a multi-sectoral development orientation rather than a primarily health focus. The major multilateral financial institutions have paid growing attention to health in their efforts to buttress the social sector, and the emerging focus on human development, as well as the growing cry to relieve basic human suffering caused by ill health, will surely result in the involvement of even more partners in health programs. In the future, with increased reliance on national expertise, the role of international agencies may be that of brokers of technical cooperation, rather than direct providers. In such a scenario, the agencies would assist countries in identifying sources of expertise and providers of cooperation from among a broad range of public and private organizations, NGOs, academic institutions, or even commercial firms.

As the number of supporters of health programs grows, attainment of the goal of Health for All becomes more feasible. However, the health sector needs to be strengthened and international technical cooperation will have to be better coordinated to respond to clear national plans and help to achieve specific goals that are linked to the attainment of greater social equity. To this end, it is imperative that WHO and PAHO - the only intergovernmental system specializing in health -

clarify its role and facilitate the integration of other participating agencies in this sectoral endeavor.

Role of PAHO/WHO

The framers of the PAHO and the WHO Constitutions cannot be expected to have fully anticipated the complexity and diversity of the development environment in which technical cooperation for health must function today. The mandate of WHO, by agreement with its Member States, requires movement from concept to action on a national, regional, and global scale. From this perspective, rethinking technical cooperation in health requires going beyond the examination of principles and definitions to assessing the strategies being utilized.

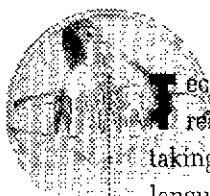
In the context of PAHO and WHO, technical cooperation is the primary functional end product of organizational effort. This means that it is the primary professional means to support the achievement of partial, interim, or long-term national, regional, or global objectives. Through the mobilization, sharing, and dissemination of knowledge, information, and resources, cooperative interventions are strategically designed and organized to yield measurable improvement in the health of a nation, group of nations or, as the organizational name implies, the health of the world. All this, of course, takes place within the context of overall social and economic development.

PAHO's mission is to cooperate technically with the countries of the Region of the Americas 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. The content of PAHO technical cooperation is essentially based on the needs of its member countries and is consolidated in the Organization's strategic and programmatic orientations.

PAHO/WHO must adapt in order to cope with the challenges posed by the changing patterns of technical cooperation and play an effective and prominent role among the other agencies operating in the health field. The Organization has a unique role in the international community, as it deals comprehensively with matters concerning health while other multilateral agencies limit their action to those areas of the health sector in which they wish to participate. PAHO/WHO also has a comparative advantage with respect to other agencies because of its thorough knowledge of and connections to the health sector in the countries.

The Nature of Technical Cooperation

Although there is no single definition of technical cooperation for health which is accepted by all countries and external sources of cooperation, it can be understood, at its most basic level, as the means or process by which two or more parties work together to achieve specific objectives. This process requires not only mutual agreement but organization, financing, and sustained political support, among other factors.



Technical cooperation involves much more than the transfer of knowledge and resources from those who have them to those who do not: it is a complex undertaking, which is influenced by a number of factors, including political systems, languages, and cultures. Moreover, development of human resources and strengthening of institutional capacities, two major goals of technical cooperation, are inherently complex, long-term propositions. The focus of technical cooperation should be people, not simply the transfer of technology or the provision of equipment and other resources. Technical cooperation should also be viewed as a mutual teaching-learning process, from which all parties concerned derive some benefit.

To be effective, technical cooperation must be country-specific. International technical cooperation in health must be provided on the basis of plans formulated at the national level in response to nationally identified priorities, which will orient the mobilization of resources, both human and financial. The key principles of effective technical cooperation are recognition of the fact that the countries have different needs and capacities, acceptance of the leadership of national officials in the development process, clear definition and respect for the roles of the various actors participating in the cooperation effort, and flexibility with regard to the means to be used to reach technical cooperation goals.

Given the extremely broad spectrum of realities and cooperation needs, technical cooperation agencies must carefully adapt their strategies to specific circumstances. The success of cooperation projects resides in the flexibility with which resources are applied to meet the needs that have been identified. This, in turn, may make it necessary to redefine what is meant by "expertise" in each particular case. Hence, to be effective, a technical cooperation agency should be capable of

dealing with diverse variables and should avoid imposing rigid requirements which may lead to distortion of the original plan and even of the vision of the reality to be changed.

Planning, Programming, and Evaluation

Technical cooperation must be linked to a country's overall development plan. A well-prepared national development policy and plan, which must include concrete cost estimates, is also the basic tool for mobilizing and coordinating resources, both financial and human. National strategies should be formulated through a participatory process, involving representatives of a broad cross-section of society in identifying needs and priorities. International technical cooperation agencies can play a valuable role in strengthening the countries' capacity to formulate sound national development plans.

One of the major impediments to the identification of new ways of improving the quality of the cooperation effort is the lack of a systematic conceptual and methodological framework for linking technical cooperation to such elements as macroeconomic policy, capital investment, human capital formation, and institutional development. If the government is still in the process of identifying its priorities and formulating a development plan, technical cooperation should be provided first to foster an examination of those issues and create a climate in which international cooperation can be effectively used. Technical cooperation for health requires the formulation of an officially endorsed nationwide and sector wide plan as a component of a national intersectoral planning framework. This implies that sustainability is determined initially by the quality of the national plan, taking into account financial, technical, administrative, and political feasibility.

In the face of increased intersectoral competition for national and international resources and growing pressure from national development authorities and external agency partners for a sound intersectoral planning framework, professional capacity for sector planning must be bolstered within the WHO system and in Member States. With particular reference to health, it is necessary to determine how a country perceives health in terms of its development priorities and whether it is possible for technical cooperation to influence the way official development assistance (ODA) resources are used. In some countries it may even be necessary to find "entry points" at the local or intermediary levels in order to progressively build capacity for planning at the national level. Those who participate in decid-

ing funding for projects can help to encourage countries to give higher priority to health, not by dictating from the donor end what should be funded, but by working with the governments to strengthen their perception and understanding of what constitutes a priority and why. Health sector representatives should work with representatives of other sectors to draw attention to the linkages between health and a broad range of other concerns and help maximize the health impact of technical cooperation activities provided in other sectors.

At both the regional and country levels, the quality of planning varies, although planning capabilities in certain of the more advanced countries of Latin America are highly developed. Nevertheless, enhancing the effectiveness and quality of technical cooperation for health will require continued effort to ensure accurate identification of needs; setting of priorities; strengthening of the countries' capacity to plan their own health goals and assure their fiscal, technical, administrative, and political feasibility; selection of appropriate strategies and formulation of sustainable and cost effective proposals; effective mobilization of human and financial resources; and adequate measurement of output and impact within a specified time-frame. At heart, the effectiveness of technical cooperation for health and the perception of the leadership role of the health sector will reflect the level of effort and the quality of professionalism in sectoral and intersectoral planning.

In promoting management and planning capabilities, special emphasis must be given to the contents of the health development process, with recognition of the need for a **holistic approach** to activities in the **health sector**—an approach that is not limited exclusively to medical aspects and that places equal emphasis on health promotion. Programming methods also need to be reviewed, and the country representatives of international agencies should adopt a proactive attitude and approach in applying them, establishing working relationships with parties outside the ministries of health and the public sector and involving the private sector more extensively, where possible. Moreover, it will be important to use experiences in this area as the basis for human resources development programs. The country representative offices of international agencies should assume greater leadership in the identification and mobilization of resources for local programs and in this way improve program coordination with other cooperation agencies or cooperation between countries.

There is increasing pressure, not only from the donor community but also from the citizenry in the countries, to show that international cooperation resources are being used effectively. In the competition for national and international resources, the projection of defined impact is a crucial point for advocacy at the national political level and with external sources of technical cooperation. What are need-

ed are mechanisms to monitor the cooperation process and assess the actual effectiveness of the activities and the impact of the whole process.

Functional analysis can be an extremely valuable methodology for development planning, as it helps to identify potential impact through definition of health goals and priorities in the national development context and definition of outcome indicators in terms of populations served and projected timeframe. At present, there is a plethora of development indicators, which the international community should seek to streamline and standardize. In addition, an evaluation framework is required to help countries assess the relevance of technical cooperation. There is strong rationale for improving professional capability both within the health sector of the Member States and within WHO in order to improve impact evaluation in technical cooperation.

The principal criterion for evaluating technical cooperation programs should be their impact, and the most important indicator of impact should be the changes which occur in the equity of the delivery of the health services. Independent of the methodology used to assess results or impact, one major consideration must be the conceptual understanding of what constitutes quality as applied to the accomplishments, which must reflect relevance to the social context and not just technological effectiveness elevated to the most sophisticated degree. Evaluation is essential not only for the agencies that provide technical cooperation but for governments, which need to know how and to what degree external cooperation is contributing effectively to the national development process.

Health Advocacy

Ministries of health are the natural counterparts of organizations such as PAHO and WHO at the national level. However, they require institutional strengthening in order to formulate and implement national health plans and in order to take the lead in intersectoral efforts and effectively play the coordinating role they are called on to play. They must also become better advocates for health. Health has become inextricably linked to economics, so health officials and ministers must be able to show the economic advantages of an improved health situation. The health sector must be able to “market” its products.

Health ministries in many countries show weaknesses in terms of their ability to carry out needs assessments and define and implement national health policies. In

addition, they are not always able to convince the international donor community or the planning and financing ministries in their own countries of the validity of their plans and proposals. This is due in part to the fact that spending on health continues to be viewed simply as an expense, rather than as an investment in human capital. In addition, many public health ministers and officials come from strictly medical backgrounds and lack the knowledge and experience needed to take part in discussions and negotiations concerning health economics and financing. Training in health economics for public health professionals is therefore imperative.

Health must be translated into one of those noble causes for which humankind can struggle. It must be placed on an equal footing with causes such as world peace or human rights. The characteristic of such a “noble cause” is that it touches all of us and therefore inspires us to strive to achieve our mission. In this effort, PAHO/WHO must be a major agent for shaping the way we think about health and it must provide a forum for this thinking to take place.

PAHO/WHO should be proactive in seeking out opportunities to become involved “**upstream**” in the process of planning for technical cooperation and helping governments at the policy level to define priorities and negotiate with donors and other technical cooperation agencies. The Organization and its national counterparts should also take advantage of unanticipated opportunities for health advocacy. For example, the increasing conditionality that characterizes the sphere of technical cooperation—i.e., making cooperation and the provision of resources contingent on the fulfillment of certain requirements, such as improving human rights records or adopting fiscal reform programs—may actually provide opportunities for advancing health interests. This might be true, for example, in instances in which aid is conditioned on efforts to combat drug-trafficking or prevent environmental destruction.

Multilateral cooperation agencies should focus their activities in areas in which they are likely to have a broad multiplier effect, as is the case, for example, with activities relating to the environment. In their conceptual discussions and operational programming, health agencies must address issues that have not traditionally been matters of concern for them but which may have a direct impact on health, including trade and export policies, migrant labor, and related issues. It is particularly important to ensure that due attention is paid to health issues in the context of integration agreements such as the North American Free Trade Agreement (NAFTA) and the Southern Cone Common Market (MERCOSUR).

In the competitive national and international market for development resources, advocacy for health will require continued initiative and vigor. Every opportuni-

ty should be sought to advocate health priorities within national political bodies and among high-level government officials, as well as with external financial and technical cooperation agencies. Efforts to win support for health should be grounded in the technical, economic, legal, and administrative justifications developed for the national health sector plan. Technical cooperation agencies can play an important role in this process by defining their programs in terms of national political and development priorities.

Health is inextricably linked to poverty, and addressing health problems often means first advocating addressing the poverty-related problems that underlie them. A multisectoral approach is essential in poverty alleviation, which underscores the need for the health sector to forge ties with other sectors and highlight the linkages between health and a broad range of development issues.

Success in focusing greater effort on addressing the health consequences of poverty will be dependent on persuading decision-makers of the validity of specific poverty-health linkages and of the fact that health interventions can have a direct impact on poverty alleviation. Nevertheless, health ministries must often “lead from behind” in poverty reduction efforts, which in most instances must be driven by development or planning ministries.

The contribution of good health to socioeconomic development must be convincingly demonstrated if adequate and sustainable resources are to flow to the health sector. Making the case for health requires that management be enhanced at all levels and that it supported by clear policies and priorities. In addition, because classic morbidity and mortality indicators are often insufficient to show the extent of poverty-related health problems or measure the impact of poverty alleviation initiatives, new indicators need to be developed—for example, indicators of health insecurity, of inability to escape poverty due to repeated episodes of ill-health, or of inability to begin to enjoy the benefits of marginal improvement in quality of life related to income and employment.

A multisectoral approach—involving sectors concerned with water supply and sanitation, food and nutrition, education, and other factors that have a bearing on health—is considered essential in order to halt and reverse the decline in health status associated with poverty. In this context, ministries of health cannot be the only interlocutors of international health organizations such as WHO and PAHO. They must build effective working relationships with NGOs, the private sector, and other actors. The increased participation of civil society institutions, most notably NGOs and community-based organizations, means that new ways of cooperating must be found that go beyond traditional efforts to strengthen government capaci-

ty. International exchange should strive to promote participatory institutional development, professional capacity development, and comprehensive multisectoral approaches to planning and private sector participation in order to improve coordination of the actions that governments and civil society take to address poverty and health issues.

Resource Mobilization

Conditions in the sphere of resource mobilization have changed markedly in the past several years. There is considerable competition for technical cooperation resources—between regions, between sectors, and between agencies—which was not the case in the past. As a result, those who seek resources must be prepared to justify their requests by showing that their need is greater or, in the case of agencies, that they have some comparative advantage over other agencies. The logic governing the allocation of resources to health has also changed. Whereas before ethical/moral considerations prevailed, today economic factors take precedence, which means that those seeking resources for health must be able to show the importance of health in economic terms.

Technical cooperation resources might be classified in a taxonomy comprising four categories: external financial resources, internal financial resources, external non-financial resources, and internal nonfinancial resources. In general, when the subject of resource mobilization for technical cooperation arises, it is automatically assumed that the resources to be mobilized are external financial resources. The other categories of resources are frequently overlooked. However, as is widely recognized, external financial resources are much less readily available today than they have been in the past, and despite the fact that health is considered important, external financial support for technical cooperation in the health field has shrunk.

In the face of reduced availability of external financial resources, both technical cooperation agencies and countries should make every attempt to take **advantage of resources**—both monetary and non-monetary—which can be **obtained internally at the national level**. Often such resources are available, but they have not been appropriately allocated or channeled and therefore are not being effectively utilized for technical cooperation.

In addition, ways must be found of making use of the other types of resources, in particular **non-financial resources**, such as technical capacity, political influ-

ence, and the ability to find “entry points,” or make a case for technical cooperation proposals. Possible mechanisms for utilizing these resources include forming alliances, co-financing or “co-resourcing,” and co-sponsoring. Qualified professionals are the most important, but not the only, type of non-financial resource that can be mobilized in the context of technical cooperation. In PAHO the scope of resource mobilization has extended into the financial, material, and political spheres, and the Organization has endeavored to equip national health sectors with the strategies needed to succeed in the intersectoral competition for cooperation resources.

The decreased availability of international financing may be due less to diminishing supply and “donor fatigue” than to the countries’ inability to design effective, justifiable projects, adequately linked to national priorities and a well-formulated development plan. Good opportunities for financing continue to exist, but the provision of funds is contingent on the development of timely, high-quality projects, with clearly defined outcomes, an indication of the methods and schedule for evaluation, and a clear determination of the project impact. The health sector has been accustomed to reporting on process and results, but it has become increasingly important to demonstrate the impact of technical cooperation—for example, how the training of human resources helped to advance health development, rather than the number of persons trained through a technical cooperation project.

International technical cooperation organizations have a responsibility to support and enhance national capacities for the design, monitoring, and evaluation of projects. Support in the area of project management is also crucial. There is a need for greater leadership in developing human resources with strong skills in the areas of needs assessment, project formulation, resource identification (at the national and international levels), and national development planning and administration. In this regard, the Region of the Americas is in a position to contribute its experience globally, even as it continues to learn from experiences outside the Region.

PAHO/WHO should enhance the **countries’ capacity to negotiate** with bilateral providers of technical cooperation. Nevertheless, small countries may have difficulty attracting resources from bilateral donors and will therefore continue to rely heavily upon agencies of the United Nations System to fulfill their technical cooperation needs.

The poorest countries should be helped to learn from the experience of more developed countries with regard to identifying, tapping, and coordinating all possible resources for health development. In today’s world, this implies moving

beyond traditional, mainly public-sector resources, to access NGOs and the private sector. New mechanisms for cooperation must be established, including the creation of coalitions with groups whose interests are broad and include health concerns. It will be the task of the health sector to specify appropriate health objectives through which such concerns may be positively exploited.

Several new modalities for technical cooperation among countries, both developed and developing merit mentioning, including “triangular” cooperation, in which developed countries provide financial and technical inputs in the context of South-South cooperation, or technical cooperation between developing countries (TCDC), and the identification of pivotal countries in each region to serve as catalysts for the promotion of TCDC. Given the changes that have occurred in the structure of international relations in recent years and the decline in resources available for traditional multilateral cooperation, technical cooperation among countries, both developing and developed, is likely to become a major feature of multilateral development cooperation in the future. Ideally, cooperation between countries should be a synergistic teaching-learning process, in which both countries benefit.

In some instances, as little as 25% of financial resources for technical cooperation actually reach the grassroots level. This type of maldistribution must be recognized and appropriate steps must be taken to ensure that a larger percentage reaches the point of need. In planning programs, account should be taken of alternative resources and services which might be available at the community level, especially in rural areas.

Local cooperation schemes are one possible alternative. Such schemes can have a significant impact when they are carried out through working agreements with municipalities or strategic regions in certain countries. The same community-oriented approach can be adopted for working with ethnic minorities. In this case, the local culture should be taken into account in the delivery of the final products, not forgetting that the community itself sometimes has alternative resources and approaches, especially in rural areas. Technical cooperation initiatives should also follow the trend toward democratization and be geared toward reaching the population at the local level.

Coordination of Efforts

Well-formulated development plans are the key to effective coordination of international technical cooperation. Coordination must take place at the country level, must be country-driven, and must be based on pursuit of common, concrete objectives. Nevertheless, while primary responsibility for coordination of technical cooperation efforts should rest with national officials, external agencies should also find mechanisms for coordinating their efforts.

History confirms that WHO and its Regional Offices have played a clearly dominant role in coordination of technical cooperation for health at the global and regional levels. This is evidenced by WHO's record on convening expert committees and enlisting interagency expert collaboration to address the predominant health issues. Nevertheless, there is an urgent need for greater coordination among all the agencies engaged in technical cooperation in the health sector, particularly among those of the United Nations System. But this **coordination must begin at the local level and must be based on common goals for action that respond to needs identified by the local population.** The country strategy notes prepared periodically by the UNDP might serve as a guide for orienting the actions of the various agencies in their respective areas. They could also be useful for guiding and coordinating the efforts of governments in specific areas.

Efforts should be made to increase collaboration between international agencies and NGOs, which frequently operate in areas in which there is no official effort, in general at the grassroots level in direct contact with the population. NGOs have shown considerable flexibility and creativity in carrying out innovative experiences in the health sector and have been very effective in achieving their objectives with regard to delivery of services, community participation, training at the community level, and other areas. In the Americas, educational and economic institutions, including government, private sector, and nongovernmental organizations, have been quite innovative in developing regional networks of cooperation within the Region as a response to the decline in financial cooperation.

Multilateral agencies should seek to more effectively decentralize their technical cooperation activities in order to achieve greater impact at the local level, **encourage self-sustaining development, and decrease dependence on external assistance.** Nevertheless, they must not neglect their important responsibility to support central governments in strengthening their normative and regulatory role in all health activities at the national level.

Coordination of technical cooperation must take place at several levels, namely:

- **Coordination between countries**, in which horizontal coordination between the parties makes it possible to bring about a significant strengthening of the ability to obtain external resources, in addition to the potential generated by the bi-directional flow of information and experiences among the participating countries, which constitutes the essence of technical cooperation among countries (TCDC/TCC).
- **Coordination at the country level** of the programs of various international agencies with their respective national counterparts. This coordination should be based on a comprehensive national development strategy developed through a participatory intersectoral process.
- **Coordination at the level of international agencies**, bearing in mind that, although agencies may support the same programs, different agencies sometimes pursue different policies and strategies and adopt different procedures, which can lead to a waste of resources or even to conflicting orientations.

Fundamental to the concept of coordination is that resources for health at the national level are increasingly being derived from private and nongovernmental sources. These resources include professional expertise and high-level experience. The implication of this reality is that mechanisms must be established to identify these sources. Examples of such mechanisms include the concept of **networking and parallel development of management information systems**, some of which are already partially in place.

From a strategic viewpoint, national governments should be encouraged to assume full responsibility for health sector coordination in their own countries. WHO and PAHO should exhibit no reticence in strengthening government capacity in this regard, particularly since decisions affecting the sector are often made by government departments outside the ministry of health. In fact, negotiations with the international banks and bilateral agencies are almost always handled by national development or finance authorities.

In order to promote and facilitate development of the necessary coordination among the parties involved, emphasis should be given to:

- strengthening of the mechanisms for **interagency information exchange**, including the establishment of interagency coordinating committees:

- improvement of the **managerial capacity** of national institutions and fostering of intersectoral consensus-building processes;
- establishment of **multinational programs** in which cooperation agencies can pool efforts and resources in common activities; and
- promotion of better **common understanding** among agencies with regard to the mechanisms and procedures to be utilized for programming, monitoring, and evaluating the cooperative effort.



Epilogue

One of the main objectives of the seminar was to draw on the collective wisdom and experience of the participants in order to arrive at a clearer definition of what technical cooperation means and to explore ways of making it more effective. In that sense, the seminar was a resounding success. As the Director of PAHO noted in his closing remarks, this event provided an excellent example of how resources—intellectual capacity, in this case—can be mobilized from all over the world to enhance technical cooperation.

Since the seminar, the Secretariat has undertaken an in-depth review of the wealth of thoughts and ideas expressed during the meeting and has endeavored to extract those issues that have the greatest bearing on the effectiveness of technical cooperation and to organize them under the broad thematic headings contained in this document. Although the participants approached the subject from diverse perspectives, there was a remarkable degree of consensus on certain key points, including the following:

As a result of the seminar, a meaning for technical cooperation in the context of PAHO/WHO, was posited as consisting of a strategic effort among countries and cooperating agencies to share and disseminate technical knowledge, and experiences, as well as, resource mobilization towards sustainable health development.

In this context, rather than calling into question the central role of WHO and PAHO, the meeting reaffirmed their need and favored their new approaches to adapt to a different socioeconomic and political reality. The reference to a loss of coordinating capacity on the part of the Organization may, in fact, be seen as the consequence of the complex confluence of interests of a **larger number of actors** coupled with the **growing capacity of the countries** to undertake health initiatives on their own and manage their own technical cooperation programs, integrating their move towards participatory democracy with greater self-reliance in the area of health. The two trends should not necessarily be seen as manifestations of greater competition, but rather as a result of the success of longstanding international cooperation, through which health has effectively been raised to a different place on public agendas and has become a major political issue.

Given this new environment, in order to be most effective, **international agencies** must improve their ability to work with national institutions and must seek to serve as catalysts or **brokers supporting the countries in cooperating among themselves**. They must participate in the mobilization of know-how and resources from the different countries, choosing the best suited providers to respond to specific needs.

In addition, some specific suggestions were made to improve technical cooperation for health:

- Health issues must be linked to **social development** and to the countries' macroeconomic policies, including those on capital investment, human capital formation, and institutional development.
- Technical cooperation for health must be provided on the basis of a **health plan** formulated at the national level and in response to **nationally identified priorities**.
- The countries' growing capacity to undertake health initiatives on their own and manage their own technical cooperation programs should be encouraged. Dependence on the traditional expatriate model of technical cooperation should gradually yield to greater **reliance on national expertise and resources**.
- In the face of growing competition for increasingly scarce financial resources, alternative modalities of technical cooperation must be adopted, including the establishment of **networks** of national resources and the promotion of **technical cooperation among countries**.
- **Coordination** must be sought at all levels—within countries, between countries, and among international agencies—through improvement in the managerial capacity of national institutions to foster intersectoral consensus-building, promotion of multinational programs with joint effort and combined resources, and establishment of uniform mechanisms and procedures for the delivery of technical cooperation.
- Maximum use should be made of modern **information and communications technology** to enhance all facets of technical cooperation, including its planning, delivery, and evaluation, as well as coordination and resource mobilization.

The issues and approaches discussed in this meeting constitute the most current vision of the problem, but are **not the final word**. As one of the participants pointed out, this event was part of a continuum. **The process of rethinking technical cooperation is an ongoing one**. New ideas will emerge and improvements will continue to be made. The parties directly involved at the national level are those who can contribute the most to this process as they attempt to put new ideas into practice, and, in so doing, provide feedback and devise other innovations. Unquestionably, these innovations will be the most important contributions, because they will be based on the reality of the countries.

Annexes



.....



Annotated Bibliography

1. Alleyne, G.A.O. *Toward a taxonomy of technical cooperation for health*, Bulletin of PAHO 25 (4).
2. Alleyne, G.A.O., Sotelo, J.M. *Technical Cooperation Among Countries in the Americas*. A paper prepared for the Interregional Consultation on TCC Programming in Health. Jakarta, Indonesia. February 1993.
3. Pan American Health Organization. *International Technical Cooperation in Health*. 1994. A detailed study document providing a historical evolution of international technical cooperation and an analysis of 16 country studies of technical cooperation prepared by Ministries of Health and 5 WHO Regional Offices.
4. Pan American Health Organization. *Summary: International Technical Cooperation in Health*. 1995. A Summary of Reference #3.
5. Howard, L.M. *Global Update for Technical Cooperation for Health*. 1995. This paper compares current definitions and concepts on technical cooperation used by 11 selected international official and non-governmental agencies that support or cooperate in health sector development. The paper was prepared for the PAHO Division of Strategic Analysis and Planning in preparation for the Seminar.
6. Lavados Montes, Ivan. *Technical Cooperation in a Changing World*. 1995. Lavados, Executive Director. Centro Interuniversitario de Desarrollo, Santiago, Chile presents an analysis of Latin American evolution and experience of international technical cooperation for development.
7. World Health Organization. *Intensified Cooperation. Empirical analysis and lessons learned from technical cooperation in the poorest countries*. 1995 A Seminar document prepared by Division of Intensified Cooperation with Countries (ICO). World Health Organization, Geneva. The paper, presented by Dr. John Martin, describes WHO Headquarters policy and experience in providing technical cooperation to "countries in greatest need". The paper describes the experience of WHO Headquarters since 1989 to cooperate with the poorest countries. Over the past 14 years, 28 countries have been supported with intent to increase the total number of countries to 41.

8. Howard, L.M. *A New Look at Development Cooperation for Health*. World Health Organization, Geneva, 1981. The first of its kind, this 649 page document is a comprehensive analysis of the potential for external resource mobilization in support of Health for All.
9. Aiston, E. M. *Outlining the Status of Technical Cooperation*. 1995. A Seminar paper and presentation by Mr. Aiston, Acting Director General, International Affairs, Policy and Consultation Branch, Ministry of Health, Canada. Technical cooperation is a continuing phenomena at all levels of government and in all technical fields. International organizations are no longer seen as the sole purveyors of TC. The future of PAHO may be depend on functions related to learning and information gathering which are used by PAHO, as a knowledge broker to bring together those actors who are actively engaged in sharing knowledge.
10. Benn, Dennis. *Technical Cooperation with and among Developing Countries*. A seminar presentation by Dennis Benn. Special Unit for TCDC, United Nations Development Programme. New York. The importance of project formulation is emphasized as a basis for health sector planning within the general development framework. The wide-spread prevalence of “fee-standing” projects, which have no purposeful link to national development plan, represent an area of major weakness in technical cooperation.
11. Rosenberg, Hernan. *Resource Mobilization for Technical Cooperation*. A Seminar presentation on resource mobilization experience in the Region of the Americas. The rationale and success of PAHO effort over the past ten years through its special office for resource mobilization (External Affairs) is described.
12. Ncayiyana, D.; Goldstein, G; Goon, E.; Yach, D. *New Public Health and the WHO's Ninth General Programme of Work*. 1995 A discussion paper prepared for the World Health Organization is based on the premise that global health improvement is an essentially intersectoral outcome. The paper describes the Organization's strategy for aligning its health efforts squarely within the context of socio-economic development. The rationale for training and re-orientation all categories of professional personnel is proposed to effectively bring about “The New Public Health.”
13. Carter Center. *Global Development Initiative. A National Development Initiative for Guyana: An Approach to Enhanced Development Cooperation*. 1995 A paper presented by Jason Calder on behalf of Ambassador Gordon

Streeb, Director of the of the Global Initiative. Following consultation between President Carter, the U.N. Director General, and the Government of Guyana, the Guyana initiative, the first of its kind for the Carter Center, is attempting to coordinate 23 Technical Working Groups to formulate a comprehensive national development strategy. The health working group, with PAHO representation, forms only one of the 23 groups.

14. United States Agency for International Development. *Remarks on International Technical Cooperation*. A panel presentation by Carol Dabbs, Acting Chief, Office of Population, Health and Nutrition, Bureau for Latin America and the Caribbean, USAID, 1995.
15. Brazilian Cooperation Agency. *Remarks on International Technical Cooperation*. 1995. A panel presentation by Dr. Marcio Lopez Correa, Director, Multilateral Coordination, Brazilian Cooperation Agency.
16. Carnegie Corporation of New York. Panel presentation by Dr. Akin Adubifa, Program Officer, is referenced in the section on Coordination (Paragraph 7.1.1.). The comments were not presented in written form.



Annotated Agenda

SEMINAR OBJECTIVE

To reach a common understanding among the major players involved of the meaning of technical cooperation, to explore the problems and opportunities that exist in this area, and to make recommendations for enhancing the effectiveness of technical cooperation.

This objective is to be accomplished through a review of the historical evolution of the concepts and practices that have characterized international technical cooperation in the health field and an in-depth analysis of the current situation.

DAY ONE - MEANING AND GENERAL PRINCIPLES GUIDING TECHNICAL COOPERATION

The first day of the seminar was devoted to a review and analysis of the principles that have guided technical cooperation over the past fifty years and of the technical cooperation models that have been employed by the various national and international agencies and institutions involved. The participants also discussed the ways in which the technical cooperation environment has changed, explored possible new approaches to technical cooperation, and suggested strategies and tools for improving the evaluation of technical cooperation.

Presentations:

Technical cooperation in a changing world. *Dr. Iván Lavados Montes.*

Technical cooperation with and among countries. *Dr. Dennis Benn.*

Outlining the status of technical cooperation. *Mr. Edward Aiston.*

DAY TWO - EXPERIENCES IN TECHNICAL COOPERATION FOR HEALTH

On the second day the participants discussed various experiences in technical cooperation in the context of the WHO initiative of intensified cooperation with countries in greatest need (IWC), highlighting the linkages between poverty and health problems and the ways in which international technical cooperation can contribute to their solution. They also discussed the marked changes that have occurred in the sphere of resource mobilization and explored new strategies for mobilizing both financial and non-financial resources in an increasingly competitive environment.

Presentations:

Technical cooperation with the poorest of the poor. *Dr. John David Martin.*

Resource mobilization for technical cooperation. *Dr. Hernán Rosenberg*

DAY THREE - COORDINATION OF INTERNATIONAL TECHNICAL COOPERATION

The third day of the seminar was devoted to a panel discussion on coordination of international technical cooperation. Five panelists representing a broad range of international, governmental, and non-governmental institutions presented their views and related the experiences of their respective institutions in efforts to coordinate technical cooperation.

PANEL: Coordinator: Dr. Aissatou Koné-Diabi

PANELISTS: Ms. Carol Dabbs
Dr. Akin Adubifa
Dr. Federico Chavez Peón Operations,
Ministry of Health, Mexico
Dr. Marcio Lopez Corrêa
Mr. Jason Calder

Special Conference on Coordination of International Technical Cooperation by His Excellency Brian Dickson, Ambassador Permanent Representative of Canada to the Organization of American States



List of Participants

- Dr. O. Akin Adubifa
Program Officer, Carnegie Corporation of New York, USA
- Mr. Edward M. Aiston
Acting Director General, International Affairs, Policy and Consultation Branch. Health Canada
- Dr. George A. O. Alleyne
Director, Pan American Health Organization, Washington, DC, USA
- Dr. Carlos G. Anríquez
Chief, International Cooperation, Ministry of Health, Santiago, Chile
- Ms. Linda Appel
Program Assistant, Overseas Development Council, Washington, DC, USA
- Dr. Primo Arámbulo
Chief, Veterinary Public Health, Pan American Health Organization, Washington, DC, USA
- Ms. Olga Carolina Báscones
Consultant, External Relations, Pan American Health Organization, Washington, DC, USA
- Dr. Dennis Benn,
Director, Special Unit for Technical Cooperation among Developing Countries, United National Development Program, NY, USA
- Dr. David Brandling-Bennett
Deputy Director, Pan American Health Organization, Washington, DC, USA
- Ms. Eve Cagan
Special Assistant to the Commissioner, International Health Cooperation Project, New York City. Department of Health, NY, USA
- Mr. Jason Calder
Program Officer, The Carter Center, Atlanta, Georgia, USA

Dr. Federico Chávez Peón	Director, International Development and International Affairs, Ministry of Health, México City, México
Ms. Carol Dabbs	Acting Chief, Population, Health and Nutrition, United States Agency for International Development, Washington, DC, USA
Dr. Alain de Keghel	Ambassador, Permanent Representative of France to the Organization of American States, Washington, DC, USA
Dr. Ciro de Quadros	Director, Vaccines and Immunization, Pan American Health Organization, Washington, DC, USA
Ms. Katherine Dickson	External Relations, Pan American Health Organization, Washington, DC, USA
Dr. Mohamed M. El-Nageh	Regional Advisor, Quality of Care and Health Care Technology, Regional Office for Eastern Mediterranean, World Health Organization, Alexandria, Egypt
Dr. Saskia Estupiñán-Day	Regional Advisor, Oral Health, Pan American Health Organization, Washington, DC, USA
Dr. José Roberto Ferreira	Special Advisor to the Director, Pan American Health Organization, Washington, DC, USA
Dr. Arlene Fonaroff	Program Officer for the Americas, WHO and PAHO, Fogarty International Center, National Institutes of Health, Bethesda, MD, USA
Dr. Luiz Fonseca, Assistant	International Cooperation, Consultant, International Affairs, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil
Dr.. Maria Helena Henriques-Mueller	Consultant, External Relations, Pan American Health Organization, Washington, DC, USA

Dr. Lee Howard	Consultant. Pan American Health Organization, Washington, DC, USA
Dr. Muhammad Zakir Husain	Director, Program Management, Regional Office for South East Asia, WHO. New Delhi, India
His Excellency Julio César Jaureguy	Ambassador, Permanent Representative of Uruguay to the Organization of American States. Washington. DC, USA
Ms. Andrea Johnson	Program Assistant. Carnegie Corporation of New York. NY. USA
Ms. Pamela R. Jones	Executive Director. Maryland Communications Center, Baltimore, MD, USA
Ms. Lily Jourdan-Hidalgo	Analysis and Strategic Planning, Pan American Health Organization, Washington, DC. USA
Dr. Irene Klinger	Chief, External Relations. Pan American Health Organization. Washington. DC, USA
Dr. Aissatou Koné-Diabi	Assistant Director-General, World Health Organization. Geneva. Switzerland
Dr. Ivan Lavados Montes	Executive Director. University Development Center. Santiago, Chile
Dr. Gillian Lendsay-Nanton	Chief, Caribbean Division, Regional Bureau for Latin America and the Caribbean, United Nations Development Program, NY, USA
Dr. Carlos Linger	Pan American Health Organization/WHO Representative, La Paz. Bolivia
Dr. Marcio Lopes Corrêa	Manger. Multilateral Cooperation Program, Brazilian Cooperation Agency, Brasilia, Brazil

Dr. Daniel López-Acuña	Executive Secretariat of the Regional Plan for Investment in the Environment and Health, Pan American Health Organization, Washington, DC, USA
Mr. Frank Lostumbo	President, National Council for International Health, Washington, DC, USA
Dr. Edward Tlholwe Maganu	Permanent Secretary, Ministry of Health, Gaborone, Botswana
Dr. John David Martin	Associate Director, Division of Intensified Cooperation with Countries, World Health Organization, Geneva, Switzerland
Dr. Janiet Niquir Merza	Director, National Blood Bank Amman, Ministry of Health, Amman, Jordan
Mr. Horst Otterstetter	Director, Division of Health and Environment, Pan American Health Organization, Washington, DC, USA
Dr. José María Paganini	Director, Division of Health Systems and Services Development, Pan American Health Organization, Washington, DC, USA
Ms. Elizabeth Quamina	Consultant, Pan American Health Organization, Port of Spain, Trinidad
Dr. Helena Espinosa Restrepo	Director, Division of Health Promotion and Protection, Pan American Health Organization, Washington, DC, USA
Dr. Rosalía Rodríguez-García	Director, The George Washington Center for International Health, Washington, DC, USA
Dr. Hernán Rosenberg	External Relations, Pan American Health Organization, Washington, DC, USA
Dr. Mirta Roses-Periágo	Assistant Director, Pan American Health Organization, Washington, DC, USA

Mr. Ernesto Otto Rubarth	International Consultant, Ministry of Health, Brasilia, Brazil
Dr. Juan Manuel Sotelo	Chief, Analysis and Strategic Planning, Pan American Health Organization, Washington, DC, USA
Dr. Abu Bakar Suleiman	Director-General of Health, Ministry of Health, Kuala Lumpur, Malaysia
Dr. José Romero Teruel	Director, Division of Health and Human Development, Pan American Health Organization, Washington, DC, USA
Ms. Mary Lou Valdez	International Health Officer, Office of International Health, Department of Health and Human Services, Rockville, MD, USA
Ms. Linda A. Vogel	Director, Office of International and Refugee Health, U.S. Department of Health and Human Services, Rockville, MD, USA
Mr. Richard Walling	Director, Office of the Americas and Middle East, U.S. Department of Health and Human Services, Rockville, MD, USA
Dr. Carlos Walter	State Minister, Caracas, Venezuela
Dr. Herbert Zöllner	Head, Health Economics and Policy Analysis, Regional Office for Europe (EURO), World Health Organization, Copenhagen, Denmark

