



## Overview on Partners and Resource Mobilization

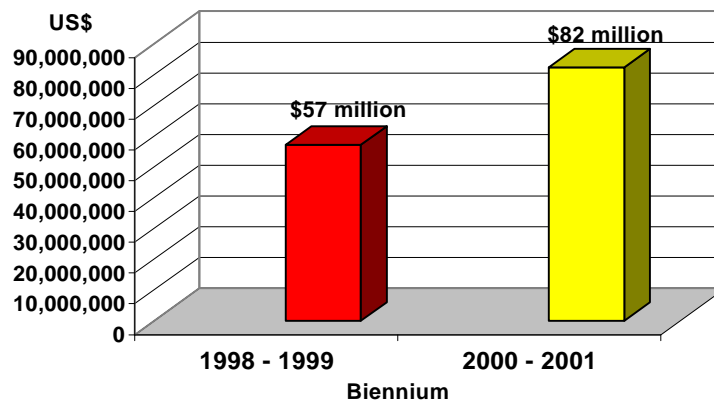
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PAHO plays a major role promoting the economic and political support of the international community towards the health priorities of the Americas. Three key dimensions of this effort include the mobilization of extrabudgetary resources, the fostering of the health agenda in the hemispheric summits, and the collaboration with World Bank and the Inter-American Development Bank through the *Shared Agenda for Health in the Americas*.

### 1. RESOURCE MOBILIZATION

- ♦ Extrabudgetary funding provided directly to PAHO by developed countries, international/multilateral sources, and the civil society sector totaled almost US\$140 million during the 1998-2001 quadrennial period. This represented 23% of PAHO's total budget for this period, significantly enhancing the Organization's ability to fulfill its technical cooperation mandate.
- ♦ Despite the economic constraints affecting many of its partners in the late 1990s, extrabudgetary contributions from these sources increased by 44% over the quadrennial period, reaching US\$ 82 million in the 2000-2001 biennium (Figure 1). Most of the increase came from higher contributions by bilateral donors, which now represent 83% of PAHO's extrabudgetary funding (Figure 2).

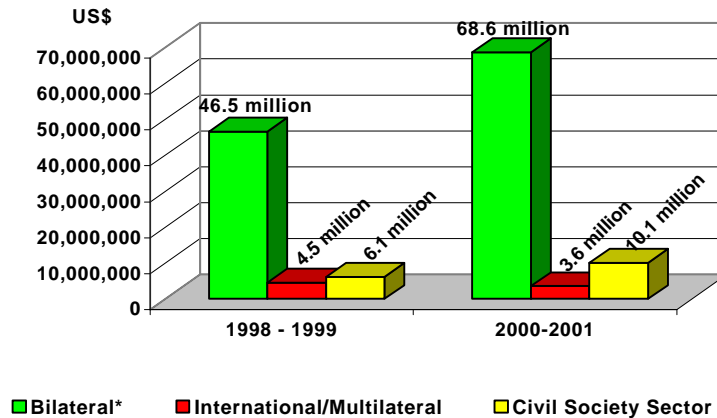
Resource Mobilization at PAHO by Biennium,  
1998-2001 (funds received)\*



Resource Mobilization at PAHO by Major Source of Funding,  
1998-1999 and 2000-2001  
(funds received)

\* Excludes contrib  
Source: Pan Amer  
OPS: Documents I

ditor. Washington, D.C.:

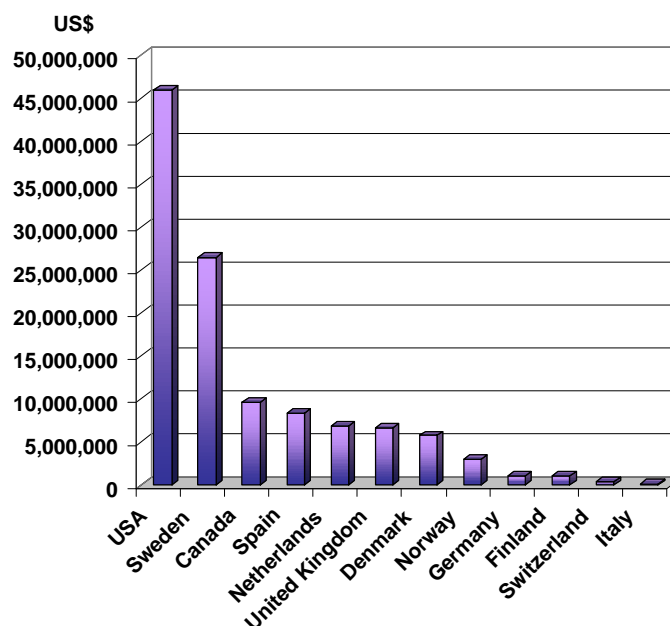


\* Excludes contributions received from Latin American and Caribbean countries.

Source: Pan American Health Organization. Financial Report of the Director and Report of the External Auditor. Washington, D.C.: OPS: Documents No. 297 (for 1998-1999) and No. 305 (for 2000-2001).

- ♦ This period also witnessed the expanding role of the civil society sector, which increased its funding to PAHO by two-thirds during the period, reaching US\$10.1 million in 2000-2001. Contributions from this sector included large grants from two new partners - the Bill and Melinda Gates Foundation with contributions to prevent/control cervical cancer, and to protect the safety of the blood supply - and from the American Red Cross with support to combat childhood illness through an integrated approach. Contributions also came from a wide range of specialized NGOs and foundations, such as the Rockefeller Foundation, for programs on women's health, control of communicable diseases, cancer, oral health, appropriate health technologies and other health-related areas.
- ♦ Among bilateral donors (Figure 3), the United States provided the largest contributions (almost US\$46 millions), during the four-year period, focusing primarily on a historic effort to eradicate measles from this hemisphere. Other important areas of US support included the Expanded Program on Immunization (EPI), AIDS research, maternal mortality, anti-microbial resistance, the health of migrant populations, diabetes prevention and control along the US-Mexico border, environmental health, and support to various disaster preparedness efforts.

Resource Mobilization at PAHO - Bilateral Donors  
1998-2001 (funds received)



Source: Pan American Health Organization. Financial Report of the Director and Report of the External Auditor. Washington, D.C.: OPS: Documents No. 297 (for 1998-1999) and No. 305 (for 2000-2001).

- ♦ Nordic countries provided substantial contributions in support of the peace process in Central America. Sweden - the second largest bilateral donor to PAHO (US\$26 million) - focused primarily on the reform of the health sector in various countries of Central America and was also key in promoting adolescent health and in supporting the health aspects of the Central America integration process. In addition, Sweden and Norway jointly funded the development of a very successful model to combat intra-family violence and together strengthened the national HIV-AIDS programs in several Central American Countries.
- ♦ Nordic support also went to the MASICA program with Sweden funding the PROAGUA component, Norway supporting the strengthening of the institutional environmental health aspects through the PROFIN component, and Denmark providing decade-long support to the very successful PLAGSALUD component addressing the health impact of pesticides' use in Central America. Also during this period, Finland renewed its partnership with PAHO to support the strengthening of health services at the second level of care as part of the health system reform process in Guatemala.
- ♦ Support from Canada doubled during the quadrennial period, reaching US\$ 6.4 million in 2001-2002. The support went primarily to the development of local health

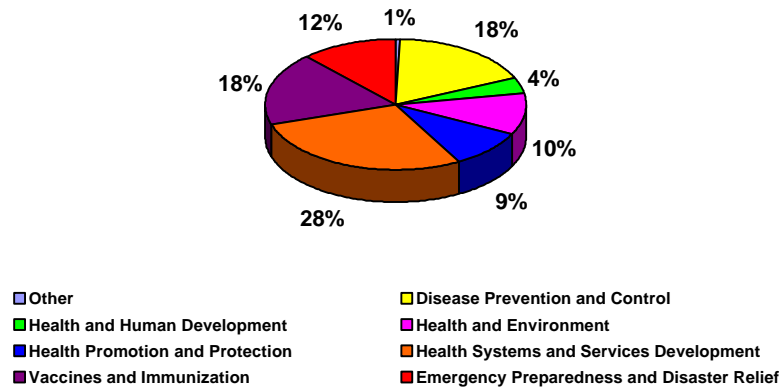
systems and perinatal health, assistance to landmine victims, development of anti-tobacco legislation, nutrition-related aspects, environmental health, immunization initiatives in Haiti and in Central America, and various efforts to strengthen emergency preparedness programs.

- ♦ Contributions from Spain and the United Kingdom also increased during the 1998-2001 period reaching, respectively, US\$ 4.6 and US\$ 5.2 million in the last biennium. Spain's support encompassed several lines of action covering primarily measles eradication, the integrated management of childhood illnesses, HIV/AIDS, non-communicable diseases, safe blood, tobacco/drugs, and the strengthening of radiological services. Support from the United Kingdom went primarily to control communicable diseases in Central America and for disaster preparedness and relief programs in the region.
- ♦ Contributions from The Netherlands and Germany during the quadrennial period totaled US\$6.8 and US\$1 million respectively. Dutch contributions went mainly to support a healthy municipality project in Ecuador, institutionalize a model to address the violence against women and girls in the Andean region, consolidate local health systems in El Salvador, and support the development of a pharmaceutical system and the management of essential drugs in Haiti. Funding from Germany initially helped support cholera prevention and control programs, establish a panamerican network on sanitary waste management, and improve water and sanitation systems in indigenous communities. More recent support also included men's participation in reproductive health.
- ♦ Figure 4 shows the share of extrabudgetary funding by major program areas during the quadrennial period. The largest proportion of funds received (28%) went to support health systems and services development program-related activities, followed by disease prevention/control programs and by immunization/vaccination programs with 18% each. Funding for disaster preparedness programs ranked fourth (12%)<sup>1</sup> followed by environmental health programs, health promotion/protection programs, and health/human development programs.

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<sup>1</sup> PAHO also received US\$ 17.9 million for emergency relief following the natural disasters that affected the region during the quadrennial period.

**Resources Mobilized during 1998 - 2001  
by Program Areas (Funds Received)**



Source: Pan American Health Organization. Department of Budget and Finance. Budget and Reports. Washington, D.C.: April 2002.

**2. THE HEALTH AGENDA IN THE SUMMITS OF THE AMERICAS**

- The second Summit of the Americas, which took place in Santiago (Chile) in 1998, helped raise awareness among hemispheric leaders of the role that health plays in human rights and poverty alleviation. A round table on health was featured, where health ministers from the region, PAHO director Dr. Alleyne and first lady Hillary Clinton among others, discussed how access to health services is an integral part of preserving democracy. At the Summit, leaders pledged to further equity by bringing health to the most vulnerable groups. To this end, emphasis was placed on the development and implementation of effective, low-cost health technologies. This led to PAHO’s initiative on *Health Technologies Linking the Americas* aimed at promoting access to quality drugs and vaccines, strengthening of information and surveillance systems, improving the access to and quality of water and sanitation infrastructure, and technology assessment.
  
- ♦ In 2000, the Quebec City Summit highlighted the many changes that have taken place in the Hemisphere since the 1994 Miami Summit. Across the Region, the transition to democracy is almost complete, human rights abuses have declined, civil society has found a voice, and free trade in the Americas (FTAA) will become a reality in the next few years. At the same time, the problem of inequity continues - including avoidable health disparities and unequal access to health services -

requiring that health continue to play a pivotal role, since it is a prerequisite for human development and the achievement of economic and political goals.

- ♦ The Summit Declaration is a 32-point document in which leaders renew their commitment to hemispheric integration and national and collective responsibility for improving the economic well being and security of the peoples of the Americas. Of particular interest is their commitment to health.... "good health and equal access to medical attention, health services, and affordable medicine are critical to human development and the achievement of our political, economic and social objectives". The Declaration also refers to commitments to fight HIV/AIDS, address the global drug problem and violence, protect the environment and improve labor conditions for all, including migrants, as well as to implement policies that will improve the management of natural disasters.
- ♦ The Declaration also includes a commitment to attempt reaching the international development goals, such as reducing the number of people who live in extreme poverty by 50% by the year 2015. Further commitments are made to protecting the rights of indigenous peoples and the disabled, eradication of racial discrimination, and promoting gender equality.
- ♦ The Declaration is reinforced by the Plan of Action, which recognizes that health is important to the leaders of the Americas. In addition to the various priority health areas mentioned - such as Health Sector Reform, Communicable Diseases, Non-Communicable Diseases and Connectivity – the Plan refers directly to areas such as mental health, the virtual health library, and the prevention of tobacco-related diseases.
- ♦ Future health challenges will be brought about by the FTAA, especially in the areas of environment, labor, and the intellectual property rights of drugs (particularly in relation to HIV/AIDS treatment). This will require that PAHO play a greater than ever leadership role in the Summit process, mobilizing the support of member countries at the highest political level for a strong health agenda in the hemisphere process.

### 3. SHARED AGENDA FOR HEALTH IN THE AMERICAS

- ♦ The Inter-American Development Bank (IDB), Pan American Health Organization (PAHO), and the World Bank have been working together since June, 2000, in implementing "A Shared Agenda for Health in the Americas".
  
- ♦ A statement for "A Shared Agenda for Health in the Americas" was first signed by the Pan American Health Organization (PAHO), the World Bank, and the Inter-American Development Bank on 22 June 2000. The implementation of this Shared Agenda is overseen by a Coordination Group composed of one representative from each of the three institutions who meet on a monthly basis. Four leadership areas were identified in which the three institutions could collaborate including national health accounts, pharmaceuticals, disease surveillance, and environmental health. Each of the three institutions identified contact people in the four leadership areas who agreed to form working groups that would elaborate a work plan for collaborative efforts in these four designated areas.
  
- ♦ The Coordination Group has fostered and overseen the work of four other work groups in the leadership areas. The Shared Agenda for Health in the Americas has achieved a number of positive outcomes without creating any additional bureaucracy or allocating additional resources.
  
- ♦ Coordination among the three institutions in National Health Accounts (NHA) has resulted in real progress in achieving the goals of having national health accounts in all LAC countries within three years through the efforts of the NHA Work Group of the Shared Agenda. A web-site has been created at <http://www.lachealthaccounts.org/>, which provides lots of valuable information in English and Spanish.
  
- ♦ The efforts of the Pharmaceutical Work Group has resulted in increased coordination with the pharmaceutical industry in addressing corruption and governance issues in the pharmaceutical sector, moving forward on a strategy for a pharmaceutical clearinghouse.
  
- ♦ The Disease Surveillance Work Group has extended sharing of expertise in strengthening surveillance programs in Latin America and the Caribbean through the preparation of a toolkit.

- ♦ A fourth work group was also recently formed in the area of environmental health that will work on water and sanitation, air, and solid waste.
- ♦ Now in its second year, the Shared Agenda for Health in the Americas looks to consolidate the work of the four work groups, and to actively pursue the options for expanding this regional cooperation down to the country level as well.

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