

WORKING GROUP: PAHO IN THE 21ST CENTURY

THE CHANGING NATURE OF PARTNERSHIPS AND ALLIANCES IN INTERNATIONAL HEALTH DEVELOPMENT AND THE WORK OF PAHO¹

Introduction

Partnerships and alliances are part of a long tradition in the political, social, and economic history of countries and play an important role in the rich history of international public health. The formation of the Pan American Sanitary Bureau more than a century ago is the unequivocal expression of the perceived advantages of coordinating work in health among the countries of the Region of the Americas and harkens to a time in history when nations were almost exclusively the key actors.

As would be expected, partnerships with a profound impact on health policies will continue to expand in this century. The challenge is to identify the risks and opportunities, as well as the strengths and weaknesses of the Organization to make the changes needed to make it as relevant as possible in this important, complex, and interdisciplinary sphere.

Since the historic International Conference on Primary Health Care of Alma Ata, promoted jointly by WHO and UNICEF in 1978, when the goal of health for all *by the year 2000* was officially launched, international agreements promoting objectives and goals in health have multiplied. All of them have expressly called for multisectoral participation that includes the private sector and NGOs, in the conviction that these goals cannot be met without their involvement.

The Millennium Declaration, issued at the Millennium Summit, held 6-8 September, attended by 191 countries, including 147 Heads of State and Government, constitutes a remarkable consensus among world leaders regarding the challenges that the world faces. In the Millennium Declaration, the countries reaffirm their confidence in the United Nations and its Charter to achieve a more peaceful, prosperous, and just world. They also recognize certain fundamental values essential to international relations in the 21st century: freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. The Declaration also seeks to strengthen the United Nations to improve its performance in the new century.

At the Millennium Summit, the participating leaders established eight specific objectives, known as the *Millennium Development Goals* (MDG) for the year 2015. They are, to: 1) Eradicate extreme poverty and hunger; 2) Achieve universal primary education; 3) Promote gender equality and empower women; 4) Reduce mortality in children under 5; 5) Improve maternal health; 6) Combat HIV/AIDS, malaria, and other diseases; 7) Ensure environmental sustainability; and 8) Develop a global partnership for development. Goal 8 has been reaffirmed at the Monterrey and Johannesburg meetings, which encouraged wealthy countries to adopt debt-relief measures, increase economic assistance, and give poorer countries access to markets and technology. These objectives provide a framework for the UN system to work in a more coordinated manner toward a common goal. The Millennium Declaration and Goals lend even greater legitimacy to the subject of partnerships and alliances as an absolutely fundamental strategy for development.

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DEFINITION

Although the literature offers different definitions of partnerships and alliances, they are regarded as interchangeable concepts for the purposes of this document.

Alliances and partnerships respond to the special interests of different types of actors and are essentially geared to addressing the issues that interest their associates in a more organized, complete, and effective manner. What are most important are the area of interest and the purpose of these organizations, not their nature. Thus, organizations with diverse and even antagonistic interests can and have come together at specific moments in history to form strategic partnerships. The growing emergence of ever-more complex and unpredictable social, political, economic, and technological challenges in this century necessitates the convergence of new actors from all professions and disciplines to meet these challenges successfully.

Harmonizing interests among various actors can mean risking the loss of some sense of the objectives, but this is generally considered acceptable if the main objective is met. Obviously, this also focuses on the analysis of ethical aspects in alliances.

Globalization is making the subject of alliances increasingly more relevant, particularly those representing large private corporations and complex interests, because of how quickly the factors affecting them change. An example of these changes is the almost daily mergers or joint ventures between traditionally competing companies involving billions of dollars to collectively respond to new market opportunities.

Moreover, the persistence of social inequities and poverty requires experts from a variety of disciplines to tackle their causes with much greater emphasis and depth. Matters, such as defense of the civil right to health demand new types of actors, who by the nature of their action and tactics may even risk confrontations with governments—something that agencies such as WHO/PAHO cannot do because they are heavily dependent on their members.

The issue of public and private alliances has become an issue of growing importance, especially in industrialized countries, and these alliances are expanding to the most diverse areas. Countries in every region of the world are witnessing some form of public/private association. This is a complex area that requires further study in terms of its impact on public goods, priorities, exclusion, and equity.

To prevent new and powerful actors and changing scenarios from undermining the steering role of WHO/PAHO, the structure of the dynamics and interests involved must be understood in order to devise a proactive strategy in this area.

SWOT Analysis

A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of the relevant aspects of partnerships and alliances revealed the following.

Strengths

- Prestige as technical agencies specializing in health
- Legitimacy (mandate) among governments as a sectoral agency that sets standards in health
- Organizational structure in all the countries
- Extensive international experience in various aspects of health, particularly in normative matters and matters related to partnerships and alliances
- Agencies with both inter-American and international representation

Weaknesses

- Excessive sectoral focus
- Prioritization of the restorative view of health
- Political dependency on governments
- Limited financial resources
- Slowness and bureaucratization of responses
- Relatively little experience in local service management
- Little presence with actors outside the health sector

Opportunities

- Qualitative and quantitative improvement of intersectoral vision and participation
- Influence over the large volume of financial resources in ODA
- New ideas from new actors
- Influence over actors with little familiarity of the social aspects of economic policies
- Participation in matters with a major impact on health, such as the effects of drug patents on economic trade agreements, which are outside the decision-making mandate of PAHO

Threats

- The lack of coherence and multiplicity of actors, agendas, objectives, and interests
- Other actors with much greater capacity for expeditious decision-making with regard to financial resources than that of the Organization.
- Minimization of PAHO's role as the principal actor in the technical regulation in health

THE ACTORS

Other sectors

Sectors such as education, agriculture, transportation, communications, trade, industry, justice, tourism, and energy have a growing role in health, so their involvement in alliances and partnerships is essential. Education in particular must be part of any intervention strategy in matters related to health promotion. The diverse forums of the Ministries of Economy, Foreign Affairs, Agriculture, and Education, among others, offer great potential for the introduction of public health issues.

Multilateral agencies

The mandates of specialized agencies, such as UNDP, UNICEF, UNFPA, FAO, WFP, ILO, and UNEP, include actions that largely coincide with the objectives of WHO/PAHO. Moreover, these agencies have comparative advantages that complement the strengths of PAHO. This reality has led to the creation of several coordination mechanisms, such as the primary health care strategy, the integrated management of childhood illness, and polio eradication, among many others. Calls for greater coordination among UN agencies are part of UN reform and promote the creation of mechanisms for coordination among its agencies, including the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

Regional agencies

The Region of the Americas has an important role in regional and subregional agencies with great prestige and experience in matters that impact health in one way or another. These agencies include the OAS, the IDB, LAES, ECLAC, ORAS-COHU, and ADC, to name a few.

Bilateral agencies

The most important among them are involved in the official development assistance (ODA) offered by the Organization for Economic Cooperation and Development (OECD), which is a key financing source in the global fight against poverty. ODA includes bilateral assistance from donor countries and supplies multilateral organizations with resources for use on behalf of developing

countries. The Development Assistance Committee (DAC) of the OECD monitors the ODA efforts of its member countries. However, it should be borne in mind that many donor countries have their own political or even commercial interests. The volume of ODA in health for all countries reached US\$ 3.5 million per year by the end of the 1990s, representing one-fifth of the ODA available to all sectors. Latin America and the Caribbean received around 10% of this total.

Another way for industrialized countries to participate is by promoting strategies like sector-wide approaches (SWAPs) in health that encourage the formation of strategic partnerships among various sectors of governments, civil society, and NGOs to rationalize health system reforms. The European Union is emerging as a new actor with great political, technical, and financial influence in international health.

Financial agencies

During the 1980s, the Bretton Woods institutions began to place increasing importance on health in poor and middle-income countries. The presence of these actors, together with copious financial resources, introduced new priorities with the promotion of financial adjustment policies.

In the 1990s, the World Bank Group became the organization with the greatest influence on international health because of the growing weight of the resources invested, especially in large-scale projects. With the publication of the 1993 report "Investing in Health," the World Bank adopted a proactive role in health policy, consolidating its influence. The World Bank has created the Comprehensive Development Framework (CDF). It is the main agency promoting poverty reduction strategies and has the greatest volume of resources for health projects throughout the world. The multi-year program against AIDS alone has \$500 million for three years.

The monetary and economic adjustment policies of the International Monetary Fund strongly influence the quality of life and health. Association with this agency with its emphasis on economic policies can influence agendas, which should be centered on human well-being and not exclusively on the fiscal bottom line of countries.

Private foundations

At the end of the twentieth century, it was estimated that there were more than 45,000 private foundations in the United States, motivated by an amalgam of tax incentives and altruism. The economic influence of these entities is exemplified in the donations of the Bill and Melinda Gates Foundation, which reached US\$ 23.5 billion in 2001. Even though Ted Turner made a donation in 1996 of a billion dollars over 10 years to the United Nations, the majority involved, a large part of which was channeled to public health programs via the United Nations Foundation, the majority of the resources from foundations go to the private sector and to NGOs. The Lilly, Ford, and Packard Foundations disbursed grants totaling roughly US\$ 1.5 billion in 1999—more than three times PAHO's budget—channeled primarily to the private sector. According to the Foundation Center, donations from U.S. foundations for international health and population programs jumped from US\$ 158 million to US\$ 240 million between 1998 and 1999.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria has already secured US\$2 billion for country projects, out of its goal of US\$ 10 billion. Constituted with private contributions, it has created ad hoc mechanisms for managing these funds, which it feels is more efficient than administration by governments or the United Nations/WHO/PAHO. Although WHO plays an important technical role, the use of the resources is basically in the hands of other actors.

One of the challenges posed by the emergence of these megafunds is maintaining rationality in priorities, since many have similar interests. An additional difficulty can be the barriers that relatively less developed countries face in meeting new technical or administrative requirements for accessing these resources. The growing importance of these funds also challenges partnerships and alliances to study ways of harmonizing country needs with the facilities for accessing these resources and to assess the advantages and disadvantages in terms of sustainability and equity, over channeling these resources via ODA.

Private enterprises

There are many different kinds of private enterprises, including health insurers and transnational manufacturers and vendors of equipment and supplies, as well as companies in general. The economic interest of these groups in promoting profit-driven interests in areas such as health reform and in promoting the privatization of health services through private groups interested in selling technology, services, or products must be taken into account. This is an element to consider when forming partnerships with these agencies, because of the possible conflict of interest.

Pharmaceutical companies

Pharmaceutical companies constitute a separate private-sector group because of their strategic role, their connections to medical alliances, and their financial size. The majority of these companies have the political backing of their national governments. Many of these corporations mobilize resources in the billions of dollars—higher than the budgets of the Ministries of Health in poor and middle-income countries. Their excessive promotion of the curative focus in health could be a conflict of interest. Successful negotiations throughout the world, including those in Region of the Americas, for access to more reasonably priced drugs to combat HIV/AIDS has recently demonstrated the advantages of countries and agencies working together.

Civil society

The importance of including civil society, the third sector, was highlighted at the 2001 Summit of the Americas in Quebec, when Canada addressed this subject as fundamentally political. The Summit in Quebec called on civil society to become more resolutely involved in implementing regional health initiatives. Civil society entities have been organized in various forums and are promoting regional events. One such event was the Civil Society Hemispheric Forum, held in Quito, Ecuador from 26 to 27 April 2003, in which proposals and recommendations were made to the OAS and its Member States, especially in the workshop "Participation in Hemispheric Processes," whose recommendations were to improve, strengthen, and enhance the mechanism of citizen participation in the Summits of the Americas and the OAS.

Religious groups

Religious groups, which vary in their capacity to exert influence, are important in promoting key issues, particularly sexual and reproductive health, community development, and participation. Many religious alliances are also remarkably adept at mobilizing the grassroots population and have access to the mass media, particularly radio.

NGOs

With their very broad spectrum of interests, capabilities, and resources, NGOs are increasingly important and play a very diverse role that is difficult to characterize. PAHO promotes NGO participation in work with governments on the analysis of health policies and dialogue on sectoral reform, as well as in working groups for program planning and execution. Since 1995, PAHO has had a mechanism in place to facilitate the official relations with certain national and inter-American NGOs, making it possible for them to share technical competencies and attend the meetings of the Organization's Governing Bodies.

Professional alliances

Professional alliances, especially but not exclusively those related to health, represent several million members in the Americas. Partnerships can be formed with their regional agencies in specialized areas. Some examples of professional alliances are unions, medical school alliances, and scientific societies.

Mass media

Large radio and TV companies are potential and actual actors with a great deal of influence on public opinion and on those who set health policies and priorities; thus, they should be preferred partners in alliances and partnerships.

Medical schools and university centers

There are over 1,000 medical and professional schools in the Americas, with which new types of partnerships can be explored to influence the orientation of students and professors and to benefit from their research and teaching capacity.

ROLES AND STRATEGIES FOR PAHO IN PARTNERSHIPS AND ALLIANCES

It is possible that the principal role of PAHO in the area of partnerships and alliances is coordination and the promotion of dialogue among actors in defense of public health. This task, which is on the border between advocacy and direct participation, requires consensus-building with actors with diverse organizational cultures, values, and objectives, and recognition of institutional weaknesses as well as strengths.

One of the areas where more emphasis is needed is on health determinants, which necessitates the inclusion of extrasectoral actors. The Ottawa Charter for Health Promotion provides a fairly specific definition of these sectors and actors. Other very important areas are the need for greater linkage with civil society and the promotion of complex agendas, such as the right to health and citizen participation in the social control of services. Growing evidence that efforts to expand service coverage and access to the poor are not sufficiently inclusive is another matter requiring the participation of actors with a profile that complements that of the Organization.

Strategies

Paradoxically, some of PAHO's core strengths can be vulnerabilities in developing partnerships and alliances. For example, its very close relationship with Ministries of Health creates mistrust among certain institutions, which view this as a limitation to independent decision-making. For this reason, it is important to expand the scope of participants to other sectors and entities with a greater presence in civil society when dealing with matters requiring a more critical position on certain health policies.

One strategy is to form specific partnerships to achieve limited goals. The starting point is the identification of an area or objective in which the Organization recognizes that it does not have sufficient institutional capacity. This leads to the identification of key actors according to the value added they can contribute to that particular partnership. Then, the parties involved need to agree on how to modify objectives, set goals, identify work modalities, and define responsibilities or roles of action. Various categories of partnerships have been established, based on their characteristics or the parties involved.

Another type of partnership is based on support from multipurpose forums, such as the Interagency Coordinating Committees, which participate in governments, NGOs, and civil society entities, where various issues can be promoted. There are several very relevant partnerships in Brazil, such as the Children's Group, which comprises a wide range of participants, including the Ministry of Health, scientific societies, advertising alliances, the Catholic Church, and individuals from the private sector. This group had a formidable influence on child health policies in the 1990s.

The demand to form partnerships and alliances can have also external origins and can be at the request from an old or new potential associate looking for the strengths that the Organization offers.

Finally, it should be pointed out that maintaining partnerships and alliances requires different types of resources, such as time, financing, and personnel. In any case, it is important to plan and provide the necessary means for keeping partnerships operational.

It can be concluded that the issue of alliances and partnerships is highly relevant, possibly vital, to keeping PAHO a key player in the changing health panorama of our Region.

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