

## CHANGING NATURE OF PARTNERSHIPS AND ALLIANCES (Peru) Comments by the United States of America

- Definition section: The last paragraph in this section (on page 2) refers to preventing “new and powerful actors and changing scenarios from undermining the steering role of WHO/PAHO”. Presumably one new actor in this regard is the GFATM. Instead of a defensive attitude here, it would be better for WHO/PAHO to seek greater coordination with new actors and processes so as to better promote health throughout the Americas. Thus, this last paragraph should reflect positive ways to enhance WHO/PAHO’s regional coordination abilities rather than attempting “to prevent” ongoing and new efforts aimed at health promotion at the regional and national levels.
- SWOT Analysis section - “Strength” sub-section: An additional PAHO strength is its ability to convene countries at the regional and sub-regional level to address health and health science matters of concern. Reference to this useful and important convening role could be factored in here. Another strength would be PAHO’s source of financing: the fact that it receives quota contributions from member states, in addition to funds from WHO, like other WHO regional offices, puts the organization (and its members) at a distinct advantage. PAHO is also a recipient of extrabudgetary investments, which help to support its Program and Budget.
- “Opportunities” sub-section: The reference to PAHO’s “influence of the large volume of financial resources in ODA” is confusing. It would be more accurate to refer here to PAHO’s ability to provide advice on how financial resources from both national and international sources can be better used/directed to promote greater health throughout the region. Reference to ODA alone is unbalanced. There is a significant ability of many PAHO member countries to increase national budgets relation to prevention programs and health promotion efforts. Another opportunity is PAHO’s ability to help Member States build capacity to determine the cost-benefits of investments in health – and the impacts such investments have on overall economies, other sectors, etc. This could help Ministries of Health better compete for scarce national resources as well as potential donor resources.
- “Opportunities” sub-section: The bullet on “Influence over actors with little familiarity of the social aspects of economic policies” is not clear. What is meant here and who are the actors?
- “Threats” sub-section: The second and third bulleted threats need to be clarified. It is unclear how other actors with faster decision-making pose a threat to PAHO. It is also unclear what is meant by the minimization of PAHO as a principal actor in the technical regulation in health. This could mean that PAHO is less effective in the norms/standards setting area in some countries – which is a core competency for the organization.
- The Actors section - “Other sectors” sub-section: The reference to the Education sector in the second sentence should include reference to education that promotes health research capacity at national levels. A suggested redraft: “Education, including that which promotes health sciences and research capacity at national levels, must be part of any strategy in matters related to health promotion.

- “Bilateral agencies” sub-section: Perhaps this is a translation error... The reference to ODA “offered by the OECD” is incorrect. Donor countries provide ODA, not the OECD.
- “Bilateral agencies” subsection: Developed countries often have development agencies that should be considered players in this section. Such agencies include USAID, CIDA, etc.
- “Medical schools and university centers” sub-section: The partnerships that PAHO can forge with medical schools, university centers and biomedical research institutions in general should (1) highlight the importance of health science and research as informing and underpinning sound health policymaking, and (2) underscore the need to promote health research capacity building at the country level. Moreover, it seems to us that this sub-section should also be placed towards the beginning of “The Actors” section rather than at the end. PAHO also has a role to play in working with academia to ensure the necessary human resource capacity needed in health for the future. Trend projection, curricula development, credentialing and licensure systems, telemedicine/telehealth are all areas where PAHO can contribute technical cooperation.
- Roles and Strategies for PAHO in Partnerships and Alliances section: Reference to an essential role for PAHO in this section should highlight PAHO’s need to undertake greater alliances to promote the generation of sciences and research to provide the necessary evidence base for health policymaking at national and regional levels.
- The paper does not address PAHO’s current partnerships and alliances. The Organization has developed a number of partnerships with many types of players listed in the paper, but the paper does not address how those relationships are working, how they been evaluated, what are the lessons learned, and how such relationships can be strengthened, if necessary. One example is the “Shared Agenda for Health in the Americas” between the World Bank, Inter-American Development Bank, and PAHO. While this program continues to exist in theory, Member Countries have not received an update on it at the Governing Bodies since 2000. The paper could include a discussion piece on the need to evaluate existing partnerships, understand what the new PAHO office on “strategic partnerships and alliances” is doing, and how this office can best carry out the development of such relationships.
- In this vein, it may be useful to explore how that office can also help facilitate resources for countries that are bilateral in nature. Similarly, PAHO country offices could also help broker strategic alliances in-country or at a sub-regional level that could be used locally.