STRENGTHENING RELATIONSHIPS BETWEEN PAHO AND NONGOVERNMENTAL ORGANIZATIONS

Introduction

1. In September 2006, the 139th Session of the Executive Committee considered document CE139/7, which examines official relations between nongovernmental organizations (NGOs) and the Pan American Health Organization (PAHO), and revised the protocol and the principles that govern these relations in light of the creation of the new Subcommittee on Program, Budget, and Administration (SPBA). The revised principles were adopted by the Executive Committee in its Special Session of 11 January 2007 (Resolution CESS.R1).

2. This resolution, which reformulates the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, attempts to make progress in analyzing informal relations between NGOs and PAHO and, more broadly, civil society.

Scope of the Terms “Nongovernmental Organization” and “Civil Society”

3. The United Nations Organization defines a nongovernmental organization as “a not-for-profit, voluntary citizens’ group, which is organized on a local, national, or international level to address issues in support of the public good... made up of people with a common interest, NGOs perform a variety of services and humanitarian functions, bring citizens’ concerns to Governments, monitor policy and program implementation, and encourage participation of civil society stakeholders at the community level. They provide analysis and expertise, serve as early warning mechanisms and help monitor and implement international agreements.”[1]

4. Document CESS/3, submitted to the Special Session of the Executive Committee, states that “An NGO can be a technical association or a federation of professionals, educational faculties, or enterprises. Its focus can be: health and human development; assistance, relief, protection, and welfare; provision of service; research and investigation; community development, basic human needs, and appropriate technology; partnership with communities and institutional and organizational strengthening at the local level; or communication and information.”

5. Resolution CP/RES.759 (1217/99) of the Permanent Council of the Organization of American States (OAS), which sets forth the “Guidelines for the Participation of Civil Society Organizations in OAS Activities,” defines civil society organization as “any national or international institution, organization, or entity made up of natural or juridical persons of a nongovernmental nature.”

6. Although there are many definitions of NGOs or civil society, for the purposes of this document it is proposed that the definition of NGOs submitted to and discussed at the Special Session of the Executive Committee (document CESS/3) be considered.

**Key factors for a Successful Relationship between NGOs and PAHO**

7. To enter into a relationship, the following factors should be taken into account:

   (a) *Comparative advantages*: When beginning a relationship, PAHO and NGOs should analyze each others' comparative advantages and the type of collaboration that will contribute to the achievement of health objectives. In general, PAHO has the advantage of access to ministries of health and exercises a regulatory function. NGOs are often more flexible in their decision-making processes, may have ties to the community, and have the capacity to voice community concerns or demands and take them to decision-making entities.

   (b) *Transparent agendas*: When a relationship is established between PAHO and NGOs, it is important to be completely transparent about what each partner expects from the partnership. In addition, for the sake of transparency, NGOs’ funding sources, the makeup of their board of directors, and the affiliations of their members should be known to permit a more accurate evaluation of the benefits that may accrue from this relationship.

   (c) *Realistic or attainable goals*: In collaborating with NGOs, PAHO should be realistic about the goals it expects to meet as a result of the partnership. To this end, it is important to establish clear work programs that spell out results, indicators, and activities that will make it possible to achieve these objectives.
(d) *Investing resources in strengthening the relationship:* Although many of the Secretariat's technical officers have worked successfully with NGOs, many are still not used to including NGOs in PAHO technical-cooperation activities. For this relationship to be strengthened, the Secretariat will need to proactively identify interests and common work based on the NGOs’ comparative advantages. To this end, time and resources must be devoted to strengthening relations and conducting future activities.

(e) *Facilitating collaboration between ministries of health and NGOs:* Thanks to PAHO’s role as a specialized agency at both the regional and national levels, working relationships between the ministries of health and NGOs involved in this area can be promoted and supported.

**Collaborative Experiences with NGOs**

8. In addition to the NGOs with which PAHO maintains official relations, for years the Organization has been actively engaged in collaboration with NGOs through informal relationships.

9. Some examples of successful collaboration are mentioned below:

(a) Work on the health of indigenous peoples has been under way since 1993 through tripartite coordination among ministries of health, NGOs that work on indigenous issues, and PAHO. This collaboration has made it possible to adequately address the problem of the health of indigenous peoples to advance toward developing intercultural health systems and addressing the priority problems of these groups.

(b) In January 2000, the American Red Cross and PAHO signed a five-year agreement that complemented the health work program of the national Red Cross societies and ministries of health in 11 countries of the Region. This effort helped reduce mortality and morbidity rates in children under 5.

(c) In January 2003, an agreement was signed between the American Red Cross and the United Nations Foundation/United Nations Fund for International Partnerships (UNF/UNFIP), providing additional support to enhance use of the Integrated Management of Childhood Illness (IMCI) strategy in the community.
(d) In February 2003, the Catholic Medical Mission Board and PAHO signed a three-year agreement to execute and augment the three components of the IMCI Strategy, provide essential drugs, and promote activities to prevent mother-to-child transmission of HIV/AIDS in five countries of the Region.

(e) In 2001, PAHO and Rotary International, in conjunction with its Rotary Clubs in Latin America and the Caribbean, developed an initiative to promote volunteer blood donation as a way to develop a safe blood supply.

(f) Joint efforts have been conducted with the Kellogg Foundation in areas such as adolescent health and the development of nursing services in Latin America and the Caribbean. In addition, the Foundation has collaborated with the Institute of Nutrition of Central America and Panama in promoting food security and adolescent nutrition.

**Working with NGOs in the Future:**

**Identification of NGOs as Potential Partners**

10. In the different institutional relationships, entities must know and understand each others' institutional mission, structure, and modus operandi. For this reason, what determines the successful collaboration of NGOs in specific programs is the identification of those that can be appropriate partners. This requires the Secretariat and the governments to be aware of the advantages, strong points, and unique capacities of NGOs in order to identify those able to contribute positively to an effective working relationship.

**Future steps:**

- Creating a database or organizing information on NGOs working in health and development issues in each country.

- Establishing appropriate selection criteria based on impartiality, technical know-how, and institutional continuity.

**Dialogue on Technical Matters**

11. A debate should be held following the thematic lines of PAHO, such as the strategy for the prevention and control of chronic diseases, the plan for the elimination of rubella, the new Regional Nutrition Strategy and plan of action, and the avian flu preparedness strategy.
**Future steps**

- At the Regional level, promoting and organizing a consultation involving all health partners—ministers of health, PAHO, NGOs, and other institutions—to exchange information, voice concerns, and develop joint cooperation strategies and proposals. These activities could be carried out in existing forums, for example at the OAS, where civil society currently plays an ongoing, active role in issues related to the regional agenda.

- At the national level, holding joint workshops and seminars with interested organizations and with the assistance of the technical personnel from the different areas of Headquarters and the PAHO/WHO Representatives Offices to identify relevant public health issues, set priorities, and explore forms of collaboration.

- Another option would be to consider the possibility of encouraging the ministries of health to include representatives of national NGOs in their delegations to the sessions of the Governing Bodies.

**Operational Collaboration**

12. Once a consensus has been reached on the areas for cooperation, the modalities for working with the NGOs and the ministries of health will have to be determined.

13. In short, NGOs could play roles in three areas:

(a) *Program execution and service delivery*: Health service delivery would probably be the largest area of trilateral collaboration among NGOs, the Pan American Health Organization, and the ministries of health. NGOs tend to be efficient at delivering these services, since they are less bureaucratic and centralized, and they succeed in serving needy populations or people living in marginal areas more quickly.

(b) *Instrument for resource mobilization*: Many NGOs have direct relations with major donors, and PAHO could channel resources from those donors through its programs or projects, allowing governments to expand their sphere of action when responding to the demands of the populations. It is therefore important to carefully review the legitimacy of NGOs and their funding sources.

(c) *Advocacy*: NGOs have demonstrated the capacity to mobilize and promote a global agenda. In light of new threats such as avian flu or natural disasters such as those seen in recent years, and of such current issues as the fight against the AIDS virus and equal access to health services, it is important to revitalize this role and
to invite NGOs to pool their efforts in areas such as health promotion, chronic
diseases, maternal and child health—that is, in priority issues on our regional
health agenda.

**Facilitating Joint Efforts between Governments and NGOs**

14. Given the key role of the PAHO/WHO Representatives as a link between the
Regional Office, the governments, and the different communities, they could facilitate
the creation and consolidation of networks between the governments and NGOs on health
issues.

*Future steps:*

- Promoting and supporting the sharing of information and expertise between the
governments and NGOs, and among the NGOs themselves, through networking.
- Promoting and facilitating collaboration between government services and those
of NGOs in order to foster coordination and avoid the duplication of efforts and
inefficient resource allocation.

**Performance Evaluation**

15. PAHO considers results-based management a means for demonstrating PAHO’s
achievements and commitment to improving health in the Americas. This process should
extend beyond PAHO, i.e., to entities that cooperate with it. That is, NGOs wishing to
open relations with PAHO could also adopt this type of management.

*Future steps:*

- In joint efforts with NGOs, it is essential to establish work plans that clearly
identify indicators that will make it possible to monitor and evaluate joint
activities.

**Dissemination of Information on Successful Experiences**

16. Once cooperative programs with NGOs have been evaluated, successful activities
and good practices should be taken into account. Information on such fruitful experiences
should be shared to serve as a reference in designing subsequent collaboration plans.
Future steps:

• Identify good practices, share them with other countries, and strengthen joint efforts on the basis of the experience acquired.

Conclusion

17. To a large extent, cooperation between PAHO and NGOs takes place through informal interaction.

18. Consequently, the Secretariat will compile a periodic report on the status of PAHO collaboration with these organizations at the regional and country level, to be submitted to the SPBA.

Action by the Subcommittee on Program, Budget, and Administration

19. The Subcommittee is invited to take note of the report and offer guidance on the Secretariat’s proposals to strengthen relations between PAHO and nongovernmental organizations.