57th DIRECTING COUNCIL
71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS
Washington, D.C., USA, 30 September-4 October 2019

Provisional Agenda Item 7.10-D

D. COOPERATION FOR HEALTH DEVELOPMENT IN THE AMERICAS: PROGRESS REPORT

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in the implementation of Resolution CD52.R15 (2013) (1), Cooperation for Health Development in the Americas, and its related Policy Document CD52/11 (2013) (2) on the same subject, establishing that: “The goal of the policy is to strengthen cooperation among countries and horizontal partnerships within and across regions in order to proactively share health solutions that effectively and sustainably address common health problems, particularly in priority areas such as facilitating universal access to health care and addressing the social determinants of health. Cooperation among countries and horizontal partnerships can also be used to tackle equity issues and asymmetries within and among countries. Shared solutions and exchanges should be increasingly evidence-based in order to strengthen the scientific approach to these types of cooperation.”

2. Resolution CD52.R15 requests the Director of the Pan American Sanitary Bureau (PASB, or the Bureau) to “present the Directing Council or the Pan American Sanitary Conference with periodic evaluations of the implementation and impact of the policy on cooperation for health development in the Americas, especially cooperation which, for the Organization, involves resource mobilization in order to highlight the possible challenges and success factors that could help to further improve the policy, beginning with the 29th Pan American Sanitary Conference”. In response to this request, in 2017 the first progress report was presented to the 29th Pan American Sanitary Conference (Document CSP29/INF/7). This is therefore the second progress report on this subject (3).
Analysis on Progress Achieved

3. To report on compliance with the mandate of the resolution and policy document on cooperation for health development in the Region of the Americas, this document has been structured around the policy’s guidelines with respect to the Bureau’s functions: a) convening and advocacy; b) brokering and knowledge-sharing; and c) building partnerships and mobilizing resources.¹

Convening and advocacy

4. Advocacy for South-South and triangular cooperation has continued in various international forums. These efforts were evidenced in the reports of the United Nations Secretary General to the General Assembly in 2017 and 2018, which recognized PAHO as an important partner for policy development and dialogue in this field (4, 5).

5. In order to integrate the guidelines of the policy document into the day-to-day work of the Organization, cooperation among countries is a practice that has been institutionalized through its inclusion in strategic documents at the regional level (such as the Sustainable Health Agenda for the Americas 2018-2030) (6) and the global level (such as 13th General Programme of Work 2019-2023 of the World Health Organization [WHO]) (7).

6. PAHO is part of the United Nations interinstitutional mechanism for South-South and triangular cooperation. This participation has been instrumental in ensuring health a prominent place on the global agenda of various events that address this issue, specifically the Global South-South Development Expo (2017 and 2018 events), the celebration of the United Nations Day for South-South Cooperation and, more recently, the second High-level United Nations Conference on South-South Cooperation in March 2019.

Brokering and knowledge-sharing

7. To continue supporting cooperation among countries for health development (CCHD),² and considering the opportunities and challenges that this type of cooperation implies, the Bureau has created a financing mechanism for projects promoting cooperation among countries, accompanied by procedural guides, project templates, and reporting and monitoring mechanisms. These materials have been made available to national counterparts and strategic partners through the PAHO website.

8. The financing mechanism for cooperation among countries has supported six projects, through which PAHO has facilitated exchanges among 26 Member States, six of which are key countries³ and another 15 are members of the Caribbean Community (CARICOM). These exchanges address 30 outcomes and 12 program areas of the PAHO Strategic Plan 2014-2019 (Amended) (8). Some of the achievements and results of

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¹ See paragraph 21 of CD52/11, which describes these functions in greater detail.
² See: www.paho.org/cchd.
³ The key countries are indicated in the PAHO Strategic Plan 2014-2019 (Amended) (8).
four of the six projects under implementation for a period of more than six months are detailed below.

9. With regard to activities under the project entitled, “Toward Universal Health for the Population of the Chaco Region of South America”, implemented in the period encompassed by the report (2017-2018), with the participation of Argentina, Bolivia, Brazil, and Paraguay, the following results were obtained:

a) Potable water systems were installed in two hospitals, 17 rural communities, and 18 indigenous communities, benefiting 1,240 indigenous families and 1,475 rural families.

b) Partnerships have been consolidated between health services and indigenous midwives. This has built trust and increased the number of prenatal visits, with an intercultural approach in which childbirth is attended by skilled personnel and indigenous midwives.

c) Simulation exercises have been used to train local health workers in care for obstetric emergencies. Training has also been provided to workers in health services and emergency and urgent care centers, in order to reduce response times in obstetric emergencies.

d) In general, there is a slight downward trend in maternal mortality in the priority municipalities. There are differences between countries and between municipalities where the situation is critical, such as Tartagal in Argentina, Villamontes in Bolivia, and Teniente Irala Fernández in Paraguay.

e) Community seed banks and women’s savings clubs were created in two municipalities in Paraguay, with support from the joint program for nutrition and food security. Also, several people were trained in the preparation of food with high nutritional value, and organizational capacity was created for the community to monitor the work.

f) In Argentina, a nutritional health program is being implemented in communities within a primary health care framework, benefitting rural communities in the two priority departments of the project.

10. The following preliminary results have been obtained from the project entitled “Advancing public health policies to address overweight and obesity in Chile and the Caribbean Community”, currently in implementation (2017-2019):

a) The CROSQ Council adopted a recommendation to revise the 2010 CARICOM Regional Standard "Specification for labelling of pre-packaged foods" in order to integrate front-of-package labeling specifications and develop a separate standard for nutritional labeling. The Council also endorsed a process and timeline to do so, currently underway with support from the CCHD project.

b) A generic research protocol on front-of-package labeling has been developed and is being implemented in Suriname and Jamaica.
c) An exchange of experiences between Chile and the Caribbean was carried out. The objective of this activity was to gain a better understanding of the Chilean legislation, as well as the processes and key stakeholders for its development and implementation. This involved the participation of a Caribbean delegation comprised of the Caribbean Public Health Agency (CARPHA), Caribbean Law Institute Center (CLIC), Council for Trade and Economic Development (COTED), CARICOM Regional Organisation for Standards and Quality (CROSQ), CARICOM, University of the West Indies, and a representative from Suriname.

d) High-level advocacy and support was noted during the 33rd and 34th Council for Human and Social Development (COHSOD) in September 2017 and 2018, respectively. A progress report was presented at the meeting of chief medical officers in June 2018, and convened a side-event during the 29th Pan American Sanitary Conference.

e) The “Toolkit to support front-of-package labeling regulations” is currently under development and supported by the Global Health Advocacy Incubator (GHAI). This toolkit was approved by PAHO’s publication committee and the peer review process was completed during August-October 2018. PAHO is conducting a final review, and the toolkit is expected to be made available during the second semester of 2019.

f) Healthy Caribbean Coalition (HCC) training on strategic policy advocacy involved 10 CSOs from selected Caribbean countries, and was planned and implemented in collaboration with Vital Strategies and GHAI. As a result, HCC was invited to submit a grant proposal to GHAI to support regional advocacy efforts focusing on nutrition policies, including front-of-package labeling.

g) Front-of-package labeling was one of three policies included in HCC's Childhood Obesity Prevention Call To Action, aimed at mobilizing the public to call on Caribbean Heads of Government to enact priority policies for taxes on sugar-sweetened beverages, a ban on the sale of unhealthy food in schools, and front-of-package labeling.

11. The following preliminary results have been obtained from the project entitled “Improving maternal and child health on the northern border of the Dominican Republic and Haiti”, currently in implementation (2018-2020):

a) It has been possible to establish a baseline and make headway in terms of following maternal and neonatal treatment protocols in 12 hospitals of the region.

b) There have been significant advances in the activities, mainly in terms of training health services staff (maternal and neonatal treatment protocols to help mothers survive preeclampsia at the first level of care, and community IMCI); procurement of equipment to strengthen information systems, including the perinatal information system; and preparation of proposals for community intervention, with a baseline set in the municipalities of Dajabón and Restauración.
c) There has been a reduction in early pregnancy, dropping from six cases in the first quarter of 2018 to two cases in the first quarter of 2019. Maternal deaths were not reported in the hospital during the same period.

d) There is increased access to sexual and reproductive health services and to quality care for mothers, newborns, children, and adolescents in the communities selected for the project.

e) There has been an increase in the number of pregnant women attended at medical facilities, in particular for prenatal care. For example, in the first quarter of 2018, 363 women had an initial prenatal consultation. This number increased to 412 in the first quarter of 2019. The number of institutional deliveries also increased in the same period, from 147 to 190. The capacity of health facilities has increased all along the border with the Dominican Republic in order to provide quality care that meets women’s needs in sexual and reproductive health, as well as maternal, neonatal, and child health.

12. The Bureau has also compiled information on initiatives for cooperation among countries in which PAHO has been directly involved. A total of 109 such initiatives were identified as “completed” and “ongoing” in 2017 and 2018, and 30 were in the “planning” phase. An analysis of the initiatives in the “completed” and “ongoing” categories reveals the following:

a) Most of these initiatives fall under category 4 and category 1 of the PAHO Strategic Plan (health systems, 27%; and communicable diseases, 26%), followed by category 2 (noncommunicable diseases and risk factors, 23%) and category 3 (determinants of health and promoting health throughout the life course, 20%).

b) South America accounts for 45% of the initiatives and the Caribbean and Central America, 28% and 19%, respectively. The remaining 8% correspond to North America and initiatives with other WHO regions.

c) Concerning the 2030 Agenda for Sustainable Development, the initiatives for cooperation among countries contribute to the achievement of 15 of the 17 Sustainable Development Goals (there are no initiatives related to Goals 14 and 15). The vast majority of the initiatives (64%) are related to Goal 3 (Ensure healthy lives and promote well-being for all at all ages), followed by Goal 1 (End poverty in all its forms everywhere) and Goal 10 (Reduce inequality within and among countries), with 8% and 4%, respectively (9).

13. With regard to the project, “Strengthening National and Regional Antimicrobial Resistance (AMR) Detection and Surveillance in CARICOM Member States”, which receives technical support from the Argentine Republic, the following can be reported:

a) During these initial months of project implementation, efforts have focused on informing counterparts about the scope of the project as part of one of the five strategic objectives spelled out in the Global Action Plan on Antimicrobial Resistance.
b) Likewise, collaborative planning activities were undertaken for the project activities, facilitating the design of strategies to monitor, detect, and control antimicrobial resistance.

c) There is great interest among all the partners involved, who have made a commitment to facilitating the implementation of the project, bearing in mind that the capacity to detect antimicrobial resistance varies in the Caribbean region.

d) In order to obtain useful and timely data for decision-making, the project has begun developing an organized surveillance system with standardized work protocols, strict quality control standards, and an established information flow system.

14. It should also be mentioned that PAHO’s experiences with cooperation among countries have been published in several documents with worldwide circulation, including Volume 2 of *Good Practices in South-South and Triangular Cooperation for Sustainable Development (10)*, published by the United Nations Office for South-South Cooperation; the document *Cooperación Argentina [Argentine Cooperation] (11)*, published by the Ministry of Foreign Affairs and Worship of the Argentine Republic; and *Promoting health through South-South and triangular cooperation: selected WHO country case studies (12)*, published by WHO.

**Building partnerships and mobilizing resources**

15. To advance compliance with the mandate of the Governing Bodies and the Member States, the Bureau has created a Virtual Community of Practice for the international relations offices of ministries of health,⁴ so that exchanges between national counterparts can be facilitated and programs for capacity building disseminated.

16. In the period 2017-2018, PAHO allocated US$ 1.9 million⁵ for this cooperation modality and mobilized $1.2 million in in-kind contributions from the Member States through the financing mechanism for cooperation among countries.

17. To strengthen partnerships with strategic actors in South-South and triangular cooperation, PAHO has continued to work with the Ibero-American General Secretariat. This work has resulted in the publication of the report *La cooperación Sur-Sur y triangular en el sector de la Salud en Iberoamérica (13)*.

18. PAHO also continues to work closely with the United Nations Office for South-South Cooperation, especially in the consultations for the design and construction of the South-South Galaxy platform,⁶ which will help broaden the dissemination of good practices and lessons learned in cooperation among countries.

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⁴ This can be accessed at: [http://www.paho.org/oris](http://www.paho.org/oris).
⁵ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.
⁶ For more information, visit: [http://www.unsouthsouth-galaxy.org](http://www.unsouthsouth-galaxy.org).
Action Necessary to Improve the Situation

19. PAHO will continue to work closely with international cooperation agencies, regional integration mechanisms, and the rest of its partners in promoting cooperation among countries for health development.

20. The Bureau will continue its efforts to disseminate good practices and lessons learned in cooperation among countries and provide continuity for the reporting, documentation, and analysis of cooperation among countries and its impact on health development.

21. It will continue to support cooperation among countries on cross-cutting issues (gender, equity, human rights and ethnicity) and with the key countries (Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname) and populations in conditions of vulnerability (for example, children and adolescents, as well as women).

Action by the Directing Council

22. The Directing Council is invited to take note of this report and offer any comments it deems pertinent.

References


