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### **G. 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 (Document CD52/11) (2), which established 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.” Previous reports have been presented in 2017 to the 29th Pan American Sanitary Conference (Document CSP29/INF/7) (3) and in 2019 to the 57th Directing Council (Document CD57/INF/10-D) (4). This is, therefore, the third progress report for Resolution CD52.R15.

#### **Update 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:

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a) convening and advocacy; b) brokering and knowledge-sharing; and c) building partnerships and mobilizing resources.<sup>1</sup>

***Convening and advocacy***

4. The Bureau has continued to advocate for South-South and triangular cooperation in various international forums. These efforts were evidenced in the reports of the United Nations Secretary-General to the General Assembly in 2019 and 2020, which recognized PAHO as an important partner for policy development and dialogue in this field (5, 6).

5. PAHO is part of the United Nations interinstitutional mechanism for South-South and triangular cooperation. This participation has been instrumental in ensuring a prominent place for health on the global agenda. In collaboration with the United Nations Office for South-South Cooperation (UNOSSC), PAHO has contributed to the development of the United Nations System-wide Strategy on South-South and Triangular Cooperation and the Action Plan for South-South Cooperation, which is expected to be endorsed at twentieth session of the High-level Committee on South-South Cooperation, scheduled for 1-4 June 2021.

6. PAHO has organized exchanges of best practices and lessons learned in the response to the COVID-19 pandemic in collaboration with the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA). These virtual sessions focused on the themes “Universal Health Coverage (UHC) and the Coronavirus Crisis — Challenges and Responses: Maintaining Essential Health Services while Responding to COVID-19” and “Post COVID-19: How can countries in the South work together to strengthen health systems around reproductive, maternal, newborn, and child health?”. PAHO’s project on antimicrobial resistance, implemented in the Caribbean Community (CARICOM) Countries with technical support from Argentina, was featured at the event “Promoting South-South Solidarity for SDG-3: Good Health and Well-being” held in the framework of the seventy-fifth session of the United Nations General Assembly.

7. Additionally, together with UNOSSC and the United Nations Office for Disaster Risk Reduction (UNDRR), PAHO co-organized a training course on “Making Cities Resilient: Developing and Implementing a Local Disaster Risk Reduction Strategy to Respond to COVID-19,” reaching over 1,000 trainees at local level across the world.

8. At the 58th Directing Council of PAHO, Member States of the Americas approved Resolution CD58.R9, entitled “COVID-19 Pandemic in the Region of the Americas,” which requests the Director to “continue to develop actions and tools that promote international cooperation, in the framework of Resolution CD52.R15, ‘Cooperation for Health Development in the Americas,’ to respond to the COVID-19 pandemic in the Region of the Americas.”

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<sup>1</sup> For a more detailed description of these functions, see paragraph 21 of Document CD52/11.

***Brokering and knowledge-sharing***

9. To promote cooperation among countries for health development (CCHD),<sup>2</sup> the Bureau has directly supported countries and partners through the development of procedural guides, project templates, dissemination of best practices and lessons learned, and reporting and monitoring mechanisms. These materials have been made available to national counterparts and strategic partners through the PAHO website and the United Nations South-South Galaxy portal.<sup>3</sup>

10. During 2019 and 2020, despite the difficult financial situation, the Bureau continued to directly finance and support five projects under the CCHD framework, thus facilitating exchanges of best practices and lessons learned among 25 Member States, five of which are key countries<sup>4</sup> and another 15 of which are members of CARICOM (7).

11. PASB has been supporting the exchange of best practices and lessons learned between Chile and CARICOM through the project entitled “Advancing public health policies to address overweight and obesity in Chile and the Caribbean Community”. Some of the main achievements include:

- a) PAHO published the document “Front-of-package labeling as a policy tool for the prevention of noncommunicable diseases in the Americas,” which provides an overview of available evidence and a compilation of key arguments and counterarguments for front-of-pack labeling (FOPL).
- b) PAHO, in partnership with the Healthy Caribbean Coalition, the University of the West Indies (UWI), and the Caribbean Public Health Agency (CARPHA), enhanced the visibility of and support for front-of-package warning labeling (FOPWL) by conducting high-level advocacy with PAHO Director Emeritus Sir George Alleyne; former United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover; the United Nations Resident Coordinator for Barbados and the Eastern Caribbean; and CARICOM Assistant Secretary General Douglas Slater. PAHO’s support also included the training on strategic policy advocacy for 10 civil society organizations from selected Caribbean countries.
- c) The 39th Meeting of the Council for Human and Social Development (COHSOD) of CARICOM, endorsed a call to action to urgently accelerate the adoption of effective FOPWL in the Caribbean, as a human rights issue.
- d) The CROSQ Council adopted a recommendation to revise the 2010 CARICOM regional standard on specification for labeling 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 for this

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<sup>2</sup> More information available at: <https://www.paho.org/en/who-we-are/cooperation-among-countries-health-development>.

<sup>3</sup> For more information, visit: <http://www.unsouthsouth-galaxy.org>.

<sup>4</sup> The key countries are indicated in the PAHO Strategic 2020-2025.

initiative, which is currently being carried out with support from the CCHD project.

12. PAHO has supported the joint collaborative efforts between Haiti and the Dominican Republic through the project entitled “Improving maternal and child health on the northern border of the Dominican Republic and Haiti”. The following results of this initiative can be highlighted:

- a) The project contributed to an increase in the number of Haitian women who benefited from a first prenatal visit which increased from 43,884 in 2019 to 46,156 for the period from January to November 2020. Additionally, the number of institutional deliveries increased by 21%, rising from 1,980 to 2,412, despite the overall decrease in health facility attendance due to the COVID-19 pandemic. The project contributed to a twofold increase in the number of cesarean section cases, as a result of improved working conditions and a larger number of hospital deliveries. The cesarean section rate rose from 7% in 2018 to 15% in 2020. As of November 2020, the occupancy rate in the maternity ward of the Ouanaminthe hospital was 150% in comparison with 2018 levels.
- b) Taking into account that the project started in 2017, it is important to note that the maternal mortality ratio decreased from 189.6 (2018) to 108.7 (2020) per 100,000 live births; neonatal and infant mortality rates also decreased from 21.0 (2018) to 9.0 (2020) and 28.2 (2018) to 14.0 (2020) per 1,000 live births, respectively. The reduction in these indicators is significant, particularly during 2020, as important advances were achieved despite the challenges in the delivery of essential health services due to the COVID-19 pandemic.
- c) The project supported capacity development of 162 health professionals in Haiti and 595 in the Dominican Republic, focusing on management of postpartum hemorrhage and complications of obstetric emergencies, emergency obstetric and newborn care, antenatal and postpartum care, reproductive health (infection prevention and control measures in health care settings, maternity wards and at home, and family planning using modern methods). This project also contributed to the availability of equipment and materials, training in the management of obstetric complications, and the use of anti-shock garments.
- d) Maternal mortality surveillance capacity was strengthened through the training of 35 health professionals on health information systems, such as the Maternal Death Surveillance and Response (MDSR) System implemented in the North-East Department of Haiti. In the Dominican Republic, blood management services were also strengthened by conducting capacity-building and ensuring the availability of blood screening reagents.
- e) The Ouanaminthe maternity ward was rehabilitated and furnished with essential equipment for maternal and newborn care. Qualified personnel were deployed from Fort-Liberté hospital to the Ouanaminthe health facility to facilitate emergency interventions. Collaboration and coordination with the National Ambulance Center were strengthened to ensure pre-positioning of ambulances in hard-to-reach areas to facilitate free transportation of women with pregnancy complications.

f) The involvement of community leaders in the health of their communities and of community health workers through integrated health services has increased community awareness of the importance of institutional deliveries; now traditional birth attendants willingly decide to accompany women for deliveries at the Ouanaminthe hospital.

13. PAHO has brokered a partnership between CARICOM and Argentina to leverage the latter's best practices on antimicrobial resistance, which led to the development of project entitled "Strengthening Antimicrobial Resistance Detection and Surveillance at the National and Regional Level in the CARICOM Member States". This project yielded the following results:

- a) Eight Caribbean countries received support for the appropriate use of supplies and reagents provided to detect resistance mechanisms of clinical importance.
- b) Personnel in 12 countries were enrolled in virtual training on laboratory capacity-building for antimicrobial resistance (AMR) detection and surveillance.
- c) Virtual training was provided to 119 participants on laboratory capacity-building for antimicrobial resistance detection and surveillance. The training included (i) standards for internal quality control of susceptibility testing; (ii) capacity-building to detect and differentiate among resistance mechanisms; (iii) detection of emerging resistance mechanisms; (iv) different approaches and techniques for identifying and susceptibility testing of Gram-positive cocci and some fastidious organisms; (v) knowledge on bloodstream infection diagnosis; (vi) remote support for the installation and use of WHONET software for AMR surveillance, data entry, and data analysis.
- d) Nine laboratories in CARICOM Member States are participating in an external quality assessment program and eight received training after follow-up surveys that identified needed performance improvements.

14. PAHO is currently supporting the Dominican Republic in tackling road safety challenges by facilitating exchanges with Costa Rica. The project entitled "Road Safety Improvement in the Dominican Republic and Costa Rica through the Strengthening of Road Safety Management and Regulatory Capacities" has achieved the following results:

- a) The Dominican Republic launched its technical vehicle inspection program, for which Costa Rica provided technical advice based on its years of experience in this area.
- b) Costa Rica is sharing communication products through social media, drawing on the experiences of the Dominican Republic in this area.
- c) A Road Safety Observatory has been established to track and monitor progress on road safety. The observatory also includes manuals, guides, and regulations; plans for data collection, processing, and analysis on injuries and fatalities from road

- traffic accidents; technical vehicle inspection programs; and safer mobility and communication campaigns.
- d) A multistakeholder Technical Data Management Board made up of 19 institutions linked to the traffic, transportation, road safety, and mobility sectors has been convened in the Dominican Republic.

15. In order to address non-communicable diseases in the Region, PAHO is coordinating the project “Institutional Strengthening for Planning and Monitoring of Cancer Control Programs in Latin America,” which is supported by Argentina, Colombia, El Salvador, Guatemala, Panama, Paraguay, and Peru. The project has achieved the following:

- a) PAHO has facilitated the exchange of good practices and lessons learned from the national cancer institutes of Argentina and Colombia through training workshops and onsite visits to ministry personnel in charge of noncommunicable diseases in El Salvador, Guatemala, Panama, Paraguay, and Peru.
- b) The International Agency for Research on Cancer (IARC) has supported target countries in the implementation and deployment of new methods for population-based cancer registries through the CanReg5 tool.
- c) The Bureau has engaged ministries of health, national cancer institutes, and public health practitioners to secure a high degree of commitment to the initiative and ensure follow-up and sustainability of the project.

16. The Bureau has also compiled information on initiatives for cooperation among countries in which PAHO has been directly involved. A total of 106 such initiatives were identified as completed or ongoing in 2019 and 2020, and 35 were in the planning phase. An analysis of the initiatives in the “completed” and “ongoing” categories reveals the following:

- a) All of these initiatives contribute to the outcomes of the PAHO Strategic Plan 2020-2025. Over one third of these initiatives (37%) contribute towards the outcomes 1, 7-11, and 22 related to Access to Comprehensive and Quality Health Services; Health Workforce; Access to Health Technologies; Strengthened Stewardship and Governance; Increased Public Health Financing; Strengthened Financial Protection; and Research, Ethics, and Innovation for Health. The clusters related to Health throughout the Life Course, Quality Care for Older People, Social and Environmental Determinants, and Health Promotion and Intersectoral Action (Outcomes 2, 3, 18, and 19) and Response Capacity, Risk Factors, and Elimination of Communicable Diseases (Outcomes 4, 12, and 17) account each for 20% of the initiatives.
- b) As a result of the COVID-19 pandemic, various initiatives have been launched in the cluster related to Health Emergencies Preparedness and Risk Reduction, Epidemic and Pandemic Prevention and Control, and Health Emergencies Detection and Response (Outcomes 23-25 of the PAHO Strategic Plan 2020-2025).

These initiatives have been of global and regional scope and are related to the following pillars of the WHO COVID-19 Strategic Preparedness and Response Plan (8): (i) Pillar 1 – Coordination, planning, financing, and monitoring; (ii) Pillar 3 – Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures; and (iii) Pillar 9 –Strengthening essential health services and system.

- c) South America accounts for 41.8% of the initiatives and Central America and the Caribbean for 26.31% and 24.86%, respectively. The remaining 7% are initiatives involving North America and initiatives with other WHO regions.
- d) Initiatives within the framework of the 2030 Agenda for Sustainable Development (9) include cooperation among countries contributing to the achievement of the Sustainable Development Goals (SDG), particularly SDG 3: Ensure healthy lives and promote well-being for all at all ages (56% of the initiatives); SDG 1: End poverty in all its forms everywhere with (13%); and SDG 10: Reduce inequality within and among countries (8%).

### ***Building partnerships and mobilizing resources***

17. As mentioned above, PAHO’s experiences in cooperation among countries have been made available to audiences worldwide through several documents and platforms, including Volumes 2 and 3 of *Good Practices in South-South and Triangular Cooperation for Sustainable Development* (10, 11), published by the United Nations Office for South-South Cooperation, and the *Report on South-South Cooperation in Ibero-America 2019* (12), published by the Ibero-American General Secretariat.

18. Through the development of country-driven projects, PAHO has successfully mobilized resources from the India–UN Partnership Development Fund to support the delivery of the Bureau technical cooperation and the response to the COVID-19 pandemic in Grenada (US\$ 100,000),<sup>5</sup> Belize (\$1 million), Guyana (\$968,000), and Trinidad and Tobago (\$1 million).

19. Resource mobilization webinars have been organized with country offices and other relevant entities, targeting opportunities that allow for initiatives under the modality of cooperation among countries, such as the India, Brazil, and South Africa Facility for Poverty and Hunger Alleviation (IBSA Fund); the German Agency for International Cooperation (GIZ) Regional Fund for Triangular Cooperation in Latin America and the Caribbean; and the various United Nations multi-partner trust funds.

20. PAHO also continues to work closely with the United Nations Office for South-South Cooperation to facilitate and populate the South-South Galaxy platform<sup>6</sup> with a view to broadening the dissemination of PAHO’s good practices and lessons learned in cooperation among countries.

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<sup>5</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

<sup>6</sup> See note 3.

### **Actions Necessary to Improve the Situation**

21. PAHO will continue to work closely with international cooperation agencies, regional integration mechanisms, and other development partners to promote cooperation among countries for health development.
22. 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.
23. It will also continue to support cooperation among countries on cross-cutting issues (such as gender, equity, human rights, and ethnicity) and with the key countries and populations in conditions of vulnerability (for example, women, children, and adolescents).
24. Member States are encouraged to continue sharing their best practices and lessons learned, as well as to support exchanges and partnership under the framework of cooperation among countries for health development.

### **Action by the Executive Committee**

25. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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