South-South and Triangular Cooperation in Health

Current status and trends

Summary of findings from an analysis undertaken on behalf of IHP+

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List of Abbreviations

AAA	Accra Agenda for Action
AECID	Spanish Agency for International Development Cooperation
AFRO	African Regional Office (WHO)
ASEAN	Association of Southeast Asian Nations
BRICS	Brazil, Russia, India, China, South-Africa
CPLP	Community of Portuguese Speaking Countries
CSO	Civil Society Organisation
DAC	Development Assistance Committee (OECD)
DFID	Department for International Development (UK)
DP	Development Partner
EAC	East African Community
ECSA-HC	East, Central and Southern African Health Community
EQUINET	Regional Network on Equity in Health in Southern Africa
EU	European Union
G77	Group of 77 (countries)
GIZ	German Development Agency
JICA	Japan International Cooperation Agency
KE	Knowledge Exchange
KS	Knowledge Sharing
LAC	Latin America and the Caribbean
MDG	Millennium Development Goal
MIC	Middle Income Country
NSC	North-South Cooperation
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PAHO	Pan African Health Organisation (WHO's region in the America's)
PPD	Partners in Population and Development
SAARC	South Asia Association for Regional Cooperation
SADC	Southern African Development Community
SEARO	South East Asian Regional Office (WHO)
SIDA	Swedish International Development Agency
SS-GHX	South-South Global Health Exchange
SSC	South-South Collaboration
SSF	South-South Facility (World Bank)
TCC	Technical Cooperation among Countries (PAHO)
TCDC	Technical Cooperation among Developing Countries
TrC	Triangular Cooperation
TT-SSC	Task Team on South-South Cooperation
UN	United Nations
UNASUR	Union of South American Nations
UNDP	United Nations Development Programme
WB	World Bank
WHO	World Health Organisation

1. Structure of the Report

This summary report of our study of South-South and Triangular Cooperation (SSC & TrC) includes the following chapters:

- In Chapter 2 we introduce the background of the study;
- Chapter 3 summarises the main findings in bullet form;
- Chapters 4 and 5 present the scope and methodology of the study;
- Chapter 6 and 7 narrate the findings of our review of documents and internet sites;
- Chapter 8 summarises the perceptions about SSC and TrC among key informants interviewed.
- Chapter 9 includes a shortlist of key references.

Annex 1 includes the Terms of Reference. Annex 2 provides an overview of 60 SSC and TrC initiatives analysed for this study. Annex 3 presents the summary findings from interviews with key stakeholders, including the names and positions of people interviewed from development agencies and from South-countries' government and non-government institutions. Annex 4 includes additional literature on this topic.

2. Background

At the 4th IHP+ Country Health Teams Meeting in December 2012, participants issued a call for action for more communication and better documentation of experiences in South-South Cooperation (SSC). In response, the IHP+ Executive Team decided in March 2013 to further explore the potential role of IHP+, focusing on areas that are clearly placed within the development effectiveness agenda in health.

This report responds to the first step of this initiative: a diagnostic study to document the international experience in South-South Cooperation in health, and to identify key areas of needs. The study was conducted in two phases, the first phase responding to the objectives 1 and 2, and the second phase to objective 3:

1. To review selected country experiences with South-South / Triangular Cooperation, focusing on enabling more systematic learning between countries;
2. To compile an inventory of selected regional and global initiatives and networks that support knowledge exchange and sharing of experience, and summarise current thinking on critical issues in the field; and
3. To assess how traditional development partner cooperation facilitates and/or hampers South-South and Triangular Cooperation.

3. Summary of Findings

Current Status of South-South Cooperation in Health

- **Initiatives of SSC and TrC are not sufficiently documented and shared** by those implementing and promoting them. Existing initiatives are not well known among international development partners, nor among national stakeholders in the countries where they exist. At the same time there is duplication, particularly among knowledge sharing networks and platforms.
- **The documented SSC experiences appear to focus especially on health services delivery**, while the documented TrC experiences focus on a broader range of topics including health services delivery; health financing/ universal coverage; human resources for health; commodities and essential medicines; monitoring and evaluation; health systems research; and aid effectiveness. Based on the interviews with development partners and South-countries' government institutions, both SSC and TrC seem to focus on a similar, broad, range of health system themes.
- **There are regional differences in experience with SSC and TrC**. Latin America has a varied and long-standing experience with SSC and TrC that is not well-known in other regions and not sufficiently shared with the rest of the world.
- **PAHO is the only international organisation that has included SSC and TrC in its organisational policy**. PAHO, Germany/GIZ, UK/DFID and Japan/JICA have a strategy for SSC and TrC. The other international agencies we interviewed support SSC to varying intensity but without a documented strategy. Among the developing country institutions interviewed, only the Ministry of Health in Suriname had a strategy for SSC and TrC which may be indicative of a general situation in Latin America.
- **There is general agreement that SSC and TrC are useful modalities for development cooperation**. All key informants in developing countries and the international development partners who are already involved in such initiatives consider it a 'paradigm that does not require further proof'. Others who are less knowledgeable about this form of cooperation are more critical. Some prejudices remain among DPs, and some respondents in Asia stated that they preferred to learn from models or solutions of the global North rather than from peer countries.
- **Perceptions of the added value of SSC and TrC differ**. Key informants in developing countries stressed the value of learning, capacity building, solidarity, reciprocity and empowerment, while the informants from international DP organisations focused on efficiency, resource use and accountability.
- **The bilateral development agencies interviewed do not have the flexibility to support ad-hoc SSC initiatives unless they are part of an on-going programme**. The World Health Organization (and PAHO) generally has more flexibility to finance ad-hoc SSC initiatives within its biannual budget.
- **There is no internationally agreed definition of SSC and TrC, and there are different perceptions about what should be included under these labels**. Lack of clarity of the concepts, lack of clear policy directions in development cooperation strategies, and lack of flexible and timely financing modalities are constraints for structured and comprehensive support of SSC and TrC.
- **Results measurement is generally weak in SSC initiatives but often stronger in TrC programmes**. The relative weakness of performance measurement in SSC programmes is related to their characteristics. They often have a short-term planning horizon, they are built on a flexible iterative logic of progressive learning, they stress mutual learning and capacity building rather than directly attributable results, and they aim for changes beyond the timeframe of their planning horizon.

Current Trends in South-South Cooperation in Health

- **SSC and TrC are dynamic models of cooperation**. Short term SSC initiatives can develop into long term cooperation, expand to include additional partners or transform into TrC programmes. Responsible factors for this transformation are: (i) a growing interest by international development agencies in South-South learning; (ii) financial constraints by developing countries to scale up partnerships without international assistance; and (iii) shortage of indigenous high-level technical expertise in some health-related areas in developing countries.
- **Interest in SSC and TrC increased in the wake of the 2011 High-Level Meeting on Development Effectiveness in Busan.** According to the OECD the interest is fuelled by different and sometimes conflicting reasons. Among them are more funding of development initiatives by countries with emerging economies, changing global power relations, and economic crises in some high-income countries.
- **Most stakeholders do not consider SSC to be a substitute for traditional North-South Cooperation**. Technical and financial support from the global North continues to play an important role in development assistance. There is consensus that the increasing importance of SSC should not become an alibi for international development agencies to diminish their commitments.

The Way Forward in South-South Cooperation in Health

- **From the interviews and the desk-based review it transpires that there is a need for a more structured (or institutional) approach towards SSC and TrC**. Although this has been stated by many interviewees it was not always clear what a structured approach means. Based on the many and sometimes opposing findings and opinions, we attempt to highlight below the main elements that could support enhancing SSC and TrC. Obviously, the proposed actions (at global, regional and national levels) would need to be developed further, based on additional study and discussion.
- **At the global and regional levels, there is a need to increase the quality and intensity of the exchange of information** on SSC and TrC, starting with an international consensus on operational definitions and criteria for inclusion.
- **International development agencies should make their intentions about supporting SSC explicit and transparent by developing relevant policies and strategies**. For many of them, one major challenge will be to adopt technical-financial modalities for collaboration that recognise the importance of demand-driven approaches.
- **International development agencies may consider global/regional funding modalities** for SSC / TrC which is likely to be more efficient than maintaining bilateral funding and would reduce fragmentation and risk of duplication[1].
- **There is a need to know more about the costs and benefits of TrC compared to traditional North-South Cooperation (NSC)**. We did not find evidence to support the assumptions voiced by key informants in our study that TrC is either more or less cost-effective. Although the cost effectiveness equation is likely to be different for each initiative, a meta-economic analysis would be an important incentive for agencies to develop policies and strategies on TrC.

1 Germany and UK already have established regional (e.g. Germany, in Latin-America, and in the Caribbean) and/or global TrC funds (e.g. UK: dedicated budget of the GDPP for TrC activities with emerging powers). These could serve as examples for other interested international development agencies.

- Countries participating in SSC have to overcome a number of **operational challenges**:
  - **Mobilising resources for predictable funding of sustained SSC and TrC initiatives**. Many SSC activities are ad hoc and short term. Obtaining funds to support effective SSC partnerships requires strategic decisions on TrC in the North, but also a better articulation of needs and demands in the South.
  - **Careful planning**, matching development needs to the offer of assistance, integration in national health or institutional plans, performance monitoring and assurance of accountability.
  - **Monitoring, evaluating and documenting the results of SSC initiatives** in terms of capacity development, reciprocity, and mutual learning in order to be able to make a stronger business case for cooperation within the country and in the negotiations with development partners.
  - **Breaking linguistic and cultural barriers.** While there is value in SSC partnerships among countries with similar historic and cultural roots, there is scope for expansion beyond regional, cultural and linguistic borders.
  - **Strengthening institutional sustainability of SSC partnerships** by including this modality of cooperation in development plans and assigning institutional responsibilities. In our interviews we found that many initiatives depended on the interests of individuals without a strong institutional engagement.

4. Scope of the Study

This study is not a comprehensive or representative review of SSC experiences in health. The range of types of cooperation exchanges among low- and middle-income countries is very large, involving governments, parastatal institutions, faith-based health organisations, NGOs and the private sector. The study is limited to the cooperation initiatives that are published on the internet and that met our search criteria. It provides a limited overview of some of the larger South-South development partnerships with a prominent bias towards those supported by Official Development Assistance (ODA) agencies in Triangular Cooperation (TrC) initiatives.

The term South-South Cooperation (SSC) is applied to partnerships between institutions in developing countries in support of institutional or national development goals, while the term Triangular Cooperation (TrC) refers to such partnerships that, in addition, are supported by a development partner from a high-income country or a multilateral agency. In 2012 the UN High-Level Committee on SSC formulated operational definitions for the two concepts.[1] The labels, however, are used differently by different institutions and in different contexts. The emergence of BRICS and other middle income countries as important actors in international development has further complicated the definitions and blurred the metaphorical North-South imagery[2].

2 The UK's GDPP mentions 'emerging powers'.

In this diagnostic study, we are defining the terms as follows:

South-South Cooperation (SSC) refers to a partnership in which two or more South countries pursue their individual and/or shared national or institutional capacity development objectives. The common factor is that all arrangements should be country-led and based on **exchanges of knowledge, skills or technical know-how** through collective actions and inclusive partnerships, involving governments, civil society, academia or the private sector, for the individual or mutual benefit of the countries involved.

Triangular Cooperation (TrC) refers to an SSC partnership as defined above that is assisted by a development partner of one of the OECD-DAC member countries, an emerging economy, a multilateral agency, international foundation, or international NGO. The assistance may be in the form of financial, technical or administrative support[3].

Based on these definitions, we established the following inclusion criteria for our internet search of SSC and TrC partnerships in health:

- Two or more low or middle income countries[4] are involved in the cooperation;
- A traditional development donor country, emerging economy or a multilateral/ international organisation may be involved either as funder or as enabler of the cooperation between two or more developing countries;
- The main goal of the cooperation is to exchange knowledge, skills and/or technical know-how among developing countries;
- Cooperation may be between governments, parastatal organisations, academia, civil society, or the private sector;
- The cooperation may generate benefits for all partners involved or only for one partner; and,
- Learning or capacity building are explicit objectives of the cooperation, defined as:
  - Knowledge exchange: Exchange of ideas and expertise for health development;
  - Information exchange : Exchange of facts and/or evidence related to human health; or,
  - Skills exchange: Exchange of technical know-how in the health sector.

3 As indicated earlier, currently, definitions on SSC and TrC differ. For example, the national policy of Germany on TrC defines it as 'a cooperation project that is jointly planned, financed and implemented by an established DAC donor (industrialized country), an emerging economy and a beneficiary country' (Strategy Paper 5). So, according to this definition, the scope is narrower (e.g. INGOs are not mentioned as enabling actors) than defined by e.g. OECD. http://www.bmz.de/en/publications/type_of_publication/strategies/Strategiepapier334_05_2013.pdf.

4 As per WB definition. http://data.worldbank.org/about/country-classifications/country-and-lending-groups

5. Methodology and Limitations

In order to develop an operational typology of the trends and landscape of SSC and TrC in health we searched the internet for published documents, websites and other relevant publications in Dutch, English, French, Spanish and Portuguese. We identified 60 SSC and TrC initiatives in health that met our inclusion criteria and which we subjected to further analysis. However we also found many initiatives that could be labelled as South-South or as Triangular Cooperation but that were either not well documented or that did not meet our inclusion criteria.

To deepen our understanding of these cooperation initiatives, we conducted 36 interviews with senior headquarter staff of international development agencies and with key informants in developing countries, including academics, civil society representatives, government representatives and country-based staff of development partners. The list of persons interviewed is presented in annex 3.

The study focused on SSC and TrC in health and is therefore not representative of cooperation in other sectors. While our internet search uncovered a wealth of information about SSC in general, documentation of SSC in the health sector was limited. Some initiatives were mentioned in documents, but we were not able to find any detailed description. More information was available from Latin America than from Asia and Africa. This indicates a problem of documentation and sharing of information about South-South initiatives, but it also points to the fact that Latin America has a much longer track record of implementing SSC and TrC. Databases on South-South initiatives are either incomplete or only list the initiatives of the organisations managing the data.

Most of the information available on the internet is posted by institutions providing financial or technical support to SSC partnerships. Independent reviews or reports by third parties who would potentially have a more objective analysis are very rare.

In accordance with our terms of reference, we intended to conduct in-depth country-specific analyses in five countries. During the interviews, however, it became apparent that key informants at country level had little knowledge of initiatives beyond those that involved their own institution. Our approach to collecting data through desk research, face-to-face and telephone interviews was therefore unlikely to generate enough data for comprehensive country-level analyses. We therefore increased the sample from four to ten countries to compensate the loss of depth with greater breadth of the sampling frame.

6. Overview of South-South Cooperation in Health

The History of South-South Cooperation

The concept of SSC emerged in 1955 during the Afro-Asian Conference in Bandung.[2] In 1978, the UN organised the *Enhancement of Truly Global Partnership for Development* conference, where the *Buenos Aires Plan of Action for Technical Cooperation among Developing Countries (TCDC)* was adopted.[3] It included 38 recommendations with a focus on self-reliance, capacity development among peers, aid effectiveness and communication among developing countries. In the same year, a unit to coordinate and support SSC and TrC was created by the UN General Assembly, the Special Unit for South-South Cooperation hosted by UNDP.

Starting in the 1980s, international NGOs began to invest in South-South cooperation structures and practices as part of their transition from charities to development NGOs. Institutional development of civil society organisations became a major programme focus, soon moving the momentum for cooperation to their partners in the South. Especially social justice and rights activist organisations, as for instance Inter-Pares in Canada[5], began early to build networks of advocacy organisations for mutual capacity-building and to strengthen the global voice of their message for social justice. Others, such as OXFAM[6] or Save the Children followed during the 1990s.

South-South NGO Cooperation in health received a further boost with the emerging response to HIV. Frustrations with the inadequacies of technical assistance provided from the perspective of the early North American and European responses to the epidemic resulted in the emergence of Southern networks and institutions for research and capacity-building dedicated to building evidence for, and disseminating indigenous solutions. One example of such an organisation is SAfAIDS, established in 1994 in Zimbabwe.7 We did not explore SSC among NGOs further in accordance with our terms of reference.

In 1987, leaders of 28 developing countries established The South Commission to strengthen and expand SSC.[8] In the 1990s middle income countries started to gain importance as political actors and to assumed strategic positions on SSC. Countries like Brazil, China, India, Nigeria, South Africa, Mexico and Venezuela started to make economic investments and provide development assistance to low income countries through human resources and technology transfer.[4]

In 2003, the G77 adopted a declaration recognising SSC as a force of solidarity among developing countries and a necessary complement to North-South cooperation (NSC).[5] The Declaration notes that opening trade between developing countries is a key part of SSC. One year later, in 2004, the UN General Assembly (UNGA) transformed the High-Level Committee on TCDC into the High-Level Committee on

5 http://www.interpares.ca/en/index.php

6 http://www.oxfam.org/en

7 http://www.safaids.net/

8 The South Commission became The South Centre in 1995, with 51 developing countries as members since 2012.

SSC, prioritising SSC as a key modality for promoting collaborative initiatives at the national, regional and interregional levels. Subsequently, the UNGA reaffirmed SSC as an important 'development tool' and in 2009 adopted the Nairobi Outcome Document on South-South Cooperation, urging UN programmes and specialised agencies to take concrete measures to support SSC. [6,7,1]

Following the adoption of the *Accra Agenda for Action (AAA)* in 2009, a Task Team on SSC (TT-SCC) was formed. This southern-led platform was hosted by the Working Party on Aid Effectiveness of the OECD-DAC and chaired by Colombia.[9] It focused on aid effectiveness, and knowledge exchange (KE) and provided inputs for the 2010 Bogotá High-Level Event on SSC and Capacity Development, and the 4th High Level Forum on Aid Effectiveness in Busan in 2011. Out of this platform grew the *Building Block in SSC*, a coalition of countries and organisations working towards adopting and implementing a forward-looking agenda on SSC and TrC.[8,9]

At the 4th High Level Forum on Aid Effectiveness in Busan, SSC and TrC were prominent items on the agenda. Several countries, including Colombia, Japan, Indonesia, Brazil and China as well as the African Union worked together on a *post-Busan SSC/TrC agenda*. After the Busan meeting, SSC and TrC have been items on the agenda of several events, such as the meeting of the UN High-Level Committee on SSC and the High-level Meeting on *country-led knowledge hubs* in Bali in 2012. SSC and TrC are also specific agenda items on the First High-Level Meeting of the Global Partnership for Effective Development Cooperation in April 2014.[10],[11]

South-South Cooperation and Development Effectiveness

The prominence of SSC in the international development dialogue has grown in the last decade. This is partly due to the growing economic power of the South.[12] Increasingly, Southern countries are taking ownership of their development, identifying problems and finding and/or adapting Southern solutions.

SSC and NSC have different historical backgrounds. SSC is not limited to 'aid' as classified by the DAC, since it includes other types of financial flows and cooperation. SSC is practiced extensively by non-DAC emergent economies comprising a heterogeneous group of countries with diverse experiences in development cooperation. SSC and NSC find each other in TrC (or South-South-North Cooperation) where a 'Northern' development partner provides financial contributions and technical or administrative assistance to initiatives that link two or more 'Southern' countries in a programme of technical cooperation.

9 www.southsouth.info ; www.southsouthcases.info

10 http://effectivecooperation.org/wordpress/wp-content/uploads/2014/03/SecondDraftoftheMexicoHLMCommunique.pdf

11 The study was completed prior to the Meeting in Mexico

12 From 1990 to 2008, world trade increased almost fourfold, but South-South trade multiplied more than 10 times. By 2010, Southern countries accounted for 37 per cent of global trade, with South-South flows making up about half of this total.

The Paris Declaration on Aid Effectiveness in 2005 established quantifiable goals to enhance the effectiveness of development cooperation. It did, however, not mention the emergence of new development partners from the global South. The Accra Summit in 2008 was an important step toward closing this gap. The preparation of the Summit was more inclusive, headed by a Working Party on Aid Effectiveness that integrated recipient countries and non-DAC providers of development assistance such as China, Thailand, Mexico and Colombia. Although the *Accra Action Plan* (AAA) was still structured around two types of cooperation actors (donors and recipients), it included the first recognition of a third category of countries with a dual character and their contribution to international development.

Prior to the Accra Summit, non-DAC donors and partner countries identified the strengths and weaknesses of SSC. Among the strengths, they considered the (i) availability of increased resources to pursue national development plans and meet MDGs; (ii) value of South-South learning and sharing of know-how; and, (iii) fewer transaction costs and conditionalities. The weaknesses that were mentioned included (i) lack of information and transparency in agreements; (ii) little adherence to the principles of aid effectiveness; and, (iii) capacity constraints among non-DAC development partners in terms of human resources and coordination. [10]

The Busan conference in 2011 introduced important shifts in the 'aid effectiveness' agenda and made space for a more inclusive partnership, significantly by changing the frame of the discussion from aid effectiveness to development effectiveness. This meant recognising the multi-stakeholder nature of the new international development cooperation architecture and going beyond Official Development Assistance (ODA) to incorporate other international cooperation flows. A wide array of actors were invited to participate on an equal footing in the conference, including Southern providers of development assistance as well as civil society organisations (CSOs), the private sector, local governments, parliamentarians, youth groups, international organisations and multilateral development banks.

While the *Busan Outcome Document* was an important step towards building a common platform among DAC and non-DAC development partners, some consider that the conference failed to define commitments, particularly from Southern providers of development assistance. Critics noted that the absence of tangible pledges and of sector specific commitments may compromise progress on achieving greater development effectiveness in health.[11]

Regional Summary of South-South and Triangular Cooperation in Health

LATIN AMERICA AND THE CARIBBEAN

South-South Cooperation has been an integral part of bilateral cooperation in Latin America and the Caribbean (LAC) since the 1960s and acquired more prominence in the 1990s. The LAC region hosts many regional and sub-regional multilateral organisations and platforms that facilitate dialogue, learning, consensus-building and technical support for development, including in health.

Argentina played a leadership role in hosting the First UN Conference for TCDC in 1978, which issued the *Buenos Aires Plan of Action for Strengthening South-South Cooperation*.[3] Other countries in LAC, such as Brazil, Cuba, Mexico, Chile and Venezuela have engaged in SSC with other LAC and African countries, usually in the form of technical cooperation and capacity building (Brazil, Argentina and Mexico) but often also by providing human resources (Cuba, Venezuela) and building health infrastructure (Brazil, Venezuela). While all these initiatives are considered to be SSC by participating countries, we are only considering them in this report if they are within the study boundaries, i.e. cooperation between two or more countries with explicit exchange of knowledge, information and/or skills.

In addition to bilateral cooperation, the countries in the LAC region are also increasingly entering into TrC partnerships with multilateral organisations and OECD-DAC development partners, such as Germany and JICA (see above). In the 1980s, PAHO started to launch the *Technical Cooperation among Countries* programme (TCC), an instrument to accelerate health development by taking advantage of the existing capacities in member countries to promote knowledge-sharing and networking collaborations. TCC is guided by the principles of cooperation contained in the *Buenos Aires Action Plan*. Another example of regional SSC in health in LAC was the establishment in 2008 of the South American Health Council, UNASUR-Health, aiming to reduce social and health inequities in the region. UNASUR-Health works at the ministerial level to promote South American regional integration in health by establishing policies based on mutual agreements, and by coordinating activities and cooperation efforts between countries.[12]

The institutional support of SSC by regional organisations in the LAC region is particularly significant for the agenda of regionalising capacity and knowledge as an instrument for promoting national development. It is an example of regional health diplomacy, aiming to confront national health issues in cooperation with international entities.[13, 14]

ASIA AND PACIFIC

In Asia, MICs such as China, India and Thailand are providing bilateral developing assistance in health, through mobilising health care staff (China), developing health infrastructure (China), technical cooperation in pharmaceutical development and access to essential medicines (India and Thailand), and controlling infectious diseases (India, China).[13] [15]

Japan and South Korea also promote SSC in health. As mentioned above, JICA has a strategy for SSC and TrC, providing financial support to SSC mainly through training and learning exchange programmes[14].[24] JICA has also supported the development of SSC-specific management tools.[16, 17] South Korea joined the DAC in 2009 and stepped up efforts to enhance the effectiveness of its development cooperation practices, through, for example, the *Knowledge Sharing Programme of the Korean Development Institute*.[15]

At a regional and multilateral level, the Association of Southeast Asian Nations (ASEAN) has developed a *Regional Action Plan on Healthy Lifestyles* to strengthen cooperation among ASEAN member countries. The Regional Office of WHO (SEARO) promotes SSC and TrC in cooperation with the South Asia Association for Regional Cooperation (SAARC) aiming to strengthen SSC among eight countries.[16] SAARC has technical committees dealing with priority issues in several sectors, including health and population.

AFRICA

In Africa, there are fewer examples of SSC initiated by African countries. South Africa is in a special position to engage in SSC in the region. The South African Department of International Relations and Cooperation maintains bilateral relationships with a number of African countries through Joint Commissions on Cooperation.[17] However, some believe that South Africa has not yet profiled itself as a pivotal country for SSC or TrC.[18] Kenya participates in a number of TrC partnerships in research with support from JICA. Under this initiative, national research institutions such as the Kenya Medical Research Institute act as centres of excellence for other countries in the region.

Regional institutions such as the East, Central and Southern African Health Community (ECSA-HC), the Southern African Development Community (SADC), the Eastern African Community (EAC), the West African Health Organisation (WAHO), as well as the African Regional Office of WHO (AFRO) are to varying degrees involved in promoting inter-country cooperation in health and provide fora for exchanges between countries, but they do not have specific programmes or strategies for SSC or TrC.

There are, however, a number of regional topic-specific initiatives or organisations for SSC in health in Africa. One example is the Regional Network on Equity in Health in Southern Africa (EQUINET), a multi-stakeholder network to promote equity and social justice in health in the SADC countries. EQUINET

13 China: www.fmprc.gov.cn/eng; India: itec.nic.in; Thailand: www.tica.thaigov.net/tica

14 www.jica.go.jp .

15 http://www.ksp.go.kr/

16 Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka

17 http://www.dfa.gov.za/

provides a regional forum for dialogue, learning, sharing of information and experience and critical analysis.[18] In francophone West-Africa, the UEMOA is promoting SSC in various health domains, such as: harmonization of pharmaceutical regulatory systems; public health research[19]; strengthening regional laboratories; etc.

INTER-REGIONAL SSC

Inter-regional initiatives promoting and supporting collaboration in health are mostly established by governments or multilateral organisations. The *Strategic Plan for Health Cooperation* of the Community of Portuguese Speaking Countries (CPLP/PALOP) aims to contribute to strengthening health systems in its member states spread across Latin America, Africa, Asia and Europe.[20] Another example is the IBSA Fund, originated by Brazil, India and South Africa. Each country contributes one million US$ per year to projects that address poverty and hunger throughout the world, including projects in health. The trust fund is managed by the UNDP's South–South Cooperation Unit and is overseen by a board of officials from the three countries.[21] The Asia-Pacific Action Alliance on Human Resources for Health[22] exists 7 years, and is another example of country-led SSC at the regional level.

TRC OR SOUTH-SOUTH-NORTH COOPERATION

The support of SSC by international development partners who are members of the OECD–DAC generally falls under the category of TrC, although the type and level of participation of the 'Northern' partner in these triangular relationships differs.

Not many bilateral DPs have a specific policy on TrC. However, several DPs have strategies for TrC, while others are involved in TrC without having explicit policies of strategies.

- The German Ministry on Foreign Affairs (BMZ) has a specific policy and budget line for TrC and has financed TrC in Latin America and Africa.[19]
- The Japanese Development Agency, JICA, has a policy and a strategy for SSC and TrC. Japan has a relatively long track record on SSC/TrC. Its strategies are included in its ODA Charter of 2003 and in its 2005 ODA plan. Japan's Ministry of Foreign Affairs also produced a white paper (2012) indicating the broad directions of regional priority areas of intervention. The Agency supports a number of SSC programs in health, for instance cooperation in nursing education in Central America and cooperation in hospital quality management between Sri Lanka and a number of African countries.
- For AECID, Spain's Development Agency, TrC is a 'strategic opportunity' and the Agency sees itself increasingly in the role of an 'enabler' of TrC.[20]

18 http://www.equinetafrica.org/

19 For example, support to collaboration between INRSP/Mali and research institutes in neighboring countries (Burkina Faso; Niger)

20 www.cplp.org/id-3333.aspx

21 http://www.ibsa-trilateral.org/about-ibsa/ibsa-fund

22 http://aaahrh.org

- DFID/UKAid uses TrC as an important modality to strengthen cooperation with 'emerging powers', to focus on regional results, and/or in developing countries in partnership with these emerging powers. In particular, DFID works with China, Brazil, India and South Africa, and, to a lesser extent, on Gulf countries. These TrC activities are part of a larger 'Emerging Powers Initiative' (EPI) established in 2010. In 2011, DFID established the Global Development Partnership Programme (GDPP), which provides support, e.g. training; sharing of experts; technical cooperation; joint research, to these partnerships. This GDPP is managed centrally [24]. Funding research is another modality to promote SSC.
- SIDA (Sweden) has no formal policy on TrC but refers to these modalities in action plans and strategies. [e.g. 21] It promotes SSC mainly through funding research.
- DGOS (Belgium) and DGIS (the Netherlands) do not have specific policies. However, DGOS's multi-sector strategy on cooperation with MICs includes TrC as one of the main modalities for channelling support [22].

Several multilateral agencies support South-South Knowledge Exchange (KE) programmes or Knowledge Sharing (KS) networks. The World Bank (WB), for example, established the South-South Facility (SSF) in 2008 as a trust fund in support of KE. The main contributors to the trust fund are DAC members, but there are also some non-DAC contributors. The SSF supports knowledge exchange between countries and documents the experiences on its internet site.[23]

The Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD-DAC) has hosted several SSC initiatives such as the *Task Team on South-South Cooperation* (TT-SSC), the *Building Block on SSC* and the *Global Partnership for Effective Development Cooperation*.

While the EU has no specific strategy for supporting SSC in health, it supports a number of regional South-South KE projects through programmes such as EuroSocial, a technical cooperation programme for the promotion of social cohesion in Latin America.[24] The Directorate General for Research of the European Commission funds several health research programmes implementing KE through SSC.

More common, however, are topic-specific initiatives promoted by a combination of stakeholders with the specific aim of sharing knowledge. One example is the *South-South Global Health Exchange* (SS-GHX), established by the UN Office for South-South Cooperation in partnership with PAHO for *knowledge sharing and exchange among developing and developed countries on successful practices for health and development*.[25] Another collaborative multi-partner initiative supporting SSC is *Harmonization for Health in Africa* (HHA), *a mechanism to facilitate and coordinate the process of country-led development in all aspects of health systems strengthening*.[26] Many research initiatives also promote KE or KS, for example the *Health Research Web* (HRWeb) managed by the Council on Health Research for Development. HRWeb is an internet-based information platform for inter-country cooperation in health research.[27]

23 http://wbi.worldbank.org/sske/
24 http://www.eurosocial-ii.eu/eurosocial/que-es-eurosocial/el-programa-eurosocial
25 http://www.southsouthconference.org/EXTERNAL/SS-GHX.pdf
26 http://www.hha-online.org/hso/
27 https://www.healthresearchweb.org/

7. Modalities of South-South Cooperation in Health

The methodological limitations of our review of SSC and TrC initiatives are detailed in the annexes 2 and 3[28]. There are, as yet, no internationally accepted definitions of SSC and TrC and there is no comprehensive database for such initiatives. A global survey of all potential partners in SSC and TrC initiatives is not feasible. The sample of 60 initiatives we reviewed is therefore biased towards larger initiatives that are published on the internet.

South-South Cooperation

South-South Cooperation involves the exchange of technology, knowledge or skills among low-income or middle-income countries. In distinction to Triangular Cooperation, it does not include financial or technical assistance by a traditional bilateral or multilateral development agency, foundation or international NGO. SSC initiatives exist in great abundance, but in a dynamic global economy they are increasingly more difficult to categorise. According to the definition, technical assistance provided by an organisation in Portugal to a country in Africa is North-South Cooperation, but similar assistance provided by a Brazilian organisation is considered South-South Cooperation. Only in terms of geography is this distinction still entirely meaningful.

Among the 60 initiatives we found in our internet search, examples of SSC are quite rare and primarily located in Latin America. From experience, we know that SSC is much more common, but most of the initiatives are not published on the internet because they are relatively small, or because they are embedded in economic or political cooperation programmes and not documented beyond the programme context. Quite often, initiatives start as cooperation between two or more low- or middle-income countries, but as they expand their need for investment increases or they come to the attention of multilateral development organisations and thereby transit into the category of Triangular Cooperation. Once again, there is no precise definition of the point where this transition occurs.

SOUTH-SOUTH COOPERATION PROJECTS

The cooperation projects in our sample are almost exclusively between governments or governmental institutions. The countries receiving technology or skills transfer generally contribute to financing the projects. The focus of the projects is mainly on health care delivery, and there is little or no effort for performance measurement.

Brazil, for instance, has a history of providing capacity-building support and technical assistance for designing and implementing HIV treatment strategies to Angola, Botswana, Burundi, Guinea-Bissau, Mozambique and São Tomé and Príncipe. In addition, Brazil transferred the technology for producing anti-retroviral drugs to Mozambique, and in the context of some projects donated anti-retroviral drugs manufactured in Brazil.

28 . The database of 60 SSC/TrC initiatives is available on request.

Another example of SSC is the Human Milk Bank Network which started as a series of bilateral cooperation projects between Brazil and other Latin American countries. It gained momentum under the umbrella of the Ibero-American Conference and was scaled-up to a regional network including Argentina, Brazil, Bolivia, Paraguay, Uruguay, Venezuela and Colombia. The cooperation was financed by the participating countries with Brazil assuming the largest share. Later, traditional development partners such as UNICEF bought into the project, ultimately transforming it into a project of Triangular Cooperation.

SOUTH-SOUTH COOPERATION NETWORKS

A number of regional inter-governmental institutions such as UNASUR, CPLP, ECSA or ASEAN host networks for cooperation in health. Member states contribute financially to fund joint action plans. The collaboration is long-term, focusing on strengthening national institutions, sharing experience and expertise and working together towards national and regional priorities. The networks are part of a wider regional political and economic agenda, and tangible results of the cooperation in terms of health outcomes are often difficult to identify. Few of these networks have established mechanisms for performance measurement.

An example of this type of regional SSC is the *Network of National Health Institutes of the Union of South-American Nations* (RINS-UNASUR). In this network, the National Public Health Institutes of UNASUR are leveraging their individual capacities in a joint effort to control malaria, dengue and plague. As with the cooperation projects, traditional providers of development assistance sometimes become involved as funders or facilitators, transitioning them into TrC initiatives. Examples include the *East Africa Public Health Laboratory Network* which was established by ECSA and is currently supported by the World Bank with activities for strengthening the capacity of public health laboratories in Kenya, Rwanda, Tanzania and Uganda. Another example is the electronic library of the CPLP supported by WHO, a platform for collaboration, sharing information and capacity building in human resources for health among Portuguese-speaking countries.

Another type of South-South network cooperation are thematic networks. Most of these are established by governments such as the *Pan-Caribbean Partnership against HIV and AIDS* (PANCAP)[29] or *Partners in Population and Development* (PPD) [30]. Network members can be national governments as well as public, private and civil society organisations. Their aim is to coordinate national and multi-country responses to specific health issues, act as a clearing house for information, build capacity through pooling of expertise, mobilise resources and share information among members. The networks are initially funded by their members, but as they successfully mobilise resources from traditional sources of development assistance, they invariably become TrC initiatives, although they are often not seen as such by their founders.

PPD is an inter-governmental organisation formed during the International Conference on Population and Development in 1994 for promoting South-South Cooperation in the field of reproductive health, population, and development. PPD started with 10 founding member countries and has since grown to

29 http://www.pancap.org/en/

30 http://www.partners-popdev.org/

25 members in low- and middle-income countries covering 57% of the world's population. The Secretariat of PPD is based in Bangladesh and the programme office for capacity building in China. PPD maintains a permanent observer position at the United Nations. Although the organisation is governed and directed by its members, a significant proportion of its financial support comes from the Rockefeller Foundation and a number of multilateral and bilateral development partners. It is one of the examples where the distinction between SSC and TrC requires further definition.

Triangular Cooperation

Triangular Cooperation is widely practiced by bilateral and multilateral ODA agencies, international NGOs and foundations. In our sample, we were able to differentiate between TrC initiatives that focus primarily on capacity and skills development, and initiatives that have knowledge sharing as their main objectives, although there are wide areas of overlap between them.

CAPACITY AND SKILLS DEVELOPMENT

Capacity and skills development is the most common objective in TrC initiatives, pursued through technical cooperation, learning exchange and training projects. Health systems practitioners or specialised institutions in low- or middle-income countries assist in the development of skills and capacity in other low- or middle-income countries with financial and/or technical assistance by an international development agency. In most cases the initiatives are financed entirely by this agency, however in the case of TrC supported by multilateral agencies such as PAHO, all member countries contribute financially, including those receiving the capacity or skills transfer.

The projects implemented under these initiatives focus on a variety of topics such as health care delivery, health commodities and technology, (including policy development on and management of essential medicines), monitoring and evaluation (including health information management) and human resource development. Recipients of skills or capacity transfer are usually governments or governmental institutions and enablers include a variety of international organisations, NGOs, universities and governmental institutions. The majority of projects have a results measurement framework and results are reported in documents and internet sites.

The principles of the GIZ Triangular Cooperation in HIV are:

- all projects should be demand driven and country led;
- all projects should be aligned to national policies and the strategic planning of partner countries;
- the beneficiary country shall lead the cooperation process in each project phase;
- each step of the project shall be subject to agreement of all partners (Brazil, Germany and partner countries);
- all projects shall include and use local and regional knowledge and experiences. External knowledge and experiences may serve to complement local knowledge/ experiences provided they strengthen local initiatives and strengthen sustainability, and;
- all projects shall aim to strengthen and consolidate health systems of partner countries.

International agencies that have been particularly active in promoting and documenting this type of TrC are JICA and the GIZ. One example is the GIZ *Supra-regional HIV/AIDS Control Programme in Latin America, the Caribbean and Africa*. Together with its Brazilian partners, GIZ supported 21 LAC countries in the development of their national AIDS control programmes. In 2009, this cooperation was extended to African countries. Measures included: Supporting partner countries in the development and implementation of national strategies and public policies; training, and promoting dialogue and cooperation among partner countries.

Another example is the Third Country Training Programme (TCTP) of JICA. Under this scheme, low and middle-income countries train professionals from partner countries, looking to build the capacity of participants while also exchanging knowledge. So far JICA has funded 177 courses in 36 countries. JICA has, for example, collaborated with the Faculty of Medicine, Suez Canal University in Egypt and the Egyptian Fund for Technical Cooperation with Africa, to offer courses in clinical immunology of infectious diseases to international trainees.

An example of technical TrC supported by multilateral agencies is EUROsociAL, the EU-funded *Regional Programme for Social Cohesion in Latin America.* Under the programme, a variety of European institutions act as facilitators for public policy development in 18 Latin American countries. Although EUROsociAL funds primarily partnerships between European and Latin American institutions, it includes the support to SSC within projects as one of its principles. In health, EUROsociAL works on issues of equity in health, access to services, access to medications and human resources.

KNOWLEDGE EXCHANGE AND KNOWLEDGE SHARING

The exchange and sharing of knowledge among developing countries is the objective of knowledge exchange programmes and knowledge sharing networks supported by bilateral and multilateral development agencies. The KE programmes award grants to support South-South learning and exchanges, peer consultations and virtual networks. The programmes may have a long-term vision but the supported projects are usually of short duration. Governments and research institutions are both recipients and enablers of these exchanges. The South-South learning is generally well structured and results are captured, not only in terms of the individual projects, but also about the learning process itself.

Examples of such KE programmes are the *Translating Research into Action Project* (TRAction) supported by USAID, the *Asia-African Knowledge Cooperation Programme* supported by JICA, and the *Korea Knowledge Sharing Programme* of the Korea Economic Institute of America supported by UNDP, the OECD and the World Bank. The South-South Facility (SSF) of the World Bank and the TCC programme of PAHO/WHO are further examples of such facilities.

There are many examples of projects funded by one of these KE platforms. One example is the partnership for health reform between Mexico and the Philippines developed with facilitation by the World Bank SSF and funded under the project *Achieving Universal Health Care in the Philippines.* In this project, the Philippines was initiating a health care reform to achieve Universal Health Coverage and was assisted by Mexico which had initiated similar reforms earlier. The partnership involved exchanges among policy-makers and capacity-building of the Philippine Department of Health and Health Insurance Corporation.

Knowledge sharing (KS) networks represent another type of TrC initiatives for capacity development. They usually link research institutions regionally or globally to share health system knowledge with policy makers and with a wider audience, including public, private and civil society organisations. The focus of these initiatives tends to be on the sharing of knowledge and information on health systems research, health financing and monitoring and evaluation. Some KS initiatives also promote capacity building through strengthening research institutions or technology and asset transfer. Many initiatives were initiated by non-state actors and are funded by a variety of bilateral, multilateral organisations and foundations. The main medium for knowledge exchange is through websites, electronic databases and online discussion, almost always with a long-term vision (i.e. more than 12 months).

One example of a KS initiative is the *South-South Global Health Exchange* (SS-GHX), established with cooperation by PAHO by the UN Office for South-South Cooperation. SS-GHX offers both on-line and off-line platforms that provide opportunities to exchange health information, knowledge and technology. The internet site features health challenges and solutions in fields such as product/technology, practice/approach, research/innovation, policy, traditional medicine, and E-Health. Offline services are provided to facilitate matching needs and solutions. There is a collaborative network of country centres, Ministries of Health and WHO/PAHO country offices.

Yet another example is the *Joint Learning Network for Universal Health Coverage* (JLN-UHC)[31], administered by the ACCESS Foundation and funded by the Bill and Melinda Gates and the Rockefeller Foundations. It facilitates a network of policy makers and practitioners from low- and middle-income countries that are implementing health financing reforms. Resource countries include those in more advanced stages of reforms. The network provides a learning fund for JLN member countries to sponsor site visits, secondments, regional events, technical assistance and research.

31 www.jointlearningnetwork.org; Member countries are Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Thailand, and Vietnam.

Overview of SSC and TrC Modalities[32]

	South-South Coop.	Triangular Cooperation		
Types of cooperation	Technical cooperation & networking	Technical cooperation & training	Knowledge exchange (KE) programmes	Knowledge sharing (KS) networks
Activities	Technical assistance; technology transfer; capacity building	Technical assistance; technology transfer; capacity building; exchange visits; study tours; internet sites	Exchange visits; study tours; trainings; peer reviews	Internet sites; discussion groups; on-line fora; databases
Cooperation partners	Governments and public institutions	Ministries and public institutions, international agencies, NGOs, academic institutions	Multi-stakeholder, including research institutions, Ministries, NGOs, international agencies	Multi-stakeholder, including research institutions, Ministries, NGOs, international agencies
Main funding sources	Participating partners	Bilateral and multilateral development agencies	Bilateral and multilateral development agencies; Foundations	Bilateral and multilateral development agencies; Foundations
Duration	Short-term projects, sometimes in a programme with long-term vision	Long-term vision but often translated into short-term projects	Short term projects	Long-term vision and long-term implementation
Performance monitoring	Results rarely monitored	Results monitored, documented and shared	Results monitored, documented and shared	Results rarely monitored

32 The JICA Research Institute published a comparative study on triangular cooperation mechanisms established by Germany, Japan, and the UK [24]. This study describes into detail financial and managerial procedures – including important differences between these key players on TrC. The authors recommend that more research be done to better document modalities of SSC/TRC beyond these three actors.

8. Stakeholder Perceptions of SSC and TrC

In order to collect information about the knowledge, experience and appreciation of SSC and TrC models of cooperation among stakeholders, we interviewed 36 senior technical and management staff of international development organisations at headquarters and field level and of government, academic and civil society organisations in ten developing countries[33]. The information collected about their organisation's involvement in SSC and TrC initiatives has already been summarised under previous headings. This section summarises the perceptions of senior staff participating in these initiatives. More details are presented in the annex 3.

Among international organisations, interest in SSC and TrC has increased since the High-Level Meeting on Development Effectiveness in Busan 2011. This was confirmed in several interviews and is also noticeable because of increasing references to these modalities on the agency's internet sites. Among respondents from developing countries, the levels of awareness about SSC in health varied greatly. The Acting Director of Public Health in Suriname provided evidence of several cooperation partnerships with countries in Latin America and the Caribbean in which his Ministry had taken an active role. This was in stark contrast to responses from institutions and Ministries of Health in Africa. Most respondents could not cite more than two examples of SSC or TrC. NGOs appeared to be more aware, but only three were included in our interview list. Although based on a limited sample, our interviews suggest that there are SSC and TrC initiatives in health in Africa, but that they are most frequently pursued in an ad hoc opportunistic fashion. This is in sharp contrast to Latin America where SSC and TrC appear to be firmly embedded in the architecture of regional development cooperation.

Several respondents across all groups noted that South-South Cooperation is a paradigm for development assistance that does not need further proof. While respondents from developing countries stressed empowerment and reciprocity as main achievements, respondents from international agencies tended to focus on efficiency and appropriate use of resources. All agreed that a structured approach to cooperation in projects of longer duration is a key to successful South-South development partnerships. A structured approach implies careful planning matching development needs to the offer of assistance, integration in national health or institutional plans, performance monitoring and assurance of accountability. Several respondents also mentioned that SSC offers better value for money because of generally lower costs than traditional NSC. They were, however not able to provide evidence. Economic meta-analyses of SSC and TrC do not exist.

The main constraints in the implementation of SSC mentioned by respondents from developing countries were insufficient financial support, the short time-frame of many projects and language barriers. Respondents from international agencies offered a more detailed list of constraints. Many felt that SSC and TrC initiatives ore often one-off projects without ensuring continuity nor institutional capacity building. Accountability for results and for resource use is often weak or absent, but measuring the results of South-South knowledge exchange is also complex. Sustainability was mentioned as an issue when the cooperation is solely funded by international agencies. International funding of Triangular Cooperation also carries the risk that activities become supply- rather than demand-driven. The funding agencies need to execute their budget on time and may not always be able to wait for local demand to be matched with appropriate supply of expertise in a SSC partnership.

33 Ghana, Mali, Mongolia, Myanmar, Nepal, Sierra Leone, Sudan, Surinam, Tanzania, and Zimbabwe

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10. Annexes

Annex 1. Terms of Reference

South-South Cooperation: the potential role for IHP+

Draft Terms of reference 12 August 2013

Background

IHP+ is a group of partners committed to improving the health of citizens in developing countries, by putting international principles for effective aid and development co-operation into practice in the health sector. In December 2012, at the IHP+ Country Health Teams Meeting, 200 participants from 29 partner country governments plus development partners and civil society organizations reviewed results of the IHP+ partnership so far and discussed ways in which IHP+ can help accelerate better health results through greater development effectiveness. The meeting identified key areas where action is needed at global as well as country level and issued a final statement of key messages for global health leaders. One of the several calls for action at this meeting was on the need for more communication and better documentation of experiences on south-south cooperation.

In response to participants' interest in furthering south-south exchange amongst IHP+ partners, a small group of interested people has come together to brainstorm about the possible role of the IHP+ partnership as an enabler of south-south exchange, focusing particularly on areas that are clearly placed within the development effectiveness in health agenda. The group proposed a programme of work which includes 3 steps: a diagnostic phase, to understand better the bottlenecks and different experiences in countries and to identify key areas with special needs of countries; to build a programme to support south-south collaboration; and a phase of implementation and measurement of results.

At its meeting in March, the IHP+ Executive Team reviewed and largely supported the proposed programme of work. Since then, IHP+ partners have endorsed intensified action on seven behaviours of development partners, one of which concerns supporting south-south and triangular cooperation. This consultancy will provide documentation for the first phase of IHP+'s work on this issue.

Objective

To provide a sound basis for defining the role of IHP+ in south-south and triangular cooperation, in the context of its work on improving health aid and development effectiveness. Specifically

1. To review selected country experience with south-south / triangular cooperation, focusing on enabling more systematic learning between countries
2. To compile an inventory of selected regional and global initiatives and networks that support knowledge exchange and sharing of experience, and summarize current thinking on critical issues in the field.
3. To assess how traditional development partner cooperation facilitates and/or hampers SSC and triangular cooperation.

This work will serve as the basis for a consultation to review findings and identify next steps by IHP+.

Scope of work

This will be undertaken in phases.

Phase 1

1. **Country experience with south-south / triangular cooperation (SSC/TrC)**

    a) Develop an outline set of questions to guide the interviews, whose purpose is to:
        - Better understand what is currently happening under the rubric of 'south-south' and 'triangular' cooperation in health, to stimulate knowledge exchange and sharing of experience in that country. For example, meetings, study tours, exchanges, any emerging innovative approaches; who are the main beneficiaries; who supports the activities (traditional donors, foundations, BRICS); how well they work/or not (and why); opportunities and constraints.
        - Explore what other approaches are wanted / needed, and what would be required to make this happen effectively: greater country capacity, funds, technical support, follow up etc.

    b) Propose five countries where experience is likely to be informative, and interviews feasible, for discussion with IHP+ Core Team / WG

    c) Interview selected country key informants (from government, research institutions, NGOs and development partners) and summarize the findings.

2. **An inventory of selected initiatives and current thinking on SSC/TrC**

    a) Identify major global and regional networks and initiatives that are supporting knowledge exchange and sharing of experience in health through south-south or triangular co-operation.

    b) Summarize the key features of these initiatives and networks: who supports them; the target beneficiaries; approaches (current or emerging) used; experience with implementation and results obtained.

    c) Undertake a rapid review of the key SSC/TrC literature and summarize current thinking on issues in SSC / TrC from– the different modalities and their strengths and weaknesses.

Phase 2 – DP rules and practice in terms of facilitating or hampering SSC

A review of whether the rules and procedures that traditional international development partners have in place to guide their technical assistance and support for capacity building actually help or hamper greater south-south cooperation in health. For example, is their technical assistance tied to particular suppliers, or bound by characteristics that favour OECD type countries. This work will be informed by the findings under Phase 1.

Methods

- Desk review of published documents, websites, publications and events.
- Key informant interviews with
  - selected country representatives (government, research community & CSO/NGO)
  - selected people with knowledge on global and regional initiatives and networks supporting knowledge exchange / experience sharing in health through South-South collaboration
  - For phase 2, interviews with selected staff in international development agencies

Deliverables and timeline

Phase 1: A summary report that covers the main conclusions from the review of country experience, and the inventory, by end October

Phase 2: A summary report of the main conclusions regarding DP rules and practices, by end December

These will serve as the basis for a consultation.

Budget TBD

Annex 2. Review of 60 SSC/TrC initiatives

Annex 2.1. List of 60 SSC/TrC initiatives

Based on a literature and internet search, **hera** has established a 'database' of 60 SSC/TrC initiatives. This database in Excel format is available on request and organised according to the following variables:

- Name of the Initiative
- Summary
- TrC/SSC
- Bilateral (2 countries) or Multilateral (2+ countries)
- Type
- Profile
- Thematic Focus
- Geographic Focus
- Stakeholders
- Type of funding
- Background on the creation of the initiative
- Objectives
- Approaches and mechanisms for collaboration
- Activities
- Key results or achievements
- Success factors to the collaboration (NOT the programme)
- Sources of financing and Budget in US$
- Start date
- End date
- Duration
- Budget
- Type of exchange (Knowledge, ideas and expertise ; Information (facts and evidence) ; Skills and technical know-how

The table below provides a brief overview of the initiatives included in the database (name of the initiative and summary description). The search criteria used for selecting the SSC/TrC initiatives are explained in section 2.3.

No.	Name of the Initiative	Summary
1	'Laço Sul-Sul' (or Southern Ties Network Initiative)	The 'Laço Sul-Sul' (or Southern Ties Network Initiative) was launched in 2004 and is related to Brazil's commitment to universalize the use of first-line AIDS treatment. The initiative targets seven Lusophone nations and Latin American neighbours (countries within Brazil natural sphere of influence) committed to fighting the disease. In this way, the Brazilian Government seeks to contribute to the strengthening of other nation's domestic public and national efforts to support the universal access to antiretrovirals (ARVs) and their increased utilization, with a focus on pregnant women, adolescents, and children.
2	Partners in Population Development (PPD)	Partners in Population and Development (PPD) is an Inter-Governmental organization formed during the International Conference on Population and Development (ICPD) in 1994 for promoting South-South Cooperation in the field of Reproductive Health, Population, and Development. PPD started with 10 founding Member Countries (Bangladesh, Colombia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia and Zimbabwe).
3	African Network for Drugs and Diagnostics Innovation (ANDI)	Under TDR, ANDI is building capacity that supports pharmaceutical research, development and manufacturing to improve access to medicines. Specific activities include the development of a portfolio of pan-African pharmaceutical R&D innovation projects, project coordination and management, including intellectual property management.
4	Global Health Trials (GHT)	Global Health Trials is an online community that shares information on clinical studies and experimental trials in global health, providing guidance, tools, resources, training and professional development. An e-learning centre offers short courses, seminars and a library.
5	Pan-African Consortium for the Evaluation of Anti-Tuberculosis Antibiotics (PanACEA)	An offshoot of EDCTP, PanACEA is a network of 11 linked clinical trial sites in six African countries, supported by European research organizations and pharmaceutical companies. The initial aim of the network was to investigate the role of moxifloxacin in reducing treatment durations for TB. However, PanACEA has a wider ambition – to establish collaboration rather than competition as a driving force in the conduct of high-quality clinical and regulatory trials.
6	Research for Health Africa (R4HA)	Research for Health Africa (R4HA) is a programme aimed at improving health, development and equity by strengthening capacity for governance of research and innovation in African countries. As research and innovation are key drivers of development, strengthening national research governance provides both an effective means and practical course of action to increase technical, social and economic development. However, many African countries currently lack the infrastructure and mechanisms to exercise the governance needed.
7	Health Research Web (HRW)	Health Research Web is being developed as a global KS-PLATFORM for information and interaction on health research for development. HRWeb will also become an online community to pursue the goals of better health and socio-economic development through research for health.

No.	Name of the Initiative	Summary
8	Evidence-Informed Policy Networks (EVIPNet)	The purpose of EVIPNet is to strengthen health systems by linking the results of scientific research to the development of health policy. EVIPNet is a network of teams in more than 20 countries around the world, which synthesize research findings, produce policy briefs, and organize policy forums that bring together policy-makers, researchers and citizen groups.
9	Translating Research into Action (TRAction)	Recognizing that many health problems in developing countries already have solutions that have not been applied, TRAction promotes wider use of interventions that are known to be effective, awarding grants for translational research in the areas of maternal, newborn and child health.
10	Kollo Project	This triangular cooperation between France, Tunisia and Niger aimed to contribute to the reduction of mortality, maternal and neonatal morbidity rates in the health district of Kollo. Its purpose was also to initiate, support and evaluate the first south-south-north cooperation project between these countries and document best practices in the process.
11	Clinical Immunology of Infectious Diseases and Introduction to Molecular Biology	The Faculty of Medicine, Suez Canal University in Egypt (FOM/SCU), the Japan International Cooperation Agency (JICA), and the Egyptian Fund for Technical Cooperation with Africa (EFTCA), agreed on December 1995 on conducting a training course on clinical immunology of infectious diseases. The course was held at the FOM/SCU, Ismailia, under JICA's Third Country Training programme and attended by 169 African participants from 21 countries over the period from 1999 to 2008.
12	The Asian Centre of International Parasite Control (ACIPAC)	The Asian Center of International Parasite Control (ACIPAC), established as a Japan International Cooperation Agency (JICA) project under an agreement between the Governments of the Kingdom of Thailand and Japan, is expected to serve as a center for human resource development and function as a human and information network on parasitic disease.
13	The Lao TACHIN Project	Underweight in people living with HIV (PLHIV) is linked to increasing morbidity and mortality. The Lao-Thai-Australian Collaboration in HIV-Nutrition (Lao-TACHIN) Project established a nutrition assessment, education and counselling (NAEC) service in a new anti-retroviral therapy (ART) centre in Champasak Provincial Hospital (CPH), Lao PDR, where food insecurity is prevalent.
14	The Southern African Development Community s (SADC) Strategy for Pooled Procurement of Essential Medicines and Health Commodities	This is a mechanism created by SADC to implement one of the key objectives of the SADC Pharmaceutical Business Plan approved in 2007. The strategy aims to facilitate regional cooperation in the procurement of essential medicines and health commodities thus ensuring access to affordable, safe, effective and quality-assured products. As a recent established strategy, it has not been fully implemented.

No.	Name of the Initiative	Summary
15	The Strategic Network on Neglected Diseases and Zoonoses (SNNDZ)	The Strategic Network on Neglected Diseases and Zoonoses (SNNDZ) is one of the strategic networks that is part of the 3rd Framework Agreement Programme (FA3) between the Belgian Directorate-General for Development Cooperation (DGDC) and the Institute of Tropical Medicine in Antwerp, Belgium (ITM). The overall goal of the FA3 strategic networks is to optimise synergies and cooperation between ITM's Southern partners. In this frame, the SNNDZ aims to bring together available expertise on neglected infectious diseases and zoonoses within the network of ITM's institutional partners and, where relevant, additional network partners, for improved control and evidence based priority setting
16	Harmonization for Health in Africa (HHA)	Harmonization for Health in Africa (HHA) is a collaborative initiative by several multinational organisations to provide regional support to governments in Africa in strengthening their health systems. HHA was created as a mechanism to facilitate and coordinate the process of country-led development in all aspects of health systems strengthening. The collaborating partners focus on providing support in the areas of Health Financing, Human Resources for Health, Pharmaceuticals and Supply Chains, Governance and Service Delivery, Infrastructure and ICT.
17	The East, Central and Southern African Health Community (ECSA-HC)	The East, Central and Southern African Health Community (ECSA-HC) is a regional inter-governmental health organization that fosters and promotes regional cooperation in health among member states. Member states of the ECSA Health Community include Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.
18	Information Centre on Emerging Infectious Diseases in the ASEAN Plus Three Countries	This website is designed to facilitate sharing and exchange of timely information on emerging infectious diseases (EIDs) in the region. It aims to provide policymakers, researchers, EID programme managers, the media and civil society the necessary information to help improve health interventions and raise awareness on health-related issues and concerns. It is also intended that the website will provide a venue for discussion on pressing issues related to EIDs.
19	Multilateral Association for Studying Health Inequalities and Enhancing North-South And South-South Cooperation (MASCOT - COHRED)	MASCOT is a new project, unveiled in 2012 and coordinated by the COHRED (Council on Health Research for Development Group). MASCOT gathers partners and experts from Africa, Latin America and Europe, to identify and implement strategies for tackling health inequalities preferentially affecting children, adolescents and mothers. The main objective of MASCOT is to stimulate the cooperation between countries from three world regions (Europe, Africa, and Latin America) in order to identify and implement adequate and efficient country-specific strategies for tackling health inequalities preferentially affecting children, adolescents and mothers.
20	South South Global Health Exchange (SS-GHX)	Falling under SS-GATE, the South-South Global Health Exchange (SS-GHX) provides a global and sustainableSouth-South transaction KS-PLATFORM that facilitates market-driven, transparent and regulated exchanges of technology, assets, knowledge, services, and financial resources among the private sector, public sector, and civil society for inclusive growth of countries in the South.

No.	Name of the Initiative	Summary
21	Training of Angolan Medical Staff by Brazilian Counterparts	The medical staff of Josina Machel Hospital (JMH), Lucrecia Paim Maternity Hospital (LPM), 13 primary health care centers, and other hospitals were trained in five areas: hospital administration, equipment maintenance, nursing care, radiology and laboratory. The training course was conducted by Brazilian Experts and Angolan professionals under the coordination of Japan, Brazil and Angola with utilizing the facility of Josina Machel Hospital which was rehabilitated by the Grant Aid Cooperation of Japanese Government.
22	Asia-Africa Knowledge Co-creation Program (AAKCP) sub-programme: Total Quality Management (TQM) for better hospital services	JICA launched the Asia-Africa Knowledge Co-Creation Program (AAKCP) in 2005 as one initiative promoting South-South Cooperation. AAKCP creates a forum for Asian and African countries to share experience and knowledge and helps African countries to create individual developmental strategies best suited to their needs. AAKCP is considered the core of JICA's South-South Cooperation initiative and is expected to provide mutual learning opportunities for all African and Asian participants. An AAKCP sub-program, focusing on "Total Quality Management (TQM) for better hospital services" was launched in 2007 to respond to the challenges faced by the African region.
23	International Training Course on Reproductive Health in Mexico with JICA's support	In collaboration with the Ministry of Health of Mexico, this JICA-funded training on reproductive health targeted participants from Central American and Caribbean countries (including Mexico) with the aim of improving health and medical services.
24	Ibero-American Initiative on Human Milk Banks	Brazil has started sharing the technology and scientific knowledge of its Human Milk Banks with other countries from 2004 onwards (first Venezuela) as part of its bilateral agreements. Given the successes of this exchange and the demand from other countries, the Ibero-American Initiative on Human Milk Banks was launched in 2007 to transfer the know-how to other Latin American countries and even Spain and Portugal.
25	Supraregional HIV/AIDS Control in Latin America, the Caribbean and Africa	Germany has supported this South–South cooperation from the beginning and has been implementing trilateral and multilateral cooperation projects with Brazil and other countries for many years to fight HIV/AIDS and strengthen national health systems. All measures are developed jointly with the third countries and are demand driven. The partner countries benefit from the combination of Brazilian expertise in fighting HIV/AIDS and GIZ's long-standing experience in international cooperation.
26	Technical Cooperation on HIV/AIDS between CARICOM/ PANCAP and the Government of Brazil	In April 2006, the Government of Brazil signed a 5-year Technical Cooperation Agreement with CARICOM/PANCAP to provide technical support in the thematic areas of provision of commodities, institutional strengthening, technical capacity development, youth empowerment and strengthening civil society organizations. The goal of the Agreement was to reduce the spread and mitigate the impact of the AIDS epidemic in the Caribbean.

No.	Name of the Initiative	Summary
27	The Joint Learning Network for Universal Health Coverage (JLN)	JLN is a platform for knowledge exchange among countries implementing health financing reforms aimed at achieving universal health coverage. It is administered by ACCESS Health, an American NGO. They have facilitated a network of policy makers and practitioners from low and middle-income countries that are implementing health financing reforms, sometimes called national health insurance. Resource countries include those in more advanced stages of reforms and prospective countries include those in earlier stages of reform or not yet involved in JLN activities. JLN has currently ten member countries: Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, Thailand, and Vietnam.
28	East Africa Public Health Laboratory Network Project (EAPHLN)	East Africa Public Health Laboratory Network Project (EAPHLNP)" is a regional World Bank funded East Africa Public Health Laboratory Networking Project, which is being implemented in four countries, namely Kenya, Rwanda, Tanzania and Uganda. The project aims to establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of Tuberculosis (TB) and other communicable diseases.
29	Paris-Bamako-Ouagadougou (PBO) Project	Between 2010 and 2012, the municipalities of Paris, Bamako and Ouagadougo entered a partnership aiming to improve local health policies through a facilitated exchange of best practices. Mariei de Paris and the EU funded the initiative.
30	ASEAN's Regional Action Plan on Healthy Lifestyles	The ASEAN concept for promoting healthy lifestyles links priority areas for health promotion interventions; key target groups based on stages through the lifespan; key levels, sectors, settings and strategies for implementation. The Regional Action Plan on Healthy Lifestyles was created to strengthen ASEAN cooperation among Member Countries to promote healthy ASEAN lifestyles, focusing specifically on the following priority areas: accident and injury prevention; alcohol consumption; communicable disease control; healthy ageing; mental health; Non communicable disease prevention; nutrition; physical activity; substance abuse; tobacco control; women's and children's health.
31	South American Health Council (UNASUR-Salud)	The South American Health Council (CSS), created on December 10th, 2008, also known as UNASUR-Health, is a permanent council composed of Ministers from UNASUR member countries. This body was created in order to constitute a space of integration concerning health, incorporating efforts and improvements from other mechanisms of regional integration, such as MERCOSUR, ORAS CONHU and ACTO, to promote common policies and coordinated activities among member countries. It is also a consultation and consensus body concerning health, which intends to delve deeply into relevant themes and strengthen public policies aimed at improving the living conditions of the inhabitants of the South American continent.
32	The Network of National Health Institutes from the Union of South-American Nations (RINS-UNASUR)	The National Public Health Institutes (NPHIs) of Latin American countries are leveraging their individual expertise and technology in an innovative joint effort to combat malaria, dengue and plague in the region.

No.	Name of the Initiative	Summary
33	Pan Caribbean Partnership Against HIV/AIDS (PANCAP)	The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) brings together over 70 partners to collaborate in the regional response against AIDS. PANCAP is a multisectoral, multilevel partnership which includes the governments of all countries and territories of the Caribbean region and regional and international organizations from the health, social development, education, economic, culture, tourism, and other sectors. Organizations of people living with and affected by HIV, multilateral and bilateral donors, the UN system, government and NGOs, business organizations, communities of faith and many other types of organizations are members. Designated by the Joint United Nations Programme on HIV and AIDS (UNAIDS) an international best practice in 2004.
34	INDEPTH Network	INDEPTH is a network of health and demographic surveillance systems (HDSSs) that provide a more complete picture. Since they collect data from whole communities over extended time periods, they more accurately reflect health and population problems in LMICs. By monitoring new health threats, tracking population changes through fertility rates, death rates and migration, and measuring the effect of policy interventions on communities, they provide information that enables policy-makers to make informed decisions and to adapt their programs to changing conditions.
35	International Training on Strengthening District Health Planning in the Era of Decentralization for Improvement of the Health Status of Children and Mothers Asia (ASEAN)/Pacific	After the successful introduction of the Maternal and Child Health (MCH) Handbook in Indonesia, JICA has created the Third Country Training Programme (TCTP), which is hosted by The Indonesian Ministry of Health, to spread lessons learnt to other countries (Afghanistan, Bangladesh, Laos, Palestine, Morocco, Timor-Leste and Vietnam) with experiences drawn from a series of technical cooperation projects used to introduce the MCH Handbook in Indonesia.
36	Korean Development Institute Knowledge Sharing Program	Korea's Knowledge Sharing Program (KSP) is a policy research and consultation program which utilizes Korea's knowledge and experiences accumulated throughout the development process to assist the development of partner countries.
37	NEPAD - Brazil Africa	The capacity-building support and technical assistance provided by Brazil to Angola, Botswana, Burundi, Guinea-Bissau, Mozambique and Sao Tome and Principe, in designing and implementing a comprehensive strategy, encompassing both prevention and care, to combat HIV/AIDS. In addition, Brazilian technicians transfer technology and provide technical assistance for the setting up of a factory of antiretroviral drugs in Mozambique.

No.	Name of the Initiative	Summary
38	SSF: Achieving Universal Health Care in the Philippines	Mexico, once a low-spender on health like the Philippines, has increased funding for its Seguro Popular program more than tenfold in the last decade. The program now covers over 40 million previously uninsured people. The World Bank connected health officials from the Philippines with their Mexican peers to learn from their experiences in achieving sustainable universal health care (UHC). "The reforms in the health insurance system [in Mexico] started in 2003, while we are starting or about to start," said the Health Secretary of the Philippines. He noted that Mexico provides a good example for the Philippines because in both countries universal health care is "being implemented in a decentralized setting." The knowledge exchange helped the Philippine participants understand best practices and challenges in organizational reform to achieve universal health care.
39	SSF: Strengthening Kenya, Lesotho, and Mozambique's Healthcare Supply chains	Inventory management is at the heart of the medical supply chain. Kenya, Lesotho, and Mozambique recognize that improper management affects long-term health outcomes and have tried to improve their supply chain systems. However, all three countries face gaps in expertise and institutional capacity that make their supply chains ineffective, especially in remote rural areas that continue to be underserved. The World Bank connected Kenya, Lesotho, and Mozambique to South Africa, which has successfully overcome institutional challenges in similar conditions to those in the recipient countries, including poor infrastructure and heavy public sector bureaucracy. Representatives from the Ministries of Health and public sector supply chain institutions from the three countries travelled to Pretoria to visit a state-of-the-art supply chain distributor for hands-on learning on improving logistics and managing performance through Key Performance Indicators (KPIs).
40	SSF: Developing an Effective Nutrition Sector in Malawi	Senegal had extensive and successful experience with nutrition intervention, especially in decentralization and community involvement. Senegal had also implemented several Bank-funded projects in the area. Bank staff therefore connected Malawi with Senegal to learn about strategies for making nutrition more effective.
41	SSF: Enhancing Social Safety Nets to Prevent Malnutrition in Djibouti	Djibouti contacted the World Bank to learn about malnutrition prevention from other countries with similar linguistic, cultural, and socio-economic characteristics. Mali and Guinea stood out because they had implemented innovative approaches in community-based prevention. Together, they created a human development project emphasizing malnutrition reduction, along with the poverty, unemployment and other factors underlying it. Using funding from a World Bank Institute's competition, the Bank organized a knowledge exchanges between the three countries to increase the capacity of Djibouti's Ministries of Health and State Secretariat for Social Solidarity to manage malnutrition prevention programs.

No.	Name of the Initiative	Summary
42	SSF: Enhancing the Administrative Capacity of Vietnam's Ministry of Health to License Medical Professionals	Countries must license medical professionals to ensure health safety and service quality. Vietnam's Ministry of Health (MOH) was tasked with developing a medical registration and licensing system for Vietnam that would meet Association of South East Asian Nations (ASEAN) standards. Faced with a legally mandated deadline, the ministry asked the World Bank for assistance. The World Bank's South-South Facility funded a knowledge exchange to help the Vietnamese officials learn to design, implement, and manage a medical registration and licensing system that would meet ASEAN standards. The Vietnamese started implementing their plan in January 2011, including the infrastructure for licensing.
43	SSF: Improving Healthcare Waste Management in India and Vietnam	To expose high-ranking healthcare officials from the two countries to best practices in operational management and policy implementation, World Bank staff connected India and Vietnam to Brazil. Having made significant progress in healthcare waste management as well as many other development issues, Brazil was eager to share its expertise. The knowledge exchange among the three partners aimed at improving policies and healthcare institutions and enhancing the knowledge and skills among health officials in Vietnam and India.
44	SSF: Sharing Knowledge on HIV/AIDS in the Caribbean	Caribbean governments decided to scale up their national HIV programs to stem the epidemic, and received funding and support through the World Bank's Caribbean HIV/AIDS Prevention and Control Adaptable Program Lending (APL) initiative. As part of this effort, the World Bank collaborated with UNAIDS to organize a two-day Knowledge Sharing Forum on HIV/AIDS Projects in the Caribbean for the ten Caribbean countries to share best practices in HIV/AIDs programs and policies. Reflecting on this unique event, the Permanent Secretary for the Ministry of Health in St. Kitts and Nevis said, "Personnel from the Ministries of Health and Sustainable Development welcomed the opportunity to share and learn from the experiences of other participants." Besides disseminating policies and practices to be immediately implemented in the fight against AIDS, the conference helped create a network of regional peers to continue to work together to address common challenges in the Caribbean.
45	SSF: Building Regional Capacity to Fight HIV and AIDS in Asia	Injecting drug use (IDU) contributes to the spread of HIV and AIDS throughout South and East Asia. Current legal practices in many countries criminalize people who use drugs and often denies them access to HIV prevention and treatment services, which in turn fuels further HIV transmission. Officials tasked with HIV prevention in Bangladesh and the Maldives wanted to learn from other Asian countries that had successfully reduced the spread of HIV through "harm-reduction" programs and public education efforts to reduce societal stigma attached to HIV and AIDS. The governments of both countries approached the World Bank to help identify a country with comparable socio-economic and cultural factors.

No.	Name of the Initiative	Summary
46	SSF: Building Knowledge to Reform Hospital Management in Senegal	At the request of the Senegalese government, the World Bank's South-South Facility funded a knowledge exchange for Senegalese Ministry of Health officials, hospital managers, and union leaders to visit Tunisia and Morocco to learn about the regulatory measures adopted by their peers in those countries. While reforms in Senegal stopped short of creating a new agency to oversee hospital management, the study tours helped build awareness and increase consensus about the need for better hospital management accountability in Senegal. A decree passed by Senegal's government mandated hospitals to sign multiyear performance contracts specifying annual goals and objectives for each hospital. Senegal implemented the Initial agreements in the spring of 2011.
47	Initiative to Strengthen Health Research Capacity in Africa (ISHReCA)	ISHReCA is an African-led initiative whose mission is to build strong foundations for health research in Africa. ISHReCA aims to expand research capacity in four ways: (i) it provides a platform for African health researchers to discuss ways of building sustainable capacity for health research in Africa; (ii) it promotes an African-led agenda for health research, negotiating with funders and partners concerning support for, and harmonization of, research initiatives; (iii) it advocates for increased commitment to research by national governments and civil society, emphasizing the translation of research into policy and practice; and (iv) it seeks novel ways to garner regional and international support for health research in Africa.
48	Community of Portuguese Speaking Languages (CPLP) Strategy on Health	CPLP is a multilateral forum privileged to deepen the mutual friendship and cooperation among its members. It was created in July 17, 1996. CPLP has the following general objectives: the conservation of political diplomacy among its Member-States, reinforcing its presence in the international scenario; the cooperation in all matters, including education, health, science and technology, defence, agriculture, public administration, communication, justice, public security, culture, sports, and social communication; the implementation of projects that promote and disseminate the Portuguese language
49	EuroSocial	EUROsociAL is a regional technical cooperation programme of the European Commission for the promotion of social cohesion in Latin America.
50	Exchange of best practices between Peru, Chile and Argentina about Community Networks on Primary Mental Health Care	This project is part of efforts in the region to catalyse a shift toward a community model instead of prison mental health. Assessment Reports of Mental Health Services conducted in Argentina, Chile and Peru serve as important tools to guide necessary efforts to address the challenges identified in each country. Based on strengths identified in each of the participating countries it was decided to embark on an exchange to share experience and good practice and learn from each other.

No.	Name of the Initiative	Summary
51	Capacity development in data collection and health information management between El Salvador and the Eastern Caribbean	In order to strengthen the access, quality and cost management in health care, the collection of data and management of information are vital. However, because of a perceived complexity in terms of time and cost associated with the selection of a prototype and the acquisition of software, hardware and subsequent training, effective responses to these critical needs are too often deferred. In order to address this challenge in a number of countries in the Eastern Caribbean, a Technical Cooperation among Countries (TCC) project was developed, with support from PAHO/WHO to organize the sharing of experiences and good practices in health information systems between El Salvador and countries of the Eastern Caribbean. The exchange was to better understand the web-based system used in El Salvador, the Morbidity and Mortality Information System (SIMMOW, its acronym in Spanish), and its potential application to the health systems of the Eastern Caribbean, as well as how the WinSIG information system could complement the SIMMOW to offer a comprehensive health information system solution to the Caribbean countries
52	EQUINET Africa	EQUINET, the Regional Network on Equity in Health in Southern Africa, is a network of professionals, civil society members, policy makers, state officials and others within the region who have come together as an equity catalyst, to promote and realise shared values of equity and social justice in health.
53	SDH-Net (Building Sustainable Capacity for Research for Health and its Social Determinants in Low and Middle Income Countries)	This project intends to provide a framework for developing interdisciplinary research capacity in the field of social determinants of health by linking, strengthening and building capacities in research institutions and implementing agencies in low and middle income countries as well as in Europe. Ultimately, the goal of the project is to advance the understanding of social determinants of health, improve interventions on local and regional level and build sustainable structures for addressing health inequities.
54	INTREC: INDEPTH Training and Research Centre of Excellence	The major causes of poor health are rooted in our societies. Governments are encouraged to lead global action on the social determinants of health with the aim of achieving health equity. To achieve this, specific, timely and relevant evidence on the relationship between determinants and outcomes is required. This evidence is limited, especially in low- and middle-income countries (LMICs). Therefore, partners in the INTREC consortium see the need for research on social determinants of health and capacity-building activities to enable such research.
55	CHEPSAA (Consortium for Health Policy and Systems Analysis in Africa)	CHEPSAA is a collaboration of seven African and four European universities. As a South-South and South-North partnership, it builds on and expands the work of an earlier network of African universities that first formed in 2005 to develop ideas about how to strengthen training for health policy and systems research. CHEPSAA is concerned with building the field of health policy and systems research and analysis (HPSR+A) in Africa.

No.	Name of the Initiative	Summary
56	Combating Drug Resistance in the Americas	AMR presents a major threat to patient care and disease control throughout the world. In the mid-1990s, the Pan American Health Organization (PAHO), designed and implemented a program aimed at strengthening microbiology laboratories in the Americas, to improve their ability to identify bacteria and test their susceptibility to antimicrobial drugs. The program had two main objectives: 1) to improve surveillance of antimicrobial resistance; and 2) to improve the national capacity of countries in the Americas to address antimicrobial resistance.
57	The Strengthening of the Perinatal Information System between Honduras, El Salvador, Nicaragua and Panama	The Perinatal Information System (SIP) was created by the Latin American Center for Perinatology/ Reproductive Health of Women (CLAP/SMR) in 1983. It is made up of several instruments: the Perinatal Clinical Record (PCR), the Perinatal Card (PC), and the Computerized System with programs and manuals for processing the data. The PCR brings together in a single sheet a series of clinical data from the gestation up to the puerperium that summarizes the minimum information indispensable for adequate care of pregnant women and their newborns. Its use is both simple and low-cost. The data of the PCR can be entered in the programs for datum processing of the SIP for later consolidation and analysis at the local, regional or national level.
58	Technical cooperation in health between Mexico and Haiti	During an official visit of Mexico to Haiti, Dr. Larsen stated the interest of Haiti to have the cooperation of Mexico with regards to: regulations on health, education and training of technical staff, medical residencies, telemedicine and distance education and training of midwives, and thanatology forensics.
59	Sharing of Best Practices between Belize and Tobago in the implementation of WinSIG as a methodology for productive management of their health systems	WinSIG is a Management Information System for windows designed by PAHO/WHO to enable its member countries to better analyse the production of health services. While it allows for new information to generate, WinSIG has also contributed to the successful integration of existing information in order to offer health care managers with a creative strategy in administrating their systems and facilities. As Belize and Tobago began implementing the windows program in their health care systems, it became vital that a Technical Cooperation among Countries (TCC) project occur so that they could enhance their capacity to improve the productive management of their health care systems.
60	Strengthening health technician education in Bolivia, Brazil and Paraguay through the International Network for Health Technician's Education (RETS).	Given the complexity and heterogeneity of health technician training systems in each MERCOSUR country, the project directed its efforts towards strengthening the training of health technicians in only the institutions that participated in this particular project. The project aimed to improve health care service delivery models in Bolivia, Brazil and Paraguay, as well as reinforce and strengthen the International Network of Health Technicians Education (RETS).

Annex 2.2. Terminology

Throughout the analytical part of the study (database and interviews), hera used the following definitions for terms and concepts:

Concept / term	Definition
SSC/TrC	
South South Cooperation	South-South Cooperation (SSC) refers to a partnership in which two or more South countries pursue their individual and/or shared national or institutional capacity development objectives. The common factor is that all arrangements should be country-led and based on exchanges of knowledge, skills or technical know-how through collective actions and inclusive partnerships, involving governments, civil society, academia or the private sector, for the individual or mutual benefit of the countries involved.
TrC	Triangular cooperation (TrC) refers to an SSC partnership as defined above that is assisted by a development partner of one of the OECD-DAC member countries, an emerging economy, a multilateral agency, international foundation, or international NGO. The assistance may be in the form of financial, technical or administrative support.
TYPOLOGY OF 'TYPES OF SSC/TrC INITIATIVES	
Academic collaboration	The Leading Actor of the initiative under review is an educational institution dedicated in education AND research. 'Pure' research institutions that don't grant academic degrees do not qualify under this heading.
Private Initiatives	The Leading Actor of the initiative under review belongs to the private sector, which encompasses all for-profit businesses that are not owned or operated by a government AND individuals.
NGO initiatives	The Leading Actor of the initiative under review is a non-profit organization.
Government collaboration	The Leading Actor of the initiative under review is a government or an institution reporting to a government (such as a Ministry).
Regional collaboration within ROs and Sub-ROs	The Leading Actor of the initiative under review is an institution that is the product of a regional alliance of governments. For the purposes of this exercise, we use the definition of regional organisation (RO) as presented by Goertz and Powers (2011). A regional organisation is an institution that meets the following criteria: (i) substantial geographic proximity or contiguity; (ii) an official intergovernmental status enshrined in a treaty or comparable legal instrument; (iii) a cooperative or collaborative mandate rather than a primarily defensive mission; and (iv) a multi-sectoral focus (i.e. addressing a range of issues rather than a single topic, such as free trade or fisheries). Sub-regional organisations may also be formed for a variety of purposes, including trade integration and promotion, promoting investment in infrastructure in support of regional integration, and/or development of strong public sector institutions. Sub-regional organisations are often called Regional Economic Communities in Africa.
MULTILATERAL/BILATERAL SSC/TrC INITIATIVES	
Multilateral	Multilateral exchange is often facilitated by international organizations, bilateral knowledge sharing often involves government-to-government co-operation programmes
Bilateral	Bilateral cooperation takes place when the knowledge seekers engage in a bilateral exchange to share their respective experiences. Bilateral cooperation involves government-to-government co-operation programmes
Non-state actors	Non-state actor (can be private or NGO/CBO)

Concept / term	Definition
TYPOLOGY OF SSC/TrC 'ACTIVITIES'	
Online and offline communities, networking, and sharing platforms	An online community is a dedicated web-based area that utilizes a purpose-built platform that enables the exchange of ideas and content via a suite of interactive features such as discussion forums, polls, content libraries, member directories and peer-peer dialogue. Communities can be offline and involve periodic meetings, workshops, and discussions. A platform is a place or opportunity for public discussion, while networking is defined as the exchange of information or services among individuals, groups, or institutions.
Service delivery	Direct provision of services from one country to another.
Technical support	Technical support is usually seen as the provision of substantive advice and strategic inputs such as guidance notes, policy briefs, issue briefs, innovative and cutting edge knowledge products, background papers, research reports, training curriculums and modules, guidelines, manuals, as well as the provision of expert review, comments and inputs into policy documents. It can also encompass substantive assistance such as the development and facilitation of expert groups meetings, workshops, consultations and other critical discussions (including online discussions), and/or provision of advice to governments (e.g. in developing and delivering capacity development programmes for legislators, executive and justice sector as well as to civil society organizations).
Advocacy	The act of pleading or arguing in favour of something, such as a cause, idea, or policy; active support.
Fellowships, grants, and commissioned research	Fellowships are specially tailored trainings, which are designed to give qualified persons practicing or intending to practice a profession in a specific field an opportunity to receive additional and practical training, thus contributing to the advancement and circulation of knowledge and skill promoting development and international understanding. A grant is a sum of money provided by a government, local authority, or public fund to finance educational study, overseas aid, building repairs, etc.
Research/ evaluations	Research is a form of systematic inquiry, using accumulated theories, knowledge, methods, and techniques, for a specific purpose. An evaluation is a systematic determination of a subject's merit, worth and significance, using criteria governed by a set of standards. It can assist an organization, program, project or any other intervention or initiative to assess any aim, implementable concept/proposal, or any alternative, to help in decision-making; or to ascertain the degree of achievement or value in regard to the aim and objectives and results of any such action that has been completed.
Trainings and training programmes	Where practitioners/personnel are taught skills, or are given tools to improve their skills (capacity building).
CLASSIFICATION OF COUNTRIES	
South country	Low-income and middle-income economies (divided according to 2012 GNI per capita, calculated using the World Bank Atlas method). The groups are: low income, $1,035 or less; lower middle income, $1,036 - $4,085; upper middle income, $4,086 - $12,615 Note: The Russian Federation is the only BRICS country that is not a low or middle-income economy. All MINT countries are low or middle-income economies.

Concept / term	Definition
TYPOLOGY OF SSC/TrC 'STAKEHOLDERS'	
Funder	The entity that provides the SSC or TrC with funding (e.g. the financial resources). In the case of co-financing (which is quite common in SSC/TrC), all entities providing funding are considered as 'Funders'. In SSC, the funder can be any type of public or private organization. In TrC a funder typically is a traditional development partner (high income country), an international organization or an emerging economy. Note: Often in TrC, 'Funder(s)' also play the role of 'Enablers' (see definition below).
Recipient	The recipient is the country receiving support from another south country. Support should be understood as receiving knowledge, skills or technical know-how. It is the south country learning or building its capacity.
Enabler	The concept of enabling only applies to TrC. The 'Enabler' (or 'Enabling partner' or 'Enabler of Cooperation') is the entity that provides indispensable technical support (knowledge, skills, technical know-how) to the recipients. The enabler can be the same entity as the funder or a different entity.
Region	WHO Region
'EXCHANGE'	
Knowledge exchange	Exchange of ideas and expertise beneficial to humankind
Skills exchange	Exchange of technical know-how (usually through training)
Information exchange	Exchange of facts and/or evidence
MISCELLANEOUS	
Resource mobilization	Resource mobilization is a process of raising different types of support. It can include both cash and in-kind support.
Infrastructure and equipment	An initiative that has as one of its components the improvement or construction/provision of infrastructure or equipment by another actor. For example, IBSA's project in Burundi consists of building, furnishing and equipping a center for HIV/AIDS treatment, prevention and testing, for provision of family health care services including for adolescents and youth, for prenatal care and family planning.
Databases and documentation	Creation and management of relevant databases and sharing of important documentation.
Conferences and forums	Organised meetings in which people gather in order to talk about ideas or problems related to a particular topic. For example, high-level meetings to follow-up on international declarations.
Exchange visits	Where practitioners/personnel visit another imitative in a different country in order to learn from the best practices of that initiatives.
Impact investment	Impact investments aim to solve social or environmental challenges while generating financial profit. Impact investing includes investments that range from producing a return of principal capital (capital preservation) to offering market-rate or even market-beating financial returns. For example, the Impact Investment Fund started in collaboration with DFID and SARPAM with an aim to access to affordable, good quality essential medicines in Sub-Saharan Africa.

Annex 2.3. Search criteria and study boundaries

When providing an overview of the variety of SSC and TrC initiatives in health (see chapter 6 in the main report), we used broad SSC/TrC definitions, as used by OECD and PAHO. However, for the analytical part of the study (the database and in-depth interviews), we focused on a more narrow scope, setting the boundaries as follows:

- A minimum of two or more South countries are involved and South countries are low and middle income countries (as per World Bank definition);
- A North country (or a multilateral/ international organization) can only be involved either as funder or as enabler of cooperation between two or more South countries;
- The main goal of the SSC/TrC initiative should be exchanges of knowledge, skills or technical know-how between South countries. Learning or capacity building should be an explicit objective;
- "Countries" does not per se mean governments; exchange can happen between governments, public, para-public and private organizations, academia, NGOs, civil society, private sector;
- There is no requirement for mutual benefit (two-way exchange between countries), benefit of one country suffices.

As a consequence, the following countries, institutions and/or activities are excluded from the analytic part of our study:

- North countries or high income countries, unless as funder or enabler of SSC, through TrC;
- SSC or TrC with a main focus on infrastructure development, capital investments, logistic or medical supplies, substitution of manpower and service delivery;;
- Regional, sub-regional economic or policy communities in the South, if providing core services to member states without a main focus on exchange of knowledge, skills or technical know-how between two or more South countries;
- International, regional of sub-regional NGOs if providing core services to South countries without a main focus on exchange of knowledge, skills or technical know-how between two or more South countries. Internal NGO coordination or cooperation (e.g. between country offices) is therefore excluded;
- Commercial activities and trade between South countries or between North and South countries.

It then follows that the following countries, institutions and/or activities are included:

- SSC or TrC initiatives with a main focus on exchange of knowledge, skills or technical know-how between South countries. Learning or capacity building is an explicit objective with benefits for one or more countries. Benefits do not have to be mutual;
- Low and middle income countries as South partners, therefore inclusive of all BRICS, MINT etc., as funder, enabler or beneficiary;
- Regional, sub-regional economic or policy communities in the South if providing a service with a main focus on exchange of knowledge skills or technical know-how between two or more South countries;

- International, regional of sub-regional NGOs if providing a service with a main focus on exchange of knowledge, skills or technical know-how between two or more South countries, beyond the normal internal cooperation or coordination of the NGO;
- Regional or sub regional networks in the South such as on public health, research, communities of practice if the main focus is on exchange of knowledge skills or technical know-how between two or more South countries (members of the network);
- Global networks or knowledge hubs with a main focus on knowledge exchange between south partners

Based on these definitions, we established the following inclusion criteria for our internet search of SSC and TrC partnerships in health:

- Two or more low or middle income countries are involved in the cooperation;
- A traditional development donor country, emerging economy or a multilateral/ international organisation may be involved either as funder or as enabler of the cooperation between two or more developing countries;
- The main goal of the cooperation is to exchange knowledge, skills and/or technical know-how among developing countries;
- Cooperation may be between governments, parastatal organisations, academia, civil society, or the private sector;
- The cooperation may generate benefits for all partners involved or only for one partner;
- Learning or capacity building are explicit objectives of the cooperation, defined as:
  - Knowledge exchange: Exchange of ideas and expertise for health development;
  - Information exchange: Exchange of facts and/or evidence related to human health;
  - Skills exchange: Exchange of technical know-how in the health sector.

Annex 3. Perceptions on SSC/TRC among key informants

Annex 3.1. Scope and List of Interviewees

In accordance with our terms of reference, we intended to conduct in-depth country-specific analyses in five countries. During the interviews, however, it became apparent that key informants at country level had little knowledge of initiatives beyond those that involved their own institution. Our approach to collecting data through desk research, face-to-face and telephone interviews was therefore unlikely to generate enough data for comprehensive country-level analyses. We therefore increased the sample from four to ten countries to compensate the loss of depth with greater breadth of the sampling frame.

hera conducted 31 interviews with a total of 36 people, representing 31 institutional perspectives, of which 22 are based in the South and 9 are based in the North:

(i) The *"informers based in the South"* consisted of 22 individuals representing an equal number of institutions in developing countries. Out of these 22 informants, 10 represented national institutions (i.e. ministries of health, other public institutions; or public (health) research institutions); 7 worked at multilateral organisations based in the South; 4 at international ONGs; and 1 at a bilateral agency country office.

(ii) The *"informers based in the North"* represented Development Partners (DPs), funding and enabling entities at headquarter level. A total of 12 headquarter staff were interviewed of 9 international development agencies, 5 of which were bilateral and 4 were multilateral.

The tables below provide an overview of who was interviewed and their position in the organisation according to the two groups outlined above:

Ad (i) – Informers based in the South

Country	Organisation	Name	Position	Date
Ghana	Centre for Health and Social Services (CHeSS) Ghana	Sam Adjei	Director	20-01-2014
Ghana	Christian Health Association of Ghana (CHAG)	W.K. Nyakutsey	Manager Operation	21-01-2014
Ghana	Ghana Ministry of Health	Madam Salimata Abdu-Salam	Chief Director	16-01-2014
Kenya	AMREF Kenya	Mette Kjaer	Director Operations	29-11-2014
Mali	Planning Unit (CPS) of the health & social care & women / children sector	Aboubacrine Maiga	Director	27-03-2014

Country	Organisation	Name	Position	Date
Mali	National Public Health Research Institute	Mamadou Souncalo Traoré	Dean of Public Health Faculty of Mali	26-03-2014
Mongolia	WHO Mongolia	Soe Nyunt	WR, Mongolia	12-03-2014
Myanmar	DfID Myanmar	Billy Stewart	Senior Health Adviser	07-03-2014
Myanmar	UNAIDS Myanmar	Mr. Eamonn Murphy	Country Director UNAIDS	07-03-2014
Nepal	WHO Nepal	Lin Aung	WR, Nepal	27-02-2014
Rwanda	WHO Rwanda	Dovlo Delanyo Yao Tsidi	WR, Rwanda	23-01-2014
Sierra Leone	Health for all Coalition, Sierra Leone	David J. Alieu	Advocacy and Communications Officer	24-02-2014
Sierra Leone	Sierra Leone, Ministry of Health and Sanitation	Samuel A.S. Kargbo	Director Reproductive and Child Health Programme, Member of IHP+ Steering Committee	24-02-2014
Sudan	Central Medical Stores, Khartoum, Sudan	Gamal Khalafalla Mohamed Ali	Director General	15-01-2014
Sudan	WHO Sudan	Anshu Banerjee (and his Health Systems adviser)	WR, Sudan	14-01-2014
Suriname	Suriname Ministry of Public Health	Dr L.E. Resida MSc	Acting Director	18-02-2014
Tanzania	Ifakara, Tanzania	Paul Smithson Honorati Masanja	Chief Knowledge Officer Chief Research Officer	11-02-2014
Tanzania	WHO Tanzania	Max Mapunda	National Programme Officer - Health Economist	13-02-2014
Zimbabwe	Department of Health Sciences (University of Zimbabwe)	Midion Chidzonga	Dean	05-03-2014
Zimbabwe	SEATINI, Zimbabwe	Thomas Deve	Policy Analyst, Researcher for SEATINI	19-02-2014
Zimbabwe	WHO Zimbabwe	David Okello	WR, Zimbabwe	19-02-2014
Zimbabwe	Zimbabwe Association of Church related hospitals	Vuyelwa Sidile-Chitimbire	Director ZACH	12-02-2014

Ad (ii) – Informers based in the North (Development Partners, funding and enabling entities at headquarter level)

Organisation	Name	Position	Date
AECID	Sergio Galan Cuenda, Anna Viladot Cirera	AECID, Head of Health Division & Health Adviser	05-02-2014
DFID	Neil Squires	Health Adviser	06-12-2014
DGIS Netherlands	Monique Kamphuis	Senior Policy Adviser, Health & Aids Department	05-02-2014
DGOS Belgium	Ignace Ronse	DGOS, Health Adviser	03-02-2014
EuropeAid	Walter Seidel	Head of Sector - Health, EuropeAid B4 Health Sector	13-03-2014
GIZ	Ole Doetinchem, Ingrid Jung Johannes Kleinschmidt	Advisor, global health and health systems; Project Manager Education for Sustainable Development; Senior project manager Human Capacity Development, Asia	22-01-2014
OECD Paris	Brenda Killen	Head of Division Global Partnerships and Policies; Development & Cooperation Directorate	17-12-2014
AMRO/WHO	Guillermo Troya	Country Representative Suriname	19-02-2014
AMRO / WHO	Mariela Licha Salomon	Head of Country Support Team	19-12-2013
World Bank	Steffen Janus	Head of the SS Facility Secretariat	11-12-2014

For each of these two groups, detailed questionnaires were designed to help hera senior health experts conduct the interviewees. The average duration of each interview was approximately 80 minutes. Chapter 3.2 presents the analysis of views expressed by all interviewees. Note that not all questions were asked to both groups of interviewees[34]. The views expressed below reflect the perceptions of the interviewees. They may not always reflect the opinion of the institution the interviewee represents or the opinion of the authors.

34 Some of the topics were specific for DPs such as the questions on agency policy on SSC/TRC and strategies relative to provision of technical assistance.

Annex 3.2. Analysis of the interviews

Part 1: Knowledge of and experience with SSC/TrC

Knowledge of SSC/TrC

Most DPs interviewed have knowledge of some other organisation(s) or development partners providing funding or supporting SSC/TRC, but often not in a structured nor in any comprehensive way. This knowledge is mainly based on their personal, local or organisational experience. For example, it is interesting to note that many representatives of DPs were not aware of existing SSC projects and facilities promoted by other DPs, such as the South South Facility of the World Bank. Also, when mentioning organisations supporting TrC/SSC, the interpretation of what is captured by that definition varied between interviewees. Logically interviewees from organisations who support SSC/TrC as part of their core business were better informed about other organisations active in SSC.

Almost half of the interviewees based in the South were not aware of agencies funding or supporting SSC. Those who did knew predominantly from organisations they have worked with in the past. From examples of SSC provided by African interviewees, it transpires that SSC/TrC is growing in importance in Africa; however this is somewhat in contrast with the lack of knowledge and vision as reflected by some interviewees from the South. It suggests that SSC is often ad-hoc and not part of a well-structured approach in Africa, which is different to what happens in Latin America and to a lesser extent in Asia.

Many interviewees (both informers based in the North and in the South) were not aware of any platform facilitating information on opportunities, best practices or results for SSC/TrC. Interviewees based in or working with Latin America, on the contrary, knew several platforms. Only few of the interviewees were member of a community of practice, professional or policy network related to SSC/TrC, with exception of those based in Latin America.

All interviewees agree that easy and timely access to relevant information (on opportunities, best practices, knowledge, skills and know-how) is important and believe that the potential of SSC is currently underexposed due to lack of knowledge, good examples and dissemination of these best practices.

Existence of policies

Specific policies related to SSC/TrC

Few of the DPs interviewed have a specific policy on SSC or TrC. However, despite the absence of explicit policies, several DPs have strategies in place to be involved in SSC/TrC. Furthermore, there are some who are involved in SSC/TrC without having explicit policies or strategies.

Out of the ten (10) representatives of Southern institutions, four (4) claimed to have a strategy on SSC, however only one (1) was able to provide documentary evidence. None of the ministries and academic institutions interviewed had explicit policies or strategies on SSC, except for the Ministry of Health in Suriname who participates in several SSC/TrC activities.

Post-Busan there seems to be an increasing/renewed attention for SSC/TrC, with bilateral and multilateral agencies referring more frequently to these modalities and integrating it in their latest strategy papers or upcoming strategic plans.

Policies on TA and capacity building

All bilateral agencies interviewed confirm that their institutional rules related to provision of TA do not impede engaging in SSC/TrC. They can engage both national and international experts, and some bilateral agencies are explicit about giving preference to TA from the 'South' whenever possible. However, fielding ad-hoc TA for an emerging SSC/TrC opportunity is more difficult if the TA is not part of the planned programme. None of the agencies has access to a national fund or budget line allowing for ad hoc TA provision.

The EU has a specific TA strategy called the Backbone Strategy on 'reforming technical cooperation and project implementation units' (2008), widening its nature and source of potential TC expertise. In the case of the EU, the promotion of SSC also called for broadening the notion of untying of aid to allow eligibility between ACP and non ACP Partner Countries[35]. This has been acted upon since the strategy has been elaborated and today nationality is no longer a selection criterion for TA.

For WHO, TA guidelines also do not get in the way of SSC/TrC. WHO biennial budgets do allow for some flexibility as to responding to local opportunities for SSC. WHO has a compendium of experts from which they can chose (and give preference to South experts). For PAHO, TA is not an issue at all, since its core business is facilitating SSC/TRC.

Analysis of existing SSC/TrC activities

Roles of DPs and national institutions in SSC and/or TrC

According to our definitions, when DPs (from the North) promote SSC, they are de facto engaging in TrC as either 'funder' or 'enabler'. The interviews with DPs, however, highlighted that DPs do not often make this conceptual distinction in their programming but refer more explicitly to SSC.

Several multilateral agencies actively promote SSC, usually as funder and with a view to facilitate knowledge exchange and learning between different organisations and countries. Other agencies also engage in TrC as 'enablers' providing technical assistance on specific topics. The World Bank, for example, specifically supports SSC as funder through its South South Facility. It states that this facility is not developed with a view to support TrC however it is de facto TrC. The WHO, due to its mandate, is mainly involved in TrC supporting SSC as both enabler and funder and with a specific focus on knowledge exchange. WHO Country Offices (CO) regularly provide opportunities for inter-country exchanges and learning; and the regional office often organises regional meetings to discuss specific health system topics. UNAIDS also promotes SSC as both enabler and funder, so de facto engaging in TrC.

35 Source: http://ec.europa.eu/europeaid/how/ensure-aid-ffectiveness/reform_technical_cooperation_en.htm

Three (3) of the bilateral agencies (GIZ, AECID and DFID) engage actively in TrC both as funder and enabler, with a view to facilitate knowledge exchange but also skills transfer. The other bilateral agencies interviewed have been involved in TrC projects but often just as funder to promote SSC in research and/or policy work. AECID (Spain) has a strong track record engaging in TrC in LAM but surprisingly does not promote SSC as much in Africa, although the AECID representative acknowledges the need for SSC/TrC in all its bilateral cooperation. BMZ (Germany) has a specific policy and budget line for TrC and has financed TrC in Latin America and Africa. DFID/UKAid (UK) uses TrC as an important modality to strengthen cooperation with 'emerging powers' to focus on regional results, and/or in developing countries in partnership with these emerging powers. DFID also supports research and policy work.

Among the 10 national institutions interviewed, only two (2) were able to provide evidence of several TrC and SSC projects engaging both as beneficiary, funder and enabler. Interestingly, the NGOs interviewed were somewhat more familiar with the concept of SSC, but were only able to give limited examples, except for one NGO working specifically on SSC.

Thematic focus of SSC/TrC activities

The interviewees were asked which Health System Strengthening (HSS) 'themes' were addressed when engaging in SSC/TrC. Only twenty-four (24) interviewees were able to respond this question and the table below presents an overview of the affirmative answers on seven (7) predefined HSS building blocks:

HSS theme	# of affirmative answers (n=24)	%
Health Systems / Services Research (HSR)	17	19%
Health Commodities / Health Technology	13	15%
Human Resource Management and Development (HR)	13	15%
Health Care Delivery	12	14%
Health Care Financing (HF)	12	14%
Health Information Systems (HIS) / Monitoring & Evaluation	11	13%
Aid Effectiveness / Harmonisation	10	11%

Based on this overview, it appears that current SSC/TrC activities focus mainly on HSS 'themes', with research, health commodities and HR development most frequently quoted. In addition, some DPs also mentioned topics, such as: 'learning', 'policy development' and 'disease prevention and control'.

When asked which areas institutions in the South would like to receive support for future SSC/TrC, respondents mentioned a variety of areas, including the building blocks (as highlighted above) but also areas such as health regulation, climate change, social determinants of health, nutrition, waste management, and programme management topics such as advocacy, project formulation and management, budget advocacy, CSO networking, etc.

Stakeholders involved in SSC/TrC

The majority of collaborations in SSC/TrC, according to the interviewees, were among governments and between academic institutions. Regional collaboration (within Regional Economic Communities) was less frequent, closely followed by collaboration among NGOs and 'mixed' collaboration[36]; collaboration with at least one private sector stakeholder is less common but does happen.

The table below highlights the types of collaboration as mentioned by the 24 respondents who replied to this question:

Profile of SSC/TrC	Number of SSC/TrC cases mentioned
Government to government collaboration	20
Academic collaboration	17
Regional collaboration within REC regions	13
NGO collaboration	9
Mixed collaboration	9
Private initiatives	5

Part 2: Appreciation of SSC/TrC

Lessons learned from the interviews

Several interviewees stated that SSC/ TrC is a paradigm that does not need to be proven anymore. It is empowering and worth the effort.

Most interviewees are of the opinion that SSC and TrC would benefit from better organisation and a medium to longer-term framework. Both individual and institutional capacity building are considered necessary and linked. Often, the focus is too much on individuals only. At the time of selection, the individual should get authorisation from its institution and specify how the capacity building will benefit the institution. Some respondents ask for specific tools to define how individual capacity built will reflect in institutional capacity building ex-post.

A few interviewees said that SSC is worth the cost and generally cheaper than NSC; also involving more than two countries would increase the chance for success because of peer interaction. Some also stated that SSC works better at the sub-sector level where common technical interests apply (such as for example pharmaceuticals, HRD, etc.). Nevertheless, no respondent could provide evidence to support these statements.

Networking through modern media may also provide new opportunities[37] for engaging in SSC.

36 For example, a project supporting both CSOs and parliament

37 See ITM Emerging Voices (http://www.ev4gh.net/) a strong emerging network of South 'experts' voicing their views and being solicited as a network by WHO; see also PAHO website on TCC (http://www.paho.org/sscoop/)

Successes and challenges

Both DPs and informers based in the south provided similar positive views on SSC/TrC, but while the Southern based informers focused more on learning, capacity building, reciprocity and voice, the DPs commented more on efficiency, resource use and accountability.

Positive facts mentioned by respondents include:
• Increased ownership, responsibility, leadership, engagement and accountability by South
• South driven and less dependent on or driven by the North
• Reciprocity and learning from similar contexts, local models and best practices
• Learning 'how to exchange' and building local capacity
• Healthy performance via peer pressure (value of exposure)
• Cheap(er) modus operandi if cooperation is local orregional
• Potential for pooling of resources and economies of scale
• Strengthening regional networks, potential for common platforms and lobbying at international fora[38]

Interestingly, while most DPs interviewed voiced a balanced but generally very positive view on SSC/TrC, a few DPs were more critical. According to the latter, SSC/TrC is often limited to one-off events without ensuring neither continuity nor institutional capacity being built, unless properly and pro-actively planned and structured. Most informers from the South point at three major constraints, such as: lack of resources and funding, too short timeframe and language barriers. One specific constraint, voiced from Asia, is the local belief that 'real' learning can only come from experiences in developed countries (and not from fellow South countries).

Transparency was also raised as an issue because some SSC/TrC activities happen 'behind the doors' or respond to 'vested interests both of donor and recipient countries'. Politics may also play a role in selecting partners, which is not always the best available choice. Accountability for results and for resource use is often weak or absent but measuring results is also considered complex if exchanges are limited to individual capacity building. Sustainability is often perceived an issue if resources depend solely on the North. If SSC/TrC is funded by the North, the risk remains that supply rather than demand drives the agenda.

Some DPs believe that SSC/TrC could be cheaper in terms of financial resources but more demanding in terms of time and human resources and may therefore be considered more interesting for middle-income countries (MICs). Others believe that integrating SSC/TrC in standard programming and pooled funding, more generally, could be a way forward.

38 E.g. Busan; ECSE: influencing WHO decisions at WHO assembly; ECA policy influence on trade and health (generic drug) issues, (TRIPS); WTO).

Results and accountability

Results measurement is not considered to be the strongest feature of SSC/TrC, according to most interviewees. However, some were able to provide examples of SSC/TrC projects were results were being measured and common characteristics of these projects were (1) a well-developed programme and (2) a longer-term endeavour.

As long as SSC/TrC is not well 'structured', monitoring results will continue to pose challenges. Most respondents, but particularly the DPs, mentioned a clear felt need for developing guidelines and practical indicators for M&E of SSC/TrC.

Accountability is also considered important by all respondents. Agreements with participating countries should include modalities for (mutual) accountability. One particular DP raised the question whether a regional or global strategy on SSC/TrC (e.g. for the UN) would be more relevant than separate bilateral agreements.

Appreciation of SSC/TrC

All interviewees agree that SSC/TrC is an important, growing aid modality. Most see it as complementary to bilateral aid, some as potentially replacing bilateral aid.

According to one respondent there is a huge interest in SSC/TrC among beneficiary and 'provider' countries for many different and sometimes conflicting reasons. SSC/TrC is 'new' in the sense that much more funding is becoming available through MICs, and that global power relations are changing, due to – also – the economic crises in the HICs.

As the N-S division will get more and more blurred (see for example the impact of BRICS and other MICs), SSC/TrC will also be redefined. It will become more a cooperation between countries, rather than N/S or SS cooperation. In fact, this is already happening in Latin America under the concept 'horizontal cooperation'. Also, experiences from Latin America should be 'exported' to Africa and Asia according to respondents from these regions.

The informers from the South see SSC/TrC very much as 'the way to go': cheaper, less conditional, more based on mutual solidarity; more adapted to the local context; and providing opportunity for more participation, decision making and ownership. While this modality may be more sustainable, it is also slower and therefore in conflict with the current time-bound results oriented approach.

According to most interviewees, SSC/TrC contributes to aid or development effectiveness because of its inherent potential for: implementation based on local demand; adaptability to the local context; synergy between stakeholders; less duplication; and learning from both success and failures.

Everyone strongly agrees that the South should take leadership and initiative and also provide some funding. It is 'the way to go' according to the interviewees based in the South because TrC is more adapted to a globalising world and the North should become more a facilitator than a decision maker. Most DPs express support for participating in TrC or funding SSC providing a mixed but generally positive picture varying from "yes, but" to "yes, if" to a fully committed "yes".

In summary, increasing support for SSC/TrC both by the North and the South is generally perceived as important. The South is very much convinced that this is the way to go. There is less agreement on the modalities and timeframe for doing so, especially by the DPs. Everybody agrees though that a more 'structured approach' to strengthening SSC/TrC would be welcome.

Part 3: Ways of improving SSC/TrC

Several suggestions were made during the interviews for improving SSC/TrC which are summarized in this section.

Better organisation of 'learning exchanges'

Many respondents are of the opinion that learning exchanges should be better organised. When asked to expand on what they mean by this, the following criteria were listed:

- Need for clear objectives
- Good and careful selection process of stakeholders and participants, ensuring different stakeholders are involved (a mix of political and technical partners makes learning experience richer and more effective)
- Good quality and relevant content to share, linked to practical application
- Good facilitation and neutral broker
- Willingness to invest enough time
- Ensuring individual capacity building is linked to institutional capacity building
- Clear guidelines for using TA from the South
- Avoiding language barriers

'Structured' approach to SSC/TrC

In addition, there is a general feeling among all respondents that the modality of SSC and TrC would benefit from a more 'structured' or 'institutional' approach for it to be more effective. Although this has been stated by many interviewees it was not always clear what a structured approach means.

Based on the many and sometimes opposing findings and opinions, we attempt to highlight below the main elements that could support enhancing SSC and TrC. Obviously, the proposed actions (at global, regional and national levels) would need to be developed further, based on additional study and discussion.

- **At the global and regional levels, there is a need to increase the quality and intensity of the exchange of information** on SSC and TrC, starting with an international consensus on operational definitions and criteria for inclusion.
- **International development agencies should make their intentions about supporting SSC explicit and transparent by developing relevant policies and strategies.** For many of them, one major challenge will be to adopt technical-financial modalities for collaboration that recognise the importance of demand-driven approaches.
- **International development agencies may consider global/regional funding modalities** for SSC / TrC which is likely to be more efficient than maintaining bilateral funding and would reduce fragmentation and risk of duplication[39].
- **There is a need to know more about the costs and benefits of TrC compared to traditional North-South Cooperation (NSC).** We did not find evidence to support the assumptions voiced by key informants in our study that TrC is either more or less cost-effective. Although the cost effectiveness equation is likely to be different for each initiative, a meta-economic analysis would be an important incentive for agencies to develop policies and strategies on TrC.
- Countries participating in SSC have to overcome a number of **operational challenges:**
  - **Mobilising resources for predictable funding of sustained SSC and TrC initiatives.** Many SSC activities are ad hoc and short term. Obtaining funds to support effective SSC partnerships requires strategic decisions on TrC in the North, but also a better articulation of needs and demands in the South.
  - **Careful planning,** matching development needs to the offer of assistance, integration in national health or institutional plans, performance monitoring and assurance of accountability.
  - **Monitoring, evaluating and documenting the results of SSC initiatives** in terms of capacity development, reciprocity, and mutual learning in order to be able to make a stronger business case for cooperation within the country and in the negotiations with development partners.
  - **Breaking linguistic and cultural barriers.** While there is value in SSC partnerships among countries with similar historic and cultural roots, there is scope for expansion beyond regional, cultural and linguistic borders.
  - **Strengthening institutional sustainability of SSC partnerships** by including this modality of cooperation in development plans and assigning institutional responsibilities. In our interviews we found that many initiatives depended on the interests of individuals without a strong institutional engagement.

39 Germany and UK already have established regional (e.g. Germany, in Latin-America, and in the Caribbean) and/or global TrC funds (e.g. UK: dedicated budget of the GDPP for TrC activities with emerging powers). These could serve as examples for other interested international development agencies.

Annex 4. Extended bibliography

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3	OECD – Task Team on South-South Collaboration	Towards Effective South-South and Triangular Cooperation. Good Practice Paper.		October 2011
4	UNOSSC – UN Office for SSC	Building Block Proposal South-South and Triangular Cooperation: Unlocking the Potential of Horizontal Partnerships for Better Development Outcomes		November 2011
5	4th High Level Forum on Aid Effectiveness	Plenary Session on South-South and Triangular Cooperation	Busan	30 November 2011
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