

CHAPTER VI

Inter-Agency Co-operation for Health

In Article 2 of the Constitution of the World Health Organization it is stated that:

In order to achieve its objective, the functions of the Organization shall be:

(a) to act as the directing and co-ordinating authority on international health work;

(b) to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;

.....
(j) to promote co-operation among scientific and professional groups which contribute to the advancement of health;
.....

The magnitude of this task was perhaps not altogether foreseen by the authors of the Constitution, but, whatever the responsibility involved, such co-operation obviously is of prime importance for making the best use of all available resources for the promotion of health. To the Regional Committee for South-East Asia and to the Regional Office this matter of co-ordination has always been an important concern. As early as 1950 the Regional Committee was urging governments to set up special sections for international health in their health ministries¹, and, in the following year, it endorsed the proposal for national co-ordination committees for technical assistance². As for collaboration with other agencies, an account of the technical work accomplished by WHO jointly with other agencies is included under the appropriate headings of this volume. However, this chapter briefly describes some of the agencies with which co-operative efforts have been developed, and the nature of this collaboration.

Relations with the United Nations and its Specialized Agencies

Formal agreements between WHO and the United Nations and also with the other specialized agencies provide for reciprocal representation at meetings,

¹ Resolution SEA/RC3/R3, September 1950

² Resolution SEA/RC4/R3, September 1951

the establishment of joint committees, the exchange of information and documents and the co-ordination of personnel arrangements and of statistical services.

The United Nations



In the South-East Asia Region, collaboration in regional programmes with the United Nations (the Department of Economic and Social Affairs, the Bureau of Social Affairs, and, particularly, UNICEF, UNDP and ECAFE), has been most productive.

The United Nations Children's Fund (UNICEF)

Of all international bodies, UNICEF has been the one with which WHO, throughout, has collaborated most closely.

UNICEF's operations for health promotion and protection receive general policy guidance from a WHO/UNICEF Joint Committee on Health Policy, and specific projects are technically approved and reviewed by the regional offices of WHO. However, while technical approval from WHO is required before assistance to a health promotion project can be implemented, a recommendation from WHO for UNICEF assistance need not necessarily be accepted by the UNICEF Executive Board. From the administrative viewpoint, therefore, as well as for the sake of technical efficiency, mutual consultation and very close co-operation between WHO and UNICEF at the planning stage have been essential to the effectiveness of the aid given to national health authorities.

The earliest long-term programmes jointly assisted by UNICEF and WHO were those for campaigns against the major communicable diseases. In order to protect children from these diseases, it was necessary to attack the reservoirs of disease in the whole community, and in order to provide for the medical care of children, the community health services as a whole had to be supported. Similarly, the protection of children from environmental hazards called for assistance to community environmental sanitation projects—not least, to the provision of safe water supplies. In this way the sphere of UNICEF's operations was later rightly expanded to cover a very wide range of community health services which would, directly or indirectly, benefit child health. Adequate nutrition, for example, is of obvious importance to the health of children, and here UNICEF's support has increasingly been directed towards national efforts to improve food production (with the technical guidance of FAO) and nutrition education (with advice from WHO). The demonstration and local

manufacture of low-cost protein-rich food supplements have also been promoted.

In a part of the world where national health authorities have to develop services within a very restricted budget and where shortage of foreign exchange perpetually plagues the adequate servicing of health programmes, UNICEF aid with supplies and equipment was to prove of inestimable service to national health programmes and to the effective development of WHO-assisted projects. WHO/UNICEF co-operation in South-East Asia has thus been invaluable to the productive operation of international assistance for health. It has also brought to the WHO Regional Office a very heavy burden of responsibility for technical guidance to UNICEF assistance in national health programmes.

Within the Region this co-operation has followed the same trend as WHO/UNICEF collaboration in general, described above. Particularly at the outset of SEARO's assistance in South-East Asia, UNICEF had an ampler budget available for the health needs of children of the Region than WHO had for its regional programme. As noted earlier, the very first programme to be assisted by WHO in the Region was in collaboration with UNICEF: this was the BCG vaccination campaign, also assisted by the Scandinavian Red Cross Societies (see page 65). Soon after, in 1949-1950, joint support was started to projects for the development of maternal and child health services—a form of assistance which has been widened in accordance with the policy to cover community basic health services, and which is still continuing. In addition, UNICEF has helped with training programmes for nursing, midwifery and auxiliary personnel, to which SEARO began its assistance in 1949-1950, and in those early years also joined WHO in supporting projects for malaria control; however, a decade later, when Member countries decided to start on eradication campaigns, UNICEF, although agreeing to continue its assistance, decided to limit any additional expenditure to the development of basic health services in support of malaria eradication.

The WHO-assisted campaigns for leprosy, yaws, trachoma, tuberculosis and typhus control in the Region also attracted UNICEF assistance. As mentioned above (page 88), UNICEF, in support of these and other efforts at communicable-disease control, has provided equipment to enable national laboratories to produce BCG, smallpox and triple (DPT) vaccines, and, in India in the early 1950s, joint assistance was planned in the establishment of plants for the local production of DDT and penicillin, WHO supplying the technical "know-how" and UNICEF the necessary equipment. Co-operation in environmental sanitation, in the work on malaria control and in public health and community development programmes also began early, as did

UNICEF/WHO support to programmes for training physiotherapists and for rehabilitation.

Since about 1957, WHO has provided advice to UNICEF-assisted nutrition and goitre control projects and, more recently, to the applied nutrition programme on a large scale. In the sphere of medical education, the two agencies have collaborated in efforts to upgrade departments of paediatrics, obstetrics and preventive and social medicine in medical colleges and teaching hospitals throughout the Region.

To facilitate co-operation, a WHO medical officer was, from 1948 to 1960, attached as a liaison officer to UNICEF's Asia Regional Office in Bangkok, which originally covered most of the countries in the WHO South-East Asia Region. This office has now become the "East Asia and Pakistan Regional Office", from which, in this region, UNICEF's operations in Burma, Indonesia and Thailand are administered. UNICEF's present office in New Delhi, the South Central Asia Regional Office, covers Afghanistan, Ceylon, India, the Maldives, Mongolia and Nepal; it developed from the Area Office, established on 1 February 1949, which, as mentioned earlier, shared Patiala House with the WHO Regional Office for eleven years and later moved to separate premises.

To give an idea of the amount of assistance and the expenditures involved, from the beginning of WHO/UNICEF joint programmes in 1947 up to the end of 1960, UNICEF provided to health programmes in the countries of the WHO South-East Asia Region material aid worth \$33 453 700 and, in addition, \$8 712 900 for milk conservation, child feeding and emergency aid; from 1961 to 1966, its allocations for health, including nutrition activities, totalled about \$32 954 800. From 1949 to 1965 inclusive, the cost of WHO's assistance to health programmes in South-East Asia amounted to \$49 227 919 (field activities only).

The United Nations Technical Assistance Administration (UNTAA)

Over the years the Regional Office has co-operated with UNTAA in several projects of mutual concern.

Some time after WHO/UNICEF assistance to DDT and penicillin plants in India had been started, it was decided that the expertise on buildings and production procedures would more suitably come from UNTAA, to which, in 1952, the WHO staff and the funds for these projects (to be completed in continued collaboration with UNICEF) were therefore handed over. Another early collaborative effort, also in 1952, was WHO's representation on a UNTAA mission sent to Burma to plan social services in the fields of social

welfare, labour and industrial welfare, public health, medical care and social education.

In the sphere of social and occupational health, and especially in that of rehabilitation of the physically handicapped, including the training of physiotherapists, there has been close co-operation. In India, notably, the national training centre for physiotherapists which WHO helped to establish in Bombay has formed part of a larger project for the rehabilitation of the physically handicapped, for which, later, UNTAA and the World Veterans' Federation have provided international staff and UNICEF a substantial amount of equipment.

Recent important programmes in which there has been a joint approach have been in the fields of water supply (Survey of Water Supply Resources of Greater Calcutta), water conservation and irrigation (the UNTAA-assisted project in the Lower Mekong Basin, part of which is in Thailand), an irrigation development project in Afghanistan, an irrigation and hydropower project in Ceylon, and a demonstration scheme for establishing a suitable methodology for the protection and development of mountain areas in Nepal (Trisuli Watershed).

The above are examples of the kinds of programmes in which WHO has collaborated with UNTAA and, later, with the United Nations Bureau of Social Affairs.

Of the total amount of technical assistance given to countries in the Region through the Expanded Programme for Technical Assistance (EPTA) and the Special Fund (SF), now together referred to as the United Nations Development Programme (UNDP), health programmes with assistance from WHO have received a considerable share. In 1966, for example, the UNDP component of the WHO-assisted health programmes in the Region amounted to \$1 585 578.

For co-ordination of the UNDP projects, the United Nations very early appointed Resident Representatives to the countries concerned. Relations with these representatives in respect of WHO-assisted projects financed under the UNDP programme have naturally been very close; the Regional Director's concern about ensuring such co-operation and the action which was taken have been described in an earlier chapter (pages 58-62).

*The United Nations Economic Commission for Asia and the Far East
(ECAFE)*

The Economic Commission for Asia and the Far East, with headquarters in Bangkok, was established in 1947 by the United Nations Economic and Social Council.

WHO has been represented at the formal sessions of ECAFE since its very first session, which was held in Shanghai in June 1947 and to which the WHO Interim Commission sent a representative. In June 1948, the same year in which the WHO Regional Office for South-East Asia was to be established, ECAFE held its third session in Ootacamund, South India, and the Interim Commission was again represented.

Since the beginning of the WHO Regional Office, close relationships have been maintained, and when a WHO Representative was posted to Thailand, he became *ex-officio* WHO's liaison officer to ECAFE headquarters. Besides attending the Commission's formal sessions, the WHO Representative and SEARO staff members have participated, from time to time, in many of the meetings and conferences arranged by ECAFE for discussion of specific subjects.

As early as 1954, for example, WHO was participating with ECAFE in meetings and consultations on standards for housing and housing development. In another field of collaboration there have been the water conservation and irrigation project in the Lower Mekong Basin mentioned earlier (for which WHO is still providing teams of experts to assess the health hazards) and a similar project on the Mu River in Burma.

In January 1964 ECAFE established the Asian Institute for Economic Development and Planning, also in Bangkok. To this institute, which is primarily for training, with commitments for research on economic and social problems, a WHO public health administrator has, from the beginning, been provided by the Regional Office, to strengthen the faculty and to assist in teaching the health aspects of the planning of social and economic development (see page 244).

The Food and Agriculture Organization of the United Nations (FAO)



WHO's co-operation with FAO has been concentrated on work in nutrition and the zoonoses. Recommendations made at meetings of the joint WHO/FAO expert committees on these and related subjects have provided the basis for many co-operative activities—nutritional surveys, training courses, seminars and the co-ordination of research programmes on brucellosis and other zoonoses. WHO has maintained close relation with both FAO's Regional Office for Asia and the Far East in Bangkok and its zonal office in New Delhi.

The earliest example of co-operation with FAO in the South-East Asia Region concerned the WHO-assisted malaria control programmes.

for which, in the choice of demonstration areas in India and Thailand, FAO provided expert advice on agricultural potentials. Also, in the year 1950, a nutritionist was provided by FAO to institute nutritional surveys in Thailand.

Co-operation in nutrition education also started very early, with a jointly assisted nutrition course in Calcutta in 1951. Since that time there has been close collaboration in organizing a series of training courses, seminars and conferences, such as, for example, the FAO/WHO Asian Conference held in Bandung, Indonesia, in 1953, a FAO/WHO/UNICEF nutrition seminar held in Hyderabad, India, in 1962, and a WHO/FAO training course in Thailand in 1964 (see pages 238, 240). WHO and FAO have also co-operated in giving assistance to nutrition projects, particularly in Burma, Ceylon, India and Thailand, and, from 1959, when the UNICEF-assisted applied nutrition programmes started operating, SEARO has jointly participated with FAO in providing technical advice.

In recent years there has been a considerable increase in these activities of FAO and WHO, as also in demands from governments for assistance towards solution of their food and nutrition problems. In February 1966, therefore, a joint FAO/WHO inter-secretariat meeting was held in Rome, where agreement was reached on a better definition of the respective responsibilities of the two organizations for co-operative assistance to national programmes.

The International Labour Organization (ILO)



It has been, of course, in respect of assistance to industrial and occupational health programmes that WHO's Regional Office has co-operated with ILO—with local offices in Bangkok (earlier, Bangalore and Colombo) and in New Delhi.

A regional conference on industrial health, jointly sponsored by the two organizations, was held in Calcutta in 1958 at the All-India Institute of Hygiene and Public Health, to assist countries in the Region to plan adequate well-coördinated industrial health services. Wide publicity was given to the report of this conference. The Regional Office had earlier provided a professor of industrial health to the Institute (see page 256).

Similarly in Indonesia co-operation was close, and in 1957, ILO and the WHO Regional Office, along with some other agencies, were involved in assistance to a seminar on rehabilitation of the disabled, held in Solo.

In addition to such joint projects, there have been continuing mutual discussions, attendance at meetings and consultations on regional programmes of interest to both organizations.

*The United Nations Educational Scientific and Cultural Organization
(UNESCO)*



Collaboration with UNESCO's office in New Delhi started in 1949, when UNESCO's help was sought in drawing up a scheme for health education in schools. In 1951, a WHO health educator was assigned to UNESCO's fundamental education project in Ceylon, and the two organizations collaborated in compiling a handbook on health education. WHO also provided a public health nurse (1954-1956) to work in a UNESCO-assisted fundamental education project in Ubol, Thailand, for the training of community development leaders.

This type of co-operation has continued throughout the years, with WHO field staff assisting in UNESCO-sponsored school health and educational projects, and WHO staff members attending or participating in UNESCO's meetings and conferences. Mutual exchange of information in studies on the social implications of industrialization and urbanization has also been most useful.

The United Nations International Atomic Energy Agency (IAEA)



Direct co-operation of WHO's South-East Asia Regional Office with IAEA (which came into being in 1957, with headquarters in Vienna) started through a meeting with members of a "Preliminary Assistance Mission of IAEA", which visited Burma, Ceylon, Indonesia and Thailand in February 1959. In the same year, when IAEA started programmes of instruction in the medical uses of radioisotopes, SEARO provided fellowships for participants in these courses.

In 1960, a symposium on the use of radioisotopes in the study of endemic and tropical diseases, jointly organized by the two organizations, was held in Bangkok; in Bombay, in the same year, WHO took part in an IAEA-sponsored symposium on radioisotopes and radiation in entomology. Co-operation has continued chiefly in the organization of symposia and training courses, and more recently with respect to advice to Afghanistan on the feasibility of setting

up a radiotherapy centre, for which IAEA has arranged the supply of therapeutic irradiation equipment from bilateral sources.

Health Work of Bilateral Agencies

Technical Assistance from the United States of America

In the records of the operations of the South-East Asia Regional Office, there are frequent references to co-operation with ECA, TCA, TCM, USOM, FOA, ICA and AID. Basically these various initials refer to technical assistance from the United States of America, the most recent name for this bilateral programme being the "United States Agency for International Development" (USAID).

Co-operation with the United States technical assistance authorities in this Region may be said to have started in March 1950, when representatives of the State Department of the Government of the USA and of the U.S. Public Health Service called on the Regional Director to discuss ways in which technical assistance could be provided to the countries of South-East Asia under President Truman's Point Four Programme. In November of the same year, a representative of the Far-East Division of the USA's technical assistance agency, then the ECA, also called, to discuss ECA programmes and possibilities of co-operation with WHO. By 1952, ECA was providing substantial support to WHO/UNICEF-assisted malaria control programmes in Indonesia and Thailand, and, in due course, the USA's assistance to malaria control and eradication developed into massive support of the programmes in Ceylon, India, Indonesia, Nepal and Thailand. WHO and US staff collaborated closely in these programmes.

USAID and its predecessors have also provided South-East Asian countries with technical assistance and equipment on a large scale for hospitals, for the training of health personnel, rural health services, health education, health statistics, environmental sanitation, communicable-disease control, etc., and there has been frequent consultation between SEARO and the U.S. agency in the planning and implementation of assistance to many of these programmes.

Another source of U.S. assistance, a small amount of which has been made available for health projects in some countries, is the so-called "PL 480 funds". U.S. Public Law 480 provides that the local currency paid by a country for the purchase of American food can be borrowed back by the country for

various local investments approved by the USA, or can be returned to the country as a grant. Most of this money went back into industrial and agricultural development, but from time to time small amounts were used in support of health programmes.

The recent trend in assistance from the USA is increasingly in the support of agricultural and family planning programmes, with some reduction aid in the general public health field.

The Colombo Plan

"The Colombo Plan for Co-operative Economic Development in South and South-East Asia" was conceived at a meeting of Foreign Ministers of British Commonwealth countries held in Colombo in January 1950. The original members were Australia, Canada, Ceylon, India, New Zealand, Pakistan and the United Kingdom of Great Britain and Northern Ireland (with the Federation of Malaya, Singapore and British Borneo). The United States of America in 1951 and Japan in 1954 became members of the Plan in the role of "donors".

From the point of view of WHO's co-operation, the fact that this organization has no medical secretariat for the administration of health programmes makes contact more difficult. To know what assistance is being proposed under the Colombo Plan it is necessary to contact individual embassies or high commissions in each country. Nevertheless, co-operation has been close, and of this co-operation there have been many examples throughout the life of the WHO Regional Office; in some technical assistance projects Colombo Plan and WHO personnel have worked side by side with the same immediate objectives.

The bulk of Colombo Plan assistance has gone into industrial and agricultural development, but some support has also been given to health promotion, mostly through fellowships. The first fellowships awarded under the Colombo Plan were for six dental nurse trainees from Ceylon, who took up studies in New Zealand in March 1951. Many other awards followed.

The Colombo Plan's fellowships programme has been an extensive one. In addition, the Plan has supplied a few experts to assist post-graduate medical institutes, medical schools and institutes for para-medical training, and under its auspices considerable aid has been given to the development of radiotherapy, including the provision of cobalt-beam and other equipment, especially by Canada.

Other Bilateral Agencies

The WHO Regional Office has made a special effort to co-ordinate its programme with the technical assistance in the health field being provided to the Region under bilateral agreements between receiving and donor countries, and has also tried to stimulate such assistance. A few examples of this type of co-ordination are given below.

As early as 1952, SEARO was involved in a Norwegian programme for aid to Indian fisheries. Frequent consultations took place with the Norwegian authorities with regard to the health unit which had been included in this programme and was a part of Norway's plan to assist in developing fisheries in an area of the State of Kerala. About ten years later, the Norwegian Government invited WHO to be a signatory to a new plan of operation for the project, and so set a precedent for formal WHO participation in a bilateral programme. In 1963 a WHO public health nursing adviser was assigned to this project, which has now been completed and handed over to the Indian Government.

As soon as Nepal joined the Region in 1953, consultations and co-operation were established with the Indian Aid Mission in that country. The WHO Regional Office has maintained close relationships with this organization ever since, and has actively promoted a scheme for the establishment of a medical college in Nepal with Indian aid.

The material assistance to Afghanistan, Burma, India and Nepal provided by the Government of the U.S.S.R. in the form of freeze-dried smallpox vaccine is described elsewhere (see pages 97, 175), as is the polio vaccine supplied to Ceylon to combat the epidemic of 1962/1963 (page 178). These donations were promoted by the Regional Office.

Other examples of bilateral aid with which SEARO has been associated have been West Germany's assistance to the Public Health Institute in Kabul and to a research laboratory in Thailand, French assistance to the School of Medicine (JIPMER) in Pondicherry, Japanese assistance to a virus research laboratory in Thailand and New Zealand's support of radiation protection in Thailand.

There are also a number of young volunteer workers from various countries participating, along with national workers, in health and education programmes in some countries of the Region.

It has, however, to be stated that, regrettably, very often the donor countries have not consulted WHO before embarking on bilateral aid in public health. Many projects are of an *ad hoc* nature; some of them are of low priority and a few even unsound, from a strictly technical point of view.

Co-operation with Non-Governmental and Other Agencies

At the regional level, the WHO Regional Office and its WHO Representatives in Member countries have endeavoured to establish and maintain close contact with the local organizations affiliated to the international non-governmental organizations with which WHO is in official relations. Reference has been made elsewhere in this history to co-operation with, for example, the national Red Cross societies, tuberculosis associations, leprosy associations, dental associations, cancer societies, paediatric associations, trained nurses' associations, etc. Particularly in India, there has been close collaboration—with the Tuberculosis Association of India, the Hind Kusht Nivaran Sangh (Indian Leprosy Relief Association), Indian Council of Child Welfare, Indian Red Cross, Academy of Paediatrics and Trained Nurses' Association of India.

In addition to maintaining relations with these local organizations, the Regional Office, on behalf of Headquarters, has also, on occasions, co-operated with the international bodies themselves—for example, at the time when the World Federation of Mental Health held its eighteenth annual meeting in Bangkok (1965), and also at the Third World Conference on Medical Education, held under the joint auspices of the World Medical Association, WHO and the Pan American Health Organization in New Delhi in 1966, in which both WHO Headquarters and the Regional Office (as well as the medical education advisers from other WHO regional offices) participated.

Besides the 71¹ international non-governmental organizations in official relations with WHO, there are many national non-governmental organizations with which WHO has always enjoyed most fruitful co-operation. In the South-East Asia Region, collaboration with the Rockefeller and Ford Foundations, for example, has been very productive.

Rockefeller Foundation

Even before the WHO Regional Office for South-East Asia was established, the Rockefeller Foundation was already active in the Region. The Foundation's fellowship programme and its assistance to medical and post-graduate education, to research projects and institutes (e.g., the Virus Research Institute at Poona), to professional education of para-medical personnel and, more recently, to the setting up of a field demonstration area (Ballabgarh) in connection with a department of preventive and social medicine, as well as to the All-

¹ as of January 1967

India Institute of Medical Sciences, deserve special mention. The WHO Regional Office has maintained close contact with these activities. At present, the Foundation is directing its support to the improvement of agriculture, family planning and rural training centres as well as to medical education.

Ford Foundation

Whereas the Rockefeller Foundation earlier concentrated most of its assistance on universities and post-graduate institutions, on professional education and on research, the Ford Foundation has been most active in community development services and family planning. In the last few years it has also supported the establishment of the National Institute of Health Administration and Education in India, a unique experiment in providing a senior staff-college type of training for health administrators; the WHO Regional Office has assisted with technical staff from time to time (see page 244). The Foundation has also made a substantial grant to the Asian Institute for Economic Development and Planning in Bangkok, to which WHO's assistance has already been mentioned. Also, the WHO/UNSF project for the preparation of a master plan for water supply, sewerage and drainage for the city of Calcutta forms an integral part of the basic development plan for the Calcutta Metropolitan District being carried out with assistance from the Ford Foundation.

Danish Save the Children Organization

A somewhat unique example of the value accruing from WHO's support of a voluntary organization in carrying out an essential task started five years ago in the State of Andhra Pradesh in India. Under a special agreement with the Indian Government, the Danish Save the Children Organization is financing and providing para-medical staff for a leprosy control project in a highly endemic area, with the technical advice and collaboration of the WHO Regional Office. To facilitate the excellent work of the Danish centre, SEARO has provided a leprologist to give technical direction and expertise to the programme. This project started in 1962, and is today perhaps the best organized leprosy control activity in India. SEARO's collaboration with the Danish Save the Children Organization still goes on and is increasing.

Other Agencies

The Emmaus Suisse, the Order of Malta and the Deutsches Hilfswerk für Aussätzigen are examples of other agencies assisting health promotion in the

Region through the WHO Regional Office; they are active in support of a leprosy project in Burma. The Emmaus Suisse is also operating in Nepal. Also working in the field of health in South-East Asia, the Asia Foundation, the China Medical Board and CARE-Medico are some other organizations with which the Regional Office keeps in touch.
