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THIRTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Monday, 12 May 1986, at 14h30

CHAIRMAN: Dr J. M. BORGOÑO (Chile)

CONTENTS

SIXTH MEETING

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1. GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000: Item 20 of the Agenda (continued)

Additional support to national strategies for health for all in the least developed among developing countries: Item 20.3 of the Agenda (Resolutions WHA38.16 and EB77.R2, and Document EB77/1986/REC/1, Annex 1) (continued)

Dr WESTERHOLM (Sweden) said that over the last fifteen years WHO had developed a number of priority programmes which had helped to initiate research and services in much neglected or crucial areas; she referred in particular to the Special Programme of Research, Development and Research Training in Human Reproduction, the Special Programme for Research and Training in Tropical Diseases, the Programme for Diarrhoeal Diseases Control and the Expanded Programme on Immunization. Those and some other programmes of special relevance to primary health care development had received substantial support by Sweden from their inception. In a combination of research and action to promote primary health care research problems were identified in the field situation and the results fed back for application in the field seemed a fruitful approach. Such programmes had been able to mobilize research and development resources globally with the participation of both industrialized and developing countries.

Other problem areas would also need increased attention. They included the provision, distribution and use of essential drugs, and the control of acute respiratory infections which could be responsible for one-third of childhood deaths. She considered that it was the responsibility of Member States and of the Health Assembly to take account of the need to set priorities and perhaps also to define the time framework of those special programmes so as to allow for new initiatives. Priority programmes of that kind were joint endeavours by industrialized and developing countries, providing different kinds and levels of resources, and they were best funded by undesignated contributions. There had been a tendency among some donors recently to insist upon designated contributions, thereby introducing a serious risk of upsetting programme priorities. She urged Member States to take their full share in supporting those priority programmes, particularly as some of them were reaching a stage where new preventive tools and drugs required expensive field trials. She expressed her delegation's support for the resolution proposed by the Executive Board in resolution EB77.R2.

Dr GRANADOS (Cuba) said that the economic and health situation of many developing countries, and especially of the least developed among them, continued, alarmingly, to be critical. Their very vulnerable economies were compelled to concentrate on the sheer physical survival of their populations. The growing world economic crisis, accentuating the gap between the developed and the developing world, the crippling effects of servicing the unredeemable external debts of the developing countries, the arms race, the atmosphere of international tension and the effects of natural disasters were some of the factors militating against the implementation of strategies for achieving health for all.

The third meeting of experts and the tenth meeting of health coordinators of the non-aligned and other developing countries, held in Havana in February 1986, had reviewed the critical situation confronting the developing countries and noted that the very serious health problems and the poverty and hunger affecting a large proportion of the world population had failed to arouse the international community to an awareness of the difficult situation of the less fortunate; it demonstrated a lack of sufficient political will by a large part of the developed world to assume greater responsibility for alleviating the sufferings of those peoples. In that context, it was noteworthy that, according to reports from the World Bank, official assistance to developing countries from the highly industrialized world was at the same level as in 1971, and had even decreased in the majority of countries.

The Organization's efforts to mobilize technical and financial resources for the least developed countries were described in the Director-General's report to the Executive Board (document EB77/1986/REC/1, Annex 1). His delegation welcomed those efforts and wished them to continue.

Cuba cooperated with and gave assistance to more than half of the least developed countries and urged Member States to support the Director-General in his efforts to obtain additional resources to meet the urgent priority needs of the least developed countries and support their national strategies for achieving health for all.

Dr NTABA (Malawi) said that his delegation also welcomed the Director-General's report to the Board. It was a recognition by the Director-General and by WHO of the serious difficulties the least developed countries were experiencing in trying to achieve health for all.

Delegates had stressed on numerous occasions that in primary health care national strategies reflected the serious attempts to balance the inequalities in the allocation of resources. Groups at risk had to be identified and strategies reoriented in their favour. Everyone accepted that the continuation of inequitable strategies in health and development was incompatible with the achievement of health for all by the year 2000. The international community must redirect its resources towards the support of Member States at risk and vulnerable so that they could implement their national health strategies. In that context, he was gratified to note that WHO would be assisting in the reorientation of numerous programmes.

Various delegates had stressed the importance of multisectoral approaches in health development. Most developing countries were doing their best to adopt such approaches, but his country often found that most of its external aid packages were rigid and tended to be unisectoral in their orientation. He therefore urged the donor community to consider the need to reassess some of their aid policies and requirements with a view to accommodating some multisectoral projects which crossed the traditional boundaries of their support discipline. His delegation fully supported the draft resolution contained in resolution EB77.R2.

Dr HEDAYETULLAH (Bangladesh) congratulated the Director-General and the Executive Board for including in the agenda the important subject under consideration. It was very opportune since economic recession had struck a severe blow at the progress of health for all by the year 2000. It was high time for the least developed countries to be given large-scale support by the bilateral and multilateral donors in order to help them bridge their resources gap.

Bangladesh was one of the least developed countries with a population of 100 million and a per capita income of US$ 120. It had an infant mortality rate of 125 per 1000 live births, with high morbidity and mortality, and its people were living in abject poverty. His Government was striving hard to improve the lot of its teeming millions, but owing to acute resource constraints the pace of development, including progress in health, was rather slow. His delegation therefore strongly supported the proposed draft resolution.

Professor MULLER (Netherlands) said that his Government shared the concern of many other countries at the health situation of the approximately 300 million people living in the 36 least developed countries. Their extreme poverty was the cause of malnutrition and disease which affected their productive capacity. His delegation supported the efforts made by the United Nations system in general, and WHO in particular, to alleviate their situation, although progress had not been as great as was desirable.

He supported the steps taken by the Director-General to mobilize technical and financial resources specifically for the benefit of the least developing countries as described in Section III of his report to the Board. His delegation fully supported the draft resolution before the Committee.

Dr VILCHEZ (Nicaragua) said that the Director-General's report responded to the reiterated concern of the Health Assembly at the deteriorating health situation of the least developed countries. He particularly stressed his country's support for the Organization's efforts to mobilize the financial and technical resources which would enable the least developed countries to strengthen their health infrastructure and increase their ability to attract and absorb a large input of new resources; without such measures there was a risk that additional help might be ineffective and have little impact.

The prospects for making considerable progress in obtaining extrabudgetary resources for the Organization's activities during the period 1986-1987 appeared promising and it was important that the effort be maintained. It was also important that such resources be used for the direct support of Member countries, with special attention to the least developed among them. Their use to fill gaps in administrative structures could have a negative effect on the implementation of resolutions calling for additional help to countries most in need.

Dr SAVEL'EV (Union of Soviet Socialist Republics) said that the Director-General's report threw a great deal of light on a very important problem. It indicated not only the requirements for additional support, but also the machinery and opportunities available to meet those needs. The existence of a Special Account for Assistance to the Least Developed

among Developing Countries provided a realistic method for dealing with such additional support. An important contribution could be made to helping the least developed countries through bilateral and multilateral agreements provided they were concluded on an equitable and democratic basis. Agreements drawn up by the USSR to provide developing countries with technical cooperation, particularly in the health sector, were on such a basis. His delegation had no comments to make on the draft resolution before the Committee.

Dr OSMAN (Sudan) said that his country was implementing the strategy of health for all by the year 2000 through special measures in the field of primary health care, by taking steps towards decentralization and by increasing the amount of paramedical assistance.

Additional resources should be made available for the Eastern Mediterranean Region so that more importance could be given to primary health care. Much effort was being undermined already because of inadequate finance and the difficulty in implementing programmes because of the low priority they received.

His country had benefited from the Technical Discussions at the current Health Assembly on the role of intersectoral cooperation in national strategies for health for all and the optimum use of resources obtained particularly from the industrial sector. He hoped those discussions would help his country to improve health services in the future. He also hoped that Sudan would be able to improve coordination of other sectors of the economy so that intersectoral cooperation could be of some benefit to the patient. His delegation endorsed the report under consideration and supported the conclusions contained therein.

The DEPUTY DIRECTOR-GENERAL reminded the Committee that the resolution had been adopted at the January 1986 meeting of the Executive Board, and that emphasis had been laid upon the need for additional, more vigorous support in the field of health, particularly in the context of development and with regard to least developed countries.

He appreciated the very positive response manifested by delegates and thanked them for their cooperation, while wondering whether the Executive Board might not do well to review the resolution after its acceptance by the Health Assembly, in order to define ways and means of providing additional support to meet the requirements of all the countries in question.

A great deal remained to be done if the least developed countries were to achieve any respectable standard of health by the end of the century and, unless all concerned parties combined their efforts by all possible means, very little would in fact be achieved. The situation was known to be very critical indeed in many countries of Africa, Asia and Latin America, but the greatest number of least developed countries was concentrated in Africa. If action was not taken with all possible speed and with a meaningful impact upon overall development, very little would be achieved by the end of the century.

His appeal was urgent, and also held political implications. Bilateral relations were very good, but occasionally led to requests that were not in line with the collective decisions of the Assembly or the Executive Board. There was a need to promote more coherence in order to achieve a maximum impact, not only through material support but also by assistance with planning and policies.

He emphasized that he was not thinking merely of government action, but of the mobilization in developed countries of resources such as universities, medical schools and research institutes which could provide invaluable assistance to the least developed nations.

Technical cooperation among developing countries in support of the goal of health for all: Item 20.4 of the Agenda (Resolution WHA38.23; Document A39/5)

Dr TADESSE (representative of the Executive Board) said that the Board had reviewed the updated progress report of the Director-General on technical cooperation among developing countries (TCDC) in support of the goal of health for all, and had taken note of its recognition of the importance of TCDC activities and their inclusion in the Global Strategy for Health for All. Political commitment and voluntary agreements between governments together constituted a precondition of such activities, which were a fundamental element of national, regional and global strategies.

The regional offices aimed to promote technical cooperation among the countries of their region and the activities reported included the exchange of information and experience on all aspects of their strategies, training, collaborative research, use of one another's experts, joint programmes for the control of certain diseases, production, procurement and distribution of essential drugs and other essential supplies, and the development and application of low-cost technology for water supply and waste disposal.

The Board attached particular importance to TCDC activities conducted within the framework of geopolitical groupings, such as the group of the non-aligned and other developing countries, which cooperated in health matters throughout the developing world to an extent which transcended regional boundaries. It supported the proposals for further action by WHO including the scrutiny of programme activities, which could be pursued as cooperative efforts of Member States with the support of WHO.

Dr HEDAYETULLAH (Bangladesh) expressed his delegation's satisfaction at the timely inclusion of the priority issue of TCDC on the agenda of the current Health Assembly. He particularly wished to thank the Regional Director for South-East Asia, for his promotion of that cooperation among the countries of the Region, whose ministries of health had already identified seven areas in which a special effort was to be made: health manpower training, the control of diarrhoeal diseases, family planning, the control of epidemics, maternal and child health care, and nutrition. Activities were already under way in the first five of those areas. Students from the Region were being trained in Bangladesh and Bangladeshis were being given training by the Government of India. A constraint upon further progress was the lack of available funds: WHO was requested to provide a budget to cover at least travel expenses, and it was hoped that donor countries would meet remaining costs.

Bangladesh was engaged in dialogue and exchanges of information at regional level regarding the control of diarrhoeal diseases, malaria, and the target diseases of the Expanded Programme on Immunization, and family planning, for example, and was optimistic that TCDC activities in the Region would be further strengthened with the passage of time.

Dr LIU Xirong (China) said that his delegation had carefully studied the Director-General's report and considered it to be an excellent document providing a comprehensive survey of TCDC activity, summarizing past experience and formulating recommendations for future action.

Recent TCDC activities had focused on the Global Strategy for Health for All by the Year 2000. They had developed rapidly and had achieved successful results in several areas - results which had largely been due to the efforts and cooperation of the developing countries, but at the same time remained inseparable from the active support given by WHO. The Chinese delegation thanked the Director-General and his staff for their efforts in that regard.

The Regional Office for the Western Pacific had lent its active support to TCDC activities and all Member States in the Region had done their utmost to integrate TCDC into national programmes and plans. Activities took the form of information exchanges, cooperation in studies and evaluations, and the joint organization of seminars and workshops, relating to such fields as health development, health administration, primary health care, maternal and child welfare, family planning, traditional medicine, and pharmacology. They gave priority to the principle of self-reliance, involving the access by developing countries to appropriate technology and data sources, at the least possible cost.

That worthwhile action deserved every encouragement, and it was hoped that WHO would continue its efforts to that end. China was most willing to continue its own participation in such activities and had, in the past two years, collaborated with WHO in hosting a number of workshops and seminars, which had provided valuable opportunities for exchanges and enabled China to learn from other participants.

Mention should also be made of the First and Second International Colloquia on Leadership Development for Health for All and TCDC, that had been organized by the Government of Yugoslavia in 1984 and 1985, with the technical and financial support of WHO. China had sent high-level delegations, which had been most impressed with the thoroughness with which these issues were examined. Such meetings required a great deal of preparation, but it was hoped that they would continue to be held.

Dr FERNANDO (Sri Lanka) said that his country endorsed the concept of TCDC and had further upheld its commitment at the 1985 conference of health ministers of the South-East Asia Region. Political cooperation was a basic prerequisite of success - as Sri Lanka had demonstrated by eliciting technical cooperation from its neighbours even before TCDC became recognized and in providing continuing technical assistance in the health sector to the Maldives.

Other mechanisms for such cooperation included the South Asian Association for Regional Cooperation and the non-aligned movement. Existing geographical and socioeconomic groupings enabled participating countries to cooperate on common problems, such as the identification of common diseases upon which group efforts could initially be focused.

There was a need to improve information exchanges among the various focal points, and it was hoped that this could be done through the good offices of WHO. It had been suggested that bilateral exchanges were most likely to bring positive results, and Sri Lanka hoped to initiate bilateral discussions in the near future.

Most of the needs identified by developing nations related to manpower development but, if such needs were to be met, requesting countries must make firm commitments to medium-term manpower development plans. Bilateral agreements covering that aspect should, at least initially, relate to periods of more than one year and be incorporated into the medium-term plans of requesting countries.

Other potentially significant areas were drugs and pharmaceuticals, traditional medicine and urban primary health care. Cooperative efforts could bring about economies of scale in the manufacturing of drugs, oral solutions, for instance, and it was suggested that developing countries could consider the markets of friendly neighbouring countries when establishing projects of that kind.

Developing countries should give priority to cooperation with each other, especially in areas particularly influenced by sociocultural factors and where such assistance would be both relevant and relatively affordable.

Mrs TCHEKNAVORIAN-ASENBAUER (United Nations Industrial Development Organization) said that it was because of the importance of health to the Third World countries that WHO and UNIDO had significantly intensified their collaboration during the preceding two years, in order to improve the impact on health of developing countries' programmes.

UNIDO programmes in the area of health touched upon all the items on the Committee's current agenda. However, she would focus her presentation upon the TCDC aspect.

A particularly relevant programme was the WHO Action Programme on Essential Drugs, in which UNIDO's cooperation consisted in helping other agencies and developing countries to take a more economical approach, where infrastructure was concerned, by implementing coordinated essential drugs programmes.

An example of significant cooperation had been the project undertaken with the Government of Algeria, in which an integrated development plan covering a 20-year period had been drawn up for the provision of the health requirement input to the country's overall health programme. That plan had received approval at the highest level and UNIDO hoped to collaborate in its implementation over the next two decades. The programme had achieved a definition of the technical and financial prerequisites for the attainment, by the year 2000, of health objectives which included a reduction of the present high rate of importation of health supply items and essential drugs, i.e. 90%, to 30% by the end of the plan period. That would represent a highly significant achievement, particularly in the context of a rapidly growing population. UNIDO's efforts would focus on the transfer of technology, the training of technicians, the design of equipment management, quality control and marketing aspects.

UNIDO had implemented a large mumber of programmes, at technological levels ranging from the simple to the most sophisticated, and delegates concerned with TCDC matters were invited to visit all projects currently under way - for formulation packaging, oral rehydration, vaccines, medicinal plants, antibiotics and other pharmaceuticals - including highly sophisticated biotechnology programmes designed to take account of the requirements of Third World countries. All UNIDO programmes - in Algeria, Burkina Faso, Cape Verde, China, Cuba, India, Iran, Mexico, Nepal, Thailand, United Republic of Tanzania and Venezuela - were accessible to visitors and had involved transfers of technology with other developing countries.

Another important project had been the vaccination programme developed to complement the immunization efforts of WHO, in which the Netherlands Government had generously undertaken to initiate north-south collaboration with Cameroon, which was to lead to a TCDC programme involving other African countries. In addition, a programme on medicinal plants had led, in Thailand, to clinical trials of natural products which were to be included in that country's essential drugs programme. That information was being made available to other developing countries and China was to be thanked for collaborating most generously in the transfer of technology to that end.

In conclusion, emphasis was laid upon the vital importance of interagency, intersectoral and interministerial input which together constituted a prerequisite for financial, economic and technical measures to improve the health of Third World countries, in which economic aspects were of vital importance.

Dr GRECH (Malta) said that TCDC had been one of the most successful approaches adopted by WHO in its efforts to reduce current differences in health status and, in the European Region, technical cooperation had been accelerated by the adoption as the first health-for-all target, of the reduction of disparities between countries and between groups within countries by at least 25% through an improvement of the health of disadvantaged nations and groups.

The concept accorded with the traditional catalytic role of WHO and, while based on the need for a common effort to reduce disparities, stressed the obligation of individual countries to identify priorities and rely primarily on their own resources. It had also provided a framework for the development of policies on vital issues and it was significant that there was consistant collaboration on health matters between countries of different ideologies. Current proposals for further action to promote TCDC were fully supported by his delegation, which found WHO's guiding criteria entirely acceptable. It appreciated the importance of full and rational utilization of WHO's resources and the need for mechanisms to optimize and review such use.

Dr VIOLAKI (World Federation of United Nations Organizations), speaking at the invitation of the CHAIRMAN, said that, in order to avoid taking the floor on several occasions, she would like to present the Federation's comments on the whole of agenda item 20.

In connection with the Seventh Report on the World Health Situation (item 20.1) it must be said that the large-scale participation in the evaluation exercise had been extremely encouraging and had demonstrated a collective will to implement the Global Strategy for Health for All, while providing an invaluable basis for future comparisons, highlighting priorities for concrete action and stimulating awareness among countries at every level of the possibility of achieving the goal.

Major outstanding problems included the need to reorganize national and local health systems based on primary health care and to integrate into them everywhere the health care of the elderly which, although the 1982 World Assembly on Aging had stressed that it was indissociable from other aspects of primary health care, was still not covered by the relevant legislation in all countries.

Discussions of economic problems had highlighted the questions of whether per capita expenditure in the health sector had in fact been rising or falling and the extent to which countries had implemented their plans for health for all, in spite of limited resources.

Concerning the role of nursing/midwifery personnel (item 20.6), every effort should be made to promote initial and in-service training and to develop the skills required for effective participation in multidisciplinary approaches to planning and management, leading to effective participation in the implementation of national health strategies. Account should also be taken of the need to attract new members to those professions and to make the best use of less qualified personnel, in the light of local needs.

It should be appreciated that science and technology could only improve health standards to the extent that the general public became full partners in health protection and promotion - it was more important to make good and effective use of existing knowledge than to generate new tools. That was the only way to remedy the paradoxical dichotomy between the development of advanced technology in some sectors and the failure to attain minimum standards in others.

Dr MURRAY (Grenada) said that WHO's efforts in TCDC had greatly benefited Grenada, since it belonged to a group of small island States that had been cooperating with each other for many years, providing each other with health and paramedical workers and experts in many different specialized fields of medicine. Referring to the mention of the Caribbean Community (CARICOM) in paragraph 31 of the progress report, she stressed the importance of the training of allied health personnel; almost every member of CARICOM provided some kind of training available to all the others. That spirit of cooperation was also showing in a new regional health initiative that would involve cooperation in project development and implementation, and possibly bulk purchasing of drugs with consequent large financial savings. Although Grenada was impoverished, it was trying to maintain some degree of independence; by cooperating with its close neighbours it hoped to maintain its collective identity as part of a group of States within a similar sociocultural background and sharing the common goal of health for all. She thanked PAHO/WHO for the activities of the Caribbean Food and Nutrition Institute (CFNI) and the Caribbean Epidemiology Centre (CAREC), both of which were continuing to provide invaluable assistance.

Grenada had recently completed a national anaemia survey and, with the further help of CFNI, it hoped to implement new approaches to that long-standing problem, which, if successful, could be applied elsewhere in the Community. In other words, each small country

and territory in CARICOM was playing its role in the health development of the Community as a whole. CARICOM health ministers met regularly every year, and the members of the Community were beginning to rely less on PAHO/WHO and more on themselves, a development that seemed to be one of the more successful solutions to the problems of health financing. Because that kind of TCDC provided hope for the future, Grenada affirmed its full support for WHO's programme.

Dr GRANADOS (Cuba) expressed satisfaction with the Director-General's progress report, from which it could be seen that the developing countries had become aware of the role and the importance of TCDC and economic cooperation among developing countries (ECDC), as a basic element in national, regional and global strategies, and in particular for the successful implementation of the Medium-Term Programme (1984-1989) and the Initial Plan of Action for 1984-1985 adopted by the VIII Meeting of Ministers of Health of the Non-Aligned Countries and other developing countries concerned with achieving health for all by the year 2000.

The third meeting of experts and the tenth meeting of health coordinators of the non-aligned and other developing countries, held in Havana in February 1986, had noted in the analysis of the Initial Plan of Action that "member countries had achieved very little in the way of technical cooperation" and had stressed that the non-aligned countries were facing serious difficulties in undertaking TCDC programmes and activities "for lack of workable mechanisms with which to carry out such activities". The member countries had to redouble their efforts to optimize the financing of health activities, by increasing the funds made available from their own budgetary resources and from international cooperation. WHO had played an essential role in facilitating cooperation, intensifying policies for programmes and plans of action, supplying technical information and supporting programmes of implementation, monitoring and evaluation.

The International Colloquium on TCDC for Latin America and the Caribbean had made it possible to exchange information and experiences concerning national priority policies for carrying out the strategy for health for all by the year 2000, and to identify possible areas of cooperation among the countries of the region. The development of TCDC/ECDC was not possible without political will and joint action of various kinds - not just financial - between the countries concerned. WHO had to continue to improve its mechanisms for making TCDC/ECDC possible, and to act as a link and a catalyst in supporting the carrying out of intercountry activities with the participation of the specialized agencies of the United Nations and other international bodies. Cuba had had over 20 years' experience of TCDC in the health sector. It had bilateral agreements with over thirty countries. It had subscribed to tripartite agreements with the participation of PAHO/WHO, such as the one concluded with Nicaragua for human resource development and the more recent agreement with Mexico on cooperation in common problems in manpower development, food safety, appropriate technology, blood transfusion, production of biological substances and essential drugs. All those were examples of WHO's catalyzing action. He stressed once more his country's determination to continue its cooperation with the developing countries to achieve the goal of health for all. WHO had to continue to play its active role in identification of problems, communication and rapprochement among developing countries for the implementation of bilateral and multilateral TCDC programmes.

Dr BA (Mauritania), welcoming the report and the recommendations made by the Standing Committee on TCDC of the Regional Committee for Africa in September 1985, wished to bring to the attention of Committee A the situation with regard to cholera in the West African subregion, which was giving rise to great concern. In the past two years cholera had become almost endemic there, with regular epidemic outbreaks leading to the exhaustion of the limited resources of the countries affected. Cooperation among those countries was essential to stop the epidemics, and bilateral meetings had been begun between Mauritania and Senegal on one hand and between Mali and Mauritania on the other, with a view to harmonizing control methods and pooling resources. That was an interesting experiment in cooperation that should be maintained and strengthened in the light of the tendency of cholera to become endemic and spread to other countries. An intercountry course on the Expanded Programme on Immunization (EPI) and diarrhoeal diseases control, organized in 1984 in Mauritania and attended by participants and leaders from Mali, Senegal and Mauritania, had trained health personnel and provided an opportunity for exchange of experiences. The Regional Office for Africa would shortly be taking steps to enable the countries affected by cholera to consult each other. He was sure the appropriate decisions would be reached in that framework of cooperation, and that adequate machinery for control, monitoring and coordination would be proposed.

Dr VALLEJO ESPINOZA (Peru), welcoming the progress report, said that it was of particular interest to his country, which, as a developing country, recognized that cooperation with other such countries was essential if the objective of health for all was to be achieved. Experience acquired by countries which had advanced further towards achieving that goal was extremely valuable to those that had just embarked on the path. Peru was making every effort to conclude agreements with other countries in the Region on cooperation in the implementation of programmes in such fields as the control of diarrhoeal diseases, the control of malaria and environmental health, including drinking-water supply and disposal of solid wastes. He stressed, in that connection, the special emphasis being given in his country to the development of technology appropriate to the conditions prevailing and the improvement of the health services management at community level. Various seminars and courses had been organized jointly with other countries of the Region in manpower development and the administration of the programmes for controlling diarrhoeal and acute respiratory diseases. There had also been cross-border cooperation on tuberculosis, leprosy, malaria and common communicable diseases. The nutrition programme for people living in the Peruvian highlands was being implemented with the cooperation of other countries. WHO's supportive and catalytic action deserved the gratitude and support of the Peruvian Government, in particular the support given by WHO to the agreement on health concluded by the Andean Pact countries, through which greater emphasis was being placed on TCDC.

Dr N'JIE (Gambia) considered that TCDC was an appropriate mechanism for health strategy development because it allowed countries with similar conditions and problems to exchange views and experiences rather than try to adapt resolutions which had their origins in alien environments. In some areas, however, avenues for utilizing TCDC were being overlooked. Through TCDC subregional arrangements had permitted much more realistic achievements than had higher level forums. The progress report mentioned mechanisms such as the Organization of African Unity (OAU) and the Meetings of Ministers of Health of the Non-Aligned and Other Developing Countries, but although such organizations were good at framing ambitious resolutions, when it came to implementation they proved rather paralytic; the word was perhaps unfair, but he was speaking from experience. Ways should be found by which WHO and other organizations could help geographical units to collaborate far more than they were doing. Most of the initiatives for visits to other countries in order to learn from them had come from UNICEF or WHO, rather than from the countries themselves. That was perhaps the result of the absence of a mechanism for coordinating and disseminating information among developing countries. Radio coverage transcended national frontiers, and one country might, for instance, transmit an EPI schedule that was quite different from that of its neighbour, thereby confusing the very population it was designed to inform. It would be logical to coordinate some of the activities with similar objectives so that available technological tools could be utilized to increase intercountry cooperation. The delegate of Mauritania had indicated another major difficulty: it seemed that nothing could be done in contiguous countries to control the recurrent problems of epidemics - of cholera, meningitis or yellow fever. The health authorities of one country might hear on the radio that a neighbouring country had cholera before they had been otherwise informed of the fact, or it might be necessary for them to telephone the Regional Office or even WHO headquarters. Such were some of the fundamental obstacles to deriving maximum benefits from TCDC. In research also there were barriers due to linguistic and historical connections which could for years also prevent one country from learning that just next door a country publishing its results in a different language had advanced tremendously in the very field in which the first country was struggling. He therefore appealed for more direct contacts among developing countries so as to reap more benefits from the useful mechanism of TCDC.

Dr VILCHEZ (Nicaragua) observed that every time TCDC was analysed, the awareness increased that it would be the predominant form of cooperation in the future. Its potential political and economic benefits were unquestionable, as well as its identification with the most important values of the Member countries of WHO. Nicaragua had had the opportunity to appreciate the value of that cooperation over the past six years, during a period made difficult by the foreign aggression it was facing and overcoming. It had enjoyed cooperation both with developing countries and with some developed countries which had shown their solidarity with it. Unfortunately, Nicaragua still had little experience of TCDC, which was often confused with other traditional forms of cooperation. It had been difficult to implement plans and practical activities that would convert general statements into realities. He noted with satisfaction that WHO had managed to instil the new spirit of TCDC into those activities If some Member States of WHO had at times cast doubt on the effectiveness of the Organization in this field, it was because they had not adopted the necessary measures to promote TCDC.

It was in the health sector that the greatest possibilities for the development of TCDC could be seen. The scientific and technical capacities developed in the countries might contribute significantly to the goal of health for all by the year 2000 when the application of their joint and shared forces was promoted.

TCDC aimed essentially at national and collective self-sufficiency in fulfilling development programmes. It sought to break the almost total scientific and technological dependence of developing countries, through the mobilization and sharing of resources and potential in response to the strong motivation of complementarity, reciprocity and mutual advantage. It would therefore contribute to the establishment of a New Economic Order. It was precisely this last factor that caused some countries to promote sceptical or openly adverse propaganda against TCDC. Many saw in it a potential danger that was clearly identified with mistrust and political and ideological barriers.

Although he welcomed WHO's promotion of bilateral assistance between developed and less developed countries, which would contribute to carrying out the mission entrusted to WHO by its Constitution, TCDC had quite another dimension, with different operational modalities. For a long time it had been felt by some that the economic growth of developing countries was a variable depending on the so-called "developed centres". For many of those countries a gloomy future lay ahead if they remained enclosed in the present pattern of external economic relations, which did not favour the necessary encouragement and development of TCDC. Nicaragua, within the limits of its possibilities and in the context of the illegal and immoral military and economic aggression of which it was the victim, placed its cooperation at the disposal of WHO in the areas of health education of the population and child vaccination.

Dr CHUNHARAS (Thailand) said that it was interesting to see how much TCDC had progressed since it had been proposed in 1976 and how developing countries were ready to help each other, not only technically but financially, as in the case of the Eastern Mediterranean Region. Technical cooperation also transcended WHO regional boundaries, as in TCDC among the countries of the Association of South-East Asian Nations (ASEAN), through the use of the ASEAN Training Centre for Primary Health Care Development, in Bangkok, or through the use of other mechanisms with the encouragement and support of the South-East Asia and Western Pacific Regions of WHO, as had been described in paragraphs 44 to 48 of the report.

However, TCDC needed further development, and it had been pointed out in the progress report highlighted the importance of the groups of countries involved in TCDC defining carefully what they wished to undertake together and studying its feasibility before proceeding further. In that regard, WHO could not only play a catalytic role but also provide information or technical input, for example, in helping to analyse the feasibility of the expected cooperation before the actual process of exchange. A good information system was required on available expertise or areas of interest in different countries. WHO had also advocated and collaborated in health-for-all leadership development considered as one type of TCDC. That collaboration had been organized in an international setting, but it could be more usefully organized for countries with many similarities in the same region. Thailand had proposed one such activity for July 1986: an international colloquium for leadership development and TCDC which would be attended by countries in the South-East Asia Region and some ASEAN countries. More such activities should be encouraged and supported by WHO, at headquarters and at regional level.

Finally, it was essential for each country to have a mechanism for coordination with various technical units within the country and with other countries involved in TCDC. That would not only help in the systematic planning and carrying out of TCDC but also provide a continuity in the exchanges that might extend well beyond the year 2000.

Mr BOBAREVIC (Yugoslavia) welcomed the Director-General's comprehensive progress report which highlighted WHO's role in promoting TCDC activities. The report clearly described all that had been done in that field by national, regional and international organizations at all levels. In the furtherance of TCDC activities, his country had taken as its starting point the decisions adopted by the non-aligned and other developing countries and by the organizations of the United Nations system, especially WHO. The basic guidelines for TCDC and its support by the international community had been set out at the Buenos Aires Conference. TCDC programmes should be integrated in United Nations development activities and in WHO programmes with the object of developing them still further. The main objective should be to focus TCDC on primary health care.

With that aim in mind, his country had organized two International Colloquia on Leadership Development for Health for All and TCDC, and preparations were under way for a third. A strategy had been put forward at the second Coloquium to support TCDC activities.

His country intended to persevere in those efforts on the basis that leadership development for health for all and TCDC were essential elements in endeavours to attain health for all. He wished to thank Member States, especially those which had taken part in the Colloquia, UNDP and WHO, particularly its Director-General, for their unswerving technical and financial support given to his country's action in that field and expressed the hope that successful cooperation would continue.

He pointed out that responsibility for TCDC implementation rested with the Centre for Health Cooperation with Non-Aligned and Developing Countries, in Zagreb (Yugoslavia), which had been designated as a WHO collaborating centre. He informed the Committee that on 7 May a meeting of Health Ministers of the Non-Aligned and Other Developing Countries had passed a resolution to the effect that a two-year plan of action should be prepared to implement the medium-term programme on TCDC for health for all; that international colloquia on leadership development for health for all and TCDC should continue to be organized; and that appropriate machinery should be established to facilitate TCDC activities in the field of health for all and their evaluation.

Dr ADANDE MENEST (Gabon) said that the Director-General's progress report emphasized once more the importance of TCDC as a means of furthering the attainment of the goal of health for all by the year 2000. Through TCDC, the countries of the African Region, including his own, had strengthened their ties of solidarity and fraternity, especially as regards staff training, exchanges of experience and information concerning epidemiology, control of endemic diseases, and health research.

Mrs BROWN (Bahamas) expressed her agreement with that previous speaker who had supported the use of TCDC as a means of achieving health for all by the year 2000 and had referred to such activities in the Caribbean Region. As the Director-General's progress report had stressed the need for country initiatives and implementation, it was important to identify and highlight some of the prerequisites for success at national level.

First, both political and professional commitment was vital to facilitate the sharing of capabilities for the benefit of the whole subregion since disease knew no national boundary.

Second, it was necessary to develop projects in full knowledge of regional resources. For that purpose the necessary documentation had to be produced to enable the necessary agreements to be drawn up - an activity that could usefully be carried out at regional level.

TCDC should also be used to meet priority needs at national and, where applicable, at regional levels so as to make sure that resources were directed to the areas of greatest need. That would reduce administrative expenditure, which currently absorbed a significant proportion of available funds.

She fully concurred with other delegates who had emphasized the benefits of TCDC at regional level, where the major successes had been achieved.

Dr MIGUES BARON (Uruguay) expressed his satisfaction with the Director-General's progress report which reflected WHO's firm determination to foster TCDC and promote it further. In Latin America there had been many examples of technical cooperation in health matters lowering political tension and contributing to the maintenance of peace. The efforts made by the Contadora Group and supporting countries, which culminated in the Madrid Conference of November 1985, had been followed up by concrete plans for health cooperation between the countries of Central America and Panama, financially supported by developed countries. The five Andean countries, which had concluded the Hipólito Unanue Agreement, and the countries of the Caribbean Community had shown how several countries at different levels of development could make better use of their potential resources through technical cooperation. With the encouragement of the Regional Office, five countries - Argentina, Brazil, Chile, Paraguay and Uruguay - had announced their willingness to lay the foundations for a subregional technical cooperation agreement. The Ministers of Health of those five countries were to meet in Montevideo in August 1986 to draw up the agreement. The Regional Director was to attend that meeting which would be preceded by a meeting of technical experts from those countries, who would prepare the draft for consideration by the Ministers. The agreement was to cover technology, medicinal drugs, cross-border communicable disease problems, chronic diseases, vaccine production, and human resources inter alia.

Mr SHITEMI (Kenya) said that his delegation endorsed the Director-General's progress report and his Government was ready to cooperate with others in the Region and with WHO.

He considered TCDC a step forward in self-reliance and a sure way of pooling resources in regions. It was also a realistic step forward towards achieving the goal of health for all. He welcomed WHO's reaffirmation of its support for TCDC.

The DEPUTY DIRECTOR-GENERAL said that there was no doubt that, properly used, TCDC had proved to be a very important instrument which could facilitate and promote useful and effective cooperation between countries especially at regional level. WHO would continue to play its catalytic role and at the same time support TCDC.

However, there were small, though not insurmountable, ideological and political constraints, which had to be removed to make TCDC more effective. WHO and its Director-General had repeatedly stressed that TCDC was an effective instrument for achieving not only technical cooperation, but also better understanding and a pooling of resources, which, although small in isolation, could become quite substantial when pooled.

As the delegate of the Gambia had pointed out, there were many other political instruments, such as OAS, OAU and the non-aligned movement, which had proved useful in many instances, but difficulties had arisen over the implementation as expeditiously as possible of some technical measures. Governments should be made to realize the importance, both actual and potential, of TCDC and it would then be much less difficult to cure what the delegate of Gambia had described as paralysis of action.

He hoped very much that delegates would return home with renewed energy and faith in TCDC. Active cooperation across ideological and political boundaries might be the only way of ensuring health for all by the end of the century.

Basic plan on priority health needs of central America and Panama: Item 20.5 of the Agenda (Resolution WHA37.14; Document A39/6)

Dr KNOUSS (Deputy Regional Director for the Americas), introducing the Director-General's report on the basic plan on priority health needs of Central America and Panama (document A39/6), said that the plan was an instrument for the realization of the Regional Strategy and Plan of Action for Health for All by the Year 2000, and had been adopted by consensus by all the countries of the subregion.

It established clear priorities in terms of the most vulnerable groups, concentrating on mothers and children under 5, on marginal populations, and on refugees and displaced persons. That represented a clear commitment to equity in health. The seven priority areas for action, marked out in the plan, reflected critical elements essential to the primary health care strategy, such as food and nutrition, extension of health services, and water and sanitation.

The plan was an initiative which reflected the call for intrasectoral cooperation, providing a mechanism drawing together the health ministries and social security institutions in a common effort. A subregional group had been formed and would have its next meeting in August 1986. The plan had also promoted intersectoral coordination within governments for the setting of priorities, project development and resource mobilization, involving foreign ministers, planning ministers, and the ministers of agriculture, education and housing, as well as water and sanitation authorities.

Finally the plan had been a remarkable instrument for mobilizing resources at national, subregional and international levels. It demonstrated the potential for cooperation among developing countries and for significant new support from the international community both bilaterally and multilaterally, including other agencies within the United Nations system.

In short, the plan was a most important step forward towards health for all by the year 2000 and reflected recognition of the importance of health as a bridge for peace.

Dr PADILLA (Venezuela) endorsed the Deputy Regional Director's informative comments on the plan as a bridge for peace and expressed appreciation of the support given by the Regional Office in drawing it up.

The countries of the Contadora Group, and its support group and Spain had forwarded to the Secretariat a draft resolution on priorities in connection with that plan. He therefore requested that the discussion be left open until the draft resolution could be made available in writing.

Dr DEL RIO (Spain) said that his delegation wished to reaffirm its support for the plan. Spain had been in close contact with the countries involved and was currently working with the Pan American Health Organization on the use to be made of the promised US$ 10 million contribution, which was to be directed to the priority areas of human resources development and essential drugs. As the aims of the plan included the preservation of peace in the area, subregional and national projects would also be drawn up.

Dr BEHAR (Guatemala) thanked, on behalf of the subregion, all the governments and other international organizations that had responded to its appeal for a joint health plan to help mitigitate its economic and political and social hardships. The health plan made an important contribution to the restoration of peace in the region. He would point out, however, that the financial support to be granted was relatively small, amounting to under US$ 2 million per country per year, much less than the six countries concerned really needed. The result was that in fact priorities had to be selected from priorities. It was sad to compare those amounts to the military aid given to those countries. Health seemed to provide a way of easing the conscience rather than an occasion to give adequate aid. Yet health provided a sound foundation for building a peaceful balanced society. He thanked those countries which had provided aid and earnestly hoped that it would be continued on an increased scale.

Mr SATO (Japan) informed the Committee that, in accordance with the priority health needs of Central America and Panama, his Government had provided drugs and medical facilities worth 450 million yen in the fiscal year 1985 to the Honduran Government for its malaria and dengue fever control project.

Dr VILCHEZ (Nicaragua) expressed the view that the basic plan on priority health needs of Central America and Panama represented an historic milestone on the road towards health in those countries. The encouragement of cooperation and development in the health field, as part of the struggle of the peoples of Central America and Panama for peace and prosperity, was a noble undertaking. The firm resolve of the countries concerned, in combination with the steady support of WHO and the initial financial aid furnished by France, Italy, the Netherlands, Spain, Sweden and Switzerland had made it possible for the plan to reach a broad and productive stage and thus to make a solid contribution to the goals of health and peace. Nicaragua would like to associate itself with all the countries of Central America and Panama in their efforts to assist WHO and other Latin American countries to implement the plan as an integral whole with no country excluded from participation. In that way health could become a bridge for peace and solidarity among the peoples of Central America.

Mr LUNA (Colombia) associated his delegation with the comments made by previous speakers and by the Deputy Regional Director. As a member of the Contadora Group, Colombia wished to express its support for the priority health plan for Central America and Panama, the importance of which needed no further emphasis, since WHO itself had recognized it in resolution WHA37.14. Even although problems of violence were continuing and had delayed and made more difficult the implementation of the plan, the subregion's need for it was still very great. Colombia, working with the Contadora Group and the support group, believed that one of the basic elements of peace in the subregion was to be found in channelling energy and resources towards constructive development projects, particularly in the field of health. Colombia had co-sponsored the draft resolution submitted by Venezuela and supported the policy and projects outlined in the health plan as a key element for peace in the region. He was confident that all delegations would support the draft resolution so that it could be adopted by consensus as a means of promoting technical cooperation and assistance coordinated multilaterally by WHO.

Dr VALLEJO ESPINOSA (Peru) said that his country, as a member of the support group, wished to associate itself warmly with the previous speakers' commendation of the Director-General's report and the Deputy Regional Director's comments. The report was a basic document of outstanding importance for the promotion of peace. Peru had co-sponsored the draft resolution in the conviction that such an initiative would reaffirm faith in international cooperation, as well as its own firm and earnest desire that similar plans might be developed in other parts of the world as a concrete manifestation of love for peace and determination to work towards the health and welfare of the peoples.

Dr VARET (France) reiterated her delegation's approval of the health plan as an excellent regional plan. Her delegation had been particularly pleased to observe the manner in which the plan had been designed, the way in which the technical studies had been carried out and, its careful programming over a number of years during which it would be integrated with national plans. The quality of the plan had encouraged France to sign an agreement with PAHO in November 1985. In that connection she wished to remind the Committee of the priority attaching to that agreement, particularly in regard to the strengthening of the health service, the need for essential drugs and the improvement of the nutritional situation. Her delegation believed that it would be possible to train people in those areas and thus to help the implementation of the plan.

Professor MULLER (Netherlands) said that, at the Madrid conference "Contadora/health for peace in Central America and Panama" held in November 1985, governments had recognized that the basic plan was a valuable initiative for the effective solution of health problems and was therefore a significant element in achieving the goal of health for all by the year 2000 in that subregion. It was a sound example of TCDC. It had successfully addressed itself to the serious problems of social inequity and the high prevalence of ill-health. The Government of the Netherlands was committing $ 19 million to the plan over the next five years because it was confident that the political will of the Central American countries and Panama would ensure the continuity needed in order to reach the goal of health for all by the year 2000. Coordination within the health sector as well as intersectorally, the setting of priorities and the avoidance of duplication would present difficult but challenging tasks. The successful accomplishment of those tasks was an essential ingredient of success.

Mr RITTER ARITA (Honduras), congratulating the Deputy Regional Director on his introduction to the discussion, expressed his appreciation of the basic plan on the priority health needs of Central America and Panama, and the emphasis it laid on the concept of health as a basis of understanding among countries, as well as priority sectors which had been worked out for those countries. A number of countries had responded to the appeal from the Central American countries and Panama and had contributed their assistance: those countries included France, Italy, Japan, the Netherlands, Norway, Spain, Sweden, and Switzerland; USAID, as well as international bodies such as the Inter-American Development Bank, had also provided assistance. Those efforts had supported the programme at both the subregional and the national levels.

His delegation welcomed the draft resolution which was being submitted by the delegation of Venezuela.

Dr GRANADOS (Cuba) said that his delegation deeply appreciated the progress shown by the basic plan, the details which had made it possible to draw up a list of priorities having become known and funds having been identified for that humanitarian undertaking which carried international recognition of health, as a source of, and bridge, for peace. The region had certain health needs which had been clearly outlined. Notwithstanding the crisis resulting from the armed conflict and economic difficulties, the countries concerned were working together in a free and open dialogue characterized by political will and the good offices of PAHO/WHO. The governments, agencies and the international organizations that had supported the programme should bear in mind the philosophy underlying the concept and provide technical and financial aid regardless of political, administrative or national boundaries. Cuba had begun to work on the possibilities for cooperation on priority needs and their identification in the meeting held in Costa Rica in 1984 and, subsequently, in September of that year, had submitted to the Regional-Director an offer of assistance which contained no preferential distinction in respect to any given country of the subregion. The Cuban offer had included advice on biological materials and health manpower. Unfortunately no reference to that document had been made in the report before the Committee, possibly because it had been one of the first of its kind. However, Cuba's confidence in PAHO/WHO was such that, in future, all cooperation would be channelled through those organizations.

He appealed to the Director-General to promote similar initiatives in other areas of tension throughout the world and to act similarly as a channel for assistance in response to the health needs elsewhere. He urged international agencies to support the basic plan on priority health needs of Central America and Panama together with new initiatives elsewhere and to live up to the third principle enshrined in the Constitution of WHO, that "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States".

His delegation supported the Venezuelan draft resolution.

Dr BART (United States of America) said that his Government wished to applaud the Regional Director for the leadership role which he had assumed in developing the initiative under consideration and supported that initiative, both in its intent and the progress being made. His delegation was pleased to note that so many donor countries from outside the Region of the Americas were taking so active an interest and providing support. The initiative was a major experience in intercountry cooperation and should be the source of valuable information and the potential model for repetition elsewhere.

The CHAIRMAN reminded the Committee that the initiative of the Central American countries and Panama represented a magnificent example of solidarity among the countries of Latin America and that the unconditional support which the initiative was receiving was a further example of international goodwill.

The meeting rose at 4h45.

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