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TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES IN SUPPORT OF HEALTH FOR ALL: IMPLEMENTATION OF RESOLUTION WHA43.9

Report by the Director-General

In response to resolution WHA43.9 on improving technical cooperation among developing countries, this progress report provides examples of WHO health-for-all activities involving TCDC at country, intercountry, regional and global levels. It has been prepared in close consultation with WHO Representatives and includes contributions received from WHO regions.

WHO has effectively organized the coordination of its programmes and activities involving TCDC to accelerate the implementation of primary health care, and has established focal points for TCDC in the regions and at headquarters. It has supported the implementation of TCDC by mobilizing its technical and financial resources to facilitate networking of developing countries' institutions at national, intercountry and regional levels. Resources have been allocated to TCDC in the programme budget for 1992-1993.

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I. INTRODUCTION

1. Technical cooperation among developing countries (TCDC) involves collaboration between two or more developing countries for the purpose of social and economic development. It is one of the means of developing countries to achieve individual and collective self-reliance.

2. The United Nations Conference on Technical Cooperation among Developing Countries held in Buenos Aires in 1978 developed principles and laid foundations for such cooperation. The Conference considered TCDC as a vital force for initiating, designing, organizing and promoting collaboration among developing countries so that they could create, acquire, adapt, transfer and pool knowledge and experience for their mutual benefit and for achieving national and collective self-reliance, which is essential for their social and economic development.

3. In accordance with Recommendation 37 of the Buenos Aires Plan of Action for Promoting and Implementing Technical Cooperation among Developing Countries, endorsed by the United Nations General Assembly in its resolution 33/134 of 19 December 1978, a high-level meeting of all States participating in UNDP periodically carried out an overall intergovernmental review of TCDC within the United Nations development system. The Seventh Meeting of the High-Level Committee, held in May 1991, undertook a comprehensive review of TCDC, with a view to developing a strategy for the 1990s based on recommendations made and experience gained over the 13 years since the Buenos Aires Plan of Action was adopted.

4. TCDC has continued to grow within the United Nations system. UNDP, which has the lead responsibility for TCDC, has taken a number of concrete and positive steps to strengthen the trend. The Governing Council has identified TCDC as one of the six priority areas of focus for the fifth programming cycle. The Director of the Special Unit for TCDC is a member of the UNDP Action Committee, and the allocation of special programme resources for TCDC has been substantially increased. Consideration is now being given to other measures whereby TCDC will be integrated into UNDP activities.

5. Technical cooperation in WHO is characterized by equality of the cooperating parties for a more rational use of all forms of cooperation, and mutual responsibility for the achievement of goals, exchange of information and experience, and evaluation of results. Technical cooperation among countries and particularly among developing countries is an integral part of WHO's programmes, irrespective of whether they are financed from the WHO regular budget or from other sources. Technical cooperation among equal partners rejects the so-called "donor/recipient" relationship of past technical assistance approaches. It implies true partnership to attain national health goals that have been defined in countries by countries, and at the same time promotes self-reliance.

6. Developing countries, with WHO cooperation, have undertaken numerous activities to translate the principles of TCDC into reality in order to accelerate the implementation of their health-for-all strategies through primary health care. These included the examination by each country of its own needs and priorities, the review of existing resources and capacities and, through discussion and mutual agreement with other interested countries, the selection of ways and means for the exchange and transfer of specific resources which lend themselves to cooperative activities and joint ventures.

II. PROGRESS REVIEW OF THE IMPLEMENTATION OF THE FIRST MEDIUM-TERM PROGRAMME ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES FOR HEALTH FOR ALL, 1984-1989

7. The first Medium-term Programme on TCDC for Health for All, for the period 1984-1989, provided a general framework for introducing country specific activities. These activities have been complementary to, and reinforced by, activities conducted in collaboration with WHO.

8. The basic approach followed was to stimulate the awareness of individuals in leadership positions of critical issues concerning health for all and to strengthen their commitment to appropriate action. Hundreds of people in high-ranking positions were brought together in international, regional and national colloquia on development of leadership for health for all providing them with opportunities for interaction and exchange of experiences. They included senior policy decision-makers, senior public health administrators, community leaders, and leaders of professional, educational and training institutes, and of nongovernmental organizations and interest groups.

9. Collaboration was promoted between various institutions from developing countries. Senior staff from national institutions explored together the development of leadership for health for all and strategies for action. Another approach used was to build up "networking", that is a linking of people and/or institutions that supports and strengthens its members, facilitates joint activities and fosters the sharing of knowledge and technical capacities. UNDP's Special Unit on TCDC financially supported the participation of high-ranking officials from least developed countries in activities to develop leadership.

10. During the period 1984-1989, funds for global and interregional activities amounting to approximately US$ 150 000 per year were provided from the Director-General's Development Programme. Activities on leadership development have been supported at regional level from the Regional Directors' Development Programme and at country level from both that Programme and countries' programme budgets.

III. FORMULATION OF THE SECOND MEDIUM-TERM PROGRAMME ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES FOR HEALTH FOR ALL, 1990-1995

11. WHO provided technical support for the formulation of the second Medium-term Programme on TCDC for Health for All, for the period 1990-1995; the Initial Plan of Action on TCDC for Health for All (1990-1991); and the Declaration on Health as a Foundation for Development, which were adopted by the ministers of health of non-aligned and other developing countries in May 1990.

12. The Organization participated in technical meetings of senior experts from developing countries reviewing the Medium-term Programme and in meetings of coordinators of the Movement of Non-aligned Countries when this Programme was considered. It provided financial support for the development, global coordination, monitoring and implementation of activities under the Medium-term Programme to the Centre for Health Cooperation with Non-Aligned and Developing Countries in Zagreb as a specific resource network of institutions for health development and TCDC.

IV. USE OF TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES FOR REGIONAL STRATEGIES

13. Technical and financial support for the promotion and coordination of TCDC has been provided in the regions with the aim of triggering regional or subregional development strategies and/or priority programmes. Focal points for TCDC have been established as well as various mechanisms to catalyse, facilitate, support and enhance TCDC.

14. In the African Region, WHO supported the establishment of a network of regional diarrhoeal training units or centres in Ethiopia and Zambia for English-speaking countries; Cameroon and Zaire for French-speaking countries; and Angola for Portuguese-speaking countries. It is also supporting national institutions and facilitating the exchange of information and experiences between countries, in order to improve both technically and financially their collaboration in preparedness for and control of cholera. With regard to essential drugs, the Organization is supporting the establishment of a collaborative network between 13 countries of eastern and southern Africa, covering the following areas of drug policies: production of essential drugs; purchasing of raw materials; quality control and quality assurance; drug inspections; drug registration; pricing of drugs; training; and sharing of pharmaceutical information. Support was also provided for the establishment and operation of a regional centre for training and research in family health in Kigali, Rwanda, with the aim of developing and strengthening research capabilities in that area in French-speaking countries.

15. In the field of environmental health, WHO has provided support to a network of institutions in French-speaking countries, with emphasis on development of human resources and exchange of information technology. Support is also provided to the Ecole Inter-Etats d'Ingénieurs de l'Equipement rural in Ouagadougou, set up by and serving 13 French-speaking countries in West and Central Africa.

16. In the Region of the Americas, support was provided for two regional meetings on TCDC, in 1986 and 1989, which resulted in the implementation of projects and activities. TCDC has been a fundamental principle underlying the development of the subregional health initiatives in Central America, the Caribbean and countries of the Andean Group.

17. In 1986 the Tenth Conference of Ministers Responsible for Health in the Caribbean selected six priority areas for cooperation: environmental protection including vector control; human resource development; control of chronic diseases and accident prevention; strengthening of health systems; food and nutrition; and maternal and child health. AIDS was subsequently selected as the seventh area. TCDC programmes and projects were prepared at three levels: the Caribbean subregion, the Eastern Caribbean States, and individual countries, and the Caribbean Public Health Association was established. To support the initiative, WHO/PAHO and CARICOM prepared information on methodology, devised audiovisual promotional materials, issued a regular newsletter reporting on progress, and provided technical cooperation for the formulation of programme or project proposals. Several TCDC programmes and projects were entirely supported by national resources, others, by a number of organizations of the United Nations system, and the bilateral agencies of such countries as Canada, France, Germany and Italy. Collaboration has started between the University of Toronto and the University of the West Indies, and the Caribbean and Canadian Public Health Associations.

18. In 1984 a plan for priority health needs was established among the Central American countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Each country was given responsibility for coordinating the development of one priority area on behalf of all the group. Thus, Costa Rica is coordinating the strengthening of health services, El Salvador, the food and nutrition programme, Guatemala, human resources development, Honduras, essential drugs, Nicaragua, tropical disease control, and Panama, child survival. In addition to the mobilization of national human and financial resources, support for the plan is being provided by several international organizations, such as WHO, UNICEF, UNDP, and the Inter-American Development Bank, and by the governments of Denmark, Finland, Norway, Sweden and the United States of America.

19. The recent Andean Cooperation in Health initiative, launched in 1986 between Bolivia, Colombia, Ecuador, Peru and Venezuela, has focused on five priority areas common to all countries: the development of health service systems; maternal and child health; malaria and other vector-borne diseases; drug dependency; and essential drugs and biologicals. The basic approach has been to identify key activities for each of the six

priority areas that countries are able to implement. These activities should be of interest to two or more countries and have a significant impact. They should produce positive short- and medium-term results, and should contribute to strengthening national capabilities in the corresponding fields. WHO worked closely with the intercountry secretariat in promoting and implementing the initiative.

20. In August 1986 the ministers of health of Argentina, Brazil, Chile, Paraguay and Uruguay launched the Southern Cone Health Initiative. Bolivia joined in 1988. The countries decided to update existing agreements on border health problems. Ministers of health meet every two years and technical experts meet annually to foster the exchange of information and experiences on priority health problems, to decide on subregional or bilateral actions that promote better use of existing resources, and to assess the extent to which each country should comply with the recommendations of the joint technical and ministerial meetings. Four priority areas have been decided for intensified TCDC, namely: disaster preparedness; border health; AIDS prevention and control; and essential pharmaceutical and biological products. In addition to providing technical support for the initiative and some financing for meetings, conferences, joint working groups and training workshops, WHO has been instrumental in presenting and supporting justification of project proposals to several donor agencies.

21. Health technology development is a new TCDC project launched jointly in 1991 by Latin American and Caribbean countries through the Latin American Economic System (SELA) and supported by WHO and UNDP. The principal objective is to stimulate the development of health technology in the Region of the Americas through TCDC, by strengthening the potential of national institutions to design and produce technology suited to the specific health needs of the population. In each participating country an *ad hoc* coordinating group is established representing the ministry of health, the science and technology councils, the national agency for coordination of international cooperation, other government agencies, private sectors, and WHO Representatives. Negotiations among countries may range from a simple agreement among a country's institutions to a complex venture involving governments of several countries, that may result in international agreements. In terms of content, a project may cover technology development in vaccines, biologicals, drugs, instruments, equipment or medical devices. Financing of the project is the responsibility of cooperating governments and their institutions. SELA, WHO and UNDP are providing catalytic support to this project.

22. In the South-East Asia Region it has been agreed that up to 10% of the country budget from the regular WHO programme budget can be used for TCDC. Since 1981, the ministers of health have been reviewing progress in the implementation of TCDC. They have identified eight areas for action: training of human resources for health; control of diarrhoeal diseases; immunization; family planning; maternal and child health; nutrition; control of epidemics; and essential drugs. An outstanding example of operational TCDC is the ASEAN countries' project, Technical Cooperation in Pharmaceuticals, started in 1981. Funded by UNDP, with the technical support and collaboration of WHO, it covers six developing countries in the South-East Asia and Western Pacific Regions. Each one makes a technical and financial contribution to the operation of the project. Scientists from national pharmaceuticals institutions serve as focal points for coordination of the projects.

23. Another example of cooperation is the elaboration of a TCDC directory of identified needs and potential support, which has existed since 1985. It was updated in 1986 and 1989 and has been widely circulated. It covers education and training; consultancy and expert services; supplies and equipment; process/product technology and research and technological development; and information support. It also contains the stipulations of Member governments concerning offers of support, national financial constraints and the list of TCDC focal points. A directory of training institutions was updated in 1990.

24. WHO has been instrumental in setting up the South-East Asia Nutrition Research-cum-Action Network which consists of four major regional nutrition, research and training institutions, together with nutrition focal points in the government services of the Member States. The network promotes and carries out research to solve operational problems in the implementation of nutrition programmes. The Organization also supported, for example, the South-East Asia Regional Working Group on Iodine Deficiency Disorders, which facilitates the exchange of information and experiences in controlling iodine deficiency in Member States; border meetings on the prevention of transmission of various communicable diseases, such as those between Bangladesh, Bhutan, India and Nepal; and the ASEAN Training Centre for Primary Health Care Development at Mahidol University, in Thailand, where scientists from Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka have been trained in health systems research methodology.

25. In the European Region, Yugoslavia is responsible for the overall technical coordination of the second Medium-term Programme on TCDC for Health for All. WHO supported, in 1990, the establishment of an international resource network of institutions for health development in Africa and Asia, based on lessons learned in setting up the Zagreb network referred to in paragraph 12.

26. In the Eastern Mediterranean Region, the recently established Regional Nutrition Research Network is intended to facilitate collaboration between institutions from countries of the Region in conducting joint research, organizing technical meetings, and exchanging information, publications, etc. Bilateral and subregional cooperation in drug quality control has been supported for several years, resulting in the strengthening of national capabilities in this area.

27. WHO is promoting and supporting technical cooperation among countries in an effort to increase immunization coverage in the Region and to minimize cross-border importations of certain diseases. One example is the series of border meetings on malaria, which resulted in intercountry efforts to control the disease. WHO is working closely with Maghreb countries, which have greater financial and human resources to assist neighbouring countries. Countries also cooperate in training. For example, three centres for maintenance and repair of medical equipment in Bahrain, Cyprus and Syria offer training for fellows from other countries of the Region.

28. In the Western Pacific Region, WHO has established an information exchange network on water supply and sanitation and a network to improve the exchange of information on solid waste management. Border meetings on malaria between Brunei Darussalam, Indonesia, Malaysia and Singapore take place every three years. The main financial support comes from countries themselves, whereas WHO provides technical expertise and advice. WHO also supports technical meetings on malaria control between Cambodia, Lao People's Democratic Republic and Viet Nam. Collaborative activities have been developed between Lao People's Democratic Republic and Thailand in training for hospital equipment maintenance, prevention of deafness, and support to health care services.

29. Another example of collaboration is the intercountry project on strategies for primary health care development in the South Pacific, launched in 1982, which covers 12 developing countries. Among other activities this project helps to train national facilitators who provide technical support in their own countries for the implementation of health management development activities.

V. WHO PROMOTION OF TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES AT COUNTRY LEVEL

30. In Bangladesh, Indian consultants, with the support of WHO, have helped in the improvement of vaccine production technology. Bhutan has a technical cooperation agreement with India for training its medical personnel. India, with WHO support, provides academic and technical facilities for training health personnel from Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka, and other countries. Indonesia has undertaken a three-year study in cooperation with the Philippines and Thailand on standardization, quality control and use of herbal medicine. India is assisting Nepal in the expansion of hospital services, and Nepal is providing training for 32 Bangladeshi doctors in emergency obstetrical care.

31. During the rapid evaluation of maternal and child health services in Botswana in 1988/1989, an expert from Zambia participated in data collection and analysis. His exposure to and active participation in this new methodology led him to transfer it, together with new methods, to Zambia.

VI. USE OF TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES FOR PROGRAMME DEVELOPMENT AND IMPLEMENTATION

32. The strategy for health for all and the need to accelerate the implementation of primary health care have profound implications for WHO's approach to technical cooperation with countries. The traditional projects intended to produce rapid results in countries have been replaced by nationally determined programmes emerging from systematic national health development, coordination and evaluation processes. The procedures for programme budgeting of WHO at country level allow for maximum flexibility and adequate responses to national determination of health needs, priorities and programmes. The following examples illustrate WHO's efforts to promote TCDC.

33. With regard to strengthening of epidemiological and statistical services, the WHO Collaborating Centre for Classification of Diseases in Portuguese in Sao Paulo, Brazil, has trained physicians from Angola, Cape Verde, Guinea-Bissau, Mozambique, Portugal and Sao Tome and Principe, and has published a bulletin which has been circulated to health services in all Portuguese-speaking countries. Twenty-five developing countries participated in a workshop held in Bolivia in 1989 to compare experiences and make suggestions regarding measurements of disability. The *International Classification of Impairments, Disabilities and Handicaps* is increasingly used as a classification tool in developing countries.

34. Programmes of specialized training in health education have been established over the past few years in every region, with WHO support. Most of the training institutions involved have made provisions for enrolling students from neighbouring countries. The worldwide network of such training facilities makes it feasible for countries to have their personnel trained within the region at reasonable cost. A list of training institutions with facilities for advanced training in health education by region is available.

35. A network of national and regional centres for health promotion and health education materials exists in practically all regions. The networks provide a framework for the sharing of educational materials among countries. Video films on health and recent health education and health promotion publications produced by WHO facilitate the sharing of experiences and dissemination of health information among countries.

36. The WHO/UNDP Interregional Health Learning Materials Programme, currently introduced in 30 developing countries, helps to promote self-reliance in the design, testing and production of teaching, learning and promotional materials relevant to national primary health care needs. It also makes an important contribution to creating self-reliance in the intercountry sharing of information, materials, expertise and training facilities, through networking, and is a practical demonstration of TCDC. Four such networks are operating (in English-speaking, French-speaking and Portuguese-speaking Africa and in South-East Asia), each centred on a successful national health learning materials project, which acts as a lead institution. The four lead institutions are initiating a number of intercountry activities on a South-South basis, such as production of regular newsletters and computerized catalogues of materials prepared in the network countries; exchange of materials between countries in diskette form; organization of study visits of key national staff to other countries' projects, both as learning and information-sharing experiences; conduct of intercountry training activities; provision of consultants, advice; and so forth.

37. In health protection and promotion, numerous intercountry, regional and global activities involving TCDC have been undertaken, with WHO support, on food safety, occupational health, oral health, and prevention of blindness, deafness and hearing impairments. For example, as an outcome of the First Asian Conference on Food Safety, held in Malaysia in 1990 and attended by participants from 33 countries in Asia and the Pacific, a regional plan of action for improving food safety was adopted. It will provide a basis for developing national action plans for food safety depending on the needs and resources of each country. An intercountry network of individuals, focal points and national institutions has been promoted and WHO is providing technical and some financial support.

38. Most global and interregional activities in maternal and child health and family planning involve technical cooperation among many developing countries. Thus, for example, the development of a national programme of maternal health and safe motherhood in Bangladesh is receiving strong technical and material support from training institutions in Egypt, Nepal and the United Republic of Tanzania. The contribution of TCDC to the development of a training package for traditional birth attendants was demonstrated by the participation of 15 centres from eight countries in field testing of the training package.

39. There have been numerous examples of TCDC over the past three years in research development and research training in human reproduction, with a continuous flow of research trainees among developing countries. For example, the National Institute of Nutrition in Mexico City conducts a two-year course in reproductive endocrinology for students from Latin American countries and elsewhere. WHO supported financially 23 research trainees from Latin America during 1990, of whom 11 were trained in Latin America. Scientists from Indonesia helped Viet Nam in 1989 to design a study on the safety of female sterilization operations. In November 1988 a workshop to draw up research proposals of mutual interest was held in Brazil, attended by scientists from sub-Saharan Africa and Latin America. Some of the projects developed have since been launched, with WHO support. The number of similar or identical research projects conducted in developing countries has been increasing as a means of obtaining comparable data on regional health

problems. The process of designing protocols was assisted by exchange visits, supported by WHO. WHO also supported extended exchange programmes to enable scientists to observe each other's research organization.

40. During the past seven years WHO research projects have contributed to the establishment of links between mental health researchers and institutions in a number of developing countries. Over the years a network of about 100 centres from some 40 countries has been built up in mental health work. Currently, 30 research and development projects in 56 countries, involving 96 institutions, facilitate exchange of information and experiences about frequency and types of mental disorders, effectiveness of different prevention and treatment intervention methods, research methods applied to ascertain causes of various disorders, and consequently ways of organizing health care services. In 1990 WHO published *The introduction of a mental health component into primary health care*, and has elaborated specific guidelines for the development of national mental health programmes that have been used in most developing countries.

41. Over the past few years TCDC has been particularly successful in enhancing environmental health activities, with WHO support. Through its "Healthy cities" project, WHO is promoting and supporting the exchange of models of good practices for health development at city level, and is encouraging innovative actions for health in participating cities. A healthy city symposium was held in 1988, in Pecs, Hungary, where the lessons learned from cities in several countries of South-East Europe (Pecs - Hungary, Sofia - Bulgaria, Zagreb and Pristina - Yugoslavia) were shared with groups of observers from cities of the Eastern Mediterranean Region.

42. A series of studies and pilot projects were recently undertaken in China, Federated States of Micronesia, Kiribati, Lao People's Democratic Republic, Vanuatu and Viet Nam on the development of appropriate technology for water supply and sanitation, and of simple and low-cost methods for testing and monitoring the quality of water, food and air. The Western Pacific Regional Centre for Promotion of Environmental Planning and Applied Studies (PEPAS) continued to categorize and operationalize library information and scientific data bases. The WHO food safety information-sharing network continued to expand with the publication of a newsletter.

43. Regional networks to promote rational use of drugs have been effectively promoted in recent years. These networks provide international forums for the exchange of information and approaches on promoting rational use of drugs, conducting research and evaluating results, and promoting further measures to be undertaken both by public and private sectors to promote and maintain rational use of drugs.

44. Technical cooperation helps participating countries in the regional networks to determine which drugs are the most needed for their health care systems, whether to import such drugs or to produce them locally, and how to ensure that the most needed drugs reach the patients in acceptable conditions of quality and price. Thus, for example, efforts to harmonize drug policies are under way in the countries of the Andean Pact (Bolivia, Colombia, Ecuador, Peru, Venezuela) and the ASEAN countries (Bhutan, Indonesia, Malaysia, Thailand, Philippines), which have been particularly successful in the harmonization of systems of drug registration, nomenclature, setting of quality standards, and tariff and licensing procedure. TCDC in the area of drug procurement is an important tool in addressing regional and country needs for ensuring the availability of reasonably priced and good quality essential drugs, and is particularly advanced in the Americas. The Eastern Caribbean Drug Service is using a system for pooled procurement and has developed a therapeutics manual for regional use. The ASEAN countries have been working closely to ensure the quality of drugs used in the region.

45. To promote the malaria control programme, WHO has provided support for the development of training materials by the Government of Ghana for use by training personnel from neighbouring countries. Ghana's technical expertise has been used for conducting national and intercountry training activities on malaria control.

46. The national schistosomiasis control programme in Botswana focuses on the major endemic district in Ngamiland, which is ecologically and epidemiologically similar to endemic areas in Namibia. Exchange of staff between the two countries for training and programme planning is currently taking place with WHO support.

47. In the field of lymphatic filariasis, activities have included the promotion of research, training and control. For example, India and Sri Lanka have collaborated in establishing national control strategies with

WHO technical and financial support. The WHO Regional Centre for Research and Training in Tropical Diseases in Kuala Lumpur set up and monitors mechanisms for the exchange of information and for training in disease control between China, Fiji, Malaysia, Papua New Guinea and South Pacific Islands. An interregional meeting, with participants from the African, South-East Asia and Western Pacific Regions, will take place in India, early in 1992, to determine socioeconomic aspects of the disease and its control.

48. Concerning the control of African trypanosomiasis, a number of TCDC meetings have been held with WHO support. For example, bilateral meetings of control personnel were organized between Central African Republic and Chad, Central African Republic and Congo, Congo and Zaire, where foci extend across borders, to develop, implement and coordinate common strategies, approaches and techniques. Meetings for responsible officers were promoted to exchange views on control action where epidemiological situations have common features and where there is a chance that the exchange will permit an improvement of control and surveillance (for instance, between Central Africa Republic and Congo, Angola and Uganda). In addition, intercountry training courses, for example between Côte d'Ivoire and Guinea, were organized for field technicians, nurses, microscopists and mobile team leaders.

49. Countries in Latin America have cooperated in the control of Chagas disease. A canister that releases insecticidal fumes active against the triatomine vectors was developed in Buenos Aires, at a cost five times lower than that of the traditional control programme, and has been used in Bolivia, Chile, Honduras and Paraguay.

50. A worldwide network for research and training in tropical diseases links 4500 scientists, and their institutions, from 135 countries, predominantly developing ones. A wide range of disciplines is covered, including molecular biology, pharmacology, epidemiology, sociology, health services organization, and so forth. These scientists and their institutions are developing, through scientific research, new methods for prevention, diagnosis, treatment and control of major tropical diseases such as malaria, schistosomiasis, filariasis (onchocerciasis and lymphatic filariasis), trypanosomiasis (African sleeping sickness and Chagas disease), leishmaniasis and leprosy. These diseases affect directly or indirectly about one thousand million people in the world today. WHO's policy is to make the maximum use of developing countries' resources, both technical and financial, for the implementation of their programme activities. Over the past 12 years, the Organization has provided more than US$ 250 million for research into ways of combating targeted diseases, and for capability strengthening in developing countries, including training of the scientists.

51. Developing countries cooperate widely in diarrhoeal disease control. In nearly all training activities personnel from different countries work closely together, and experiences are shared among them. Diarrhoeal training units have recently been established in major teaching hospitals in many developing countries. Staff from a number of countries have attended courses in these units and returned to their own hospitals to improve management and train their own staff.

52. Training courses for tuberculosis programme managers, held in Algeria in 1990 and 1991, were attended by participants from about 15 developing countries. The National Tuberculosis Institute in Bangalore, India, organizes training courses each year for programme managers, including those from other developing countries. In the United Republic of Tanzania, the national tuberculosis and leprosy programme organized a training course in Arusha in 1991 for participants from 10 developing countries, which included practical demonstrations of the Tanzanian experience in tuberculosis control. In 1990, at the request of the ministers of health of Djibouti, Ethiopia and Somalia, WHO facilitated a meeting which drew up a framework for coordinated tuberculosis control activities in the border areas of these three countries and agreed upon a common control strategy. WHO is providing technical and financial support to this intercountry cooperation project. Intercountry seminars on the evaluation of tuberculosis control activities were held in 1991 in Central America, the Andean region and such countries as Colombia, Dominican Republic, Mexico, Peru and Venezuela.

53. In the area of HIV/AIDS prevention and control TCDC plays a major role. WHO supported, over the past three years, the strengthening of national centres and laboratories to enable them to serve as regional training centres and reference laboratories, through infrastructure capacity strengthening and training for technicians and other staff. For example, the central laboratory of Mulago Hospital in Uganda provides training on HIV/AIDS clinical research to countries in East Africa; and two national reference laboratories in Côte d'Ivoire and Senegal provide training in HIV-2 serology and HIV-2 quality assessment to countries in

West Africa. From among the nine national condom quality-assurance testing laboratories established in Africa with WHO support, two, in Cameroon and Zimbabwe, were further strengthened to enable them to function as reference laboratories for neighbouring countries; and reference laboratories for HIV diagnosis have been strengthened in Costa Rica for the Central American subregion, in Colombia for the Andean countries, and in Trinidad and Tobago for the Caribbean.

54. The exchange of information in the field of HIV/AIDS has been an essential element of response to the rapid evolution of the pandemic. WHO support has therefore focused on strengthening or developing intercountry networks of institutions and nongovernmental organizations in developing countries, for the exchange of information and experience in the prevention and control of HIV/AIDS. These networks have also promoted training courses, conferences, and so forth, during which regional or subregional groupings of institutions jointly explore common problems and opportunities.

55. A global cardiovascular monitoring and prevention network is being promoted through TCDC. A management structure and a network steering group with representatives from participating countries were set up in October 1990. A draft protocol has been outlined and criteria for identification and selection of network centres developed. The network will respond to the needs of developing countries in the fields of training, surveillance, prevention and evaluation, and the network will facilitate information and exchange of experience between participating countries. Each country will contribute technically and financially, and WHO will facilitate the functioning of the network.

56. A network of over 20 collaborating centres in the field of diabetes has been established, which includes national centres from both developing and developed countries. These centres are encouraged to cooperate with one another to mobilize resources and assist each other in the implementation of diabetes prevention and control measures.

57. WHO health literature services assist the regional networks by providing sources of information and documents, and seeking agreements with institutions in developing countries. During 1989 and 1990 efforts focused on enhancing the effectiveness of intercountry cooperation by making optimum use of the latest information technology. In the Region of the Americas, the Latin American and Caribbean Center on Health Sciences Information has stimulated the development of national resources through a cooperative health-related information network with decentralized coordination. With the establishment of the Health Literature, Libraries and Information Services network in the South-East Asia Region, a functional mechanism exists for the collection, storage and dissemination of valid and relevant information relating to health. In the Western Pacific Region, the regional biomedical information programme was established in 1981, when Member States established their focal points. Meetings, seminars and workshops were held over the past six years between country representatives to formulate joint work plans for exchanging information and experiences on the functioning of world networks and on the usefulness of information obtained from other countries.

VII. IMPEDIMENTS TO TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

58. Despite the progress made, there are impediments to effective technical cooperation among developing countries in health. In April 1990, under the auspices of UNDP, a meeting of senior-level government experts examined the roles, regulations and procedures of the organizations of the United Nations development system concerning TCDC and changes to be introduced, so that a TCDC component could be incorporated into all programmes and projects financed by the system. It recommended that, as far as possible, the relevant rules, regulations and procedures should be revised by the governing bodies of the technical cooperation organizations concerned.

59. The report and recommendations of the meeting was considered and endorsed by the Governing Council of UNDP in 1990, and by the High-Level Committee which reviewed TCDC in 1991. Organizations and bodies of the United Nations system were requested to consider the report and its recommendations with a view to introducing measures to improve their support to more effective technical cooperation among developing countries.

60. The group of experts reported that there was a general absence of clear guidance, instructions and recommendations to programmes and field office representatives on a systematic application of TCDC in the

processes of identification, formulation, appraisal and approval of programmes and projects supported by the organizations and bodies of the United Nations system.

61. In the offices of WHO Representatives and corresponding offices of the United Nations system, including UNDP, there are different appreciations as to the usefulness and applicability of TCDC. Moreover, some offices have different interpretations of the concept of TCDC, which complicates understanding at government level. Very often, organizations and bodies of the United Nations system emphasized advocacy for TCDC projects, whereas not enough attention was given to institution and capacity building in the developing countries in order to increase their capability for the planning and implementation of health development programmes.

62. TCDC has sometimes been viewed by WHO and other organizations and bodies of the United Nations system from a limited perspective as a short-term instrument for occasional use, one of several specific approaches to national health development activities, rather than as a less costly and more effective alternative modality of programme implementation. In the Eighth General Programme of Work and the biennial programme budget, the technical cooperation function, including TCDC, is subsumed under each programme, rather than specifically referred to as a separate, major activity. In fact, most WHO programmes have built-in TCDC components in their activities, as a vital force for achieving objectives.

63. Awareness of the potential of technical cooperation among developing countries for economic and health development varies among countries, since there are different levels of understanding of TCDC operations. Awareness is also low in the private sector and in nongovernmental organizations in many developing countries.

64. Information available at country level on socioeconomic development programmes and priorities, and on the needs and priorities for health development, is insufficient and inadequate, making it difficult for other developing countries to identify possible programmes or projects, or their components, which could be implemented through TCDC. Communication problems hamper the dissemination of information between countries on the needs and priorities that could be addressed by technical cooperation among them.

65. The increasing scarcity of financial resources for TCDC is a major impediment. As a result of economic recession and debt crises in the 1980s in particular, the financial resources that developing countries allocate to technical cooperation are insufficient to launch programmes and activities. In some instances countries lack the commitment to TCDC to allocate the financial resources required to implement those activities. Shortage of information on possible sources of financing, and complicated administrative procedures in the various financial institutions are also considerable obstacles for obtaining resources for TCDC.

VIII. RECOMMENDATIONS FOR ACTION

66. A positive attitude towards technical cooperation among developing countries should be encouraged through sharing of successful experiences that would highlight it as a cost-effective and appropriate development tool. To this end, orientation seminars and workshops for government public health officials and other personnel involved in TCDC should be organized with the assistance of WHO, UNDP, and other organizations and bodies of the United Nations system. In preparation of their national health plans and the use of WHO cooperation, ministries of health should give due regard to the use of TCDC modalities in programme implementation. A suitable mechanism should be devised for the coverage of costs incurred by institutions from developing countries in the implementation of TCDC activities.

67. National focal points for TCDC in the area of health should ensure promotion and coordination. They should participate in TCDC programmes, and facilitate interaction of various departments, sectors and institutions for health when activities are programmed. They should receive adequate training in programme formulation, and implementation, in the policies and procedures of WHO, UNDP and other organizations and bodies of the United Nations system, and in other matters concerning TCDC.

68. Financing of TCDC is primarily the responsibility of developing countries. With a view to enhancing the cost-effectiveness of technical cooperation, special effort should be made to ensure that it is conducted by the developing countries' institutions themselves, making use of the capacities of other developing countries in the

process. The staff of national focal points for TCDC should receive adequate training on relevant financial matters, including information on sources of potential support.

69. The United Nations High-Level Committee for TCDC recommended that for the next few years, TCDC should constitute an important item on the agenda of the regular meetings of the governing bodies of organizations and bodies of the United Nations system. The staff of WHO, UNDP and other organizations of the United Nations development system should be given adequate training in TCDC concepts and methods. TCDC should be incorporated into the Ninth General Programme of Work of WHO and corresponding biennial programme budgets so that the concept permeates the activities of all programmes at all levels of the Organization.

70. The competence of WHO Representatives and other staff at the country level in the application of TCDC in country programming of WHO resources should be raised so that they can provide more effective support. Priority should be given to the improvement of information flows to governments and ministries of health of developing countries on potential for TCDC, and the training of national focal points on TCDC matters. Staff could perform those tasks more effectively if they participated directly in TCDC programming at country level and if they were provided with guidance and suggestions on the ways of incorporating TCDC in the preparation of country programme budget activities.

71. UNDP, WHO and other concerned organizations and bodies of the United Nations system should publish information on the needs, priorities and capabilities of developing countries for technical cooperation, which would help those countries to identify opportunities for collaboration.

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