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BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

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REPORT OF THE SUB-COMMITTEE OF THE REGIONAL COMMITTEE  
ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES (TCDC)  
(1980-1981)

The Regional Committee Sub-Committee on Technical Cooperation among Developing Countries met once during the thirty-first session of the Regional Committee, once to prepare its members for country visits in March/April 1981, and on 25 and 26 June 1981 to consider the reports of the country visits, and to make recommendations on the strengthening of mechanisms for technical cooperation among countries and issues to be addressed in 1982. The Sub-Committee also reviewed resolution WHA34.24 on "The meaning of WHO's international health work through coordination and technical cooperation", adopted by the Thirty-fourth World Health Assembly (Annex 1).

The report of the Sub-Committee is hereby presented to the Regional Committee. Section 5 contains its recommendations and its proposal that the next topic for review should be "The role of WHO collaborating centres in promoting technical cooperation among countries, in relation to the special needs of developing countries".

## 1. INTRODUCTION

Pursuant to the request made by the Regional Committee at its thirty-first session, held in Manila in September 1980, that the Sub-Committee on Technical Cooperation among Developing Countries (TCDC) should address the task of strengthening the mechanisms for technical cooperation among countries,<sup>1</sup> the Sub-Committee held its sixth meeting in Manila on 12 September 1980. It was attended by Dr C. Evans (Australia), Dr J.B. Senilagakali (Fiji) and Dr Y. Kawaguchi (Japan). It was decided that, in order to facilitate its task, members of the Sub-Committee should carry out country visits.

The Sub-Committee held its seventh meeting in Manila on 31 March 1981 to make final arrangements for the country visits. The meeting was attended by Dr F. Wainiqolo (Fiji), Dr H. Shinozaki (Japan), and Dr A.N. Acosta (Philippines). The member from Australia, Dr R. Hain, joined the country visit to the Philippines the following day.

Immediately after the meeting, all members of the Sub-Committee visited the Philippines (31 March to 3 April 1981). Subsequently, the members from Australia and Fiji visited China and Japan (5 to 14 April 1981) while the members from Japan and the Philippines visited Australia and Fiji (6 to 13 April 1981).

The reports of the country visits were consolidated by the Secretariat.

The Sub-Committee held its eighth meeting in Manila on 25 and 26 June 1981.

The following members of the Sub-Committee attended:

Dr R. Hain, Australia  
Dr F. Wainiqolo, Fiji  
Dr H. Shinozaki, Japan  
Dr A.N. Acosta, Philippines

The following members of the Sub-Committee on the General Programme of Work attended as observers:

Dato Dr Ezaddin bin Mohamed, Malaysia  
Dr B. Christmas, New Zealand  
Dr Sung-Kyu Ahn, Republic of Korea  
Dr Koh Thong Sam, Singapore  
Dr S. Foliaki, Tonga

The meeting was opened by the Director, Programme Management, Dr S.T. Han, on behalf of the Regional Director. Dr R. Hain was elected Chairman and Dr F. Wainiqolo, Rapporteur.

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<sup>1</sup>See resolution WPR/RC31.R9, Report of the WHO Regional Committee for the Western Pacific, thirty-first session, 1980, page 36.

Dr S.T. Han, in his address, referred to the importance placed on technical cooperation among countries, especially among developing countries, as evinced by the establishment of the Sub-Committee on Technical Cooperation among Developing Countries as a standing committee of the Regional Committee. He said that while, with respect to technical cooperation, WHO collaborated with Members States individually or collectively, the important elements in technical cooperation among countries were decision-making and the responsibility of the countries concerned not only to decide on the nature of cooperative activities but also to develop, implement and coordinate those activities.

The objectives of the meeting were:

- (1) to finalize the report of the Sub-Committee on the strengthening of mechanisms for technical cooperation among countries; and
- (2) to make recommendations to the Regional Committee on issues to be addressed by the Sub-Committee in 1982.

The Sub-Committee had before it the following main documents:

- (1) the consolidated reports of members of the Sub-Committee on country visits to Australia, China, Fiji, Japan and Philippines;
- (2) extracts from various documents intended to facilitate discussion on the role of WHO in strengthening mechanisms for technical cooperation among developing countries, including resolution WHA34.24 entitled "The meaning of WHO's international health work through coordination and technical cooperation" (see Annex 1).

The Sub-Committee had an extensive discussion of its role and concluded that, although it was designated the Sub-Committee on Technical Cooperation among Developing Countries in pursuance of resolution WPR/RC28.R2, its responsibilities also included the wider area of technical cooperation among countries.

## 2. MECHANISMS OF COLLABORATION

Of the countries visited, three were developing countries (China, Fiji and Philippines) while the other two were developed countries (Australia and Japan).

Both Fiji and the Philippines were involved in technical cooperation among developing countries within specific regional groupings, Fiji within the South Pacific Commission and the Philippines within the Association of South-East Asian Nations. The Sub-Committee noted that both countries possessed a great potential for technical cooperation in

health matters. In the Philippines, members visited a number of international organizations which played facilitating roles in technical cooperation among countries, notably WHO, UNDP, Asian Development Bank and others.

All three developing countries were actively involved individually and collectively in technical cooperation with WHO. Special mention should be made of the three WHO collaborating centres in primary health care in Conghua, Jiading and Yexian Counties in China, where training workshops had been held for participants from the Western Pacific and other regions of WHO, and of the project on research and development in primary health care, initiated by the Institute of Health Sciences, University of the Philippines, in Tacloban City, Philippines, which had attracted the interest of other countries.

Both the developed countries, Australia and Japan, played important supportive roles in technical cooperation among countries: Australia, through the Australian Development Assistance Bureau (ADAB) in the Department of Foreign Affairs, and Japan through the Japan International Cooperation Agency (JICA) in the Ministry of Foreign Affairs.

### 3. PROBLEMS AND CONSTRAINTS IN IMPLEMENTING TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Sub-Committee took note of the following problems and constraints disclosed in the course of its members' discussions with national staff and the staff of international agencies in the countries visited, as well as in the exchanges of views during the meeting:

#### 3.1 Problems within developing countries

- (1) There were difficulties in financing the travel of exchange fellows from other countries, sometimes resulting in the curtailment of field visits. Related problems were lack of transportation and of local funds to facilitate the reception of foreign visitors.
- (2) There was a lack of information on the part of local collaborating centres concerning similar centres in other countries, thus limiting useful exchanges of information and experience.
- (3) In general, low priority was accorded to health development compared with the development of other sectors such as the economic sector. In addition, national focal points for technical cooperation were usually located outside the ministries of health, resulting in difficulties in relation to the submission of proposals for technical cooperation in health matters.
- (4) In countries where numerous agencies were operating apart from WHO, there might be duplication of technical cooperation activities.

### 3.2 Problems of sponsor countries or agencies

- (1) Although funds might be available to facilitate technical cooperation, because of its local commitments a sponsor country might have only a limited number of consultants available to take on assignments.
- (2) Sponsor countries or agencies received relatively few proposals for collaboration in health, one possible reason being the inadequate information at the disposal of requesting countries concerning the availability of resources from sponsor countries or agencies.
- (3) Processing of requests, which was usually done through overseas embassies, was hampered by lack of technical expertise in the embassies concerned, resulting in incorrect or inadequate information being relayed to the sponsoring country, or in processing delays. Processing was sometimes complicated by the fact that requesting countries changed the nature of their requests.

### 4. PROPOSALS FOR STRENGTHENING THE MECHANISM FOR TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

In the light of the aforementioned problems and constraints, the Sub-Committee made the following proposals for strengthening the mechanism for technical cooperation among countries:

- (1) More funds should be made available to facilitate exchanges of visits and fellowships.
- (2) Collaborating centres should be designated to serve as a base for exchanges of information and experience as well as for training and collaborative research activities, and adequate support should be provided in terms of transport and funds to facilitate exchanges and visits.
- (3) Information on various activities and institutions should be strengthened in order to facilitate technical cooperation.
- (4) The representation of ministries of health on national TCDC focal groups or committees should be strengthened.
- (5) An up-to-date list should be kept of consultants in various fields and from various sources, from which expertise might be drawn at relatively short notice.
- (6) There was a need for increased consultation, collaboration and coordination among international agencies as well as those agencies concerned with multilateral and bilateral projects for technical cooperation among countries.

## 5. RECOMMENDATIONS ON THE ROLE OF WHO

Having regard to WHO's unique constitutional role as the directing and coordinating authority in international health work, and taking note of resolution WHA34.24 entitled "The meaning of WHO's international health work through coordination and technical cooperation" (see Annex 1), the essence of which had already been endorsed by the Sub-Committee in its report to the Regional Committee at its thirty-first session, the Sub-Committee recommended that WHO should:

- (1) facilitate cooperation among countries by (a) supporting them in developing lists of priorities for technical cooperation in health as well as in identifying their actual and potential capabilities for technical cooperation in the various health disciplines; (b) making such information available to other countries and to bilateral and multilateral agencies; and (c) providing the latter with more information on specific countries when so requested;
- (2) strengthen, with a view to designating them WHO collaborating centres, institutions which had a high potential to serve as active providers of technical cooperation and familiarize them with the conditions and needs of nearby countries which might utilize their services. In the selection of such institutions, strategic geographical location should be considered, to reduce the cost involved in such cooperation;
- (3) take steps to overcome problems encountered in financing the internal travel of fellows/international visitors within host countries and to explore the setting aside of funds for technical cooperation among countries to be utilized on the basis of specific criteria;
- (4) encourage and support the further exchange of health personnel between countries and facilitate the provision of consultants, technical information, etc.;
- (5) promote the coordination of efforts of multilateral and bilateral agencies by establishing a mechanism whereby such agencies would be aware of each other's priorities and the projects they were currently engaged in, in countries of the Region. Such a mechanism might be in the form of limited consultations, periodic meetings, participation in joint missions, exchanges of reports, etc.;
- (6) encourage the essential involvement of the ministry/department of health of countries supporting technical cooperation activities in the process of decision-making when considering requests;

- (7) encourage and support ministries of health in convincing development assistance coordinators in their respective countries of the need to increase the share given to the health sector of the funds made available for overall development from external agencies;
- (8) take steps to ensure that ministries of health are familiar with the policies and procedures of external agencies in negotiating for technical cooperation.

In view of the importance of WHO collaborating centres in promoting technical cooperation among countries, the Sub-Committee proposed that the next topic for review should be, "The role of WHO collaborating centres in promoting technical cooperation among countries, in relation to the special needs of developing countries".

**RESOLUTION OF THE WORLD HEALTH ASSEMBLY**

THIRTY-FOURTH WORLD HEALTH ASSEMBLY

WHA34.24

22 May 1981

**THE MEANING OF WHO'S INTERNATIONAL HEALTH WORK THROUGH COORDINATION  
AND TECHNICAL COOPERATION**

The Thirty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly, and in particular resolutions WHA23.59 on certain important constitutional functions of WHO; WHA28.75 and WHA28.76 on technical assistance; WHA29.48, WHA30.30, WHA31.41 and WHA32.27 on technical cooperation, technical cooperation among developing countries, and related programme budget policy; WHA32.24 on coordination for health, socioeconomic development and peace; and WHA30.43, WHA32.30 and WHA33.24 on policies and strategies for the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Resolved to strengthen further cooperation among Member States, being guided by the Constitution of WHO for the attainment by all peoples of the highest possible level of health, by the Declaration and recommendations of Alma-Ata on primary health care as the key to the attainment of health for all, and by resolution 34/58 of the United Nations General Assembly on health as an integral part of development;

Resolutely determined to fulfil the constitutional functions of WHO as the directing and coordinating authority on international health work through the collective action of its Member States, and through ensuring technical cooperation with its Member States at their request;

Welcoming the changed climate in WHO and among its Member States which has given rise to the rejection of the concept of "technical assistance", whereby aid was provided by so-called "donors" to "recipients", and its replacement by the concept of "technical cooperation" founded on common and mutual interest of all, whereby Member States cooperate with their Organization, as equal partners, to define and achieve their health goals through programmes that are determined by their needs and priorities and that promote their self-reliance in health development;

1. REITERATES that WHO's unique constitutional role in international health work comprises in essence the inseparable and mutually supportive functions of acting as the directing and coordinating authority on international health work and ensuring technical cooperation between WHO and its Member States, essential for the attainment of health for all by the year 2000, making no distinction between these integral functions carried out at country, regional and global levels, whether financed from the WHO regular budget or from other sources;

2. AFFIRMS that:

(1) coordination in international health work is the facilitation of the collective action of Member States and WHO to identify health problems throughout the world, to formulate policies for solving them, and to define principles and develop strategies for giving effect to these policies;

(2) technical cooperation in international health work is joint action of Member States cooperating among themselves and with WHO, as well as with other relevant agencies, to achieve their common goal of the attainment by all people of the highest possible level of health by implementing the policies and strategies they have defined collectively;

3. CONSIDERS further that technical cooperation in international health work must be characterized by:

(1) equal partnership among cooperating parties, developing and developed countries alike, WHO and other intergovernmental, bilateral, multilateral and nongovernmental organizations participating in technical cooperation;

(2) respect for the sovereign right of every country to develop its national health system and services in the way that it finds most rational and appropriate to its needs; to mobilize and use all internal as well as bilateral and other resources to this end; and, for this purpose, to make use of scientific, technical, human, material, information and other support provided by WHO and other partners in health development;

(3) mutual responsibility of cooperating parties for carrying out jointly agreed decisions and obligations, exchanging experience and evaluating results obtained, both positive and negative, and making the information thus generated available for the use and benefit of all;

4. STRESSES the responsibility of WHO to fulfil its constitutional leadership role as the directing and coordinating authority in international health work, including research promotion and development; the application of science and technology for health; policy formulation; the development of worldwide health programmes for the promotion of health, prevention, control and diagnosis of disease, rehabilitation and strengthening of health systems; the provision of valid information on health matters; the fostering of mechanisms for technical cooperation and coordination in health work; the mobilization and rationalization of the flow of health resources; the contribution of health to socioeconomic development and peace; and the provision of necessary support for the development of policies, strategies and plans of action at country, regional, interregional and global levels, including joint action with other relevant international organizations;

5. URGES Member States:

(1) to act collectively in order to ensure the most effective fulfilment by WHO of its constitutional functions and the formulation by the Organization of appropriate international health policies, and principles and programmes to implement these policies;

(2) to formulate their requests for technical cooperation with WHO in the spirit of the policies, principles and programmes they have adopted collectively in WHO;

(3) to take full account of the experiences of technical cooperation between WHO and its Member States when deciding collectively on policies, principles and programmes in WHO;

6. REQUESTS the Executive Board to ensure that the Organization's general programmes of work, medium-term programmes and programme budgets fully reflect WHO's international health work as a properly balanced and mutually reinforcing combination of the Organization's constitutional functions of coordination and technical cooperation;

7. REQUESTS the Director-General:

(1) to emphasize WHO's unique constitutional role in international health work in all appropriate forums, and particularly in the United Nations system and other international and bilateral organizations;

(2) to report to the Board on any difficulties encountered in implementing this resolution and, in particular, in gaining acceptance of the concept of WHO's international health work as described in the resolution;

8. INVITES the United Nations organizations concerned, as well as other international and bilateral organizations and collaborating centres and institutions, to coordinate with and support the efforts of WHO by appropriate actions within their respective spheres of competence in the spirit of resolution 34/58 of the United Nations General Assembly on health as an integral part of development, and in so doing to adhere to the principles of technical cooperation and coordination in international health work set forth in this resolution.

Sixteenth Plenary Meeting, 22 May 1981

A34/VR/16

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