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TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

Report by the Director-General

Following the debates in the UNDP Governing Council, the United Nations Economic and Social Council, and the United Nations General Assembly, the WHO Executive Board adopted resolution EB57.R50 on technical cooperation among developing countries (TCDC), in which it underlined the need to work out practical measures for TCDC in the health field. The Health Assembly subsequently endorsed the Board's proposals in resolution WHA29.41. The Regional Committees for the Americas, the Eastern Mediterranean, and the Western Pacific adopted similar resolutions.

The present report, submitted in accordance with resolution EB59.R52, reviews the policy background of TCDC and the preparations for the United Nations conference on TCDC to take place in 1978. It also reviews action taken by WHO through, for example, the setting up of TCDC focal points in regional offices and a central point in the Regional Office for the Americas/Pan American Sanitary Bureau.

The report includes proposals for future action by WHO to promote and implement TCDC on which the Board is invited to give its views.

1. INTRODUCTION

1.1 Technical cooperation among developing countries (TCDC) constitutes a significant component of the concept of mutual cooperation for development among developing countries, which has emerged as a major trend in international social and economic cooperation during recent years.

1.2 The potential for the sharing of capacities for development among developing countries has increased continuously in recent years. TCDC can make a significant contribution to progress in these countries and to their attainment of economic independence and self-reliance in a spirit of mutual endeavour and equal partnership. The entire international community shares the common goal and duty of supporting the developing world; thus TCDC is of crucial concern to both the developing and developed countries.

1.3 It is generally accepted that development can only succeed in its essential purpose if it leads to the progressive abolition of extremes of wealth and social injustice. The promotion of TCDC is aimed at improving the well-being of nations and the bestowal of benefits on all.

1.4 Already participating in technical cooperation among themselves, the developing countries have capacities and potentialities which are yet to be recognized, utilized and harnessed to the development process. TCDC constitutes a systematic effort to make this possible.

2. SIGNIFICANCE OF TCDC

2.1 As a new dimension TCDC is not designed to replace current technical cooperation arrangements but should serve as a complement in furthering the individual and collective self-reliance of the developing world. It can be defined as the sharing of capacities and skills among developing countries, embracing programmes, projects and activities in which such inputs as know-how and expertise, consultant and subcontracting services, training facilities, equipment and supplies, and the exchange of information are provided by developing countries to one another. Such cooperation, in which the traditional distinction between donor and recipient is now out of place, may be bilateral or multilateral, public or private, and should extend to all sectors and all types of technical cooperation activities regardless of the source or type of financing. While the development of TCDC approaches is primarily a national responsibility of the developing countries concerned, the international system has an important role to play in promoting and supporting such efforts.

3. BACKGROUND

3.1 In 1972 the United Nations General Assembly, in resolution 2974 (XXVII), invited the UNDP Governing Council to establish a working group on TCDC to lay the practical basis for the introduction of TCDC into the United Nations system. After the working group had presented its report[1] to the UNDP Governing Council, the General Assembly adopted resolution 3251 (XXIX) taking note of the report, which constitutes the cornerstone of the TCDC arrangements. Among the specific recommendations of the working group were: the development by developing countries of TCDC programmes among themselves; the setting up of special national TCDC offices and up-to-date lists of TCDC facilities available; use of national and regional institutions; the use by the specialized agencies of TCDC capacities in the developing countries; the maintenance and circulation of lists; and coordination with the UNDP special unit at the overall level and between UNDP resident representatives and agency country representatives.

3.2 Meanwhile, at its sixth and seventh special sessions in 1974 and 1975, the United Nations General Assembly adopted a series of resolutions[2] laying the basis for the Declaration on the Establishment of a New International Economic Order and its Programme of Action within the framework of development and international economic cooperation.

3.3 Subsequently, in July 1975, the United Nations Economic and Social Council adopted resolution 1963 (LIX) calling upon the Administrator of UNDP to carry out a study on TCDC practices for consideration by the twenty-fourth session of the UNDP Governing Council in June 1977. Further, a series of regional intergovernmental meetings has been organized in Bangkok (February 1976), Lima (April 1976), Addis Ababa (October 1976) and Kuwait (May 1977).

3.4 In resolution 31/179, adopted in December 1976, the General Assembly set up a preparatory committee to organize a world conference on TCDC, to be held from 27 March to 7 April 1978 in Buenos Aires.

3.5 In response to General Assembly resolution 3251 (XXIX), UNDP and the specialized agencies, including WHO, have presented annual reports to the UNDP Governing Council describing progress in the TCDC field. The agencies are also to provide substantial inputs for incorporation into the documentation to be considered by the world conference on TCDC, covering the following issues: identification of existing and possible sources and methods of financing TCDC; institutional arrangements at the national level to promote TCDC; arrangements at the international level, including the gearing to TCDC of bilateral, multilateral, regional and

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[1] UNDP document DP/69, adopted at the UNDP Governing Council's eighteenth session (June 1974) and amended at its twenty-third session (January 1977).

[2] United Nations General Assembly resolutions 3201 (S-VI), 3202 (S-VI) and 3362 (S-VII). Other General Assembly resolutions on TCDC are 2974 (XXVII); 3251 (XXIX); 3461 (XXX); and 31/179.

interregional inputs; the role of UNDP, organs and organizations of the United Nations system and the participation of other international organizations; preparation of a plan of action for promoting and implementing TCDC. This plan of action will be the culminating document to emerge from the conference, and therefore specialized agencies' contributions will be of the highest importance.

4. INFORMATION REFERRAL SYSTEM

4.1 The UNDP working group on TCDC recommended the establishment of an information referral system (TCDC/INRES) with the task of compiling and disseminating information on TCDC capacities and needs seen from the standpoint of the developing countries. UNDP has circulated questionnaires to governments and specialized agencies to elicit this information and is preparing, with the help of the International Computer Centre (ICC), a computer printout directory listing available organizations, institutions and expertise by geographic region and country and by sectoral fields, including health. WHO is collaborating through its own information systems programme (ISP) in the establishment of this system, which will be of central importance to the TCDC effort.

5. ACTION BY WHO

5.1 As early as the fifty-seventh session, in January 1976, the Executive Board acknowledged the importance of TCDC as an integral part of overall cooperation for development, as reflected in its resolution EB57.R50 and in line with the constitutional obligation that links Member States and their Organization in a process of mutual cooperation. This resolution invited Member States to give priority attention to TCDC in the health sector and recalled resolutions WHA28.75 and WHA28.76, in which the Health Assembly had emphasized new ways of expanding support to developing countries by assisting them in achieving self-reliance in consonance with the Programme of Action for the New International Economic Order.

5.2 TCDC was also singled out in resolution WHA29.41 as an area requiring the Organization's full collaboration through the regional committees and regional offices and with the Administrator of UNDP. The Twenty-ninth Health Assembly also adopted resolution WHA29.48 which, with its reorientation of WHO's efforts, opened the way to making optimum use of the technical and administrative resources available in the developing countries by devoting an even greater quantum of the Organization's resources directly to technical cooperation.

5.3 Members will also recall that in resolutions EB59.R39 and EB59.R52[1] - the latter being at the origin of this report - the Board considered mutual support and cooperation in health matters among developing countries to be in the best interest of world health, and recognized the Organization's responsibility to establish adequate methods and arrangements to encourage collaboration with the developing countries in their efforts to develop full cooperation in the health field.

5.4 The Regional Committees for the Americas, the Eastern Mediterranean and the Western Pacific have also emphasized the importance of TCDC and adopted resolutions along similar lines.[2]

5.5 As described in the report[3] of the Programme Committee of the Executive Board, setting out the policy and strategy for the development of technical cooperation, which was endorsed by the Board in resolution EB59.R9,[4] WHO is committed to technical cooperation in place of the earlier concept of technical assistance or aid with its donor/recipient relationship. This

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[1] WHO Official Records, No. 238, 1977, pp. 26 and 33.

[2] Resolutions XXIX and XL of the XIX Pan American Sanitary Conference; resolution EM/RC24A/R.7 of Sub-Committee A of the Regional Committee for the Eastern Mediterranean, 1974; and resolution WPR/RC25.R11 of the Regional Committee for the Western Pacific, 1974.

[3] WHO Official Records, No. 238, 1977, Part II, Appendix 1.

[4] WHO Official Records, No. 238, 1977, p. 8.

new concept implies cooperation among Member States and their Organization to define and achieve their social and health policy objectives through health programmes that have been determined by countries' needs and that are aimed at promoting national self-reliance for health development. WHO's role in technical cooperation programmes is thus to support national health development. Accordingly, technical cooperation must relate to activities which have a high degree of social relevance for Member States in the sense that they are directed towards defined health goals and that they will contribute directly and significantly to the improvement of the health status of their population through methods that they can apply now, and at a cost they can afford now. Therefore, for WHO, technical cooperation means not only cooperation with countries but also the fostering of cooperation among countries themselves so that a lasting impact is made on health development.

5.6 The policy and strategy mentioned above emphasized that technical cooperation should be carried out mainly at the country level, at the request of the national government, but should also include support at regional and global levels. As such, technical cooperation is part of a wider process of health development, with WHO playing an essential technical role to ensure collaboration among countries to attain individual and collective self-reliance. The Organization should thus exert every effort to stimulate and coordinate technical cooperation among countries so that they can develop joint solutions to common problems.

5.7 It is in this broad context that the systematic approach along the lines of TCDC has to be developed.

5.8 From the operational viewpoint, WHO has amassed a rich store of experience over the years in promoting TCDC for the benefit of developing countries and among the developing countries themselves. From the outset the Organization has enjoyed regional arrangements - including the regional committees, with their ability to focus directly on regional programmes - which have facilitated work along TCDC lines. Indeed, many intercountry projects sponsored by WHO have been and continue to be clearly TCDC in character.

5.9 Multicountry or subregional cooperation in the health sector has taken various forms. For example, bilateral cooperation in the health sector has been a common practice in the Americas, resulting in the conclusion of agreements governing, for instance, food and nutrition, communicable disease control, zoonoses control, and health manpower. These TCDC activities are implemented through intercountry programmes and multinational centres. Three groups of countries have concluded mutual technical cooperation agreements, with WHO supporting their activities at their request; initiatives for subregional cooperation in the Americas are multiplying as their institutional structures crystalize; ministers of health of these subregions hold annual meetings to discuss matters of common interest and implement activities which are TCDC by nature, with WHO supporting and cooperating with the work. The five countries in the Association of South-East Asian Nations (ASEAN) are developing common health objectives and programmes, also with the collaboration of WHO. In the Eastern Mediterranean Region, the Council of Arab Ministers of Health and the Council of Ministers of Health of the Gulf States are moving in the same direction.

5.10 Before TCDC became declared United Nations policy, WHO had a long record of cooperation with developing countries, and much of this has incorporated the TCDC principles. A number of examples were illustrated in WHO's progress report[1] submitted to the UNDP Governing Council in January 1977. These included the Roda Centre in Cairo, which is a typical example of the training of health personnel to serve Egypt and other countries, and the Kinshasa training centre for sanitarians, which started with WHO collaboration in 1961 and is now run by the Government of Zaire. The Dakar training centre for health sanitarians and other health workers at Khombole is run now under a national director trained through a WHO fellowship. Other examples are the Pahlavi Training Centre in Iran and the health manpower institutions in Aden and in Sana'a, which are serving as TCDC centres. The San Carlos School of Engineering in Guatemala trains sanitary engineers from five Central American countries, as does the Mohammadia School of Engineers in Rabat, Morocco. Medical teaching training institutions set up strategically in Kampala, Yaoundé, Shiraz (Iran), Bangkok, Sri Lanka, Mexico and

[1] UNDP document DP/222/Add.3.

Rio de Janeiro serve other developing countries. Nursing schools are established in Niamey, Dacca (Bangladesh) and Manila, the last of these being multidisciplinary and now headed by a national. The nursing education programme in Indonesia, based on community coverage and producing a new type of public health nurse is well adapted to local conditions in the region. TCDC-oriented institutions also include Beirut University and Makerere University in Uganda, which has facilitated exchanges between workers from southern Sudan, the United Republic of Tanzania, Malawi, Kenya, Uganda, Ethiopia and Zambia.

5.11 Cholera provides an example of a field in which former interregional courses are being replaced by national courses for cholera workers run jointly by neighbouring countries. The promotion of laboratories and research has also been sponsored under TCDC principles, for example the International Centre for Cholera located in India, which serves other developing countries, and the Streptococcus Laboratory in Singapore. The WHO cholera teams have been manned by experts from the developing world, and training in Africa and Asia has been carried out by Indian, Philippine and other nationals.

5.12 Developing countries, with FAO and WHO collaboration, have cooperated on pesticide registration and safe use of pesticides - a relatively new problem in developing countries, but one which they wish to solve in their own manner.

5.13 The Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Institute (CFNI) are currently developing TCDC activities in the important field of nutrition.

5.14 Regional reference centres have been developed for the transfer of appropriate technology in community water supply and waste disposal - problems at the very root of sanitation conditions and communicable and diarrhoeal diseases in developing countries. The Pan American Centre for Sanitary Engineering and Environmental Sciences, Lima, and the National Environmental Engineering Research Institute, Nagpur, India, are now TCDC institutions in the full sense of the term, dealing directly with low-cost technology for the developing countries themselves. Information in this field is disseminated by WHO throughout its 75 collaborating centres, over half of which are in the developing countries.

5.15 Mention could also be made of the network of immunological centres, set up without exception in the developing countries and run by nationals, to train specialists from their own and other developing countries. They are situated in Beirut, Ibadan (Nigeria), São Paulo (Brazil), Mexico, Singapore, New Delhi and Kenya; a new large centre is envisaged for Kuala Lumpur which will extend its work to the fields of nutrition and parasitic diseases and serve surrounding developing countries.

5.16 The training centres for health services personnel located at Lagos and Lomé and the project in the Caribbean are examples of developing countries drawing directly on local experience and placing training at the disposal of other developing countries.

5.17 The Onchocerciasis Control Programme in the Volta River Basin area, the trypanosomiasis applied research programme and the schistosomiasis research in man-made lakes project each provide an example of programmes requested by clusters of developing countries to combat, with WHO collaboration, communicable diseases which defy national borders.

5.18 A number of other examples bear testimony to the flexibility which WHO has exercised in sponsoring TCDC work: the United Nations African Institute for Economic Development and Planning, Dakar, gave rise in 1974 to the autonomous African Institute for National Health Planning. The Pan American programme for health planning based in Santiago, Chile, also operated on TCDC lines; its duties have now been transferred to national public health schools in the region.

5.19 The Board will appreciate that these examples are only indicative of the various ways in which the Organization has attempted to foster the TCDC approach; many more exist or will come into being under the TCDC impetus in future years. Examples drawn from some of WHO's major programme areas are given in section 6 below.

5.20 From the practical standpoint, the Director-General has already instituted a number of arrangements for TCDC within the Organization. First, regional offices have been asked to designate programme focal points for TCDC with the duty of inculcating in all regional staff the objectives of TCDC seen through the perspective of WHO's technical cooperation programme. The focal points serve also to advise on the phasing of TCDC into current and future programmes. They are responsible for identifying TCDC information requirements within the region and, in collaboration with WHO's information systems programme, for ensuring that TCDC/INRES requirements are included in WHO's overall information system coverage.

5.21 The Director-General has, in consultation with the Regional Director, designated the Regional Office for the Americas/Pan American Sanitary Bureau as the central focal point for TCDC in WHO, in view of its TCDC experience, its direct contact with an extensive field programme, and close links with the UNDP special unit in New York. The focal point, in liaison with WHO headquarters and other regional offices, is responsible for reviewing the application of TCDC within WHO; interpreting the concepts and helping to translate these into practical terms; collaborating with the regions and UNDP in establishing reports; and representing the Organization at meetings on TCDC.

6. PROPOSALS FOR FUTURE ACTION

General

6.1 It is the Director-General's objective, in line with the resolutions of the Executive Board and the Health Assembly, to give effect as realistically as possible within WHO to the United Nations General Assembly's recommendations regarding the essential role of the specialized agencies in TCDC.

6.2 There should be a clear-cut distinction between the two main kinds of TCDC activity: first, when the developing countries take initiative in planning and implementing their own TCDC projects, generated by the countries themselves, with WHO playing a coordinating and catalytic role; and secondly, when the Organization promotes the use of TCDC elements and capacities in technical cooperation activities. It should be emphasized that the truest examples of TCDC experience fall in the first category, with recourse, if necessary, to the expertise and administrative capacity of the Organization. As to the second type, new approaches are required to leave options open to the countries to run their own programmes with the support of the Organization.

6.3 The Director-General proposes the following lines of approach.

6.3.1 Efforts should be made to ensure that TCDC principles are, to the extent possible, applied to all the Organization's technical cooperation activities, and in particular to certain programmes such as: development of appropriate health technology; primary health care; the Special Programme for Research and Training in Tropical Diseases; the Expanded Programme on Immunization; vaccine production and drug policy and management; basic sanitary measures; health manpower development; communicable disease prevention and control; prevention of blindness; mental health; applied nutrition; and research in general. The following paragraphs illustrate the TCDC implications in some of these programmes.

6.3.2 Essential health care requires essential and appropriate health technology which people can understand and which the non-expert can apply. This approach has direct relevance to primary health care and to the whole health care system through the need to generate new technologies and prove their worth as compared with more conventional ones. It will mean that more attention than ever will have to be paid to health systems research; WHO must act as the promoter and coordinator of those aspects which require collaboration so that it permeates all components of the health care system including laboratory, clinical, epidemiological and ecological aspects so as to develop an effective and efficient delivery of health care based on proven knowledge. Above all, appropriate health technology and methodology should be evolved and shared by the developing countries among themselves; TCDC provides a logical instrument for this.

6.3.3 Primary health care offers good prospects for technical cooperation with international support and for TCDC approaches. Major reorientation and readaptation of existing health services are required in each case. While every country will evolve its own particular formula, it should be able to profit from the experience and knowledge gained by other countries at a comparable level of development. For example, a group of experts from the developing countries in the Region of the Americas has been set up to identify health needs, priorities and strategies relevant to primary health care, with WHO playing mainly a coordinating role, collecting information for the group and providing financial support for its meetings and related activities. Similar approaches might be devised and implemented in other regions. The recommendations that are expected to emerge from the international conference on primary health care to be held in Alma Ata, USSR, in 1978 will provide a valuable guide to the evolution of primary health care in the developing countries.

6.3.4 The Special Programme for Research and Training in Tropical Diseases (TDR) has two interdependent objectives, namely, the promotion of self-reliance in biomedical research in tropical countries, and the development of improved tools to control disease. The Programme envisages three dimensions: the strengthening of health research capability in developing countries; the coordinated multidisciplinary approach; and the application of the research capacities and financial resources of the developed countries to the problems of the developing countries. A deliberate effort needs now to be made to give the TDR programme true TCDC dimensions in order to promote and strengthen the self-reliance that the developing countries must reach.

6.3.5 The Expanded Programme on Immunization lays special emphasis on programmes in the developing countries, where it is estimated that less than 10% of the 80 million children born each year are being immunized. The programme involves direct action at the country level, with WHO cooperation, in formulating plans for vaccination programmes including the procurement of vaccines. The programme will seek to reduce the dependency of the developing world on developed countries to meet their vaccine needs, but vaccine production in developing countries is naturally dependent on the transfer of technology; in this respect a strategy should be evolved by the developing countries with the collaboration of WHO and bilateral and multilateral agencies as appropriate. In view of the limited needs for vaccine by many countries, vaccine production need not take place in all countries and the establishment of regional production centres will be important; this will involve agreements among the countries and harmonious intercountry collaboration. The development of cold chains is an important element, and sound but inexpensive techniques are being tested at Kumasi University in Ghana. TCDC provides a logical approach for these activities.

6.3.6 Drug policy and management has direct TCDC implications for developing countries in their efforts to determine which drugs they really need for their health delivery systems, whether to import them or try to produce them locally, and how to ensure that the needed drugs reach the consumer in usable form. Work has begun on preparing general principles and criteria governing the selection of essential drugs drawing upon western and traditional medicines, and a list of 150 essential drugs has been established. The programme will involve the development of national and regional capacities for drug production, one important aspect being to complement the drug research under the Special Programme for Research and Training in Tropical Diseases. WHO has also initiated negotiations with various United Nations agencies and a task force comprising UNCTAD, UNIDO and WHO has been set up to explore ways of promoting TCDC on drug matters. A tentative programme for countries in South-East Asia on drug policies and management is being developed.

6.3.7 Environmental health is part of the total development effort and the priority needs of populations include adequate and safe water supply and hygienic means of waste disposal. WHO can assist in the dissemination of information and exchange of experience concerning appropriate technology for this sector; such technology should apply to the local situation, and this is not necessarily the technology that is best suited to other areas. Low-cost technology with the maximum utilization of local manpower and material reduces investment and maintenance costs, thus permitting a greater number of people to be served.

Water supply and waste disposal systems still require fairly substantial inputs from international agencies and developed countries. In the latter, firms which have experience of low-cost technology should be encouraged and every use made of qualified experts and firms available in the developing countries; this should apply to engineering as well as to training institutions.

TCDC has a major role to play in this field. Every effort should be made, in developing low-cost technology in the developing countries themselves, to establish firms capable both of its development and of its application. So far very few contractors in developing countries figure in the WHO lists and efforts should be exerted to make every use of these in the TCDC context. Faced with highly sophisticated technical demands, firms from the developing world encounter difficulties in competing with firms from developed countries. It might be useful for the former to consider associating together to develop and apply appropriate technology, thus strengthening their capacity and competitiveness.

6.3.8 Health manpower development is essential to any effort towards achieving individual and collective reliance for the developing world, but this can only be attained if the cadres in developing countries are trained to solve the specific problems confronting them in their own environment. Training is important for the implementation of all programmes and thus has to develop in close collaboration with other programmes. Health manpower planning must be an integral part of national programme health development and the integration of health services with manpower development must be assured. It is of crucial importance that educational and training programmes for all categories of health personnel be orientated towards greater self-reliance, taking account of the priority health needs of developing countries. For this reason TCDC approaches should be explored and tried out in every training and educational programme, seeking new techniques and the increased use of national research, development and training centres recognized in the regions. Training, whether it be in-service training or fellowships, should be subject to as flexible an approach as possible, making the maximum use of local training institutions and, where necessary, enhancing these training centres to make them more effective and attractive. Further decentralization of WHO's training and fellowship programmes to the subregional or country level should be considered; this should be evaluated continuously so that the main TCDC principles can be realized as soon as possible.

6.3.9 From the above examples it is clear that TCDC has a special role to play within the overall strategy of technical cooperation. For this to be effective, the Director-General is taking steps to ensure that the TCDC concept and practices are followed by all echelons of the Organization, especially at the regional, country and project levels. Full use should be made of the tools at the disposal of countries and the Organization to identify services and other resources available for TCDC and to engage these in a creative and innovative manner. For example, UNDP country programming - and its health sector input - should take continuous account of TCDC. Country health programming, as a national health development process for which WHO is collaborating with countries in developing methodology and providing support on request, should help developing countries in identifying for themselves their priority needs, in organizing their human and material resources to meet them, and in attracting financial support. Further, country health programming should identify institutions and services that could be used expressly for the promotion of TCDC activities. In this connexion every use should be made of national research, development and training centres and of nationals trained and used by other developing countries, thus drawing on the invaluable experience gained in national health programme development and the formulation of priority programmes to solve common problems. In this way health programming in one country and the experiences derived from it can be directly useful to other countries, leading to reciprocal reinforcement.

6.3.10 WHO should keep abreast of changes in technical cooperation, through a continuous scrutiny of the current rules and regulations governing the four main components (experts, training, subcontracts and procurement).

6.3.11 National personnel will gradually come to share a greater responsibility in the execution of projects. The Executive Board's initial report on its organizational study on "WHO's role at the country level, particularly the role of the WHO representatives"[1] is relevant in this respect. Solutions along TCDC lines will no doubt evolve within the framework of this organizational study and will be taken into account, as will be the comments made by several of the Regional Directors at the fifty-eighth session of the Board. This process is therefore under study and its importance cannot be overstated; new relationships will have to be developed to replace the "expert-counterpart" relationship and they in turn will lead to new recruitment policies.

6.3.12 As suggested under 6.3.8 above, new fellowship arrangements will have to be evolved, particularly to ensure an effective exchange of nationals among developing countries so that they can learn from each other. In this the role of the WHO representatives is of central importance.

6.3.13 Contracting presents a series of problems, some of which were touched upon in 6.3.7 above. It has to be recognized that most of the contractors competent to perform the work of the technical nature stipulated are from developed and industrialized countries; without prejudice to the competence of these firms, it has also to be recognized that here there is an inherent danger of perpetuating the transfer of inappropriate technology. The paucity of contractors in the developing countries can only be remedied with time. Developing countries should be encouraged to foster - possibly in cooperation with UNIDO - the establishment of contractors (private or public) capable of providing the appropriate technology required. The grouping of contractors in several developing countries has already been suggested and this might well be pursued in the context of TCDC. Although this is a long-term process, it would be well to make a prompt start.

6.3.14 The provision of supplies and equipment by the developing countries themselves and the tapping of sources in developing countries through TCDC merits, in the Director-General's view, special studies to make maximum use of these underutilized facilities. Some of the constraints have to be recognized, such as questions of quality of equipment and cost; shortage of specialized items of equipment; longer delivery dates; varying reliability of manufacturers; and lack of maintenance and after-sales servicing. It should also be recognized that some developing countries themselves stipulate the procurement of medical supplies and equipment of standard brands and makes from costly sources in the developed world. WHO's efforts under its drug policy and management programme are designed to ensure that pharmaceuticals and vaccines can be manufactured through regional arrangements in the developing world.

6.3.15 TCDC is a process that takes place among countries through bilateral and multilateral arrangements, drawing where necessary on the participation of WHO and other components of the United Nations system and of other international organizations. This will almost certainly make it necessary in time to adjust some of the Organization's operational and legal arrangements to take account of the new implications of TCDC for WHO's role in the personnel, contractual, training and procurement fields to ensure a flexible adaptation to the new procedures.

Regional and country level

6.3.16 WHO's regional committees have an important role in stimulating TCDC arrangements among the developing countries. Moreover, they are a natural forum for discussing regional activities and the promotion of a better understanding of the objectives of TCDC. Thus, TCDC should be discussed in depth by these bodies so that they can play a more active part in designing their programmes along TCDC lines. It is suggested that standing committees on TCDC could be established to advise the regional committees on practical approaches to be adopted with respect to TCDC. At the same time, they would be useful in reviewing many of the problems which will arise in connexion with TCDC, including the political, legal, commercial and other adjustments which may have to be made.

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[1] Document EB59/20.

6.3.17 WHO regional offices will have to give continuous attention to intersectoral activities and their TCDC implications. In particular, they will have to consider how best to increase collaboration with the United Nations regional economic and social commissions, which are themselves moving rapidly into the TCDC orbit.

6.3.18 WHO regional offices should promote jointly with national groups the creation or development of networks of focal points for TCDC within the developing countries oriented towards research and training and the development of appropriate technology and methodology for health and related fields.

6.3.19 The Regional Directors are also instituting specific operational measures for increasing and strengthening TCDC. To this end each regional office will review, on the basis of the above, ways and means best suited to the region to develop general operational guidelines for the promotion of TCDC, taking into account the deliberations of the regional committees on TCDC; in this process attention will have to be paid to recognizing and removing certain attitudinal barriers, both within the Organization and outside.

6.3.20 In order to achieve the progressive phasing of TCDC into WHO's programme, regional offices, WHO representatives and programme managers will have to review present and future activities to ensure appropriate reorientation towards TCDC, taking due account of technical constraints. In carrying out this programme review, attention will have to be given to assessing in practical terms the TCDC capacities available in the countries of the region and examining ways of integrating these capacities into the programme. The results of such reviews, consultations and proposals for action will be brought to the attention of regional committees.

6.3.21 In the specific fields of experts, training, research, use of local consultant firms and procurement sources, the TCDC information referral system will certainly be of significant assistance. The regional offices should also have at their immediate disposal up-to-date lists of expertise available in the developing countries, as well as records of training and research facilities, consulting concerns and supply procurement sources, to which the developing countries could have access directly or through the TCDC/INRES system. An exchange of such information between regional offices will be necessary, particularly for interregional activities.

6.3.22 A number of developing countries have indicated their readiness to organize or reinforce appropriate structures, including special offices to promote, coordinate, direct and evaluate TCDC activities. UNDP has a mandate to provide support in the organization of these offices. Already WHO representatives have been made aware of these mechanisms and are being instructed to cooperate, in close collaboration with the UNDP resident representative, with each government to guarantee effective attention to health in the TCDC context, particularly through country programming and country health programming.

7. CONCLUSION

7.1 The above proposals constitute only some of the measures that will have to be taken by the Organization and its Member States in meeting the challenge of TCDC as a new dimension of technical cooperation.

7.2 The Director-General would appreciate the views of the Executive Board on the above recommendations and on how best the objectives of TCDC can be attained by WHO.

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