WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

EB77/16

10 December 1985

EXECUTIVE BOARD

Seventy-seventh Session

Provisional agenda item 11.4

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES IN SUPPORT OF THE GOAL OF HEALTH FOR ALL

Progress report by the Director-General

This report is prepared in response to resolution WHA38.23, on "Technical cooperation among developing countries in support of the goal of health for all", which requests the Director-General to report to the Executive Board and the Health Assembly in even-numbered years on the progress made in the catalytic and supportive action of WHO for technical cooperation among developing countries (TCDC).

After reviewing the principles of TCDC, the report summarizes WHO's role in promoting TCDC activities; it then describes relevant national, regional and global health activities as reported from the six regions as well as from the global level of the Organization.

Brief consideration is given to further action by WHO for the effective application of TCDC.

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I. INTRODUCTION

1. Within the framework of the policies and strategies for health for all by the year 2000, technical cooperation among developing countries (TCDC) encompasses the examination by each country of its own needs, the review of existing resources and capabilities 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. The role of WHO in these undertakings has evolved and has been defined as assisting in identifying opportunities and providing catalytic, coordinative, and collaborative support when such opportunities present themselves. While maintaining that the bulk of TCDC activities must originate from within and between developing countries themselves and be financed by them, WHO places increasing importance on its role in the promotion and support of TCDC and continues to facilitate this process.

2. The present document highlights the general principles of TCDC. It summarizes WHO's role in promoting and supporting TCDC activities and covers a selection of activities which illustrate the wide scope and variety of actions that are undertaken, particularly at the national and regional levels, as well as at the global level. It concludes with suggestions for further action by WHO to make use of TCDC for effective health development.

II. GENERAL REVIEW OF THE PRINCIPLES OF TCDC

3. The general principles, which at the same time form prerequisites, for TCDC can be summed up as: the existence of political will for joint action among the countries concerned; readiness to share resources of various types - not merely financial ones; and the identification of concrete issues for cooperation. Mutual trust is an essential ingredient in the recipe for successful TCDC.

4. In applying these principles, the Organization has primarily a catalytic and supportive role in TCDC in the health field. It has now gained considerable practical experience with such cooperation, independently of whether or not such endeavours take place only among the countries themselves or with the involvement of the Organization.

5. A fundamental principle for the success of any TCDC action is that political cooperation exists between the countries concerned. When a sufficient number of sectors, including the health sector, take up the TCDC challenge simultaneously a critical mass of countries cooperating in joint fields of endeavour will be formed that will ensure the solidity and enduring powers of TCDC. In that way, developing countries can become increasingly self-reliant individually and collectively, and therefore more ready to cooperate among themselves, as well as with the more affluent countries, in a more effective way. This will also be of benefit to the more affluent countries, since the total is more than the mere sum of the individual parts.

6. For TCDC to be effective it has to be based on voluntary agreements between governments. No amount of fostering by international organizations can take their place, however well-meaning it might be. And these agreements have most chance of being lasting ones when they are based on mutual understanding at the very least.

7. A further principle is that any joint endeavour should promote authentic socioeconomic development, i.e., human development, and should lead to increasing self-reliance in the countries involved. Classical economics all too often estranges itself from the aims of society by confusing economic growth with development, and by constantly demanding economic proof of social benefits. It should be the other way around, as human beings do not live by per capita income alone. Development has to be proved in social terms. It has to be capable of augmenting the energies of people, stimulating their creativity and leading to continuing improvements in their living conditions and quality of life. The imitation by developing countries of alien economic models for financing health development is as futile as the imitation by them of alien health systems. This is an additional reason for these countries to work together with others having similar socioeconomic and health situations.

8. The financing of TCDC activities should be mainly the responsibility of the countries concerned; otherwise, there is the risk of destroying the very self-reliance which TCDC aims at generating. Nevertheless, the lack of national resources is frequently identified as a stumbling block to TCDC by Member States; however economical TCDC might be, it does cost

money and those who have the power to decide on expenditures have to be convinced that the effort is worth while. The question of cost has often led countries to expect WHO to fund the major part of TCDC, particularly when the cooperation was initially facilitated by the Organization. It is clear, however, that both WHO's international role and its limited budget do not allow major funding of TCDC activities. Member States can make use of the WHO country resource allocation as seed money to plan and initiate the process, but the bulk of the resources needed to implement joint programmes or activities will have to come from the countries themselves or from external (bilateral and multilateral) development funding agencies. WHO can of course be instrumental in supporting governments to obtain the required resources from such agencies.

III. WHO'S ROLE - A SUMMARY

9. A great number of the Organization's activities are based on cooperation between countries. WHO facilitates this cooperation by identifying programme policies and plans of action, sharing technical information, and supporting implementation, monitoring and evaluation.

Activities

10. In promoting and supporting TCDC activities WHO concentrates on:

- identifying technical cooperation needs and capacities in the field of health within a particular part of a subregion or region or in a specific country;

- supporting governments of developing countries in the development and implementation of TCDC initiatives;

- initiating specific actions to support individual countries in providing basic information on needs and capacities in TCDC in the health area;

- ensuring the economical pooling and dissemination of information on technical cooperation requirements and capacities of the developing countries within a given region;

- providing necessary support to national research and training centres with good potential for a multinational TCDC role;

- identifying health research and training institutions or centres that might be recognized as collaborating centres of excellence for TCDC in a specific and priority field.

- conducting appropriate studies at the request of the governments concerned and recommending to governments specific action programmes to enhance the contributions of the various sectors to TCDC and to gain from their complementarity.

11. The exchange of information and experience is an area in which WHO can play a useful catalytic role because its mandate requires it to guarantee the validity and objectivity of the information about health that it disseminates throughout its Member States. However, as recent monitoring and evaluation of the strategies for health for all have shown, it takes a great deal of courage to share experience openly and objectively. That courage is easier to muster when mutual trust exists among the partners concerned.

Criteria

12. WHO support to specific TCDC activities is guided by the following criteria:

- the intended activity must be based on agreements between governments;

- similar needs have been identified by two or more countries following a rational process of programming or mutual understanding between countries to join efforts in solving common problems;

- the pursuit of the activity as a cooperative effort by two or more countries is likely to contribute significantly to attaining the programme objective of national, regional or global programmes;

- countries practising TCDC, whether developing countries cooperating among themselves, or developed countries cooperating with developing countries, have requested WHO to facilitate or support such cooperation;

- for reasons of economy the intercountry framework is needed for pooling selected national resources, e.g., for the provision of special technical skills to countries;

- the activity encompasses regional planning, management and evaluation or is required for regional coordination;

- the activity is an essential regional component of an interregional or global activity.

Lessons learned from WHO experience

13. In WHO's efforts to promote and support TCDC, gains have been registered particularly in training, through the provision of fellowships, preparation of health learning materials and manuals, group training, seminars and workshops, support to formal academic courses, etc.; in the strengthening of institutions, networks and collaborating centres in research and other areas; in health information transfer; in pool procurement and group purchase; and in the employment of consultants from one developing country in another.

14. A lesson that has been learnt from experience with TCDC is the need for specificity in proposing any joint venture. All too often, failure has arisen from the fact that the TCDC plans of action have not been very precise. Thus, to maximize the chances of success, it is important for groups of countries wishing to cooperate among themselves to define carefully what they want to do together, and to study the feasibility of doing so before proceeding further. Promising fields of action include the exchange of information and experience, the sharing of training facilities, and the international transfer of appropriate technology and research aimed both at generating appropriate health technology and at identifying optimal ways of applying it through the health infrastructure.

15. As regards arrangements for technical/administrative support to TCDC in WHO, focal points for TCDC have been established in the regional offices. These consist normally of one professional staff member working full- or part-time on direct support to TCDC, assisted by secretarial staff. At the global level, the central focal point for TCDC is located in the Programme for External Coordination.

16. Programmes both at the global level and in the regions have adopted various mechanisms to implement the guidelines and recommendations established in various WHO forums for the promotion of and support to TCDC. Organizational studies or reviews of existing structures have been carried out in all the regions. Changes have been introduced aimed at realignment of responsibilities, improvement of coordination, promotion of the multidisciplinary approach in programme development, and improvement of monitoring of WHO's collaborative activities.

17. It was considered necessary to envisage measures to strengthen the role of the regional offices and the WHO programme coordinators and representatives (WPCs) by delegating greater authority and responsibility to them in order to improve the management and monitoring of WHO's support to TCDC at these levels.

18. On the global scale, WHO has collaborated with Member States to build up critical masses of health-for-all leaders through international and national colloquia on leadership development for health for all and TCDC, and in other complementary activities which form part of the medium-term programme for TCDC for health for all adopted in May 1984 by the Eighth Meeting of Ministers of Health of the Non-Aligned and other Developing Countries. The principal objectives of the health-for-all leadership effort are to improve understanding and strengthen capacity among the following target groups: national policy/decision-makers and senior managers from health and related sectors; WHO staff, especially WPCs and senior programme managers; and senior staff of other United Nations organizations, bilateral agencies and international nongovernmental organizations. The First and Second International Colloquia on Leadership Development for Health for All and TCDC were organized by the Government of Yugoslavia in October 1984 and 1985 with WHO's technical and financial support and further colloquia are planned for 1986 in Cuba, Thailand, and the United Republic of Tanzania.

IV. REGIONAL PROGRAMMES

19. The regionalized structure of WHO offers a special environment for TCDC, which should be essentially a regional office responsibility within the WHO Secretariat. Headquarters supports the regions as may be required and promotes cooperation between countries (developing and developed) from different regions, again in cooperation with the regional offices concerned.

20. A wide range of collaborative programmes and activities are being implemented at the regional level. They are summarized below.

African Region

21. Following the decision adopted by the Regional Committee for Africa at its thirtieth session, 20 officials responsible for the health sector visited 24 countries during 1980-1985 for the purpose of exchanging experience of TCDC in the field of health. During March 1985, three subregional working groups on TCDC met in Abidjan, Nairobi and Moka (Mauritius) to develop, a framework for TCDC within the three subregions; to determine appropriate methods and mechanisms to promote and strengthen TCDC; and to exchange, pool, share and utilize collective experience and technical resources for improved regional, subregional and national self-reliance. The Region's Standing Committee on TCDC submitted a number of recommendations to the September 1985 session of the Regional Committee concerning training of primary health care workers, including traditional birth attendants; hygiene in hospitals; health financing and relations between donor agencies and receiving countries; evaluation of the implementation of primary health care since Alma-Ata; TCDC and malaria control; progress report on care for disabled persons; the cholera situation and control methods in Africa; and intersectoral cooperation and community involvement for implementing strategies for health for all by the year 2000.

22. At its thirty-fifth session (September 1985), the Regional Committee decided in procedural decision 9 that the future work of the subregional working groups will include a study of participation of all socioeconomic sectors in communicable disease control; new strategies for, and country coordination of, the supply and utilization of essential drugs; TCDC and nutrition problems; and mechanisms for the exchange of information and for cooperation in research among developing countries.

23. A number of TCDC activities have been carried out in the Region. To single out an example where WHO participated particularly actively, financial and technical support was allocated to Mozambique for strengthening health personnel capacities within the TCDC framework between Mozambique and Zambia. WHO mobilized US$ 500 000 for 1984-1985 and the Zambian Government released more than 60 health experts in different fields of development of health services, laboratory work and training.

Region of the Americas

24. Within the Region of the Americas there is a growing trend toward a more systematic utilization of TCDC as an effective tool for mobilizing technical resources and putting them to use in the Region.

25. In 1984, the XXX Meeting of the PAHO Directing Council/thirty-sixth session of the WHO Regional Committee for the Americas considered and expressed support for a study on guidelines for the promotion of technical and economic cooperation among developing countries (TCDC/ECDC) in the health sector, which contained proposals for stimulating, facilitating, and systematizing TCDC. The Directing Council, in resolution CD30.R3 urged countries to take the appropriate institutional, legal, administrative, and financial steps to foster collective and bilateral actions in the field of health. This resolution was intended to support initiatives by the countries as well as by PAHO/WHO to further the process.

26. With the aim of developing systematic approaches for and detecting constraints on the use of TCDC, PAHO/WHO convened a working group consisting of representatives from Argentina, Brazil, Colombia, Cuba, Mexico, and Venezuela. The group examined each country's potential capacities for meeting domestic health needs and cooperating with other countries. It also identified major obstacles such as a lack of information on and familiarity with TCDC, as well as funding difficulties. To surmount these problems, Brazil, Colombia, and Cuba

initiated studies to analyse existing capacities and systematize the information. PAHO/WHO is requesting the countries to include the necessary funds to support such activities in their national budgets. Finally, PAHO/WHO is including funds for intercountry activities in its technical cooperation programme.

27. Some examples of TCDC activities in the Region follow. One of these activities is the plan on "Priority health needs in Central America and Panama": The plan seeks to mobilize national and external resources on behalf of the most vulnerable sectors of the population, particularly children, the rural and urban poor, and those displaced by the current violence, to satisfy basic health needs and to contribute to the well-being of the people.

28. With the support of PAHO/WHO and UNICEF, the Central American countries formulated this plan through the exercise of TCDC effort at its best. The rationale for the plan was that:

- the spread of disease across national borders makes regional action essential;

- health has a unique potential for engendering cooperation among countries in spite of ideological differences, political conflicts and national interests;

- health cooperation has had a rich history in Central America and has survived here in the midst of the present crisis.

Nearly 200 national experts worked together for a period of one year to identify priority areas for action and to formulate the national and intercountry projects contained in the plan.

29. Andean Group. PAHO/WHO has continued to collaborate with the Hipólito Unanue Agreement, formed by the five Andean countries: (Bolivia, Colombia, Ecuador, Peru, and Venezuela). During 1984, special emphasis was given to the area of pharmaceuticals in two main fields of action: (a) training in drug supply management, through a series of national and intercountry courses, and (b) development of a subregional information system on drug registration.

30. Caribbean Community (CARICOM). PAHO/WHO and its centres in the subregion, the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI), are promoting and utilizing TCDC through its programme and activities in the English-speaking Caribbean countries. Examples of programmes in which TCDC has become the main mechanism of action in this subregion are the programme on training of allied health personnel and the regional educational programme for training of animal health and veterinary public health assistants. In both cases, funding has been provided by UNDP and technical and administrative support given by PAHO/WHO. The participation of the countries in conducting the programmes has progressively increased, and the overall management responsibility is being transferred to the participating countries themselves and to CARICOM.

31. Collaboration with other intergovernmental organizations. Working agreements have been signed with the Latin American Institute for Economic and Social Planning (ILPES) and the Latin American Economic System (SELA) for the sharing of experience in TCDC/ECDC and collaboration in bilateral and regional projects; appropriate operating mechanisms were adopted. The Organization is working with ILPES on the development of a regional financial mechanism for TCDC in the health field in order to solve the financing problems identified so far. It is hoped that this mechanism will complement the mobilization of national resources for TCDC and the funds allocated by PAHO/WHO for TCDC at the country level.

32. Brazil, Colombia, Cuba, and Mexico have continued their studies to examine existing capacity and systematize the information thereon with a view to overcoming the limitations. In addition, PAHO/WHO's country offices have begun an inventory and examination of bilateral agreements with a view to identifying TCDC activities in the health sector and steering PAHO/WHO support to them.

33. Despite the lack of systematic information on bilateral cooperation activities, some have been reported which are worth singling out as indicative of the potential for TCDC/ECDC in the Region.

34. The National Virology Institute and the National Reference Laboratory of Mexico have collaborated with Bolivia, Chile, Colombia, Guatemala, Honduras, Nicaragua, Panama, and Peru in verifying the stability and potency of the polio and measles vaccines used in these countries' programmes. The two establishments have also provided consulting services to Cuba in the production of measles and DPT vaccine and in the holding of a regional seminar on the quality control of viral vaccines. Intercountry activities for the quality control of reagents have involved Brazil, Chile, Cuba, and Mexico, and reagents have been provided to other countries in the Region, almost 900 having been sent to 11 requesting countries. In the same spirit, Argentina has offered to provide Trypanosoma cruzi antigen for the diagnosis of Chagas' disease.

35. Another example of bilateral TCDC in which PAHO/WHO has been involved from the beginning is the Nicaragua-Cuba-PAHO/WHO tripartite agreement for the development of human resources in Nicaragua. The programme is in its last year and is scheduled for evaluation in December 1985. A similar agreement has been signed between Mexico and Cuba, in which PAHO/WHO plays a supporting and facilitating role, for cooperation in mutual problems of manpower development, food safety, appropriate technology, blood transfusion, and production of biologicals and essential drugs.

36. TCDC and PAHO/WHO programmes. TCDC is being incorporated in all PAHO/WHO programmes, as a major instrument for mobilizing national and regional resources. The following examples are noted:

(a) The community health training programme for Central America and Panama (PASCCAP): This programme operates through its network of national focal points, with the participation of the ministries of health of the Central American countries and Panama. The main activities of the programme are applied research, planning of health manpower, and development of formal training programmes and/or continuing education.

(b) Educational technology for health programme: The programme has promoted the establishment of a network of 23 national nuclei for educational technology for health, which is progressively operating in the TCDC context for information exchange and training of health personnel.

(c) Health administration programme (PROASA): This programme, with financial resources from the Kellogg Foundation, has promoted the establishment of nine national nuclei for programmes for training in advanced health administration. It is expected that this network will continue to operate in the TCDC context and support other national health programmes and networks, for example, in maternal and child health care.

(d) Latin American Center on Health Sciences Information: This programme is based on the extension of the work of the Regional Library of Medicine (BIREME), São Paulo, Brazil, which has been serving the Latin American countries for over a decade. The countries involved in the first phase will be Argentina, Brazil, Colombia, Costa Rica, Chile, Mexico, Peru, and Venezuela. A network of national nuclei will interact to feed the Latin American Medical Index, and will facilitate the exchange of scientific health information among countries.

(e) Pharmaceuticals: Other outstanding examples of joint action include the initiatives on essential drugs. In addition to the Andean Group's activities (paragraph 29), Argentina, Brazil, and Mexico have agreed to engage in joint and complementary activities in this field, and particularly in the production of raw materials for essential drugs. A subregional essential drugs programme has been jointly formulated by the countries of the Central American isthmus.

(f) Pan American centres: All the Pan American centres are progressively operating in a TCDC context. The Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) have been mentioned above in regard to the English-speaking Caribbean countries. In the same way, the Institute of Nutrition of Central America and Panama (INCAP) serves the countries of the Central American isthmus under the guidance of its council formed by the ministries of health of Central America and Panama, and PAHO/WHO. The centre is responsible for cooperating in the development of the food and nutrition programme formulated by the countries concerned in the Plan on Priority Health Needs. The Pan American Center for Human Ecology and Health (ECO) and the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), in a broader regional framework, are also

utilizing TCDC as a main instrument for technical cooperation, information exchange, and training. The Pan American network for information and documentation on sanitary engineering and environmental sciences (REPIDISCA) is now well-established. Initially funded by PAHO/WHO/CEPIS, it is now operating by itself, with full interaction among its members. The Pan American Foot-and-Mouth Disease Center (PANAFTOSA) in Rio de Janeiro has been utilizing the TCDC concept for a number of years. Most of the South American countries affected by this animal disease have developed laboratories and programmes for its control. The Center remains as a reference centre for diagnostic purposes and for research and training, in close interaction with the national commissions for control of foot-and-mouth disease.

South-East Asia Region

37. The ministers of health of Member States of the South-East Asia Region have taken a keen interest in supporting the development of TCDC in the Region. At their meetings in Dhaka in 1982 and in Kathmandu in 1983, they identified seven areas for TCDC action: health manpower training; control of diarrhoeal diseases; immunization; family planning; maternal and child health; nutrition; and control of epidemics. They also requested the Regional Director to convene an ad hoc committee of senior national officials. This committee met in 1984 in Yogyakarta (Indonesia) and in 1985 in New Delhi. It made recommendations on the framework for TCDC, the mechanism and modalities for cooperation, and outlines of actions to be taken. It also suggested action points for consideration by Member States.

38. In order to expedite collaborative efforts among countries, the committee felt that action should begin on the basis of the information already available, for both the short- and medium-term. It suggested that short-term TCDC activities relating to training needs, technical experts and exchange of information in the areas identified could be taken up by the countries, as initial administrative processing by the governments need not be very complicated. For medium-term TCDC activities, it suggested that countries should take action to formulate projects after necessary mutual consultation. The onus for initiating action would rest on the countries which had identified specific needs requiring support. A time-frame for the preparation of both short-term and medium-term TCDC activities was also recommended.

39. The short-term TCDC activities relate to training needs, technical expertise and exchange of information in the seven areas identified. The information available to WHO on such activities is as follows:

- In response to India's offer of training, Thailand has nominated 22 candidates for training in the fields of environmental protection and food and drug safety. India has accepted the nominations and issued instructions to the concerned institutions for placement. The training was scheduled to begin in December 1985;

- In January 1985, India provided additional information indicating its potential for meeting some of the identified needs of Bangladesh, Nepal and Thailand. Bangladesh has been asked to indicate if it would like to take up India's training offer.

- Likewise, in January and April 1985, Thailand provided additional information indicating its potential for meeting some of the identified needs of Bangladesh, Burma, Maldives and Nepal. The information, together with the stipulations specified by Thailand, has been communicated to the governments concerned;

- Bangladesh offered directly to Maldives, Nepal and Sri Lanka two to four places on a short-term course on diarrhoeal diseases at the International Centre for Diarrhoeal Disease Research in April-May 1985;

- Following bilateral discussions between Nepal and Thailand which were initiated in 1983, a five-member delegation led by the Minister of Health of Nepal visited Bangkok for discussions with the Minister of Public Health of Thailand and his team. A memorandum of understanding, covering specific bilateral TCDC activities spread over a three-year period, has been signed by the Ministers of Health of the two countries;

- In March 1985 a delegation from the Ministry of Health, Democratic People's Republic of Korea, visited Mongolia. During the visit, a plan of collaboration in the field of health between the two Governments for 1985-1986 was discussed in detail and an agreement signed;

- Sri Lanka has indicated that a series of activities to provide for training and exchange of expertise in 1985 and 1986 has been planned; the financial arrangements were being finalized using both the national budget and UNDP funds.

40. Medium-term TCDC activities will depend on detailed identification of needs, and will require preparation, discussion and formal agreements. So far, it has not been possible for any of the Member States in the Region to initiate action for this purpose.

European Region

41. The European Region offers some examples of success stories in different areas which are the result of countries' collaborative efforts jointly with the Regional Office. They include activities in the fields of environmental health, communicable diseases, pharmaceuticals and drug utilization, oral health, and national health information systems.

42. The following activities were undertaken within the framework of the International Drinking Water Supply and Sanitation Decade (IDWSSD):

(a) National institutional development: The Regional Office extended its work on health-related aspects of the Mediterranean Action Plan, particularly in the long-term programme for pollution monitoring and research in the Mediterranean Sea, in activities aimed at implementing the Protocol for the Protection of the Mediterranean Sea against Pollution from Land-based Sources, and in the priority actions programme, in which the Regional Office was involved in the preparatory work for subregional projects on island water supplies, coastal planning, rehabilitation of historic towns, and liquid and solid wastes treatment and disposal.

(b) National pollution monitoring programmes became operational in 14 Mediterranean countries. Equipment and fellowships were provided to national institutions for monitoring of pollution sources and coastal water quality. Reference methods for use by laboratories in the monitoring programme were drafted, tested or revised, bringing the total currently available to 16.

(c) Information exchange and technology development: Recently, national research efforts have been enhanced by increasing collaboration among European countries and a growing interest in technology transfer. The principle of TCDC has encouraged the growth of information systems whereby techniques worked out in one country can be rapidly used in similar conditions elsewhere.

(d) The Regional Office, in collaboration with the province of Kosovo, Yugoslavia, has developed a wide range of standard designs for water treatment plants. They are now being published and will be made available to other countries with similar problems, both within the Region and elsewhere.

(e) The second intercalibration exercise and consultation meeting on microbiological methods for coastal water quality monitoring (Athens, 28-29 June 1984) was attended by participants from Cyprus, Greece, Malta, Turkey and Yugoslavia, as well as representatives from UNEP. The third exercise (Tunis, November 1984) in collaboration with the Institut Pasteur, France, was attended by participants from Morocco, Portugal, Tunisia and Yugoslavia.

(f) In the research component of the long-term programme for the Mediterranean Sea, agreements were signed or extended with 23 Mediterranean laboratories regarding studies on the development of sampling and analytical techniques for pollution monitoring and research; epidemiological studies on the correlation between coastal water quality and health effects; dietary surveys and biological monitoring of sample populations for methylmercury; and research into the carcinogenicity and mutagenicity of pollutants, and the survival of pathogens.

(g) A consultation on biological monitoring of methylmercury in Mediterranean populations, held in Zagreb in September 1984, was attended by participants from Canada, Egypt, France, Greece, Italy and Yugoslavia, as well as a representative of FAO. It reviewed and updated the project on evaluation of methylmercury in Mediterranean populations, revised the reference methods for determination of mercury and selenium in human hair, and reviewed the draft protocol for epidemiological studies on the health effects of methylmercury.

(h) As part of the preparations for implementation of the Protocol for the Protection of the Mediterranean Sea against Pollution from Land-based Sources, draft guidelines were prepared on authorization for waste discharge; length, depth and position of pipelines for coastal outfalls; special requirements for effluents necessitating separate treatment; and the control and progressive replacement of products, installations and industrial and other processes causing significant harm to the marine environment.

43. In the field of communicable diseases, the best example of technical and economic cooperation among developing countries may be found in the active participation of Albania, Morocco and Turkey in the regional expanded programme of immunization and diarrhoeal disease control programme, with an element of training in managerial skills, i.e., the joint courses in these fields in Morocco and Turkey in 1982-1983.

44. In the field of pharmaceutical and drug utilization, much technical material prepared by the Regional Office is of value in many countries outside the Region and is widely used by other regional offices. The Regional Office for Europe has undertaken and is continuing certain interregional projects requested by the Regional Offices for the Americas and for South-East Asia. In 1985, these have included the establishment and maintenance of an adverse reaction monitoring system in Indonesia; support to the development of clinical pharmacology in Costa Rica; and advice on the development of an integrated drug policy in Suriname. A representative of the Regional Office attended the international meeting on possibilities of cooperation among developing countries in the field of medicine, health services and the pharmaceutical industry held in Zagreb, Yugoslavia, in May 1985. It was organized by the Institute for Developing Countries, Zagreb, in association with the Zagreb Fair.

45. In the field of oral health, activities are carried out outside the European Region but are initiated from it. The DANIDA/WHO course in dental public health has in recent years taken place in one of the developing countries (1979 - Bangkok; 1983 - Chiang Mai, Thailand; 1984 - Damascus; and 1986 - Kenya or the United Republic of Tanzania). This course has been instrumental in building up leadership in dental public health and has facilitated cooperation and exchange of experience in oral health among the developing countries taking part.

46. The establishment of the intercountry centres for oral health in Chiang Mai, Thailand, and Damascus is an attempt to create self-reliance among developing countries in research, training of manpower, and development of alternative oral health care delivery systems. As an example, an appropriate technology device for defluoridation of household water has been developed in the centre in Chiang Mai; the device will contribute to the provision of safe water in other developing countries.

47. A project on a national health information system was started in 1984 in Malta with the aim of implementing, in phases, a computer-supported patent-based information system. This project could become a pilot project for demonstration and training for other countries.

Eastern Mediterranean Region

48. Resolution EM/RC/28A/R6 adopted by Sub-Committee A at the twenty-eighth session of the Regional Committee in 1978 provided the formal basis for the furtherance of TCDC in the Region by inviting Member States: (a) to further promote technical cooperation among themselves in developing their national health services; (b) to collaborate actively in the establishment and effective use of regional training centres; and (c) to collaborate with the Regional Office in the development and promotion of TCDC in the Region. Moreover, the resolution requests the Regional Director to further develop and strengthen the regional TCDC programme through the provision of necessary technical support to countries cooperating among themselves.

49. A number of collaborative programmes and activities are being implemented among countries of the Eastern Mediterranean Region through intergovernmental organizations such as the Council of Arab Ministers of Health (League of Arab States) and the Secretariat General of Health for the Arab Countries of the Gulf Area. These regional and subregional organizations play a pivotal role in promoting TCDC, with and without the support of WHO.

50. To cement collaboration with the League of Arab States, a joint WHO/Council of Arab Ministers of Health committee was set up in 1984 and identified specific areas for cooperation, e.g., essential drugs and vaccines, information and education for health, health legislation, support of the regional Arabic programme, and prevention and control of communicable diseases.

51. The Supreme Arab Committee on Drugs (an affiliate of the Council of Arab Ministers of Health) is undertaking a study on the production of essential drugs and vaccines with the participation of the Arab Company for Drug Industries and Medical Appliances (ACDIMA), Amman. Another study concerns bulk purchasing and group procurement of drugs in Arab countries. A training course in procurement, storage and distribution of essential drugs is planned for early 1986.

52. Generous contributions are also made by the rich Arab countries in support of health programmes in the less fortunate ones. In some cases, funds are paid directly through a bilateral agreement between the countries concerned while in others contributions are administered by WHO; for example, Kuwait contributed to the expanded programme on immunization in Democratic Yemen, Somalia and Sudan, and to the Blue Nile health project in Sudan; the Libyan Aran Jamahiriya contributed to tuberculosis and endemic diseases control programmes in Democratic Yemen; Saudi Arabia contributed to the regional programmes in Sudan and Yemen; Qatar to the Blue Nile health project in Sudan and to WHO programmes in the Eastern Mediterranean Region; the United Arab Emirates to WHO programmes in the Region.

53. Other selected activities implemented in the TCDC spirit and according to the TCDC concepts are the following:

- In Yemen, the development of the new Faculty of Health Sciences in Sana'a is being supported by a bilateral agreement with Kuwait, whereby the latter provides financial resources for the establishment of the Faculty. WHO was actively involved in the initial planning stages of this new school;

- Sudan and Kenya, through the African Medical and Research Foundation International (AMREF) based in Nairobi, have been collaborating in primary health care activities in the southern Sudan. The main areas of joint action are training of primary health care workers and the production of relevant learning materials;

- Training centres in Sudan, mostly for middle-level workers, have also been training candidates from Democratic Yemen, Somalia and Yemen;

- Training institutes in Egypt have been accepting WHO fellows from Iraq, Sudan, Somalia and Yemen for various forms of training ranging from advanced degree courses to short intensive courses for various categories of health workers;

- The Demonstration, Training and Research Centre for Oral Health in Damascus and the Regional Training Centre for Maintenance and Repair of Medical Equipment in Cyprus are examples of successful TCDC projects in the Region.

54. A number of intercountry meetings and workshops have been held, notably:

- The Confederation of African Medical Associations and Societies (CAMAS), under the co-sponsorship of WHO, organized a workshop and congress on the changing roles of health centres in primary health care;

- An intercountry meeting on rational use of essential drugs in primary health care was organized in Nicosia in September 1984;

- A regional workshop on health aspects and relief management of natural disasters was organized in Baghdad in February 1985,

- A malaria border meeting was held at Jizan, Saudi Arabia, in March 1985.

55. The TCDC document on national planning for IDWSSD formulated by a national expert in Somalia for use in neighbouring countries has been issued by WHO, and is being distributed to the various countries as a model for technical cooperation in water supply and sanitation.

56. As TCDC is essentially a national political commitment that can best be served directly by the governments concerned, some countries of the Region have already started to include TCDC activities in their national development plans. WHO will however continue to play its catalytic role and provide any technical assistance for the development and promotion of TCDC.

Western Pacific Region

57. Member States have, as much as possible, built opportunities for TCDC into their plans and programmes. They have shared information freely, received visiting fellows, accepted students for undergraduate and postgraduate studies, and allowed their key staff to carry out assignments as WHO consultants or temporary advisers, and as seconded staff to another country for specific short-term assignments, with WHO paying only per diem and air fare, as in certain activities in the South Pacific. There is no separate budget for TCDC in the Western Pacific Region. However, proposals with strong TCDC components are given high priority for WHO support.

58. While Member States are highly supportive of TCDC, they have financial limitations. Thus the developing countries of the Region need external support in collaborating with each other. This situation is not expected to change in the coming years. In other words, the ideal concept of collaborating countries wholly supporting their TCDC activities is not applicable to most of the developing countries. On the other hand, there is a significant flow of financial resources from developed countries to a number of developing countries within the Region.

59. There is a wealth of opportunities for TCDC in the Western Pacific Region, but they need the continuous facilitating and supporting action of WHO. More TCDC activities can be anticipated in the various major programmes of WHO. There are a good number of ongoing activities supported by WHO which have very strong TCDC components. To cite a few, these relate to the managerial process for national health development (MPNHD), pharmaceuticals, traditional medicine, primary health care and maternal and child health/family planning.

Managerial process for national health development (MPNHD)

60. The intercountry project on MPNHD in the South Pacific is a good example of networking through TCDC. The project started in 1982. Its objective is to improve the operational effectiveness of national health programmes through the application of appropriate management techniques. The project has developed training packages for the following: (i) management of medical supplies and equipment; (ii) maintenance of equipment; (iii) health personnel supervision and management; (iv) financial management; and (v) district level planning. By early 1986, the remaining two training packages - on transport management and on basic health services operation - will be completed.

61. The second component of the project is the training of national facilitators, whose functions are to serve as operational focal points for management training. They were trained by the Regional Teacher Training Centre in Sydney, Australia, in the planning and management of training courses. These staff, who were recommended by their governments, come from different backgrounds such as logistics, drug management, planning supervision, general administrative services, and training. To date there are nine such facilitators from nine countries or areas in the South Pacific.

62. The third and final component of the project is the conduct of national training courses on specific management issues identified by the governments. The national courses are planned and implemented by the national facilitator, supported as needed by staff of the Regional Teacher Training Centre and WHO consultants. In these courses, the facilitator of the country running the course is joined by one or two other facilitators from other countries on secondment from their governments, with WHO paying per diem and air fare. Between the last months of 1984 and September 1985, 12 national training courses have been conducted under such an arrangement in the fields of drug support systems, supervision, and district level planning. The participating countries or areas were Cook Islands, the Federated States of Micronesia, Fiji, Palau, Solomon Islands, Tonga, Vanuatu, and Samoa. The results have been very satisfactory and the governments concerned have been enthusiastic in their support to such an approach. Collective self-reliance has now been developed in the running of courses for specific management issues. This is a realistic expectation

considering the very limited manpower resources of the small countries or areas in the South Pacific. The project will continue up to 1986 and has been proposed to UNDP for extension for the period from 1987 to 1991. More facilitators will be trained and, following the development of training packages, more courses will be conducted.

Drugs and pharmaceuticals

63. The Regional Offices for South-East Asia and the Western Pacific have been collaborating with ASEAN countries in promoting technical cooperation among them in the pharmaceutical field. Each ASEAN country has agreed to be a focal point for specific components of the project. Indonesia is focal point for good manufacturing practice and exchange of information, Malaysia for the quality control laboratory, the Philippines for drug evaluation and control, Singapore for drug supply and management, and Thailand for the production and utilization of drug reference substances. Their cooperative activities include information exchange, conduct of workshops, development of guidelines, training of fellows, and exchange of expertise.

64. An ad hoc subcommittee of the Regional Committee on the Action Programme on Essential Drugs and Vaccines met in Manila in June 1985 to review the implementation of the Action Programme in the Region, to identify and discuss priority areas of activity where cooperation among Member States needs to be strengthened, and to recommend suitable means of cooperation in these priority areas. Following intensive discussions, the subcommittee considered it desirable, in particular, that each individual country should identify its own most urgent areas of concern based on the priority areas selected concerning pharmaceuticals. Furthermore, the subcommittee acknowledged that exchange of experiences and information should be the principal means of cooperation among the countries in the priority areas identified.

Traditional medicine

65. The potential of traditional medicine as a resource of primary health care has long been recognized. One of the components of traditional medicine which has attracted considerable interest in the past few years is acupuncture. However, exchange of information has been hindered by the lack of standardization of nomenclatures. The Regional Office for the Western Pacific initiated work on this problem in 1982 when it convened a working group to establish standard acupuncture nomenclature for 361 classified acupuncture prints. In 1984, a regional consultation reviewed and adopted a standard nomenclature, which has been published for global distribution.[1] Support was provided to the Philippines for the training of doctors in acupuncture in China, and in bringing Chinese experts to the Philippines to help the Government to conduct its training courses.

Primary health care

66. Specific TCDC activities in primary health care are illustrated by the following:

(a) Urban primary health care in Manila: This project started in 1982. To date, the project has been visited by over 200 health staff from other countries and international agencies. There has been a good level of contact between the Manila project staff and those staff in the Republic of Korea who are involved in urban primary health care development through exchange visits of staff.

(b) Research and development in Papua New Guinea and Vanuatu: Papua New Guinea started its research and development project in 1980. In early 1984, Vanuatu sent two study missions to this project before starting its own project, and has sent two other key staff in 1982 for training. In September 1985, two teams of three members each from Papua New Guinea went to Vanuatu to participate in the national workshop and assess the progress of the research and development project in Vanuatu.

(c) Interregional workshops on primary health care in China: Since 1980, China has been conducting annual workshops on primary health care for countries in Asia and the Pacific.

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[1] Wang Deshen, ed. Standard acupuncture nomenclature. Manila, World Health Organization, 1984 (WHO Regional Publications, Western Pacific Series No. 1).

Maternal and child health/family planning

67. A workshop on maternal and child health/family planning was conducted in China in October/November 1984 to which experts from neighbouring developing countries such as Nepal, Indonesia, Thailand, and Pakistan were invited. They shared with China their experience in the separation or integration of maternal and child health/family planning services and reviewed the organization and management of the service network, particularly at country level and below in China. Following the workshop, experts from other developing countries recommended that further collaboration among the participating countries in contraceptive technology management and information, education and communication should be organized for the mutual benefit of developing countries. International donor agencies were urged to support such collaborative activities.

V. GLOBAL PROGRAMME ACTIVITIES

68. In addition to the regional activities, TCDC programmes are also carried out at the global level. Some examples are given below.

Diarrhoeal diseases control

69. Consultants from developing countries which have already developed plans of operation are playing important roles in working with other countries in elaborating such plans. Forty-one countries are now producing packets of oral rehydration salts (ORS). The experience of one developing country (Sri Lanka) in the development of low-cost production technology is proving useful to all developing countries. The developing world is now the leading source of ORS packets.

70. In both the diarrhoeal diseases control programme managers' course and the supervisory skills course, personnel from developing countries continue to constitute the large majority of staff used as course facilitators. In this way opportunities are created for sharing experience not only among participants but between staff and participants. Thus far 77 diarrhoea morbidity, mortality, and treatment surveys have been carried out in 33 countries. The skills required to carry out these surveys have been acquired by enabling staff from one country to participate initially in other country surveys. The research review process, which involves peer review by scientists, many from developing countries, serves to develop research capability through the exchange of ideas.

Essential drugs

71. In all the WHO regions there are national and intercountry programmes and projects relating to essential drugs based on the concept of TCDC. These include inter alia drug information, drug production and supply, procurement, reference standards, and manpower training at different levels for the various elements composing a national and regional essential drug programme, as well as for managerial capacity in the drug supply system. For example, a series of activities has been undertaken in respect to a decision by ASEAN health ministers to cooperate in the field of pharmaceuticals:

(i) adoption of guidelines on good manufacturing practices;

(ii) a training course for drug inspectors;

(iii) a workshop for exchange of drug information;

(iv) a seminar/workshop on drug evaluation and control;

(v) training and exchange of expertise in drug supply management and quality control.

72. Pooled procurement of essential drugs, as a mechanism of TCDC based on subregional or other groupings of countries, continues to be of interest. Its aim is to achieve bulk purchases of essential drugs at low prices set by international competitive procurement.

Expanded Programme on Immunization

73. Interregional and intercountry training is done almost exclusively in developing countries, with most of the course facilitators chosen from previous course participants and coming from developing countries. WHO promotes the use of periodic programme reviews by a team composed of national and international staff. In these reviews, programme operations and performance are examined at central, middle and peripheral levels, generally with the review team participating in sample surveys of immunization coverage and visits to peripheral health workers and health facilities to observe immunization practices and management procedures.

74. A special effort is made to promote the manufacture of cold chain equipment in developing countries, and to publicize the existence of this equipment through the joint WHO/UNICEF dissemination of product information sheets listing the technical details concerning the product as well as its price and information on ordering.

International Drinking Water Supply and Sanitation Decade (IDWSSD)

75. TCDC activities related to IDWSSD include the dissemination of technical publications, intercountry and some interregional seminars and workshops, and exchange of visits among responsible officials.

76. Apart from the promotion of the Decade, a major aim of such collaboration is to encourage dialogue between sector workers in different countries through articles and reported experiences in their respective countries on all aspects of the sector, including technology. An example of such publications is the World water journal, published in the United Kingdom, with which WHO has been collaborating over the past five years. Over 30 national institutions dealing with Water Supply and Sanitation in different parts of the world have been officially designated as WHO collaborating centres. Technical information and research data available at these centres is made available to Member States through this association. Some of the centres also provide training for nationals from other countries.

Special Programme for Research and Training in Tropical Diseases

77. Since the Special Programme's inception in 1976, WHO has supported 142 TCDC projects involving over 200 specific instances of TCDC. These projects have involved the training of research scientists from developing countries in other developing countries. A further 90 TCDC activities have been funded by WHO in the form of group training such as courses, workshops, or seminars organized with WHO support by institutions in developing countries.

78. Since the Programme began, it has supported 10 medical sciences courses in medical entomology, epidemiology and public health in developing countries, and, in conjunction with the Scientific Working Group on Biomedical Sciences, several workshops and short courses to facilitate the transfer of new technology to developing countries.

Special Programme of Research, Development and Research Training in Human Reproduction

79. WHO has promoted research and research training activities related to family planning and human reproduction in 120 developing countries. Currently 41 institutions in 24 developing countries form part of WHO's global network of institutions carrying out research in fertility regulation, including infertility. The design of clinical trials and the analysis of research results bring together scientists from the developing world who, as a result of sharing research data, have been alerted to many research problems which would not have come to light had this sharing not occurred. Several training workshops (in 1984 there were 20) organized and conducted in WHO-supported institutions have attracted scientists from neighbouring developing countries resulting in many collaborative projects.

Health of the elderly

80. The first international course on the epidemiology of aging in 1985 was held to help countries and WHO itself to re-conceptualize their policies and programmes for the elderly, and in particular to reorient these to health promotion and community-based care of the elderly. The Regional Office for South-East Asia organized a consultation in 1984 for the exchange of experience among countries of the Region and to make plans for provision of care to the elderly within primary health care.

Accident prevention programme

81. The concept of TCDC is also applied to the accident prevention programme, as indicated in the following examples. Pursuant to a resolution of the Eighth Conference of Caribbean Ministers of Health, a workshop was held in Barbados in 1984 which formulated policy guidelines and a plan of action for the establishment of traffic safety programmes in the Caribbean countries. The Caribbean Epidemiology Center (CAREC) was designated as the agency to coordinate related action.

82. An interregional workshop on burn injuries and spinal cord injuries (New Delhi, 1985) established a coordination plan for research in South-East Asia, and also in the Eastern Mediterranean Region, where a comprehensive analysis of available data in countries of the Region has been made, in the Western Pacific Region, where a collaborating centre on research and training in burn prevention and management has been designated (Tokyo Women's Hospital, Japan), and in the European Region (Turkey and Denmark).

83. A first interregional consultation on research on injury prevention was held in New Delhi in 1985. With a view to defining priority research areas, but also to applying current available technology in the field and initiating a dialogue with industry, a first working group on vehicle safety technology in developing countries was convened in Bangkok in 1984.

Other activities

84. In addition to these specific global programmes, extensive support and promotion of TCDC is reported inter alia by the programmes on biologicals, control of environmental health hazards, food safety, health information transfer, health laboratory technology, health manpower development, the International Programme on Chemical Safety, the Malaria Action Programme, maternal and child health, occupational health, oral health, parasitic diseases, rehabilitation, sexually transmitted diseases, strengthening of health services, vector biology and control, virus diseases, and zoonoses control. It is not practicable to list all the details concerning these programmes, and their experience and assessment of TCDC have been included in the summary in section III of this report.

VI. FURTHER ACTION BY WHO

85. It can be seen that a great deal of TCDC is taking place in the field of health, with WHO assuming a facilitating and supporting role. Yet much more could be done. The following illustrates some of the possibilities.

86. The Global Strategy for Health for All by the Year 2000 indicates the respective responsibilities of Member States and of WHO in promoting and carrying out TCDC. The Strategy states that "developing countries will consider participating in TCDC/ECDC in cooperative activities and joint ventures such as, for example, the exchange of information and experience on all aspects of their strategies, training, collaborative research, use of one another's experts, joint programmes for the control of certain diseases, production, procurement and distribution of essential drugs and other essential medical equipment and supplies, development and construction of health infrastructural facilities, and the development and application of low-cost technology for water supply and waste disposal".[1]

87. The Strategy stresses that WHO's regional arrangements will be fully used by countries to facilitate cooperation among them. Moreover, WHO is charged with strengthening "its capacity to facilitate TCDC by reorienting its programme activities accordingly and by establishing any necessary mechanisms as part of its restructuring. This will encompass cooperation among developing countries, among developed countries, and among developed and developing countries". The Organization "will also participate in joint efforts with other international organizations inside and outside the United Nations system to supply countries with information conducive to TCDC and to supply them technically and managerially, as required, to ensure the success of such cooperation".[1]

88. For success in the above, two aspects have to be considered - the substance of the cooperation concerned and the mechanisms for ensuring such cooperation.

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[1] Global Strategy for Health for All by the Year 2000. Geneva, World Health Organization, 1981 ("Health for All" Series, No. 3), Sections VI and VIII.

Substance of cooperation

89. In addition to the broad areas of cooperation mentioned in the Global Strategy for Health for All, the Director-General's guidelines on regional programme budget policy spell out the kind of programme activities for use of WHO resources that reflect health policies and programmes as agreed to collectively by Member States in WHO.[1] Many of these activities could fruitfully be scrutinized to identify those that could beneficially be pursued as cooperative efforts of Member States with the support of WHO.

90. Both Member States and WHO would have to perform such a scrutiny, Member States discussing the possibilities among themselves in various groupings and WHO making suggestions both to individual governments, so that they can take the initiative, and to existing political groupings of countries.

91. Such arrangements will obviously be possible only if there is a high degree of confidence between Member States and their Organization, as well as among the Member States concerned. The arrangements will then be feasible to the extent that each country makes available to the other countries concerned the relevant information required to permit cooperation in specific health fields, possibly through WHO should they so wish. WHO must be ready to capture this information and process it in such a way as to facilitate TCDC in general and cooperation in specific health fields in particular. The possibility for cooperation for health among other relevant sectors in addition to the health sector should always be borne in mind - for example, the agricultural, animal husbandry, industrial and commercial, environmental, and educational sectors, to mention but a few.

Mechanism for cooperation

92. Existing cooperative arrangements among countries are undoubtedly the most promising for TCDC in the field of health; for example, such groupings of countries as the Non-Aligned and Other Developing Countries movement, the Organization of African Unity, ASEAN, the Andean Pact, South Asian Regional Cooperation, the Contadora Group, the League of Arab States, and the Organization of the Islamic Conference.

93. The regional arrangements of WHO facilitate intercountry activities. Recently efforts have been made to inject the new spirit of technical cooperation into these activities in order to enhance their effectiveness, which had been called into question by some Member States on a number of occasions. Such intercountry activities can release greater national energies, and achieve more with the same WHO resources, when Member States approach them in the spirit of TCDC and WHO adopts the measures needed to foster and facilitate them.

94. Moreover, as pointed out in the Global Strategy for Health for All, cooperation among developed and developing countries will be mutually beneficial in implementing national strategies and will be indispensable for implementing the Global Strategy. In the light of the review reported upon above, WHO will be more active in promoting enlightened bilateral support - i.e., support from one country to another that embodies collectively agreed policy - not only from one country to another country or group of countries, but also from groupings of developed countries to less developed ones; such groupings include the European Economic Community, the Commonwealth, France and the French-speaking African countries, the Organization for Economic Cooperation and Development, and the Council for Mutual Economic Assistance.

95. By pursuing and intensifying the above kind of cooperation, WHO's Member States and the Organization as a whole will contribute to the fulfilment of WHO's constitutional mandate of "cooperation among themselves and with others to promote and protect the health of all peoples".

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[1] See: "Guidelines for preparing a regional programme budget policy" (document WHA38/1985/REC/1, Annex 3); resolution EB75.R7 on "Regional programme budget policies" (document EB75/1985/REC/1, p. 6); and "Review of preparation of regional programme budget policies. Report by the Director-General" (document EB77/19).

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