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the directing council*

PAN AMERICAN
HEALTH
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PROGRESS REPORT ON TCDC ACTIVITIES

I. Introduction

1. The purpose of this document is to report to the 82nd Meeting of the Executive Committee on the work accomplished in the health field in the context of technical cooperation among developing countries (TCDC) in the Region of the Americas in 1978.
2. In 1978 the United Nations World Conference on Technical Cooperation among Developing Countries was held in Buenos Aires from 31 August to 13 September. In accordance with the instructions of the United Nations General Assembly, the specialized agencies of the United Nations System cooperated with the Intergovernmental Preparatory Committee for the Conference and, in addition, established their own interagency consultative group.
3. In accordance with the agreement between the Director General of the World Health Organization and the Director of the Pan American Sanitary Bureau (PASB), it was decided that the WHO focal point for TCDC would be established in the Regional Office for the Americas. In performing that function, PASB, representing WHO, participated in preparing documents for the Conference.
4. The Conference approved the Action Plan for TCDC by consensus of the 142 delegations of the United Nations Member Countries. This Action Plan was submitted to the United Nations Economic and Social Council and the General Assembly for consideration at their sessions in 1978 and was unanimously supported by all the delegations of the Member Governments.
5. The Buenos Aires Action Plan contains a total of 38 recommendations, of which 14 are addressed to the national level, 7 to the subregional and regional level, 1 to the interregional level, and 16 to the world level (Document A/Conf. 79/13).

6. The XX Pan American Sanitary Conference held in Grenada in 1978 examined the progress report on TCDC for 1977. The Conference approved Resolution XXV, which requested the Director of PASB to establish a working group on a high political level and representative of the actual socioeconomic situation in the Hemisphere to study and formulate strategies and mechanisms for stimulating the development of TCDC in the Region. It also requested him to establish an information bank to facilitate TCDC. Furthermore, it recommended that the report on the coordination of PAHO programs and TCDC focus on an analytical study of some of the health programs being carried out within the conceptual framework of TCDC.

7. The Director was of the opinion that the timing of the establishment of the high-level policy group should be carefully studied in the light of the results of the Technical Discussions on TCDC during the Thirty-second World Health Assembly.

8. In connection with the establishment of an information bank, the Director got in touch with the Ministers of Health of the Member Governments of PAHO in order to ascertain the location, within the administrative structure of each government, of the TCDC focal point responsible for the coordination of such activities in each country. It is considered necessary to identify those coordinating units in order to obtain and transmit data on the national technical capacity available, the technology being used, teaching resources, production of materials and equipment, etc. Once these steps have been taken, and in the light of the recommendations of the Technical Discussions on the specific aspect of information for TCDC, a determination will be made of the criteria for establishing regional mechanisms for TCDC information, its exchange between the countries, and the role of PAHO in facilitating, strengthening, and disseminating such information.

9. It was also deemed necessary to await the results of the Technical Discussions and to obtain further knowledge of the activities being carried out in the countries of the Region in order to be able to make analytical studies of the health programs being undertaken in the context of this new mode of international technical cooperation.

10. However, it was considered important to submit to the Executive Committee an overall view of some TCDC activities at the intercountry, subregional, and regional levels during 1978.

II. TCDC at the Intercountry Level

11. In analyzing TCDC activities in the countries during 1978, it is to be noted that, although TCDC has been informally practiced by the countries of the Americas for a considerable period of time, its identification as a fundamental instrument in cooperation for development is in the early stages. It is therefore clearly necessary to develop technico-administrative and legal mechanisms that will facilitate the interchange of cooperation in accordance with national characteristics. It is to be noted, for example, that lack of information is an undeniable obstacle and that the methodological structures for TCDC that will enable its full potential to be used have not yet been defined. In addition, the diverse political, economic and social conditions and the varying levels of development of the countries impose constraints and adaptation processes that will have to be dealt with if TCDC is to be integrated and increasingly used in development strategies.

12. There is, for example, a strong inter-American tradition of epidemiological surveillance. It has been increased in certain programs that include field activities for the benefit of border communities. In these cases, local resources, both human and material, have been used in joint activities, especially in emergencies. Examples of bilateral agreements and conventions for dealing with areas of common interest are those concluded by certain countries for exchange of information and for dealing with epidemiological situations; they include reciprocal, technical and material assistance for controlling conditions affecting the health of the communities as well as for training the health personnel responsible for those activities. In this regard, mention may also be made of the epidemiological surveillance programs of the countries of the English-speaking Caribbean and the pertinent agreements entered into by Venezuela and Colombia, Brazil and Paraguay, Guatemala and Mexico, to cite only a few examples.

13. Also to be noted is the growing interest of the Governments in hiring national experts from other countries of the Continent, with PAHO/WHO acting as a catalyst. Programs being conducted by a number of Caribbean countries, Colombia, Ecuador, and Honduras exemplify this trend.

14. The education and training of human resources is perhaps one of the most important areas at the intercountry level. There are many examples of bilateral conventions under which the resources of one country are used for training the nationals of other countries in the health field, including the provision of teaching facilities and training fellowships within the framework of cultural exchange agreements. Mention may be made in this regard of the efforts of the Central American countries, Cuba, Colombia, Haiti, Mexico, and the Dominican Republic, among others. In some countries of the Region these activities have been extended to

benefit the developing countries of other continents, as, for example in Brazil and Cuba. Also worthy of mention are traveling seminars in which health officers of developing countries become familiar with the experience gained by other developing countries. Activities of this kind have, for example, been planned in Colombia and Peru.

15. Special mention should also be made of technico-administrative co-operation between various national social security organizations in Latin America, for example in Mexico, El Salvador, Costa Rica, etc., which covers transfer of technology and aspects of administrative development.

16. Another example of TCDC is the identification of national laboratories and their possible use by other countries for laboratory diagnosis and quality control of nationally produced biological agents. Outstanding in this regard are the efforts of the countries of the Andean area.

17. In the process of identifying appropriate technologies and investigations aimed at extending the coverage of health services, a number of countries are undertaking TCDC-related activities, and national experiences that can be used by health officers of other countries for similar purposes are being identified. Programs of this kind are being carried out in Colombia and Honduras, among others.

18. Another example of this intercountry process is the twinning of public health associations of adjacent countries, which, in addition to producing scientific exchange, makes it possible to catalyze the use of teaching services for health personnel among neighboring countries. The most important examples in this area are those of the Guatemalan-Mexican and Mexican-United States Health Associations.

19. The development of new sources of hydroelectric power has stimulated greater politico-economic and technical cooperation between the countries involved. The result has been greater attention to the health impact of those economic development projects. Notable examples are the health programs being carried out in connection with the hydroelectric developments of Itaipú, between Brazil and Paraguay; Yacyretá, between Argentina and Paraguay; and Salto Grande, between Argentina and Uruguay.

III. TCDC at the Subregional Level

20. The XXIII Meeting of Ministers of Health and the VIII Meeting of the Directors General of Health of Central America and Panama was held in Guatemala from 14 to 17 August 1978 and examined a number of items that are priorities for the national authorities of those countries. Exchange of knowledge and experience between the countries of the Central American Isthmus has produced many examples of transfer of information and technology

between countries with similar socioeconomic development processes. Outstanding among them are health services in the event of natural disasters and the administrative development of health services.

21. Of special importance is the Central American Program of Community Health Training, in which each of the countries will participate and to which they will contribute skills and teaching resources, which reflects a clear conception of this type of technical cooperation.

22. The IV Meeting of Ministers Responsible for Health of the English-speaking countries of the Caribbean was held in St. Lucia from 26 to 28 July 1978. In this subregion the countries are gradually harmonizing their socioeconomic development policies and, in the health field, are undertaking joint activities in the spirit of TCDC.

23. For example, the Program for the Education and Training of Auxiliary Health Personnel, which has received technical and financial support from PAHO, UNDP, UNICEF and CIDA, has been cited as a program that typifies the principles of TCDC. This program is being evaluated and the findings will bring out the advantages and difficulties of TCDC.

24. Also within the ambit of epidemiological surveillance and programs connected with disease prevention and control are the joint efforts of the countries of the subregion to ensure better programming and formulation of activities of interest to the Caribbean.

25. Another important activity is the formulation of the Strategy for Environmental Health of the Caribbean countries, in which experts from countries of the subregion participated and in which PAHO assisted. This strategy will be further considered by the Ministers at their 1979 Meeting.

26. A program that is becoming increasingly important is that of the Caribbean Center for Pharmaceutical Products. This Center will undertake a broad spectrum of activities in which the countries and territories of the area are greatly interested and to which they will contribute their installed capacities within the framework of TCDC.

27. The V Meeting of Ministers of Health of the Andean Area was held in Santa Cruz, Bolivia, from 6 to 7 April 1978. The Ministers discussed a number of subregional programs in which there is great interest at the national level and in which the authorities and personnel of the Governments are taking an active part, which will ensure a continuing exchange of knowledge, experience, and technical information.

28. Foremost among these programs is the Andean Subregional Program of Occupational Health, the Schedule of Basic Drugs for Health Services in the Countries of the Area, and the Study on the Production of Vaccines in

the Countries of the Andean Area. Also to be noted is the study on the legal aspects of the program of technical cooperation among countries of the subregion with a view to facilitating, developing and promoting TCDC as an important cooperation mechanism in the health sector.

29. During the VIII Meeting of the Coordinating Committee of the Hipólito Unanue Convention, held from 11 to 14 December 1978, the program for strengthening the regional and national capacity for the development, preservation and maintenance of the physical infrastructure of health services was reviewed. Under this program the authorities of each of the countries are analyzing their own capacities and requirements for human, physical and technological resources.

30. It is to be noted that today TCDC is viewed as a basic instrument for the execution of development programs between the countries of the Andean area, the health sectors of which are coordinated by the Hipólito Unanue Convention with other subregional agreements linked to education and culture, labor and social security, within the general framework of the Cartagena Agreement. This shows that an effort is being made to foster the harmonious development of the countries of the subregion which goes beyond the physico-technical level and progressively emphasizes the social aspects.

31. The countries of the River Plate Basin held the X Meeting of their Foreign Ministers at Punta del Este, Uruguay, from 4 to 16 December 1978. One of the committees set up at that meeting dealt with socioeconomic aspects, including health problems of common interest.

32. Among joint activities in the health field that are of the greatest interest are those for the extension of the coverage of health services to rural and shantytown areas, the prevention and control of communicable diseases, and the evaluation of the quality of water services.

IV. TCDC at the Regional Level

33. In the health field, PAHO, in accordance with the instructions of its Governing Bodies, has been active in preparing programs embodying the principle of TCDC. The principle of TCDC is inherent in the structure of the Organization as well as in its Pan American Centers and Institutes, since their technical resources and the skills that are used mostly come from the developing countries of the Region.

34. The IV Meeting of Ministers of Health of the Americas held in 1977 adopted the policy of extension of coverage of health services based on the strategies of primary care and community participation. In 1978, this approach continued to be strengthened when the countries began to

exchange information and the findings of studies on methods and technologies best suited to different socioeconomic conditions. Within the framework of TCDC, PAHO has acted as a catalyzer in the extension of coverage and has promoted the transfer of the conceptual approaches that have emerged and been developed from national experiences.

35. In manpower development, most of the training of technical and professional personnel is carried out in national institutions of the developing countries, which stimulates the self-reliance of each country and facilitates the development of TCDC.

36. The Organization has promoted the production of vaccines and the development of diagnostic reference laboratories. It has fostered the strengthening of national centers and institutions and established networks for research and services that are subregional and regional in scope, which is closely linked with the policy of promoting the self-reliance and self-sufficiency of the Member Countries of PAHO.

37. The national authorities and the Organization continue to promote the development of panels of national experts not only to be used as consultants by the countries but also to serve on subregional, regional and even interregional technical committees. These experts will play an increasingly important part as and when the TCDC information bank is developed at the regional level.

38. The development of the concept of TCDC is shown by the greater importance being acquired by the national centers of excellence and their recognition in Latin America. In these cases, the greater financial effort is borne and the manpower is contributed by the countries themselves, and the Organization uses them for the benefit of other Member Countries, especially in educational technology and research.

39. Other examples of technical cooperation programs that are gradually developing TCDC activities are the following: the Expanded Program on Immunization; the Special Program of Research and Training in Communicable Diseases; the biomedical research committees; and research and cooperation activities in the field of non-communicable diseases, among others. In these programs the countries exchange knowledge, experience, guidelines, standards, and methods within the framework of TCDC, and PAHO/WHO and other agencies of the United Nations system act as catalysts.

40. Finally, the Offices of the Country and Area Representatives and the Pan American Centers are examining ongoing program activities that can be developed in the context of TCDC. They are also increasing their discussions with the national authorities to identify TCDC activities in which the cooperation of the Organization may be required. This will surely be increasingly reflected in the technical cooperation program the Organization is carrying out at all levels.