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PAN AMERICAN  
HEALTH  
ORGANIZATION

XXVII Meeting

WORLD  
HEALTH  
ORGANIZATION

XXXII Meeting



Washington, D.C.  
September-October 1980

INDEXED

Provisional Agenda Item 18

CD27/18 (Eng.)  
17 July 1980  
ORIGINAL: ENGLISH

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

This annual report on the progress made in the activities carried out by the Organization and by the countries in relation to technical cooperation among developing countries (TCDC) has been prepared in response to Resolution XXVIII of the XXV Meeting of the Directing Council (1977).

The Directing Council, after considering the report, may wish to provide further guidance to the Director in this area.

In the future it is proposed to incorporate the progress report on this subject in the Annual Report of the Director.

Progress Report

Introduction

This report on the TCDC mechanisms and principles utilized in the different countries of the Region throughout the year 1979, and the role of PAHO in these activities, has been prepared in response to Resolution XXVIII of the XXV Meeting of the Directing Council (1977), which reads: "To request that the Director report annually to the Directing Council on

the progress made in coordination between the programs of the Organization and those carried on by countries in the framework of technical cooperation among developing countries." This resolution clearly indicates the continued interest the countries of the Region have in TCDC and their intention that close coordination should be developed and maintained between the countries and the Organization in these endeavors.

It is important to stress again that TCDC involves the establishment of cooperative activities among countries to assist them in developing individual and collective self-reliance in the process of social and economic development. To achieve this purpose in the field of health, each country must examine its own needs, review existing resources and capabilities and, through discussion and agreement with other developing countries, propose ways and means for the exchange and transfer of specific resources that lend themselves to cooperative activities and joint ventures. Examples of such activities include: training and research; exchange of information and experience on health care; production, procurement and distribution of essential drugs and medical equipment; development and construction of infrastructure facilities, such as training schools for health personnel, health centers and hospitals, laboratories, and medical libraries; and development of low-cost technology for water supply and waste disposal.

A significant meeting on TCDC was held in May 1979 in Geneva, when "Technical Cooperation in the Field of Health among Developing Countries" was the subject of the Technical Discussions during the Thirty-second World Health Assembly.

The WHO focal point for TCDC, established in PAHO at the request of the Director General in April 1977, prepared the background document (A/32 Technical Discussions/1) which was distributed to the countries in March 1979. The final report on the Technical Discussions (A/32 Technical Discussions/5) is attached for easy reference.

The following are some of the points emphasized during the Discussions for the development of TCDC in the health field:

- The need for a firm political commitment to TCDC by developing and developed countries. It was recommended that each country establish a focal point to facilitate and coordinate TCDC activities.
- Governments should have a national plan and a clear policy for TCDC. A national health program must be the basis for TCDC in the health sector.
- A national information system with a built-in mechanism for information exchange with developing countries--assisted by PAHO/WHO and UNDP--is essential for the development of TCDC at the national and regional levels.

- Health manpower development in the field of training and research is considered a primary area for TCDC expansion; reduction of the "brain drain" is a prerequisite for developing countries to realize self-reliance in human resource requirements.
- The role of WHO and other international agencies in promoting and fostering TCDC was clearly identified, particularly in the development of information systems, legislation, and essential drugs, and in the formulation of strategies for the development of TCDC activities.
- The support of the United Nations system and of the developed countries is necessary for the realization of technical cooperation and more particularly of TCDC as a new and mutually advantageous dimension of the New International Economic Order in health.

A progress report on behalf of WHO from a global perspective was prepared by the TCDC Focal Point in PAHO, Washington, D.C., in preparation for the UN High-Level Meeting on the Review of TCDC held in Geneva in May-June 1980.

The Executive Secretary of the U.N. Economic Commission for Latin America (ECLA) and the Director of PASB met in December 1979 to lay the groundwork for a future joint activity on TCDC, as well as to consider important aspects of the formulation of the strategy for the Third United Nations Development Decade.

#### TCDC at Country Level

National focal points for TCDC have now been established in the following countries and territories of the Region: Argentina, Barbados, Chile, Cuba, Ecuador, El Salvador, Honduras, Mexico, Netherlands Antilles, Nicaragua, Paraguay, Turks and Caicos Islands, and Venezuela. Eight other Governments have indicated that they have an office which deals with TCDC matters.

The PAHO programming and evaluation system (AMPES) and the annual budget exercise with representatives of the health and planning ministries of the Member Countries provide opportunities for including TCDC in the discussions and applying its principles in the planning of the Organization's resources. It is anticipated that the AMPES system will in future provide an appropriate mechanism, in conjunction with the national focal points for TCDC, to develop centers of knowledge that will allow the exchange of information on the capacity and needs of each individual country.

All new staff members receiving an orientation at PAHO Headquarters before proceeding to their duty station have been apprised of the role of TCDC in the work of the Organization, and particularly its significance in primary health care projects and training programs.

The discussions on TCDC at the World Health Assembly and at PAHO's Executive Committee and Directing Council have increased the understanding of this new mechanism, and have contributed to some extent towards overcoming attitudinal barriers in the countries and health institutions.

#### TCDC at Subregional Level

Four groups of countries with whom PAHO collaborates have, at the request of their Member Governments, signed technical and economic agreements, as follows: the Agreement on Central American Economic Integration; the Caribbean Community (CARICOM); the Cartagena Agreement; and the Conference of Ministers of Foreign Affairs of the Countries of the River Plate Basin.

The Ministers of Health of the countries of three of these subregions have also signed agreements specific to the health sector, and hold annual meetings to discuss matters of common interest and decide upon activities or programs within the framework of TCDC, with the collaboration of PAHO.

At the VI Meeting of the Ministers of Health of the Andean Group in Lima, Peru, the main topics for discussion were: production, registration and quality control of basic drugs and biologicals; manpower development; and TCDC. The Ministers emphasized the importance of TCDC in developing intercountry collaboration in the pharmaceutical industry and in the provision of basic drugs. TCDC would also provide the mechanism for joint approaches to solving the vast environmental problems in this subregion.

The subregional production of basic drugs and biologicals was one of the important subjects discussed in 1979 at the Meeting of Ministers of Health of Central America and Panama in San Salvador, El Salvador. PAHO has worked with the countries of this area to develop a coordinated action plan for improving the operation and maintenance of national agencies dealing with drinking water and sanitation.

The Program for Training in Community Health for Central America and Panama closely followed TCDC principles in its development and execution, covering a network of subcenters located in each of the five countries and linked to a main center in Costa Rica. Each Government attended the Advisory Committee. The program has received financial support from PAHO and UNDP, and commenced in July 1979.

At the yearly meetings of the Conference of Ministers Responsible for Health in the Caribbean, PAHO collaborates closely with CARICOM and its member countries in preparing technical discussion papers and reporting to the Meeting on the progress in certain priority areas, identified by the Health Ministers of the Caribbean.

PAHO collaborated with CARICOM in defining a strategy to improve environmental health conditions in the Caribbean and provided assistance to CARICOM in conducting a feasibility study for a proposed Caribbean Environmental Health Center.

In association with CARICOM and the US Agency for International Development (AID), PAHO collaborated with the countries of the Caribbean in disaster prevention, preparedness, and relief activities. National experts from the countries of the subregion participated actively in these activities during the year.

TCDC continues to be exemplified by the Commonwealth Caribbean's Program for the Education and Training of Allied Health Professionals, which is based on five regional training institutions with headquarters in Barbados. Its main approach is to train educators and fellows from all the English-speaking Caribbean countries, including Belize, with special emphasis on the least-developed States. The program has been supported by UNDP, CIDA, UNICEF and Project Hope, with PAHO as the executing agency. CARICOM has played a promoting and coordinating role on behalf of the member states. The project has already established a network of relationships among officials of the participating ministries of health, regional centers and local training institutions, and professional health associations through a complex of activities carried out during the earlier phases of the project. The program was evaluated in 1979 and continues to receive support from UNDP and other funding agencies.

The Caribbean Basin Water Management Project is another good example of TCDC in the English-speaking Caribbean. The purpose of this program is to provide training for all cadres of staff working in water supply programs. Its main aim is to strengthen the management and technical component of water supply systems in the area. Teachers have been trained, and a series of operational manuals has been produced by national staff from the subregion. The Government of the Netherlands expressed interest in providing, through the WHO International Reference Centre in the Hague, financial support for the continuation of this project. As a result of the success of the program, the Eastern Caribbean was designated a demonstration area. This project was extended to the developing countries of two other WHO Regions and demonstrates the principles of TCDC at work.

PAHO continues to collaborate with the Caribbean Development and Cooperation Committee (CDCC), under the auspices of ECLA, in subregional projects connected with the health and social sectors.

The 10 Pan American Centers related to or administered by PAHO continue to report the development of TCDC activities within their programs.

The Latin American Center for Perinatology and Human Development (CLAP), in Montevideo, Uruguay, continued to orient its work towards the development of the capacities and self-reliance of the Latin American countries in the area of maternal and child health care. The Center sponsored the establishment of a network of institutions that work in this area. A special feature was the emphasis given to appropriate technology in perinatology.

The Pan American Zoonoses and Foot-and-Mouth Disease Centers are other examples of TCDC in the Region. These two Centers operate in the TCDC context. Both receive funds from all countries of the Americas. They use experts from Latin American countries and provide fellowships to personnel from those countries.

The Regional Library of Medicine (BIREME), in São Paulo, Brazil, is supported by the Brazilian Government and PAHO. It provides scientific reference information to health personnel of the Latin American countries. Information is obtained from both the developed and the developing countries of the Region for this purpose. An evaluation of the work of BIREME commenced in 1979 for the purpose of extending the network to other countries in the area in the context of TCDC.

The work of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), in Lima, Peru, is oriented in line with TCDC principles. The Center promoted and implemented programs and activities in the environmental field, mainly manpower training, research, appropriate technology, and exchange of experts between countries.

#### PAHO Cooperation in Bilateral TCDC Activities

In line with the bilateral agreement between Paraguay and Argentina, a program for the control of Chagas' disease in the border areas of those two countries was implemented in April/May 1979. Argentina provided equipment, insecticides and experts, and PAHO's advice was sought in drawing up the agreement and in setting up the program.

The countries of the Andean Group have signed bilateral agreements among themselves for the surveillance and control of communicable diseases and zoonoses in their border areas. These joint projects continued actively during 1979.

Peru and Colombia carried out joint programs for the training of personnel and for the development of national food hygiene and control programs to be implemented in early 1980.

Under a cooperative agreement between the Dominican Republic and Nicaragua signed in 1979, Dominican final-year students in the health sciences spent six months in Nicaragua taking part in social medicine or supervised professional practice in which emphasis was placed on preventive and educational activities in the field of primary health care in rural areas. Postgraduate Nicaraguan doctors can now do their medical residencies in the Dominican Republic, and Dominican doctors their internship in Nicaragua. An agreement for exchange of professors in different disciplines is under consideration.

Panama has signed agreements with Colombia and Costa Rica for the control and surveillance of communicable diseases, in particular malaria.

Under the Basic Agreement between the Governments of Mexico and Cuba, the Ministries of Health signed a further agreement covering exchange of information, experts and training in the health field, with PAHO's support.

The Government of Jamaica entered into a bilateral agreement with the Government of Mexico for a line of credit for purchasing drugs and equipment. It also entered into an agreement with the Government of Cuba for technical cooperation and training in selected health fields.

#### Technical Cooperation Capacities of Countries of the Region

PAHO has given special consideration to enhancing the technical cooperation capacities and potential of developing countries. This is shown by the percentage of PAHO experts and high-level staff that are from developing countries--71.5 per cent in 1979.

The PAHO fellowships program also demonstrates PAHO's policy of using the capacities of the developing countries. The following table shows, for the purpose of comparison, the figures for fellowships awarded in 1979, so far as they are available, for all six WHO Regions.

## ORIGIN AND PLACING OF WHO FELLOWS, 1979

Region	Fellows				
	Total	Originating from		Placed in	
		Developing Countries	Developed Countries	Developing Countries	Developed Countries
Africa	664	664	-	547 <sup>a</sup>	117
The Americas	1,409	1,367	42	1,039 <sup>a</sup>	370 <sup>b</sup>
Eastern Mediterranean	529	529	-	239 <sup>a</sup>	290
Europe	360	256	104	92 <sup>a</sup>	260
South-East Asia	764	764	-	438 <sup>a</sup>	326
Western Pacific	428	410	18	119 <sup>c</sup>	249 <sup>c</sup>
Total				2,474	1,612

<sup>a</sup>Including fellows placed outside the Region, as follows: Africa 22; the Americas, 19; Eastern Mediterranean, 63; Europe, 33; South-East Asia, 191.

<sup>b</sup>Including 101 fellows placed outside the Region.

<sup>c</sup>Excluding a total of 42 fellows placed in both developing and developed countries.

The percentage of PAHO fellows from all countries of the Region of the Americas placed in developing countries for training amounted to 73.66 per cent of the total.

#### Some Examples of Innovative Approaches to TCDC

Large hydroelectric development projects involving two or more countries have provided excellent opportunities for TCDC approaches. They draw on large national and international financial resources, and require the mobilization of considerable technical and human resources and the provision of health and other services for satisfying basic social needs.



Examples of such projects in which TCDC has been used are to be found in several areas. In the Salto Grande hydroelectric project technical resources from Argentina and Uruguay and from other developing countries have been used to formulate and implement strategies and programs for environmental protection and control, as well as for occupational health and human settlements.

Other examples have been the agreements for the joint execution of two hydroelectric projects, between Brazil and Paraguay at Itaipú, and between Argentina and Paraguay at Yaciretá. These agreements include the improvement of existing institutions; strengthening of technological self-reliance; involvement of public and private institutions and firms in specific activities in the context of TCDC; and promotion of mutually supportive industries and agricultural projects at the subregional level.

Another example of innovative approaches to TCDC has been that of the utilization of centers such as the Center for Multidisciplinary Research in Rural Development (CIMDER) in Colombia, which has gained valuable experience in the extension of rural health services based on community participation, health education, and appropriate technology. Experts from different Latin American countries have visited CIMDER and studied its experience, which has been useful to the health systems of their own countries. With PAHO support, CIMDER has been developing a cold chain for vaccines in its immunization programs that could be useful in other countries of the Region.

A special and sustained effort is needed on the part of the countries and the Organization to overcome or circumvent continuing obstacles to the successful implementation of TCDC in technical cooperation activities, in particular in assisting in the implementation of the national and regional strategies for the attainment of health for all by the year 2000.

In future years, bearing in mind the intimate relationship between the technical cooperation program of the Organization and TCDC, it is proposed that the progress report on this subject to the Directing Council, in conformity with Resolution XXVIII of its XXV Meeting, be incorporated into the Annual Report of the Director rather than being issued as a separate report as currently practiced.

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CD27/18, ADD. (Eng.)  
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TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The attached document, "Report of the Technical Discussions at the Thirty-second World Health Assembly on Technical Cooperation in the Field of Health among Developing Countries" (A32/Technical Discussions/5), is issued as addendum to Document CD27/18.

Annex



17 May 1979

THIRTY-SECOND WORLD HEALTH ASSEMBLY

Technical Discussions

REPORT OF THE TECHNICAL DISCUSSIONS  
AT THE THIRTY-SECOND WORLD HEALTH ASSEMBLY ON  
TECHNICAL COOPERATION IN THE FIELD OF HEALTH AMONG DEVELOPING COUNTRIES

1. Introduction

The Executive Board in May 1977 selected the subject Technical Cooperation in the field of Health among Developing Countries for the Technical Discussions to be held at the Thirty-second World Health Assembly. At its sixty-second session in May 1978 the Executive Board nominated Dr Ivo Margan (Yugoslavia) as General Chairman of these discussions. The discussions took place on 11 and 12 May 1979 with a total of 348 persons registered as participants taking part as experts in their own right. The participants were divided into six groups.

A background document (A32/Technical Discussions/1) was prepared in advance by the WHO Regional Office for the Americas, the WHO focal point for TCDC, and distributed to the countries on 29 March 1979. This document included a matrix as Part X for review of a priority programme (EPI) in TCDC terms, and also some issues for coordination in Part XI for discussion by participants in the context of national priority health programmes.

The Technical Discussions had also as background the Buenos Aires Plan of Action emanating from the United Nations Conference on Technical Cooperation among Developing Countries.

In order to ensure that a wide and thorough discussion on the subject was undertaken by the participants and to assist the group chairmen and group rapporteurs in producing their reports, the group secretaries (one from each of the WHO regions) in collaboration with the WHO Secretariat, provided guidelines for the discussions.

2. Chairman's opening address

The General Chairman in his opening address emphasized the primary importance of concentrating the wisdom, knowledge and competence of the Technical Discussions on defining and recommending specific measures which should be undertaken to carry out cooperation in specific health matters. He emphasized also the need to orient these discussions towards practical, operational conclusions and recommendations.

The United Nations Conference on Technical Cooperation among Developing Countries held in Buenos Aires in 1978, demonstrated the acceptance following the evaluation of the concept and the political determination of the countries to transform TCDC into a vital force for initiating, designing, organizing and promoting cooperation among developing countries, while the International Conference on Primary Health Care in Alma-Ata in 1978 gave additional recognition to the importance of TCDC in the struggle for better health.

The General Chairman considered that in the application of TCDC the decisive factor for ultimate success or failure was one of organization and management.

With regard to the background document, he suggested the following main operational components requiring the scrutiny and recommendation of the participants: possible subjects of cooperation; mechanisms and procedures and information and methodology.

The General Chairman regarded training and research of primary importance to developing countries which also lent themselves best to cooperative activities.

In the field of training and research particularly, cooperation among developing countries should be supported by developed countries and WHO has to play a new role from a qualitative and quantitative point of view.

Cooperation in the field of essential drugs and medical equipment as well as development and construction of infrastructural facilities, deserved particular attention.

Any mechanism for cooperation should be pragmatic and flexible, and institutionalization should be avoided in the initial stages. Emphasis should be placed on strengthening the existing national bodies and centres for cooperation and improving their lines of communication with other countries and WHO.

The General Chairman considered the key mechanism for cooperation lay within the framework of regional offices and regional committees, but the problem is to develop an appropriate methodology. Regional mechanisms should essentially rely on the network of national and subregional centres for cooperation and be primarily conceived to promote inter-country agreements for implementing specific projects and joint ventures.

The setting up of an information system is a prerequisite for the whole scheme and the background document A32/Technical Discussions/1 would be of great assistance in considering this matter.

The General Chairman considered that what might emerge from the Technical Discussions was a blue print of an adequate methodology and mechanism which could foster the transition from the declaratory to the action stage of this new dimension of international health cooperation, in which WHO was called on to play a leading role.

### 3. First joint session

The essential objective of TCDC as seen by the group participants was the development of national and collective self-reliance. This can be seen as a tool towards the realization of national goals and objectives to attain the target of health for all by the year 2000. The concept of TCDC is a fundamental element in the work of WHO and must be considered as a mechanism in all its current activities. It is recommended that it should also form a major part of the Seventh General Programme of Work of the Organization.

The discussions focused on:

- Actions to be taken for the promotion and implementation of TCDC at all levels.
- The major impediments facing Member countries in implementing TCDC and the actions and/or conditions susceptible to overcoming them.

The constraints were seen as financial, legislative, institutional, political, ideological, cultural, linguistic as well as of an administrative nature.

The agents mainly responsible for promoting TCDC were the developing countries themselves with the assistance of WHO as necessary, together with other agencies of the United Nations system including the regional development banks and the developed countries.

The role of WHO was seen as being catalytic, coordinative and supportive, together with other agencies and organizations of the United Nations system. WHO is recognized as the organization which could collaborate best in the development of national, subregional, regional and global information systems. WHO could also play a useful role in the revision of health legislation, leading to possible modifications which would help to meet the needs of TCDC in primary health care and other related priority programmes, including essential drugs. WHO was also seen to have a cooperating role with developing countries in the formulation of their development strategies and in identifying those countries which could make their facilities available for the use of others.

Several groups stressed the importance of multisectoral participation in TCDC. The role of the developed countries was considered important in assisting in finding an equitable solution to the brain drain and in providing financial assistance to the developing countries towards the realization of their goal of self-reliance. The general consensus was that the full and continued involvement of the developed countries in the process of TCDC was essential for success and could also help to promote and strengthen cooperation between developed and developing countries.

The main fields in which TCDC could be usefully applied were:

A. Essential drugs in the area of bulk-purchasing, drug production, quality control, drug distribution and research. Country groupings with suitable intercountry agreements to facilitate the operation, would be required.

B. Training of personnel, health professionals and auxiliary health personnel, with emphasis on:

(a) Cooperation in teacher training at national and regional levels and support to national training institutions.

(b) Strengthening of local training institutions which would contribute in the long run to reducing the brain drain. Training and education should as far as possible take place in areas where similar problems exist and the training should be relevant to the countries' health programmes.

(c) Cooperation in the surveillance and control of communicable diseases could be obtained through the exchange of scientists and experts in communicable disease control between developing countries for the purpose of training and research.

#### 4. Second joint session

The crucial importance of a firm political commitment on the part of participating countries in establishing TCDC was strongly supported.

It was felt that cooperation that already exists between two or more countries could be used as a base to establish TCDC, as long as it is recognized that TCDC constitutes a fresh approach not only to solving current problems, but also to start the long uphill struggle towards achieving the self-reliance of Member States. In the establishment of TCDC, many obstacles and constraints would have to be eliminated and care must be exercised to ensure - as the Director-General pointed out in his intervention - that TCDC would not be misused giving rise to supranational structures and provoking competition among Member States which would only erode the effects of commitment to TCDC and its aims.

A new political climate permeated TCDC and here UNDP has played an important role as the central coordinator. On its side, WHO must explore incessantly how it can best support its Member States to make maximum use of TCDC in the search for equity.

An adequate information system at national and regional level should form the base of TCDC. It was felt that it was not necessary for WHO to create new information systems for TCDC but rather to establish whether the existing systems were adequate to the need of TCDC and hence to use these more efficiently for the needs of TCDC. A catalogue compiled through the use of a standardized format fashioned by WHO, containing the existing capabilities and needs of the Member States, would seem a relevant step to be taken to develop an initial information base.

Many of the earlier and traditional types of cooperation could be counterproductive to the TCDC effort because countries might tend to adopt the traditional recourse of applying for technical assistance when they should be concentrating on cooperating between themselves. Only too often, foreign techniques were rejected because they were not acceptable when put to the test locally.

The basic principle of what can be done inside the country should be done there and should constitute a guarantee that efforts will reach the optimal level of efficiency, effectiveness and relevancy. There would thus be a better chance of direct application of the results and of the capabilities created within the country, which will be an invaluable contribution to self-reliance.

It was advocated that educational pedagogical aspects should be given appropriate attention; for example, the publication of textbooks in local non-international languages was suggested.

The problem of brain drain was a major concern to all the groups. This problem was exacerbated inside the developing countries through the unavailability of a suitable working place to apply skills and knowledge. Strong emphasis was laid on the need for forthright regulations in developed countries to prevent the brain drain by whatever means that could be mastered.

The possibility of providing essential drugs for use in primary health care by the pharmaceutical industries on a non-profit making basis was seen as a reality and an essential step towards attaining the goal of health for all by the year 2000.

It was essential to understand the lessons learned from the experience of other international agencies in the development of unsuitable "supranational" types of institutes situated in developing countries - which were far removed from what politically the concept of TCDC stands for. Any institutions of this nature must be clearly set within the political collective self-reliant approach of TCDC.

#### 5. Conclusions and recommendations

The discussions emphasized the following major points for the development of TCDC in the health field:

- The need for both developing and developed countries to make a firm political commitment to TCDC. It is recommended that each Member country should establish a focal point to facilitate and coordinate TCDC activities and to act as the contact point of TCDC in general with other countries.
- To be effective, governments should have a national plan and a clear policy for TCDC. A national health programme must be the basis for TCDC in the health sector.
- A national information system with a built-in mechanism for information exchange with other developing countries - assisted by WHO and UNDP - was essential for the development of TCDC at the national and regional levels.
- In the above context it is recommended that WHO should undertake a review to determine the need and the way to use existing information services. At the same time, WHO should make available to the countries information, using existing systems on: resources in the countries in health manpower, health training and research.
- Health manpower development in the field of training and research was considered a primary area for TCDC expansion. Reduction of the brain drain was a prerequisite for developing countries to realize self-reliance in human resource requirements.
- It is necessary to receive information from developing countries on:
  - (i) their priority needs for training of health personnel and training facilities including teaching staff;
  - (ii) the type of assistance they could use immediately; and
  - (iii) training potentials - facilities and teaching staff - that countries are in a position and willing to make available for cooperation in the field of training.

- The provision of local (national or regional) manufacture and quality control of essential drugs, including production of vaccines and biologicals should be fully exploited by the developing countries.
- It is recommended that WHO should initiate and assist in organizing group meetings of interested countries to consider cooperative projects and joint ventures in the field of production, procurement and distribution of essential drugs, medical and laboratory equipment. WHO should explore the possibility with the pharmaceutical industry of supplying drugs on a non-profit basis for primary health care and continue its dialogue with the drug industry for this purpose.
- The role of WHO and other international agencies in promoting and fostering TCDC was clearly identified particularly in the development of information systems, legislation and essential drugs and in the formulation of strategies for development of TCDC activities.
- The support of the United Nations system and of the developed countries was necessary for the realization of technical cooperation and more particularly of TCDC as a new and mutually advantageous dimension of the New International Economic Order in health.

TECHNICAL DISCUSSIONS - THIRTY-SECOND WORLD HEALTH ASSEMBLY

11-12 May 1979

List of chairmen, secretaries and rapporteurs

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TD Secretariat	-	Dr J. M. Salazar (AMRO) Dr Colm O'Colmain (AMRO) Dr S. Djazzar (AFRO)

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1.	Dr S. Tapa	Dr R. D. Mercado	Dr F. Aguilar
2.	Dr A. Hassoun	Dr F. Partow	Dr A. Markides
3.	Professor L. Araujo	Miss B. Rivett	Mr T. O. Goldson
4.	Professor T. Pirnar	Dr C. Guttuso	Dr M. Zamfirescu
5.	Dr E. G. Beausoleil	Dr S. Street	Mr G.-E. Teka
6.	Professor B. Sankaran	Mr J. C. George	Dr A. Myint



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