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El documento adjunto, "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), se distribuye como addendum al Documento CD27/18.

Anexo

Nota: Se adjunta la versión inglesa debido a que los documentos de la serie correspondiente a las Discusiones Técnicas de la OMS solo se producen en francés e inglés.



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

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Professor B. SANKARAN	-	INDIA
Dr J. SANTOS	-	ANGOLA
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Dr H. SHENAYIB	-	EGYPT
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Dr P. SIGURDSSON	-	ICELAND
Dr R.E. SILVA Y SILVA	-	PERU
Dr B. SKUPNJAK	-	YUGOSLAVIA
Mr P.D.M. SLEIJFFERS	-	INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE (MEDICUS MUNDI)
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Dr D. SOKOLOV	-	USSR
Mr Y. SONG	-	PEOPLE'S REPUBLIC OF CHINA
Dr K. SOUVANNAVONG	-	LAO PEOPLE'S DEMOCRATIC REPUBLIC
Dr A. SPEETJENS	-	INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE (MEDICUS MUNDI)
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Dr L. STIRLING	-	TANZANIA
Professor K. STUART	-	COMMONWEALTH SECRETARIAT
Dr S. SIAGAEU	-	USSR
Dr M. SYLLA	-	GUINEA
Professor O. SYLLA	-	SENEGAL
Dr S. TAJELDIN	-	QATAR
Dr S. TAPA	-	TONGA
Professor V. TATOCHENKO	-	USSR
Dr B. TANKURO	-	PAPUA NEW GUINEA
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Mr M.T. THABANE	-	LESOTHO
Dr P. THIMOSSAT	-	CENTRAL AFRICAN EMPIRE
Dr S. TIN	-	BURMA
Dr M. TJON JAWCHONG	-	SURINAM
Dr C.C. TOH	-	SINGAPORE
Dr M. TOTTIE	-	SWEDEN
Dr M. TOURE	-	SENEGAL
Dr M. TOURE	-	SENEGAL
Dr N. TROUBILINE	-	USSR
Mr V. TUDOR	-	ROMANIA
Mrs E. VAN DER GRACHT-CARNEIRO	-	INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
Dr J. VAN ROY	-	BELGIUM
Dr F. VILARDEL	-	SPAIN
Dr V. VODORATSKY	-	USSR
Mr H. VOICTLANDER	-	FEDERAL REPUBLIC OF GERMANY
Mr W. VON ERFFA	-	UNIDO
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Dr L. WAI	-	BURMA
Dr K. WARD-BREW	-	GHANA
Dr N. WARILLE	-	SUDAN
Dr D. WEDRAOGO	-	UPPER VOLTA
Dr E. WIDMER	-	INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE (MEDICUS MUNDI)
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Professor E. WOLLAST	-	BELGIUM
Dr A. WONG	-	MAURITIUS
Mrs K. WU	-	PEOPLE'S REPUBLIC OF CHINA

Miss X. XING	-	PEOPLE'S REPUBLIC OF CHINA
Mr S. XU	-	PEOPLE'S REPUBLIC OF CHINA
Dr M. ZAMFIRESCU	-	ROMANIA
Dr M.H.S. ZEIN	-	MAURITANIA
Dr K. ZHANG	-	PEOPLE'S REPUBLIC OF CHINA
Miss E. ZHILIAEVA	-	USSR

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