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TECHNICAL CO-OPERATION AMONG DEVELOPING COUNTRIES

Technical Co-operation among Developing Countries (TCDC) can be defined as the sharing of capacities and skills among developing countries. It embraces programmes, projects and activities by which such inputs as expertise, consultant and sub-contracting services, training facilities, equipment and supplies, and the exchange of information are provided by developing countries to one another. Such co-operation may be bilateral or multilateral, public or private, and may extend to all sectors and all types of technical co-operation activities regardless of the source or type of financing.

TCDC is recognized as a new dimension in socio-economic development. It is not designed to replace existing technical co-operation but should complement it, and it has the specific role of furthering the individual and collective self-reliance of the developing world.

Clearly, TCDC is primarily a national responsibility of the developing countries. However, the UN system and, in the field of health, WHO have important roles to play in promoting and supporting national efforts.

Background

Resolution 3251 (XXIX) of the Twenty-ninth Session of the UN General Assembly, in 1974, represents the cornerstone of TCDC arrangements. It was followed by a number of resolutions of the UN General Assembly in 1975 and 1976 on the establishment of a New International Economic Order and its Programme of Action. Subsequently, in July 1975, the United Nations Economic and Social Council adopted a resolution calling on the Administrator of UNDP to carry out a study on TCDC practices.

By resolution 31/179, December 1976, the UN General Assembly set up a Preparatory Committee to organize a World Conference on TCDC. Extensive consultations between countries, UNDP and the UN Specialized Agencies took place in preparation for the Conference, which was held in Buenos Aires from 31 August to 12 September 1978. Close and thorough consultations took place between the WHO Regional and Central Offices on the preparation of WHO's contribution to the Conference.

Further, a series of regional inter-governmental meetings were organized in preparation for the UN Conference on TCDC, of which the Kuwait meeting in May 1977 issued the "Kuwait Declaration on TCDC"¹.

¹See Annex

At an earlier stage, a UNDP working group on TCDC recommended the establishment of an information referral system (TCDC/INRES) with the task of compiling and disseminating information on TCDC capacities and needs seen from the standpoint of the developing countries. WHO is collaborating through its own information systems programme in the establishment of this system, which will be of central importance to the TCDC effort.

WHO Role in TCDC

Before TCDC was adopted as UN policy, WHO had a long record of co-operation with developing countries, and much of this co-operation had incorporated TCDC principles.

Nevertheless, WHO gave early support to the TCDC approach as adopted by the United Nations system. As early as the fifty-seventh session, in January 1976, the Executive Board acknowledged the importance of TCDC as an integral part of overall co-operation for development, as reflected in its resolution RB57.R50 and in line with the constitutional obligation that links Member States and their Organizations in a process of mutual co-operation. This resolution invited Member States to give priority attention to TCDC in the health sector and recalled resolutions WHA28.75 and WHA28.76 in which the Health Assembly had emphasized new ways of expanding support to developing countries by assisting them in achieving self-reliance in consonance with the Programme of Action for the New International Economic Order.

TCDC was also singled out in resolution WHA29.41 as an area requiring the Organization's full collaboration through the regional committees and regional offices, and with the Administrator of UNDP. The Regional Committee for EMR has also emphasized the importance of TCDC and adopted resolution EM/RC24A/R.7 in this connexion.

Further, WHO is committed to technical co-operation in place of the earlier concept of technical assistance as aid with a donor-recipient relationship. This new concept implies co-operation among Member States and their Organization to define and achieve their social and health policy objectives through health programmes that have been determined by countries' needs and that aim at promoting national self-reliance for health development.

WHO's role in technical co-operation programmes is thus to support national health development. For WHO, technical co-operation means not only co-operation

with countries but also the fostering of co-operation among countries themselves so that a lasting impact is made on health development.

WHO will thus exert every effort to stimulate and co-ordinate technical co-operation among countries so that they can develop joint solutions to common problems.

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

Suitable Programme Areas for TCDC

Efforts will be made to ensure that TCDC principles are, to the extent possible, applied to all the Organization's technical co-operation activities, and in particular to certain programmes such as: development of appropriate health technology; primary health care, the Special Programme for Research and Training in Tropical Diseases, the Expanded Programme on Immunization, vaccine production and drug policy and management, basic sanitary measures, health manpower development, and communicable disease prevention and control.

It may be useful to illustrate some of the TCDC implications to these programme areas.

Primary health care offers good prospects for technical co-operation with international support and for TCDC approaches. While every country will evolve its own particular formula, it should be able to profit from the experience and knowledge gained by other countries at a comparable level of development.

The Special Programme for Research and Training in Tropical Diseases has two interdependent objectives: the promotion of self-reliance in biomedical research in tropical countries, and the development of improved tools to control disease. A deliberate effort needs to be made to give this programme true TCDC dimensions in order to promote and strengthen self-reliance.

The Expanded Programme on Immunization seeks to reduce the dependency of the developing world on developed countries to meet their vaccine needs. In view of the

limited needs for vaccine of many countries, vaccine need not be produced in all countries; the establishment of regional production centres will thus be important, and will require agreements among the countries and harmonious intercountry collaboration.

Drug policy and management has direct TCDC implications for developing countries in their efforts to determine which drugs they really need for their health delivery systems, whether to import them or try to produce them locally. The programme will involve the development of national and regional capacities for drug production.

Environmental health. In this programme, firms which have experience of low-cost technology should be encouraged and every use made of qualified experts and firms available in the developing countries; this should apply to engineering as well as to training institutions. TCDC has a major role to play in this field. Every effort should be made, in developing low-cost technology in the developing countries themselves, to establish firms capable both of its development and of its application.

Health manpower development. It is of crucial importance that educational and training programmes for all categories of health personnel be orientated towards greater self-reliance, taking account of the priority health needs of developing countries. Training programmes in general including the use of fellowships should be subject to as flexible an approach as possible, making the maximum use of local training institutions and, where necessary, enhancing these training centres to make them more effective and attractive.

TCDC in the Eastern Mediterranean Region

Distinction should be made between two types of TCDC activities: first, the initiative by developing countries themselves of the planning and implementation of their own TCDC projects, generated by themselves with or without the catalytic role of WHO; and second, the promotion by the Organization of the utilization of TCDC potentials and capacities in technical co-operation activities. In its truest sense TCDC falls in the first category. As to the second type, practical approaches would be suggested leaving to the countries the option of running their own programmes with the support of the Organization.

In the first category, TCDC has been in progress in our Region for many years on a bilateral basis, although activities were not labelled with the TCDC title. An important example is the continued provision of health manpower by some countries of the Region (particularly Egypt and Pakistan) to others. Some countries of

the Region provide health personnel to developing countries outside our Region as well, particularly in the African continent. This includes the provision of teaching staff to medical faculties and other health training institutions. A number of bilateral agreements are now in force between countries of the Region regulating such provision of health manpower.

The Council of Arab Ministers of Health (Arab League) and the Secretariat-General of Health for Arab Countries of the Gulf Area as well as the special committees and meetings they organize to attend to specific public health problems and to discuss technical matters are other examples of TCDC in the Region.

As to the second category, EMRO plays a useful catalytic role in fostering TCDC approaches between countries of the Region. In particular, serious consideration is given to TCDC concepts and approaches in:

- a. selection of WHO staff and consultants,
- b. placement of WHO fellows, and
- c. the exchange of visits by scientists and health administrators.

Specific examples of EMRO's role and efforts in TCDC:

1. Substantial financial donations have been made mainly to the Voluntary Fund for Health Promotion by a number of countries of the Region to be administered by WHO/EMRO and used to promote technical co-operation programmes in the economically less fortunate countries. The TCDC concept is receiving due attention in implementing health programmes financed from this Fund. (For details see the Regional Director's Annual Report, EM/RC28/2, pages 34 and 36).
2. Countries of the Region have been brought together to undertake specific co-operative activities under inter-country (regional) projects financed from the WHO Regular Budget. Examples are:
 - a. Regional Seminars, Workshops and Conferences
 - b. Regional Visiting Scientist Programme
 - c. Meeting of National Fellowships Officers
 - d. Working Group on Social and Behavioural Sciences in Medical Education
 - e. Meeting of Directors of Schools of Public Health
 - f. Second Regional Advisory Committee on Biomedical Research
 - g. Seminar on Expanded Programme of Immunization
3. Support has been given to the establishment of regional training institutions and regional centres in collaboration with governments and agencies concerned; also, there is continuing collaboration with existing regional training institutes and centres, e.g.

- a. The Pahlavi Library of the Imperial Medical Centre of Iran, Teheran which has been made available as a WHO Regional Medical Library at the disposal of all Member countries of the Region and selected developing countries elsewhere.
 - b. The Department of Medical Education, Pahlavi University, Shiraz, which acts as a WHO Regional Teacher Training Centre for the health professions.
 - c. The Regional Training Centre for Medical Record Science at the High Institute of Public Health, Alexandria, Egypt.
 - d. The Regional Training Centre for the Maintenance and Repair of Medical Equipment, Nicosia, Cyprus which is to be opened shortly.
 - e. The planned Regional Training Centre for the Maintenance and Repair of Medical Equipment, Baghdad, Iraq.
 - f. Collaboration with the Council of Arab Ministers of Health in the establishment of a Centre for the training of teachers of auxiliary health personnel, Bahrain. The establishment of a second centre in another Arab country is under consideration by the Council.
 - g. The planned establishment of a Regional Centre for Vector Control Training and Research in Baghdad, Iraq.
4. Regional Advisory Committees and Panels have been established, composed of national experts from Member countries, to advise on the preparation, development and promotion of regional programmes in their specific fields:
- a. Regional Advisory Panel on Cancer
 - b. Regional Advisory Panel on Primary Health Care
 - c. Regional Advisory Panel on Malaria
 - d. Regional Advisory Committee on Biomedical Research
 - e. Regional Advisory Committee on Emergency Medical Services
 - f. Regional Advisory Panel on Nursing
 - g. Regional Advisory Panel on Mental Health (under preparation)
5. In the Fellowship Programme increasing use is made of educational institutions in the Region. One-third of the WHO fellows are at present undertaking study programmes within the Region and this percentage is likely to increase. 208 fellowships were offered to fellows from countries of the Region to study within the Region in 1977.

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The Regional Committee for the Eastern Mediterranean has an important role to play in stimulating TCDC arrangements among countries of the Region. The Regional Committee is the natural forum for discussing joint regional activities and for promoting a better understanding of TCDC. The establishment by the Regional Committee of a mechanism to advise on practical approaches to be adopted with respect to TCDC and to review the promotive measures in connexion with TCDC would be a useful development in this direction. The Regional Committee may find that the formation of a special Regional Standing Committee on TCDC would be advisable for this purpose. The Committee would meet, as necessary, to advise the Regional Director on appropriate action to further promote TCDC in the Region. Alternatively, the Regional Committee may consider it appropriate to request the Regional Consultative ad hoc Committee (Doc. EM/RC28/4) to undertake these functions.

ANNEX

KUWAIT DECLARATION
ON TECHNICAL CO-OPERATION AMONG DEVELOPING COUNTRIES (TCDC)

1. Gathered here in the City of Kuwait as individuals in search of solutions to the problems of development and conscious of the opportunities that will be offered by the United Nations Conference on Technical Co-operation among Developing Countries to be held in 1978, we declare that:
2. TCDC is a historical imperative brought about by the need for a new international order. It is a conscious, systematic and politically motivated process developed to create a framework of multiple links between developing countries. Many steps have already been taken in this direction. TCDC may be facilitated, or hindered, but it cannot be stopped.
3. The process of TCDC cannot be seen in isolation either in space or time. It must be recognized that traditional technical assistance has generally reinforced earlier forms of dependence. This has in effect tended to the stifling of self-reliant national capabilities in developing countries. It has also led to incorporating developing countries into a scientific technical and economic system dominated by the highly industrialized world. Such experience has made it evident that self-reliant national capabilities responsive to national objectives and requirements are fundamental prerequisites for viable development.
4. Self-reliance is not autarchy. It is the will and capacity for autonomous decision-making and execution in all areas of society and economy. Science and technology are essential elements of a self-reliant capability. They constitute both an approach and an instrument for orienting and shaping the whole spectrum of economic and social activity.
5. Major qualitative changes in the content and flow of technical co-operation are required to support the process of TCDC. Vertical flows from industrialized to developing countries must be restructured and new horizontal flows among developing countries must be promoted. This double challenge is an integral part of the establishment of a new international order. The creativity thus generated will benefit all countries, industrialized and developing alike.
6. TCDC must emerge from the conviction within developing countries that it is both necessary and attainable; it is a relevant input into decision-making on development.

Certain general and operative principles should inspire the application of TCDC.
Among them:

- (a) TCDC as an integral element of the development efforts of developing countries is the primary responsibility of the developing countries themselves;
- (b) TCDC should not relieve the industrialized countries from discharging their responsibilities towards the development of developing countries. On the contrary, industrialized countries should substantially increase their contribution to development and to the implementation of structural changes of the international system;
- (c) TCDC should be implemented in such a manner as to generate balanced and sovereign relations among participants in which the traditional concept of donor and recipient is eliminated;
- (d) TCDC should be an instrument of complementarity, recognizing the many differences among developing countries and the particular contributions that can be made to the overall objectives of TCDC;
- (e) TCDC should be built upon the active exercise of solidarity in the search for mutual interests. There are areas and subjects in which relevant technical co-operation can only stem from other developing countries. The problems involved do not exist in industrialized countries nor do they dispose of the technical tools to tackle them;
- (f) The demand for TCDC must be actively organized and stimulated. Unless specific public policies and concrete measures directed to this end are adopted, the inertia of traditional links will prevail. These policies will constitute an important factor in limiting the outflow of technical and professional capacities;
- (g) TCDC must promote problem-oriented and production-oriented endeavours directed towards providing alternative solutions to concrete situations. It should be built upon the analyses of both positive and negative experiences;
- (h) Traditional project evaluation concepts, cost benefit analysis and criteria for defining the relevance of projects must be modified to take into account the social benefits to be derived from TCDC as well as the respective interests of the parties to the TCDC relationship;

(i) TCDC must promote and sustain networks of information and of co-operation and for co-ordination between specialized institutions and organizations of developing countries;

(j) The environmental dimension of development should be an integral part of TCDC implementation;

(k) Education is a critical requirement for TCDC. Historical patterns of dependence have added cultural and attitudinal barriers that must be overcome for the full potential of TCDC to be realized;

(l) TCDC must consciously aim at reaching the largest number of people. It will take root only if it can create roots. It must respond to the multiple needs and potentialities stemming from the numerous professional, technical, voluntary associations and other forms of non-governmental organizations within developing countries.

7. There is already a wide variety of existing experience, knowledge and capacities available in developing countries. They must be identified, organized, promoted and utilized, to respond to particular needs expressed. The mobilization of people and institutions through self-help and full awareness of their capacities is essential for the success of TCDC; self-reliance should then emerge as a reality in the practice of development.

8. The international community, in particular industrialized countries, should facilitate the progress and achievement of TCDC to become a purposeful and dynamic process. This support should permit the latent indigenous skills, talents and competence embedded in the developing world to find full self-expression. Such capacities will then rightfully contribute to the establishment of an equitable international order.

9. No single mechanism or institution can deal with a historical process of such magnitude and complexity.

10. The following two dimensions are vital to the process of supporting national capability:

(a) Reorienting traditional technical assistance programmes and practices - both multilateral and bilateral, through basic changes in approach, concept and practice. Provision of skills and technologies, readily available with public and private commercial companies of the industrialized countries, to developing

countries, in a traditional way, must be replaced by identification and evaluation by the developing countries, jointly with their multilateral/bilateral partners of all available techniques/technologies. The developing country concerned will then select the one regarded most appropriate by it;

(b) The expert-equipment training package as the basic instrumentality of technical assistance (TA) must be replaced by selective acquisition of individual elements of the package. New flexible instruments should permit and encourage genuine technical co-operation through joint innovation and learning from mistakes.

1 . The complementary task of TCDC could call for new institutional arrangements outside the UN family, but closely associated with it. The distinctive feature of these arrangements would be that they are structurally controlled and managed by the developing countries. Nevertheless, there is a possibility for participation and financing of these arrangements by any industrialized country, which subscribes to the premise that programmes of TCDC must be controlled by the developing countries themselves. These arrangements should be built on existing institutions in developing countries. Through the involvement of these institutions in TCDC, their capabilities will be enhanced and expanded. The impetus and growth of these institutional arrangements for TCDC must come from the developing countries themselves. The existing structure for TCDC in the UNDP should play a useful backstopping role in the process.

12. It is the belief of this gathering that the UN Conference on TCDC to be held in 1978 in Argentina will be a decisive event in the evolution of a new international order. The success of this Conference will depend on the conviction and perseverance with which all participating countries, developing and industrialized, prepare themselves to deal with the major issues underlying the whole concept of TCDC. This Conference should also be seen as an opportunity for the world community to help release the latent creativity of two billion people thus opening new horizons for mankind.