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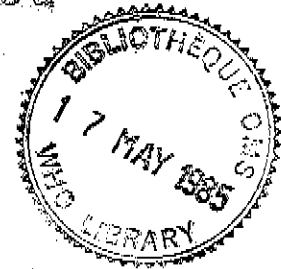
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HIGH-LEVEL COMMITTEE ON THE REVIEW OF  
TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

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REVIEW OF PROGRESS MADE BY WHO IN THE  
PROMOTION AND SUPPORT OF TCDC IN THE FIELD OF HEALTH

(1 November 1982 - 31 October 1984)

Report to the Fourth Session of the High-Level  
Committee on the Review of TCDC (HLC)  
New York, 28-31 May 1985

Submitted  
by  
the World Health Organization

GENEVA

APRIL 1985

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## 1. Introduction

1.1 Technical cooperation among all countries - developing and developed - was one of the reasons for the creation of WHO. In the WHO Constitution, the founding Member States specifically included "co-operation among themselves and with others to promote and protect the health of all people". Thus, TCDC has since the creation of WHO formed an integral part of the Organization's project and programme delivery policies, methodologies and techniques.

1.2 A new direction and impetus to TCDC was given in 1977 through the adoption by the World Health Assembly of the goal of Health for All by the Year 2000, the endorsement in 1979 of primary health care as the key to health for all, and the adoption of the Global Strategy and Plan of Action for Health for All in 1981 and 1982 respectively. Within the framework of these policies and strategies, and in particular on the basic premise that countries must share and exchange information and expertise in the development of primary health care, the importance of TCDC in the field of health has been growing steadily as the Member States have more and more recognized that the scope and complexity of the national strategies for achieving the goal of health for all are such that few countries will be able to implement them independently and without collaborative support from other countries, with experience of similar problems.

1.3 The importance of TCDC and its particular contribution to HFA was further emphasised by the World Health Assembly in 1984 in its resolution WHA37.16 - "Technical cooperation among developing countries in support of the goal of health for all" (Annex 1), in which the Member States noted with satisfaction the adoption by the Ministers of Health of non-aligned and other developing countries of a Medium-Term Programme and initial plan of action on TCDC for Health for All as a contribution by developing countries towards the implementation of WHO's Seventh General Programme of Work (see para. 2.10). The Health Assembly also called upon all Member States to give every possible support to the programme and plan of action, and to any other relevant programmes and activities based on TCDC, and to make optimal use of WHO resources, particularly at the country level, for carrying out TCDC activities.

1.4 The goal of Health for All and the strategy planning for this goal had already become visible in the activities which were reported on in WHO's report to the Third meeting of the High-Level Committee on the Review of TCDC in 1983, covering 1981-1982. The following report, for the period November 1982-October 1984, shows in particular the substantial and growing role that TCDC has played in the progress in implementing the strategies for the goal of health for all.

1.5 As TCDC is primarily the sharing of expertise among the countries in order to further their social, economic and cultural development, TCDC by definition forms the major part of WHO's supportive activities. ECDC on the other hand comprises practical collective economic actions among developing countries, requiring for the most part capital investment and/or major joint agreements to take advantage of enlarged markets' economies of scale and is therefore of more limited concern and is primarily promoted in specific areas such as joint production of essential drugs.

## 2. Promotional and supportive activities for TCDC

2.1 TCDC forms an integral part of WHO's activities and is promoted and supported in programme areas on intercountry levels when:

- the intended activity is based on agreements between governments;
- similar needs have been identified by a number of countries following a rational process of programming or a common awareness of joint problems;
- the pursuit of the activity as a cooperative effort of a number of countries is likely to contribute significantly to attaining the programme objective;
- countries practising TCDC, whether developing countries cooperating among themselves, developed countries doing so, or developed countries cooperating with developing countries, have requested WHO to facilitate or support such cooperation;

- for reasons of economy the intercountry framework is useful for pooling selected national resources, e.g. for the provision of highly skilled technical services to countries;
- the activity encompasses regional planning, management and evaluation or is required for regional coordination;
- the activity is an essential regional component of an interregional or global activity.

2.2 The Plan of Action for Implementing the Global Strategy for Health for All, adopted by the 34th WHA, includes a number of specific actions to be taken by the Secretariat in support of the formulation, implementation, monitoring and evaluation of the Global Strategy. Among the major areas for such actions which are particularly concerned with TCDC are promotion and information dissemination; the facilitation of TCDC as requested by countries in furtherance of the development of their health systems; organizing training in health systems' development particularly through facilitating TCDC; and promotion of intercountry cooperation and of intersectoral actions at international level. A TCDC component is included in most programmes and projects, particularly in such areas as training, fellowships, collaborative research, joint programmes for control of certain diseases, and exchange of experts and information between institutions. Actions in these directions have been and are being taken at different levels of the Secretariat at Headquarters, in the regional offices, and the WHO programme coordinators' offices, as well as in the WHO governing bodies.

2.3 TCDC in the field of health encompasses the examination by each country of its own needs, the review of existing resources and capabilities and, through discussion and mutual agreement with other interested countries, the selection of ways and means for the exchange and transfer of specific resources which lend themselves to cooperative activities and joint ventures. This might include, for example, the production, procurement and distribution of essential drugs and medical equipment, the development of low-cost technology for water supply and waste disposal, joint training programmes for manpower development, and collaborative research.

2.4 Within the policy, procedural and managerial framework outlined in this report, WHO has carried out during the period under review a large number of activities which contribute to the promotion and support of E/TCDC. A selection of these activities which is intended to show the scope and diversity of the WHO activities for support and promotion of TCDC is included in Annex 2 (reports from HQ programme managers) and Annex 3 (regional programmes). The role of WHO in these undertakings has evolved and has been identified as assisting in identifying opportunities and providing catalytic, coordinative, and collaborative support when such opportunities present themselves. While maintaining that the bulk of TCDC activities must originate from within and between developing countries themselves and be financed by them, WHO has placed increasing importance on its own role in the promotion and support of TCDC and continued influence in its facilitation.

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

2.6 Experiments are ongoing in several WHO regional offices in the use of "country desks", or desks for groups of countries, which inter alia will help to ensure maximum coordination of intercountry and regional activities. Relevant intergovernmental organizations are listed and events taking place within them followed up with a view to identifying suitable occasions for introducing carefully thought out proposals for TCDC in matters relating to health. Selective lists of people, institutions and training centres that could participate in TCDC are prepared and proposals are introduced in the discussion of the regional committees, some of which have set up sub-committees on TCDC.

2.7 Measures to strengthen the role of the WHO programme coordinator and representative (WPC) at country level through greater delegation of authority and responsibility have been

introduced in order to improve the management and monitoring of WHO's activities at this level, and the regions have initiated joint reviews of the policies and programmes with some member countries through the visits of multidisciplinary teams. WHO country programme coordinators are encouraging governments to approach other governments on issues that could benefit from intercountry cooperation. Substantial efforts are also ongoing to enlist the nongovernmental organizations to the support of TCDC.

2.8 Existing mechanisms for regional or geopolitical intercountry cooperation have been utilized and in some cases strengthened for cooperation in health matters as well as promotion of specific cooperative efforts. Examples of these mechanisms are the South Pacific Commission in the Western Pacific Region, the Nordic Council, the Council for Mutual Economic Assistance, the Organization for Economic Cooperation and Development and the Council of Europe in the European Region, the South Asian Regional Cooperation and ASEAN in the South-East Asia Region, and the River Plate Basin Group, the Caribbean Community, the subregional Andean Group of countries, and the Meeting of Ministers of Health of Central America and Panama in the Region of the Americas. In many regions or subregions, these mechanisms are being used to attempt to increase the flow of financial resources from the developed or richer countries to the developing and less fortunate countries, for example in the Eastern Mediterranean and European Regions.

2.9 Specialized subregional and regional intergovernmental organizations thus play a pivotal role in promoting TCDC in cooperation and with support from the WHO regional office concerned. They may, at the request of, and in close collaboration with, the country/countries involved, undertake a series of activities leading to the promotion of TCDC. In carrying out these activities they elicit support from other United Nations agencies, the United Nations Economic Commissions, or other appropriate bodies. Depending on circumstances in each case these activities include:

- undertaking analysis of technical cooperation needs and capacities in the field of health within the respective subregion or the region by assisting governments of developing countries in the identification, development, and implementation of TCDC initiatives;
- conducting appropriate studies at the request of the governments concerned and recommending to governments action programmes to enhance the contributions of the professional and technical sectors in TCDC;
- promoting joint projects in health and health-related sectors where the parties concerned specialize in their respective areas of complementarity;
- providing necessary support to national research and training centres with multinational scope;
- ensuring the economical pooling and dissemination of information on technical cooperation requirements and capacities of the developing countries within the Region;
- instituting specific actions to support the countries in establishing systems to provide basic information on needs and capacities in TCDC in the health area;
- identifying health research and training institutions or centres that might be recognized as collaborating centres of excellence in a specific and priority field. Agreements, letters of understanding or other appropriate instruments are signed with those institutions or centres so as to recognize formally their role in this mechanism of exchange and cooperation and provide for joint action in specific areas, with endorsement and support of the governments. National institutional networks are also being progressively established in selected areas.

2.10 In this connection, it is of particular importance to mention that in May 1984, the Eighth Meeting of Ministers of Health of Non-aligned and developing countries met to adopt a medium-term programme on TCDC for health for all (1984-1989), and an initial Plan of Action (1984-1985) as a contribution by developing countries towards the implementation of WHO's Seventh General Programme of Work (1984-1989). Within this framework a series of leadership development colloquia is planned for the period 1984-1986. The first of these colloquia was

held in Brioni, Yugoslavia, from 8-27 October 1984; WHO, UNDP and the host country provided technical, logistical, and financial support. Five countries (Cuba, India, Thailand, the United Republic of Tanzania, and Yugoslavia) had each sent six participants to the colloquium.

2.11 Finally, it should be mentioned that in order to promote greater awareness about the need to recognize and utilize the opportunities for TCDC among WHO staff on all levels, workshops, seminars, and other formal and informal meetings are held throughout the organization.

### 3. Analysis and assessment of TCDC experience during the biennium

3.1 In its report to the third session of the High-Level Committee on the Review of Technical Cooperation among Developing Countries, held in New York, 31 May - 6 June 1983, WHO expressed cautious optimism both as regards ongoing activities in the promotion and support of TCDC, and the prospects for the future. In particular, the report concluded that "there are clear indications that the interest of developing country governments in TCDC in the health sector is on the rise". Developments since then, as described elsewhere in this paper and in the attachments, have proved that this optimism could probably be considered justified.

3.2 As TCDC by definition forms an integral part of WHO's activities, be they on the country, regional or global level, in projects and programmes, it is however not possible to quantify or assess with any precise degree of accuracy activities specifically involving TCDC, and the number of WHO staff and consultants involved, or to make comparisons between the present and preceding reporting period in financial and budgetary terms.

3.3 However, through an analysis of the incoming statements and reports, from global programmes as well as intercountry regional programmes and projects (see Annexes 2 and 3), as well as of the policy, strategy and operational guidelines and the degree of their implementation, a picture emerges of the use of TCDC in the field of health as a tool which is promoted and supported by WHO in those activities where it offers the best solution for promoting the goals of a programme. Thus training is conducted in developing countries because it can best be done there; programme reviews in one country involve programme staff from neighbouring countries because this permits a maximal sharing of relevant experiences; equipment produced in one developing country is made known to other countries and to international purchasing agents such as UNICEF where it offers exceptional value, or competitive value for the money invested; and comparative research trials in developing countries are done, because it is in part the conditions existing in the developing world which must be reflected in the trial before conclusions relevant to the developing world can be drawn. This is the point of TCDC: it offers in a number of circumstances a better solution than any others available and is promoted for that reason. Promotion of TCDC only for the sake of TCDC is counterproductive.

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

3.5 An analysis and assessment of the experience of TCDC must also be seen against the framework and basic policies of the HFA Strategy. While those countries which undertook the first monitoring of the implementation of their strategies for Health for All in 1984 expressed *inter alia* the need for more effective cooperation among countries, particularly in the areas of training, research, information exchange and communicable disease control, the overall assessment in this national monitoring effort indicates a trend towards increased cooperation among countries, particularly in the promotion of efforts which will stimulate national health development action to support primary health care and tackle priority health problems affecting a large number of people in the countries.

### 3.6 Constraints and problems

Based on the long experience WHO has in the field of technical cooperation and in this case, in particular, the promotion and support of TCDC it is possible to identify a number of constraints and problems which need close attention, including:

**Lack of personnel:**

A major obstacle is the lack of availability of trained personnel in many developing country institutions. Where they are available, they often lack the organizational and management experience required for the identification, formulation and implementation of TCDC projects. (See also para. 4.1)

**Language barrier:**

Lack of a common language often presents a barrier to technical cooperation. This problem is a particularly crucial obstacle in promoting TCDC activities at the grass-root level, where a multitude of local languages is involved. Modern techniques of language training and the increasing capacity of many developing countries to provide bilingual training can help minimize this problem in TCDC activities among groupings of countries with common working languages and similar backgrounds.

**Lack of adequate financing:**

Another major constraint is the lack of adequate financing. While the primary responsibility for developing TCDC rests with the developing countries themselves, it is clear that many of them do not have the financial resources to discharge this responsibility.

**Attitudinal barriers:**

One of the major difficulties in the advancement of TCDC continues to be the problem of attitudinal barriers. While there appears to be no conceptual obstacles to the enhancement of mutual cooperation, and the political will to cooperate was affirmed by the developing countries at the Buenos Aires Conference, an affirmation of this political will at the technical and administrative levels is only slowly taking effect. This may partly be due to entrenched traditional bilateral relationships with developed countries or to "prestige" factors which have contributed to a mentality of dependence on the former metropolitan developed countries.

The adoption of innovative approaches to development, including TCDC, sometimes engenders resistance to change on the part of national leaders, professional groups and governmental organs. It is only through the affirmative action by the community and a wide spectrum of public and private groups and institutions through the public information media that this resistance can be overcome.

**Lack of appropriate information:**

Often related to the question of attitudinal barriers is the lack of relevant knowledge of developing countries' capacities. This points to the need for further efforts by developing countries themselves to list, evaluate and disseminate information on their capacities.

**Weakness of legal and administrative framework:**

Some countries possessing the capacity to share with others and to implement TCDC activities have not done so due to lack of facilitating agreements and the absence of administrative and financial structures, mechanisms, and guidelines that can be used in the design and implementation of TCDC. Countries should therefore be encouraged to exchange and make use of model agreements to overcome these difficulties. In addition, countries should be encouraged to enter into international agreements to facilitate TCDC.

**Lack of adequate administrative arrangements at the national level:**

While some developing countries have already established focal points for TCDC, several countries still have not done so, thus constituting an administrative constraint hindering TCDC activities.

#### 4. Utilization of the capacities of developing countries in programmes and projects of the United Nations Development System

##### 4.1 Staff and consultants:

As shown in Annex 4 for the period 1 November 1982 to 31 October 1984 the number of the staff months of "experts", i.e. WHO staff from developing countries assigned to official stations away from headquarters and regional offices, was 9728 months, equivalent to 63.2% of a total of 15 398 staff months.

The figures for consultancies refer to all consultants employed during the period in the field. The corresponding figures are 2208 consultant months for consultants from developing countries which represents 51.2% of a total of 4313 consultant months.

A discernable increasing trend has been noted in the recruitment of staff members and consultants from developing countries to work in field positions. For example, from 1976 to 1983 there was an increase of 9% (from 43% to 52%) in the number of staff and consultants from developing countries serving as experts in the field.

There is every reason to believe that this trend is continuing.

A similar trend is noted with regard to the total staff, i.e. in posts in all locations. In 1963, 66.3% of all WHO Member States were represented on the total staff, by 1978, the figure had increased to 73.2% and by October 1984 had reached 75.4% of the 162 members and associate members of WHO. The increasing percentage clearly reflects additional staff members from developing countries.

The trend among the staff employed in the field is the more note-worthy in that it has continued during the recent period when the overall number of field staff has declined rapidly - from 716 in December 1982 to 651 in December 1983 for example.

One constraint for WHO is that geographical distribution criteria are applied to field project posts exactly as to established office posts which limits the range of nationalities from which selections to those posts can be made. Of the 27 over-represented countries in WHO 25 are developing countries.

##### 4.2 Fellowships:

One of the most obvious and visible mechanisms for that major part of TCDC which consists of transfer of knowledge from one developing country to another are those fellowships, where a national from one developing country studies in another. In Annex 5, tables are included which show the number and distribution of fellowships awarded by WHO for 1984. The tables show that out of a total number of 4145 fellowships no less than 2404 (=58%) were organized in developing countries. The total cost in 1984 for fellowships amounted to 36.7 million US dollars.

##### 4.3 Supplies and equipment:

Information on purchases is provided in the table in Annex 4 which shows that of total of purchases, US\$ 91 million, 12% were obtained from the developing countries. Constant and due consideration is given to the desirability of promoting TCDC, and an increasing volume of purchases is contracted with companies in developing countries. Major groups of categories concerned include vaccines, pharmaceutical products, camping equipment and surgical dressings.

#### 5. Migration of skilled personnel and the problem of "Brain Drain"

5.1 WHO conducted a Multinational Study on the International Migration of Physicians and Nurses, the findings of which are presented in a book published in 1979, originally in English and subsequently translated into Spanish (Physician and Nurse Migration, Analysis and Policy Implications, WHO, Geneva, 1979). An abridged version of this book was published in French by the Centre de Sociologie et Démographie Médicales, Paris (Les Migrations internationales de Médecins et d'Infirmières, published in Cahiers de Sociologie et de Démographie médicales, Paris, 1978).

5.2 WHO also prepared "The Case of the United States" under the sponsorship of the Sandoz Institute for Health and Socio-Economic Studies (Foreign Medical Graduates: The Case of the United States, Sandoz Institute for Health and Socio-Economic Studies, 1980), and a study on Health Manpower Migration in the Americas sponsored by the Fogarty International Center, National Institutes of Health, US Department of Health and Welfare (Health Manpower Migration in the Americas, A. Mejia, published in Biomedical Research in Latin America: Background Studies, US Department of Health Education and Welfare, 1980).

5.3 A substantial decrease in the international flow of health manpower took place during the last part of the seventies and early eighties, when the problem of the so-called "brain drain" took a different configuration, that of the "importation of medical education". This referred to the sending of medical students, who could not be accommodated in domestic medical schools, to study in medical schools abroad. The latter contributed to the proliferation of medical schools in certain countries; some of these schools were eventually created almost entirely for foreign medical students. WHO has monitored this phenomenon through the preparation of World Directories of Medical Schools. The sixth edition of the directory is to be published in 1985.

5.4 The proliferation of medical schools has increased in some countries with the resulting overproduction of doctors. This is becoming an increasingly serious problem, particularly in view of the growing under-utilization and unemployment of doctors, which has exacerbated existing imbalances in the occupational structure of the health labour force, both within and between countries.

5.5 It is precisely the above-mentioned imbalances, characterized by an excess of doctors in some countries (or in areas within countries), with severe deficits in other areas, which provide a tremendous potential for TCDC in this domain, if appropriate strategies are developed to ensure relevance of competence to each country's unique needs. Some countries are already adopting, or considering, such strategies as part of their international health policy, e.g. Italy, Spain, Belgium, Central American and the Contadora and Andean Pact group of countries.

5.6 WHO will continue to cooperate with Member States to achieve relevance and balance in their respective health manpower systems. The objective is to promote and cooperate with countries in planning for training and deploying the number and types of personnel they require and can afford; and to help ensure that such personnel are socially responsible and possess appropriate technical, scientific and management competence, so as to develop and maintain comprehensive national health systems based on primary health care for the attainment of health for all by the year 2000.

ANNEX 1

THIRTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA37.16

Agenda item 19

15 May 1984

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

The Thirty-seventh World Health Assembly,

Reaffirming its conviction that technical cooperation among developing countries (TCDC) constitutes an important vehicle for health development and for the implementation of national health strategies;

Bearing in mind the resolutions of the United Nations General Assembly encouraging technical cooperation among developing countries, and its endorsement of the Declaration and the Plan of Action of the Buenos Aires Conference on TCDC in 1978;

Recalling resolution WHA30.43 which called on all countries to collaborate in the achievement of the goal of health for all by the year 2000, and resolution WHA32.30 endorsing the Alma-Ata Declaration of the International WHO/UNICEF Conference on Primary Health Care;

Taking into account resolution WHA31.41 which urged the strengthening of technical cooperation among developing countries and the active collaboration between WHO and the developing countries in the promotion of such programmes;

Taking note of resolution WHA35.24, adopted by the World Health Assembly congratulating the non-aligned and other developing countries on their expression of political commitment to the goal of health for all;

Noting with satisfaction the adoption by the ministers of health of non-aligned and other developing countries of a medium-term programme on TCDC for health for all (1984-1989) and an initial plan of action on TCDC for health for all (1984-1985), as a contribution by developing countries towards the implementation of the Seventh General Programme of Work;

1. WELCOMES the launching by non-aligned and other developing countries of the medium-term programme (1984-1989), together with the initial plan of action (1984-1985), being convinced that these initiatives will contribute to reinforcing the implementation of national health strategies;
2. CALLS UPON all Member States to give every possible support to this programme and plan of action and to any other relevant programmes and activities based on TCDC, and to make optimal use of WHO resources, particularly at the country level, for carrying out TCDC activities;
3. ESPECIALLY CALLS UPON the developed countries to continue to provide the developing countries, particularly the least developed among them, with technical cooperation and financial resources through multilateral and bilateral channels, including WHO, to assist in carrying out these programmes;
4. EMPHASIZES in this connection the importance of reinforcing multilateral institutionalized cooperation within the framework of priorities fixed by the developing countries and including cooperation among these countries;
5. REQUESTS the Director-General to support these programmes, drawing upon the technical and financial means at his disposal, and to mobilize technical and financial support for the medium-term programme, the initial plan of action and other TCDC programmes and activities, by strengthening collaboration with other components of the United Nations system and with other international organizations.

Twelfth plenary meeting, 15 May 1984  
A37/VR/12

SELECTED ACTIVITIES OF SPECIAL INTEREST  
IN THE AREAS OF E/TCDC PROMOTION AND SUPPORT

(Submission from WHO headquarters' programme managers)

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Annex 2

1. Biologicals

The following TCDC is in progress as interregional activities:

(a) The training of individuals for 3-6 months each in the production and quality control of vaccines. So far, 31 individuals from 20 countries have been trained in order that they may make a more meaningful assessment of the quality of vaccines used in their immunization programmes.

(b) Group training by courses held for 10-12 scientists from developing countries who are already involved in some quality control work. These have been held in seven countries for candidates within reasonable distance, and scientists from 41 countries have attended such courses.

(c) The assistance with the testing of vaccines that have either exceeded the expiry date or have been exposed to adverse temperature conditions. Some such vaccines have been tested locally and the comparison with the results of an external control laboratory will be made. This is a very simple but enthusiastically received contribution to TCDC.

(d) The publication and distribution of manuals for the production and quality control of EPI vaccines continues to be a popular activity. The manuals, including one on the tests on final vaccines used in the EPI, have been widely distributed both through individual request and through a mailing list. These publications are still in regular demand.

2. Diarrhoeal Diseases Control

Seventy-two countries have now developed sound Plans of Operations for national CDD Programmes; fifty-two of these are being implemented. In writing almost all of these plans, the experiences of other developing country programmes have been used. In many of them, staff from one developing country served as consultants in helping elaborate plans in another country.

Thirty-eight countries are now producing packets of oral rehydration salts. Problems and experiences in production in those countries which first started production are proving beneficial to those undertaking production more recently. The initial goal is for countries to be self-sufficient in production. It is hoped that once this is achieved it will be possible for countries producing a large amount of packets to export packets to smaller countries where local production may not be feasible. In this regard, WHO has urged UNICEF, the world's largest purchaser of packets, to consider the possibility of purchasing its packets from developing rather than developed countries whenever cost and quality are comparable.

In both the CDD Programme Managers' course and the Supervisory Skills course, developing country personnel constitute the large majority of staff used as "course facilitators". In this way opportunities are created for sharing experiences not only among participants but between staff and participants. The teaching method employed, which emphasizes frequent discussions between individual participants and facilitators, as well as group discussions, enhances this transfer of ideas. Programme Managers' and Supervisory Skills courses held through December 1983 have included over 1000 participants from over 100 developing countries.

Regional and national training centres have been strengthened and these now exist in 38 countries. These centres are emphasizing the clinical management of diarrhoeas, and participants include physicians, nurses, and other staff who treat patients. In many instances, the initial training centre in a country has been developed based on experiences in other countries, and with the help of developing country consultants.

The Comprehensive Programme Review process has been carried out in seven countries. The methodology for these reviews involves both national and outside staff, and these reviews provide a valuable opportunity for sharing of experiences.

Of the 231 research projects listed, 59% were in developing countries, and in many of these the preparation of protocols included an opportunity to review methods and results in other developing countries.

Review of research protocols and decisions on funding are made by global and regional Scientific Working Groups. Since developing country scientists are included in all SWGs, an additional opportunity for exchange of views and experiences is provided.

A network of six developing country institutes has been established for the undertaking of clinical trials and a network of five institutes for the undertaking of etiological studies, facilitating contacts between workers in these institutes.

### 3. Essential Drugs

In all the WHO regions there are national and intercountry programmes and projects relating to essential drugs which include inter alia drug information, drug production and supply, procurement, reference standards, and manpower training at different levels for the various elements composing a national and regional essential drug programme, as well as for managerial capacity of the drug supply system. Examples:

The Economic Community of the Great Lakes Countries (CEPGL) in Africa is engaged in developing a subregional programme on production, distribution, and sale of essential drugs. An executive secretariat has been established to coordinate among all interested parties.

In 1983, Kenya hosted two WHO Workshops and a WHO Working Group to participants from more than twenty English- and French-speaking countries in Africa to introduce to them its managerial system of drug supplies to rural health facilities and to discuss how features of it could be adapted to other health environments.

The secretariat of the Hipolito Unanue Agreement, in the region of the Americas, is responsible for implementing pharmaceutical policies of the Andean subregion. The secretariat, in cooperation with the Regional Office, has negotiated with a development bank for funding of raw materials for essential drugs production.

The Central de Medicamentos of Brazil (CEME), with collaboration from the Regional Office, is conducting a regional training programme for staff members in national essential drug supply systems.

In respect to drug information, Argentina, Mexico, and Brazil, together with Spain, will develop a clearinghouse for exchange of information on market intelligence, industrial development, and on training programmes. Four countries in the Eastern Mediterranean region drew up, in 1983, a common protocol for drug utilization studies - an area in which comparative information is particularly needed.

A series of activities have been held in respect to a decision by ASEAN health ministers to cooperate in the field of pharmaceuticals:

- i) adoption of guidelines on good manufacturing practices (GMP);
- ii) a training course for drug inspectors;
- iii) a workshop for exchange of drug information;
- iv) a seminar/workshop on drug evaluation and control;
- v) training and exchange of expertise in drug supply management and quality control.

Three technical meetings have been held (1980, 1982, 1983) on the establishment of ASEAN reference substances.

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

Pooled procurement has been attempted for a large number of island-states in the South Pacific, in the Caribbean basin, and by a grouping of eighteen countries in Africa. While there has been some positive experience (four larger islands in the Caribbean; procurement of a limited number of drugs by Gulf States), pooled procurement plans have generally not yet come to fruition due to political reasons and problems of coordination and finance.

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4. Extended Programme on Immunization

Inter-regional and inter-country training is done almost exclusively in developing countries, with most of the course facilitators chosen from previous course participants and coming from developing countries. The countries hosting the courses provide examples of immunization programme management to the course participants, both through presentations during the course, and by permitting the course participants to conduct an evaluation of immunization coverage in a geographic area close to where the course takes place. This evaluation entails participants visiting several hundred homes to perform a sample survey, with the results of the survey being discussed in plenary session with the participants and the host government. This has provided a most valuable learning experience for all involved.

The Extended Programme on Immunization (EPI) promotes the use of periodic programme reviews by a team composed of national and international staff. In these reviews, programme operations and performance are examined at central, middle and peripheral levels, generally with the review team participating in sample surveys of immunization coverage and visits to peripheral health workers and health facilities to observe immunization practices and management procedures. In general, one or more immunization programme managers from other developing countries, if possible from within the same region, participate as international team members. The review process has served as a most powerful mechanism for TCDC, providing a rich opportunity for the sharing of national experiences.

With the help of UNDP, WHO is establishing a global certification scheme permitting laboratories to participate in the quality control of vaccines used in the EPI. This scheme is only beginning, but the plan will be to have laboratories in every region, many of them in developing countries, certified by WHO as being able to perform specified quality control tests on specified types of vaccine. It is hoped that these laboratories will serve as resources to their region. While the potential also exists for developing regional schemes for vaccine production, experience in the past has revealed that this is difficult. The WHO approach is to support the production of vaccines meeting WHO requirements in developing countries wherever this can be justified on a national basis. If neighbouring countries or international buyers (such as UNICEF) find the product and the price attractive, WHO hopes they will take advantage of it.

A special effort is made to promote the manufacture of cold chain equipment in developing countries, and to publicize the existence of this equipment through the joint WHO/UNICEF dissemination of product information sheets listing the technical details concerning the product as well as its price and information on ordering. One particularly successful example of product development has occurred in the Philippines, where a small carrier, made to permit health workers to carry a day's vaccine with them to an immunization site, has served as the basis for a model now being produced in China, and has itself been purchased by UNICEF for immunization programmes in India. Cooperative trials of a variety of equipment, including solar refrigerators, vaccine shipping indicators and measles vaccine time-temperature indicators are also ongoing in a number of developing countries.

5. Health information transfer

Within the framework of WHO's Health Literature Programme, TCDC is extremely important and particularly tangible in the following areas:

Health and medical literature is produced by all countries including the lesser developed ones in either conventional or nonconventional form. The bibliographic control of this literature for the purpose of better information transfer is important since developing countries need especially to be informed about activities in countries that are at the same level of development and therefore have similar problems. This objective is met by the Health-Related Information System for the Developing Countries (HERIS).

In a similar vein of thought, the health libraries in developing countries already have considerable resources which are frequently under-utilized. National and regional networks of health libraries, literature and information services are being set up for resource sharing as a TCDC activity.

In the South-East Asia Region the main regional project is the publication of the Index Medicus for WHO South-East Asia Region which aims at a better transfer of information on the medical and health literature of the Region. In 1983 HERIS launched a joint project with the Health Services Research (HSR) Group to establish Health Services Research Information Systems at national and regional levels by identifying, collecting, processing and disseminating locally produced HSR information.

TCDC is a particularly pressing problem in Africa where intercountry cooperation in the area of health literature information transfer is practically nonexistent. A start has been made with the formation of a union list of periodicals in the major medical libraries in Africa as the first project of the Consortium. In order to tackle the problem a Workshop for Documentalists in Ministries of Health of Francophone African countries was held in Dakar, Senegal, in January 1983. Steps have been taken towards the production of an African Health Literature Index, by identifying the periodicals produced in the Region and training an indexer to be in charge of the project.

The establishment of a Regional Biomedical Information Network is actively progressing in the Western Pacific Region. The first step was constituted by the designation of national focal points around which national networks of health and medical libraries will develop. The first major network activity has been the provision of bibliographies (MEDLARS searches) and document delivery from two resource libraries in Australia.

The most developed health libraries structure is operating in Latin America. It has the form of a star-shaped network and is clustered around the Latin American Health Sciences Information Centre (BIREME), Sao Paulo, Brazil. As in the other regional networks, the main activities focus on information retrieval, document delivery, education and training, and the bibliographic control of the medical serial literature (Index Medicus Latino-Americano).

#### 6. Health Laboratory Technology

The area of activities where TCDC is involved has expanded. For example, the production department of equipment in China has now taken over the production of a photocolorimeter specifically designed for developing countries by the Clinical Research Centre in Harrow, UK. The evaluation of the three prototypes produced by China has been successful and the Chinese Health Authorities have agreed to support the large scale production of this colorimeter for other developing countries, pending final administrative arrangements. It is expected that by 1986, large scale production (1000 per year) will be initiated. This will make available to developing countries a rugged, simple to operate, highly reliable and low cost colorimeter.

With regard to the development of reagent production technology in developing countries, a collaborating centre for reagent production has been established in Shanghai. The Centre is putting major emphasis on the development and production of reagents utilized for rapid bacterial tests, particularly those applying to latex agglutination and applicable at the primary health care level.

#### 7. Health Manpower Development

The Joint WHO/UNDP Interregional Health Learning Materials (HLM) programme has already provided an excellent example of TCDC through the sharing of experience and expertise among participating countries. The aim of the programme is to assure the development of national self-reliance in the production of relevant materials for members of the health team in a limited number of countries in the first instance.

The HLM network links together ten countries (Benin, Ethiopia, Kenya, Morocco, Mozambique, Nepal, Nigeria, Rwanda, Sudan and Tanzania).

World Directories of Schools of Public Health and of Medical Schools - new editions of these two Directories are under preparation and both should hopefully be published during 1985. They may help TCDC when Member States are seeking information to improve or further develop their medical schools or schools of public health.

In 1979 an Interregional Study was started by WHO and UNICEF on the Community Health Worker (CHW) in which 13 countries utilizing CHWs participated. This study is still going

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on, a first review took place in a workshop held in Jamaica in 1980. A second review took place in 1983 in Manila, and further developments are presently taking place thanks to a grant from the AGFUND. The purpose of this study is to exchange information between the countries on the achievements, difficulties and failures experienced during the implementation of the various programmes, to find solutions whenever possible, and to undertake joint research to pave the way for further developments.

Another similar activity on primary health care has also been developed in the framework of a similar project in both English- and French-speaking countries. Workshops have successively taken place in Mozambique, 1980, Senegal, 1981, Ethiopia, 1982, and Mali, 1983. The report of this last workshop is being printed in AFRO. The importance attached by the participants to these activities, together with their involvement and commitment clearly show the value of the TCDC approach in such an undertaking in which the participation of UNICEF and WHO is considered essential.

### 8. International Drinking Water Supply and Sanitation Decade

Many of WHO's activities in the International Drinking Water Supply and Sanitation Decade activities have TCDC components. As an example may be mentioned the Decade Advisory Services Project financed by UNDP and executed by SEARO and WPRO in nine Member countries. The aim of the project is to prepare guidelines, criteria and procedures for improved planning and implementation of water supply and sanitation projects. The focus is on software components such as community participation, human resources development and institution building. It is crucial that the choice of technology and the blend of software input is harmonized.

Two intercountry workshops have been held to develop common methodologies for case study preparations and for review of the case studies and the guidelines will be published for use and follow-up by the countries participating in the project and other countries that can benefit from them.

Another example of TCDC activities is the documentation of national planning experiences for the Decade, so that the lessons learned from different approaches can be shared between countries.

### 9. Malaria Action Programme

The development of regional programmes for the coordination of training in malaria aims at the participation of all training resources in sub-regional, regional and interregional networks for the development of the needed human resources of the national programmes. In Asia an Interregional Secretariat for a Malaria Training Programme (official title: The WHO Secretariat for the Coordination of Malaria Training in Asia and the Pacific) has been established with the object of promoting and supporting the development of the regional programmes in the Western Pacific, South-East Asia and Eastern Mediterranean. The Secretariat has organized several workshops, emphasizing training methodologies and communications techniques. They are developing a modular training system for malaria control; the module for training malaria microscopists has been completed and is being field tested. The regional offices for the Americas and Africa are in the process of developing their programmes and establishing coordinating mechanisms.

For the production of test kits for the assessment of drug sensitivity of Plasmodium falciparum, the production site is in Manila, Philippines. Production staff is 100% national. The product is used in more than 50 developing countries as an essential tool for the monitoring of drug sensitivity which is an important technical concern to all countries involved. The quality control of the test kits is ensured by the Center for Disease Control (CDC), Atlanta. The test kits are also being used by institutes and government services in high-income countries. Kits for testing of susceptibility to chloroquine and mefloquine are produced in Manila. In addition, developmental studies on a similar kit for testing the susceptibility of P. falciparum to sulfadoxine/pyrimethamine combination is being carried out in South-East Asia, Africa and South America. Informal meetings of the collaborating scientists have been held in 1983 and 1984.

A WHO/AGFUND Project providing antimalaria drugs to 10 LDC's African countries was initiated in 1982 and is expected to continue through 1985. A total of US\$ 3 000 000 worth of antimalaria drugs will have been provided.

An international malariology course is being carried out in Burkina Faso and France, to train senior health workers from African countries.

#### 10. Maternal and Child Health

Most ongoing activities of the MCH/Family Planning programmes, are mainly directed towards developing countries, where mothers and children constitute the majority of the population, and are carried out in line with the principles of TCDC.

Through cooperation and collaboration among DCs in all regions, and in line with the PHC approach, WHO supports activities that promote more efficient and effective methods for the integration of maternal and child health care in all aspects of health development programmes.

Emphasis is placed on activities dealing with the collection, synthesis of knowledge and exchange of information between developing countries that have similar problems. Results of studies are utilized for development of practical intervention strategies and guidelines, and to promote technical/managerial leadership at national levels. This programme of research is being effected through a network of collaborating centres in all Regions.

Within the MCH/FP programme the following activities have been singled out as having a strong TCDC approach:

##### Appropriate Perinatal Technology:

Low birth weight and pre-term delivery are major contributory causes of both perinatal and infant mortality; they are a direct consequence of poor maternal health and nutrition, and are closely related to the unfavourable social status of women.

Efforts are being made to simplify technology in support of the use of birth weight as an indicator of progress towards health for all and as a tool for ascertaining the major likely causes of excess perinatal and infant mortality. They include development of simple weighing scales, testing of surrogate measures of birth weight, and comparative trials of different weighing instruments. Studies to establish patterns of birth weight distribution are underway in Hong Kong, India and Mauritius.

A world-wide network of WHO collaborating centres in perinatal care is being established to support the activities of the perinatal programme in China, Ethiopia, Greece, and Uruguay.

##### Field assessment of delivery technology:

Since most of the countries involved in these studies are developing and have similar problems, results and strategies can be shared in order to assist in the development of national activities.

##### Child Health, Growth and Development:

Through a network of WHO Collaborating Centres in all regions, locally relevant reference values for physical and psychological development of children will continue to be developed. These centres will be linked to form an inter-regional network to develop common methodology, and organize training courses for the trainers of health workers engaged in growth and development monitoring. Research will be undertaken to identify optimal conditions and practical interventions which will result in more optimal growth and development.

##### Family Planning including Infertility:

The programme continues to give emphasis to the review, updating and dissemination of scientific knowledge and information on fertility regulating technology and the health aspects of family planning and of family planning methods.

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### Primary Health Care:

To facilitate an exchange of expertise and experiences among countries with similar concerns, two workshops were organized in Tanzania and Zimbabwe on The Organization of MCH services in Primary Health Care. These present concrete examples of TCDC in primary health care.

### Programme Research in MCH/FP care, including the Risk Approach:

A workshop in Brazil in 1983, in the spirit of TCDC, included participants from Angola and Guinea Bissau. Promotion and training materials are being developed, including Workbook on the Planning and Execution of Research concerning the Risk Approach. A monograph on the Principles and Applications of the Risk Approach was revised. An interregional task force was convened to develop a Teacher Guide for the Training of Primary Health Care Workers in the basic concepts and use of the risk approach.

### Adolescence:

Health of adolescents including pregnancies that occur at too early an age and too closely spaced is also another typical example of projects carried out by WHO and which have a strong TCDC component.

## 11. Mental Health

In May 1977 the World Health Assembly adopted resolution WHA30.45 - Special Programme of Technical Cooperation in Mental Health in Southern African Countries requesting the Director-General of WHO to work with countries in the development of plans for relevant mental health action within general health and other social services; to facilitate cooperation between countries that will strengthen human resources and ensure the application of appropriate technologies from the field of mental health and behavioural sciences; and to make activities which deal with these problems a special focus of the WHO Mental Health Programme.

In response to this resolution the African Mental Health Action Group was formed composed of six countries, Botswana, Lesotho, Rwanda, Swaziland, U. R. Tanzania and Zambia. Three additional African countries (Burundi, Kenya and Zimbabwe) and two liberation movements (the African National Congress and the South-West Africa People's Organization) have later joined the Group, thus bringing its membership to eleven. Countries in other regions of the world are likely to use this model of TCDC and preparations are already being made for this.

The programme is implemented in close collaboration between the countries, the Regional Office for Africa and headquarters. Other UN agencies such as UNDP, UNICEF have been invited to attend the annual meetings of the Group. Activities included intercountry training workshops and seminars; participation of countries in intercountry mental health projects; joint use of WHO consultants recruited to help countries in formulating needs and programmes; and applied research (e.g., on mental health of families of migrants).

Progress in TCDC in this programme is reviewed every year during the meeting of the African Mental Health Action Group which meets for half a day during the World Health Assembly. The meeting is attended by representatives of the countries and liberation movements members of the Group, by representatives of supporting countries and agencies, and by those consultants who have undertaken assignments in the countries in the past period. The WHO Secretariat includes staff of the WHO/HQ Division of Mental Health and of AFRO.

## 12. Parasitic Diseases Programme

### Schistosomiasis:

In schistosomiasis regional training courses have been held in Harare and St Lucia in 1983. In Harare participants from Malawi, Tanzania, Swaziland, Botswana and Zimbabwe agreed that exchange of technical personnel was an important aspect of programme development. Since then personnel have exchanged visits between Swaziland and Botswana / Zimbabwe and Malawi.

In St Lucia representatives at the course from Montserrat, Antigua, Guyana, Dominican Republic, Puerto Rico, Suriname, St Lucia, have now formed a Caribbean Schistosomiasis Committee which is promoting exchange of technical personnel to aid control of schistosomiasis and intestinal parasites.

In the Eastern Mediterranean regional technical personnel from the Egyptian national schistosomiasis control programme have been seconded to Yemen and Saudi Arabia through UNDP.

#### Intestinal parasitic infections:

The WHO Parasitic Diseases Programme, in cooperation with the Regional Office for the Western Pacific, has recently organized an intercountry training course on Diagnosis, Prevention and Control of Intestinal Parasitic Infections in Tonga, from 25 September to 5 October 1984, for ten South Pacific countries. The course itself and the activities which followed the course will contribute substantially to cooperation among the South Pacific countries.

#### African trypanosomiasis:

The applied research in Ivory Coast mentioned in the previous statement is still operating, now staffed with Ivorians, a Guinean (Bissau), Togolese and several Burkinabians. Furthermore, Kenya and Uganda will start this year a joint programme for the control of Sleeping Sickness with WHO's technical support and possibly associated with research supported by WHO.

### 13. Rehabilitation

The community-based rehabilitation programme has now been set up in 26 developing countries.

Examples of TCDC are: the training of staff from one developing country in another, recruitment of consultants and staff, training and management workshop and service which have been held in developing countries. Besides, the WHO manual "Training Skilled People in the Community" is being adopted and translated into the languages of all developing countries where it is being used. Teaching and training material for rehabilitation assistants is being produced in cooperation between several sources in developing countries.

The programme is to a large extent carried out through nongovernmental organizations, such as the League of Red Cross/Crescent Societies, which provides a frame for TCDC.

### 14. Sexually transmitted diseases

In 1983 the WHO programme for the control of sexually transmitted diseases designated a second laboratory institution in a developing country (Nairobi, Kenya) as WHO Collaborating Centre, in addition to a centre in Singapore.

Both centres provide reference services and training to national staff from developing countries. Familiarity with problems prevailing in developing countries resulted in very relevant research activities and in the development of simplified medical approaches. WHO's interest in fostering the development of centres of excellence in the developing world attracted contributions from donor agencies and institutions from developed countries. During 1980-82 WHO's input from interregional funds to the two institutions was about \$13 000 and for 1983/84 about \$14 000 but these amounts were several times exceeded by contributions from development agencies (CIDA, IDRC).

### 15. Special Programme for Research and Training in Tropical Diseases

The instances of TCDC involve primarily the training of researchers from one developing country to another. In addition, seminars, workshops, and formal academic courses are supported by TDR at institutions in developing countries. These activities are primarily for the purposes of cooperation, exchange of information and training of scientists and administrators from developing countries. Other instances of TCDC occur when an institution carries out a TDR supported research project and trains scientists or technicians from another developing country as part of the technical personnel involved in this project.

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In comparison with the previous reporting (December 1983), the total instances of TCDC projects in TDR has increased from 126 to 183 (45% increase); and as for group training projects TCDC, the increase was from 69 to 80 (15% increase).

16. Strengthening of Health Services

Collaboration between Training Institutions for PHC development was initiated in 1983 in which 19 institutions from both developed and developing countries met in Dubrovnik with the purpose of exchanging experiences and information on their role in strengthening management capabilities at district level in support of their country's Health for All strategies. Several areas for follow-up activities were identified, some of which were successfully pursued by the institutions, WHO acting as a facilitator. Among these, expertise from one institution was invited to help in development of management strategy in another institution (e.g. the National Institute of Health and Family Welfare, N. Delhi with the National Institute of Health Sciences, Kalutara, Sri Lanka).

In order to enable the participating countries to analyse and exchange their experiences, UNICEF and WHO organized a consultation with Burma, Democratic Yemen, Ethiopia, Jamaica, Nepal, Nicaragua, Papua New Guinea, Indonesia.

National Health Development Network (NHDN): WHO is supporting several developing countries to mobilize and utilize their national resources, and NHDN in Ethiopia is a focal point in TCDC to exchange information.

Health and health-related authorities from high cadres of thirteen developing countries came together to continue the exchange of experiences about different models of primary health.

Strengthening Ministries of Health for Primary Health Care: This programme is aimed at building a body of regional and national expertise in planned change processes which can be shared through TCDC mechanisms.

Although health systems research activities have been increasing, most countries have not yet integrated health systems research into the managerial process for health development. An interregional consultation of professionals with experience in HSR training from thirteen countries (Cameroon, Colombia, Ethiopia, Republic of Korea, Lebanon, Malaysia, Mexico, Nigeria, Sri Lanka, Sudan, Thailand, Yugoslavia, Zambia) was convened in July 1984, in order to review and exchange experiences on the training on health systems research available in different countries and regions.

Building on the recommendation of 12 African countries, primary health care reviews were undertaken when progress achieved in primary health care implementation was assessed through the involvement of nations from each other's countries in the support of TCDC. These reviews are proving to be an invaluable tool which the countries are utilizing for identifying both the strengths and weaknesses, and through the participation of nationals from other countries ensuring a certain objectivity on the one hand and benefiting from the experiences of other countries on the other during this process.

17. Vector biology and control

Within Vector Biology and Control there are several examples of TCDC, the most important being the Blue Nile Health Project in the Sudan. The results obtained from the various research and field trial operations being carried out by the project will benefit primarily countries having similar conditions and being at a similar level of development. Already health officials from Saudi Arabia and Yemen have visited the project and spent several weeks for observation and training in this comprehensive approach to the prevention and control of the water-associated diseases. The seminars and other training activities contemplated by the Project will be participated in by people mostly from developing countries, representing a form of effective TCDC.

In the field of training the following activities have been carried out which provided TCDC. An interregional seminar on Integrated Control of Malaria Vectors held in Adana was attended by participants from developing countries. It provided an opportunity for them to

exchange views and to benefit from each other's experience; it thus made a useful contribution towards TCDC.

In collaboration with the Special Programme for Research and Training in Tropical Diseases, training centres have been created in Bogor (Indonesia), Bangkok (Thailand), Jos (Nigeria), Abidjan (Ivory Coast) and further centres are in the process of being developed. These centres train fellows from their own country as well as other countries in the region. A regional course on Vector Genetics has been organized for trainees from member countries in SEAR and WPR. The courses are held at the Faculty of Tropical Medicine, Bangkok, and the instructors are mainly from other countries in the regions.

#### 18. Virus diseases

The networks for Collaborating Centres and WHO recognized National Centres have been extended in the developing world. New Collaborating Centres include one specializing on enterovirus in Kunming, China, one on haemorrhagic fever with renal syndrome in Seoul, Republic of Korea, one on dengue haemorrhagic fever in Kuala Lumpur, Malaysia and one on Rift Valley fever in Nairobi and Kabete, Kenya. Networks for National Centres on Viral Hepatitis and Enteroviruses have been set up. Two of the five National Enterovirus Centres recognized by WHO are in India. There are now 45 WHO recognized National Centres for Viral Hepatitis, the majority of them in the developing world, and several others are in the process of being established by their respective governments.

Techniques for rapid virus laboratory diagnosis, cell culture, diagnosis of poliomyelitis, measles, hepatitis and influenza have been taught. In addition, workshops to train the participants in diagnostic procedures of perinatal infections, arbovirus infections, respiratory virus infections, other than influenza and rotavirus infections were organized, including techniques for reagents preparation in some of these virus systems. Guidelines for the laboratory procedures have been developed for some of them. Teaching is followed up by provision of reagents, the support of the corresponding WHO Collaborating Centre for Reference and Research, and the assessment of proficiency.

#### 19. Zoonoses control

In June 1984 a new Statute of the Programme came into effect endorsing cooperation in the spirit of TCDC between WHO and 17 participating governments; this Statute had been addressed to all Arab and European Member States of WHO, following the desire of the Programme's Joint Coordinating Committee in 1983 that the Programme be extended to cover additional countries than just those bordering the Mediterranean Sea. A further recent meeting of the JCC stressed the Programme's continuation with intercountry cooperation in activities covering all aspects of four major zoonoses and including training.

SELECTED ACTIVITIES OF SPECIAL INTEREST  
IN THE AREAS OF E/TCDC PROMOTION AND SUPPORT

(Submission from WHO Regional Offices)

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AFRO

In September 1983 the Regional Committee for Africa took note of the report submitted by its Standing Committee on TCDC and recommended that attention be given to health manpower training, control of diarrhoeal diseases, transfusion centres and blood banks, and health information systems, as some of the specific areas that might offer openings for TCDC, as well as several other areas proposed by the three subregional working groups on TCDC.

Furthermore, financial and technical support has been allocated to Mozambique for strengthening health personnel in frame TCDC between Mozambique and Zambia. WHO mobilized US\$ 500 000 for 1984-1985 and the Zambian Government released more than 60 health experts in different fields of development services, laboratory and training. This TCDC promotional initiative is considered as pilot TCDC activities. WHO supported three subregional meetings on TCDC technical activities in the following fields: (i) effects of industrial waste; (ii) traditional medicine and the African pharmacopoeia; (iii) intersectoral coordination in primary health care in light of technical cooperation among developing countries; (iv) organization of maternal and child health and TCDC; (v) International Drinking Water Supply and Sanitation Decade - mid-decade evaluation. The above meetings were held in March 1984 respectively in Guinea Bissau, Brazzaville (Congo) and Blantyre (Malawi). Fifty health African experts participated in these TCDC meetings and WHO has mobilized an estimated amount of US\$ 250 000 for technical visits by representatives of member states to other countries of the region for exchange of information and experience in primary health care programmes.

AMRO

In the Region of the Americas the Director of PAHO, Regional Director of the Regional Office of WHO for the Americas, submitted to the last PAHO Directing Council/Regional Committee of WHO, a document entitled "Guidelines for the Promotion of TCDC-ECDC in the Health Sector with the Collaboration of PAHO/WHO". It proposes general and specific actions designed to facilitate, encourage, and systematize the utilization of TCDC and ECDC mechanisms in the solution of certain priority problems in the implementation of the strategies of Health for All.

The Central American governments with the support of PAHO/WHO and UNICEF formulated the Plan, "Priority Health Needs in Central America and Panama", through the exercise of what could be stated as the best example of a TCDC effort. Nearly 600 national experts worked together through the period of one year identifying priority areas of action and on the projects comprised in those areas. They established that the projects to be included in the Plan should have an intercountry character and that the national projects will be linked to the intercountry effort. The governments of Central America and Panama are seeking support to this initiative from the international community.

The Plan seeks to mobilize resources on behalf of the most vulnerable sectors of the population, particularly children, the rural and urban poor and those displaced by current violence, striving to satisfy basic needs and to contribute to the well-being of the people.

Examples of TCDC

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

Andean Group:

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

CARICOM:

PAHO and its centres, CAREC and CFNI, are promoting and utilizing TCDC through its programmes and activities in the English Speaking Caribbean Countries.

### Annex 3

Examples of TCDC in this subregion are: the Programme on Training of Allied Health Personnel Programme, and the Regional Education Programme for Training of Animal Health and Veterinary Public Health Assistants. In both cases, funding has been provided by UNDP and technical and administrative support given by PAHO/WHO. The participation of the countries in conducting the programmes has progressively increased, and the overall management responsibility of the programmes is being transferred to CARICOM.

#### Health Manpower Programme

##### PASSCAP:

Initially funded by UNDP has continued to operate through its network of national focal points, with a greater participation of the Ministries of Health of Central America and Panama. The main activities of the programme are: applied research, planning of health manpower and development of formal training programmes and/or continued education. PASSCAP was responsible for coordinating activities in the formulation of the projects comprised in the priority area of Human Resources of the Central America and Panama Plan of Priority Health Needs.

#### Educational Technology for Health

The programme has promoted the establishment of a network of 23 national nuclei for Educational Technology for Health, which is progressively operating in the TCDC context for information exchange and training of health personnel.

#### PROASA

This programme with financial resources from the Kellogg Foundation, has promoted the establishment of nine national nuclei for programmes in training in advanced health administration. It is expected that this network will continue to operate in the TCDC context and supporting other national health programmes and networks like in M.C.H.

#### EMRO

In the Eastern Mediterranean Region, the Demonstration, Training and Research Centre for Oral Health in Damascus, and the Regional Training Centre for Maintenance of Repair of Medical Equipment in Cyprus, contribute successful examples of TCDC projects in EMR.

Following are a few selected activities implemented in the TCDC spirit and according to the TCDC concepts:

- The WHO supported Regional Training Centre for Maintenance and Repair of Medical Equipment in Cyprus continues to train technicians from the Region.

- Training centres in Sudan, mostly for middle level workers have also been training candidates from Somalia, Yemen Arab Republic and People's Democratic Republic of Yemen.

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

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

- Sudan and Kenya, through AMREF based in Nairobi, have been collaborating in PHC activities in the Southern Sudan. The main areas of joint action are training of tutors, primary health care workers and the production of relevant learning materials.

- An active cooperation programme is being evolved with the International Centre for Diarrhoeal Diseases Control, Bangladesh. WHO sponsors the participation of nationals from the Region in the training courses organized by the Centre.

- Malaria coordination meetings between neighbouring countries (particularly in the Gulf Area) continue to be held with support from WHO, the Arab League and the Secretariat General of Health of Arab countries of the Gulf Area.

- A TCDC document on national planning for IDWSSD was formulated by a national in Somalia for use in neighbouring countries.

- A number of intercountry meetings and workshops were held notably:

- (a) The Confederation of African Medical Associations and Societies (CAMAS) under the co-sponsorship of WHO, organized a Workshop and Congress on the Changing Roles of Health Centres in Primary Health Care.
- (b) An Intercountry Meeting on Rational Use of Essential Drugs in Primary Health Care was organized in Nicosia, Cyprus from 24 to 28 September 1984.

The Governments of Bahrain, Cyprus, Egypt, Iraq, Jordan, Libya, Kuwait, Oman, Qatar, Saudi Arabia, Syria and UAE nominated participants. The consultants and temporary advisers came from Barbados, Democratic Yemen and India.

As regards ECDC, a lot of voluntary contributions from the more fortunate countries of the Region have been made to the less fortunate sister countries, e.g. Kuwait to EPI in Democratic Yemen, Somalia and Sudan, and to the Blue Nile Health project in Sudan. Libya, to TB and Endemic Diseases Control Programmes in Democratic Yemen. Saudi Arabia contributed to the Regional Programmes in the Sudan and Yemen. Qatar to the Blue Nile Health Project in Sudan and for WHO programmes in EMR. UAE to WHO programmes in EMR.

#### EURO

The European Region of the World Health Organization includes middle-income developing countries such as Morocco, Portugal and Turkey, and until recently, Algeria, in which drinking-water supply from point-sources still plays major roles in rural areas, and so does sanitation without sewers.

Following the cholera epidemic in the summer of 1974 in Portugal, the Portuguese Directorate-General of Health, through its Sanitary Engineering Unit, implemented a large-scale operation to improve the protection of shallow wells, water quality surveillance, and to improve the hygienic quality of rural latrines and aqua-privies in urban fringes.

The experience made in Portugal is now used for the benefit of other countries of the Region, mainly for Algeria. WHO/EURO has organized collaborative links between Portuguese sanitary engineers and the EH Unit in the Ministry of Health in Algeria for joint development of a Code of Practice for rural water supply and sanitation, in French.

The Code is to be adopted to Moroccan conditions. It will also be translated into Turkish for use in that country.

Collaboration was pursued in the European Region with the Council of Europe, particularly regarding the European pharmacopoeia, prevention of hospital infections, and postbasic nursing training. Health policy and training were discussed with the Commission of the European Communities. The role and contribution of the medical profession in the achievement of regional targets was discussed with representatives of national medical associations on 7 and 8 December.

#### SEARO

The implementation of Research Promotion and Development in the South-East Asia Region takes into account the possibility of networking of research institutions and expertise for attempting solutions to the research problems on a joint basis. The South-East Asia Advisory Committee on Medical Research has in particular stressed the need for greater emphasis on TCDC.

Ministers of health of countries of the South-East Asia Region took the initiative for development of a technical cooperation programme to mobilize resources through national

### Annex 3

efforts. High-level bilateral discussions on aspects of cooperation were held in a committee of senior national officials of countries of the Region who met in Yogyakarta, Indonesia, in April 1984 to discuss modalities of intercountry cooperation. An interregional seminar on health for all was held from 26 August to 7 September 1983 and health ministers of countries of South-East Asia discussed progress in the implementation of strategies at their fourth meeting, held in New Delhi from 25 to 27 September 1983. The Regional Committee for South-East Asia reviewed TCDC progress particularly in health manpower development, immunization, and the control of diarrhoeal diseases.

Seven countries of the South Asia region consisting of Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka have mutually decided to embark upon a programme for cooperation among themselves. This programme (called SARC) was initiated by a meeting of foreign ministers of these countries and has been coordinated by the foreign secretaries. Health was selected as a suitable subject for cooperation at the very first meeting. WHO/SEARO has been providing technical support to the meetings of technical committee on health of the South Asia Nations. The technical committee has decided to encourage the use of TCDC mechanisms in the areas of malaria, tuberculosis, leprosy and rabies and diarrhoeal diseases control. Projects undertaken under this are expected to be funded by the participating countries with third party funding, if felt necessary. (See also Annex 6 for an example of one of the approaches which is used by the countries in the region, and under the auspices of the regional office to examine and coordinate TCDC assets and needs in the region.)

### WPRO

In the Managerial Process for National Health development in the Western Pacific Region, under a UNDP-funded intercountry project, five trainers/facilitators from five South Pacific countries have been trained. These trainers have in turn provided technical support to national workshops/seminars in countries in the South Pacific.

Cardiovascular diseases, acute respiratory infections and the Expanded Programme on Immunization were given prominence in the 1983 report of the sub-committee on TCDC of the Regional Committee.

Support has been provided to the Manila Health Department in the development of urban primary health care. To date, the project has been visited by over 200 health staff from other countries and international organizations. There has been a good level of contact between the project staff and those staff in the Republic of Korea who are involved in urban primary health care development. Furthermore, key staff of the Manila urban primary health care project have visited the Republic of Korea and Singapore to observe primary health care developments in and expand their contacts.

The UNDP funded regional project, technical cooperation among ASEAN countries on pharmaceuticals, was initiated in 1982. Each ASEAN country has been assigned specific technical areas of responsibility serving as focal point (national coordinator) in their respective specialities. In 1983-1984, in addition to fellowship training and provision of supplies and equipment, there were four workshops on the following: drug information; good manufacturing practice; regional standards and reference substances; and drug evaluation. These are just a part of a series of workshops/seminars planned up to 1986.

The Hospital Computer Centre of the University of Tokyo Hospital has been designated as a WHO Collaborating Centre for Medical Information. This centre has agreed to provide technical advisory services and training to health staff of countries/areas in the region on modern information processing technology, as well as to give state-of-the-art reports from time to time to keep countries abreast of developments in computer technology.

In biomedical information, WPRO is pursuing further the development of a regional biomedical information network through the conduct of two study missions participated in by library focal points from six countries.

UTILIZATION OF THE CAPACITIES OF DEVELOPING COUNTRIES IN PROGRAMMES  
AND PROJECTS OF THE UNITED NATIONS DEVELOPMENT SYSTEM

1 November 1982 - 31 October 1984

EXPERTS

Total provided		Obtained from developing countries			
W/M	\$	W/M	000\$	% of total W/M	% of \$
15 398	88 169	9 728	53 702	63.2	

CONSULTANCIES

Total provided		Obtained from developing countries			
W/M	\$	W/M	000\$	% of total W/M	% of \$
4 313	21 565	2 208	11 040	51.2	

EQUIPMENT

Total provided		Obtained from developing countries		% of total provided
(000\$)		(000\$)		
91 000		11 000		12

FELLOWSHIPS

January 1983 - December 1984

Total provided		Tenable in developing countries (information not available)			
Person months	%	Person months	\$	% of total months	% of \$
41 906	not available				

ANNEX 5

FELLOWSHIPS AWARDED BY THE WORLD HEALTH ORGANIZATION

WHO FELLOWSHIPS, 1984

DISTRIBUTION BY COUNTRY OF STUDY

Studying in: AFRO	Fellows originating from:						Total
	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	
Algeria	-	-	2	-	-	-	2
Angola	17	-	-	-	-	-	17
Benin	62	-	-	-	-	-	62
Botswana	2	-	-	-	-	-	2
Burkina Faso	8	-	2	2	-	-	12
Cameroon	14	-	-	-	-	-	14
Central African Republic	4	-	-	-	-	-	4
Chad	1	-	-	-	-	-	1
Comoros	1	-	-	-	-	-	1
Congo	17	-	-	-	-	-	17
Ethiopia	6	-	-	-	-	-	6
Gabon	1	-	-	-	-	-	1
Ghana	4	-	1	-	-	-	5
Guinea	1	-	-	-	-	-	1
Ivory Coast	21	-	-	-	-	-	21
Kenya	28	-	4	-	-	-	32
Lesotho	3	-	-	-	-	-	3
Liberia	1	-	-	-	-	-	1
Madagascar	3	-	-	-	-	-	3
Malawi	3	-	-	-	-	-	3
Mali	29	-	-	-	-	-	29
Mauritania	3	-	-	-	-	-	3
Mozambique	3	-	-	-	-	-	3
Niger	3	-	-	-	-	-	3
Nigeria	95	-	-	-	-	-	95
Senegal	57	-	-	-	-	-	57
Sierra Leone	22	-	-	-	-	-	22
Swaziland	5	-	-	-	-	-	5
Togo	134	-	-	-	-	1	135
United Republic of Tanzania	3	-	-	-	-	-	3
Zaire	6	-	-	-	-	-	6
Zambia	4	-	-	-	-	-	4
Zimbabwe	19	-	-	-	-	-	19
<b>Total</b>	<b>580</b>	<b>-</b>	<b>9</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>592</b>

WHO FELLOWSHIPS, 1984 (continued)

Studying in: AMRO	Fellows originating from:						Total
	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	
Antigua & Barbuda	-	1	-	-	-	-	1
Argentina	-	1	-	-	1	1	3
Barbados	-	4	-	-	-	-	4 (21)
Bermuda	-	9	-	-	-	-	9
Brazil	6	4	-	-	1	1	12
Canada	6	1	-	3	8	14	32
Chile	-	9	-	-	-	-	9
Colombia	-	4	-	-	1	-	5
Cuba	1	20	-	-	-	5	26
Jamaica	-	16	-	-	-	-	16
Mexico	-	14	-	-	-	-	14
Panama	-	7	-	-	-	-	7
St Vincent and the Grenadines	-	13	-	-	-	-	13
Trinidad & Tobago	-	2	-	-	-	-	2
United States	31	15	18	17	124	144	349 (8)
US Virgin Is.	-	3	-	-	-	-	3
Uruguay	-	17	-	-	-	-	17
Venezuela	-	5	-	-	-	-	5
<b>Total</b>	<b>44</b>	<b>145</b>	<b>18</b>	<b>20</b>	<b>135</b>	<b>165</b>	<b>527 (29)</b>

Studying in: EMRO	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	Total
Bahrain	-	-	12	-	-	-	12 (36)
Cyprus	-	-	23	-	-	-	23
Democratic Yemen	-	-	-	-	-	-	- (25)
Egypt	1	-	36	-	1	-	38 (33)
Iran, Islamic Republic of	-	-	-	-	-	-	- (1)
Iraq	-	-	32	1	-	-	33 (12)
Jordan	-	-	20	-	-	-	20 (14)
Kuwait	-	-	-	-	-	-	- (17)
Lebanon	-	-	1	-	-	-	1
Oman	-	-	-	-	-	-	- (20)
Pakistan	-	-	9	-	1	-	10 (44)
Saudi Arabia	-	-	1	-	1	-	2 (1)
Somalia	-	-	-	-	-	-	- (30)
Sudan	-	-	29	-	-	-	29 (2)
Syrian Arab Rep.	1	-	4	-	-	-	5 (24)
Tunisia	12	-	5	-	-	-	17
Yemen	-	-	3	-	-	-	3
<b>Total</b>	<b>14</b>	<b>-</b>	<b>175</b>	<b>1</b>	<b>3</b>	<b>-</b>	<b>193(259)</b>

Annex 5

WHO FELLOWSHIPS, 1984 (continued)

Studying in: EURO	Fellows originating from:						Total
	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	
Austria	1	-	-	8	1	-	10 (20)
Belgium	19	-	9	17	-	2	47 (21)
Bulgaria	-	-	9	-	1	-	10
Czechoslovakia	-	-	-	13	2	-	15 (26)
Denmark	-	-	3	15	12	11	41(111)
Finland	-	-	1	7	1	2	11 (6)
France	81	2	49	44	1	3	180
German Dem.R.	-	-	1	-	9	2	12
Germany, Fed.R.	-	-	4	48	4	23	79 (51)
Greece	-	-	1	1	1	6	9 (26)
Hungary	3	2	3	4	10	2	24
Ireland	2	-	5	-	-	-	7 (13)
Italy	2	-	4	10	1	9	26 (27)
Morocco	6	-	1	-	-	-	7
Netherlands	1	1	10	49	22	10	93 (20)
Norway	-	-	5	11	1	3	20
Poland	-	-	-	11	-	-	11
Portugal	7	-	-	1	-	-	8
Romania	-	-	5	-	2	2	9
Spain	-	3	-	1	-	-	4
Sweden	-	-	9	27	11	21	68 (5)
Switzerland	2	-	4	16	1	9	32
Turkey	-	-	-	-	5	4	9 (11)
USSR	-	-	9	2	47	11	69
United Kingdom	50	-	89	71	76	45	331 (22)
Yugoslavia	-	-	3	9	1	1	14
<b>Total</b>	<b>174</b>	<b>8</b>	<b>224</b>	<b>365</b>	<b>209</b>	<b>166</b>	<b>1 146(359)</b>

Studying in: SEARO	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	Total
Bangladesh	-	-	-	-	5	-	5 (44)
Burma	-	-	-	-	20	5	25 (31)
India	2	-	29	-	282	21	334(160)
Indonesia	-	-	-	-	214	14	228 (93)
Maldives	1	-	-	-	-	-	1
Mongolia	-	-	-	-	-	-	- (14)
Nepal	-	-	-	-	19	-	19 (63)
Sri Lanka	1	-	1	-	86	-	88 (45)
Thailand	-	-	14	-	255	21	290 (55)
<b>Total</b>	<b>4</b>	<b>-</b>	<b>44</b>	<b>-</b>	<b>881</b>	<b>61</b>	<b>990(505)</b>

WHO FELLOWSHIPS, 1984 (continued)

Studying in: WPRO	Fellows originating from:						Total
	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	
Australia	2	-	-	1	26	104	133 (17)
China	-	-	-	-	11	10	21 (87)
Fiji	-	-	-	-	2	52	54 (28)
Guam	-	-	-	-	-	2	2
Hong Kong	-	-	2	-	2	1	5
Japan	-	1	-	-	12	49	62 (94)
Malaysia	-	-	4	-	70	39	113 (97)
New Caledonia	-	-	-	-	1	-	1
New Zealand	-	-	-	-	1	48	49
Papua New Guinea	-	-	-	-	-	39	39
Philippines	-	-	1	-	43	42	86(111)
Republic of Korea	-	-	4	-	14	19	37(151)
Samoa	-	-	-	-	-	10	10 (20)
Singapore	1	-	-	-	29	45	75
Tonga	-	-	-	-	-	-	- (33)
Viet Nam	-	-	-	-	-	10	10
<b>Total</b>	<b>3</b>	<b>1</b>	<b>11</b>	<b>1</b>	<b>211</b>	<b>470</b>	<b>697(638)</b>
<b>Global total</b>	<b>819</b>	<b>154</b>	<b>481</b>	<b>389</b>	<b>1 439</b>	<b>863</b>	<b>4 145(1 790)</b>

ANNEX 6

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR  
SOUTH-EAST ASIA

Meeting of Ministers of Health of  
Countries of WHO South-East Asia  
Region, New Delhi, India  
25-27 September 1984

SEA/HM.Meet.4/INF.1  
6 August 1984

Agenda item B(2)

IDENTIFIED NEEDS AND INDICATED POTENTIAL FOR SUPPORT

PHASE I AREAS

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Annex 6

IDENTIFIED NEEDS AND INDICATED POTENTIAL FOR SUPPORT

PHASE I AREAS

AS ON 31 JULY 1984

COUNTRY INDICATING NEEDS	ACTIVITIES	INDICATED POTENTIAL FOR SUPPORT	
		Country	Details
BANGLADESH	<u>Health Manpower Training</u>		
	Study tour on educational technology and school health education	THAILAND	Can provide basic certificate course for 10 persons at Chulalongkorn University
	Diploma in health education	THAILAND	Can arrange study tour for 1 person on population education at Mahidol University
	Degree/diploma/certificate courses in various subjects of nursing	THAILAND	Can provide 12 weeks intermediate level certificate courses in cardiovascular nursing, critical care nursing and paediatric nursing at Mahidol University
	Degree/diploma/certificate courses in immunology, drug analysis, microbiology, laboratory animal management, breeding and maintenance of laboratory mice, tissue culture, virology, serum production	THAILAND	Can provide advanced training for 2 persons each in anti-serum production, serotyping of enteric pathogens, isolation and identification of miscellaneous bacteria including anaerobes, isolation and identification of all mycotic agents, identification of the fungi producing toxins and isolation identification of viral etiological agents of acute diarrhoea by ELISA and IEM. Also in quality control in clinical chemistry for 2 weeks for three persons at the Department of Medical Sciences
	Diploma course in food science and nutrition education		
	Educational methodology for teachers of paramedical institutes	THAILAND	Can make available six seats for six weeks at Ministry of Public Health and 10 seats at Chulalongkorn University
	Training in sanitation, laboratory technique, radiography technique, dental technique and pharmacy		Can arrange training for 1-3 persons in laboratory technique and radiology technique. Also for dentistry for 1 person

COUNTRY INDICATING NEEDS	ACTIVITIES	INDICATED POTENTIAL FOR SUPPORT	
		Country	Details
Bangladesh (continued)			Can arrange an observation tour for 1 person for 6 weeks on dental technique at Chulalongkorn University
	Degree/diploma/certificate courses in urology, cardiac surgery, kidney transplantations, vascular surgery, nephrology, gastro-enterology, neuro-physiology, clinical pharmacology, medical biochemistry, virology, immunology, ultrasonogram, catscan, histopathology, cytopathology, oncology and cancer chemotherapy		Can arrange advanced training for 1 person each in neuro-physiology, clinical pharmacology, virology immunology and medical bio-chemistry at Mahidol University
			Can arrange one seat in urology
			Can make available 1-3 seats in nucleo radiology and ultra-Sonogram and CAT SCAN at Chulalongkorn University
	Diploma course in hospital administration		
	*Training in research and teaching methods. Training in equipment maintenance		
	Expert in O.T. techniques. Expertise in critical care/paediatric nursing	THAILAND	Can make available experts for 8 weeks in intensive care nursing and orthopaedic nursing
	Expert in psychiatric/mental health services		
	Experts in vaccines/toxoid/serum technology and quality control		
	Experts in drug analysis, water and food analysis, maintenance and repair of electro-medical equipment and diagnostic bacteriology and virology		
Plastic anatomical models			
Technology for operation and maintenance of offset printing press and A.V. equipment			

Annex 6

COUNTRY INDICATING NEEDS	ACTIVITIES	INDICATED POTENTIAL FOR SUPPORT	
		Country	Details
Bangladesh (continued)	Collaborative research in procedures for drug/food/water analysis, modernization of vaccine preparation and diagnostic methods		
	Field service research in nutrition		
	<u>Control of Diarrhoeal Diseases</u>		
	*Study tour on field implementation of O.R. therapy		
	*Training in clinical management and programme management		
	*Development of training manual		
	Exchange of information on operational and epidemiological aspects of NCDD Programme (ORT component)	THAILAND	Ready to exchange information
	Improved technology of ORS produc- tion - large-scale production in automated and semi-automated units		
	(a) Consultant in the production and quality control of ORS	THAILAND	Can make available a consultant
	(b) Expertise in operation and maintenance	THAILAND	Can make available a consultant
	Procurement of SEAR-produced and available equipment for ORS production		
	<u>Immunization</u>		
	Course in epidemiology (3 seats)	THAILAND	Can arrange study tour for 3 persons for 1 month
	Course in quality control of vaccine (1 seat)		
	Refrigerator repair and maintenance (2 seats)	THAILAND	Can provide basic training for 2 persons for 1 month
	Expert in epidemiology (3 months)	THAILAND	Can make available a consultant for 1 month
	Expert in EPI management and evaluation (6 months)	THAILAND	Can make available a consultant for 1 month

COUNTRY INDICATING NEEDS	ACTIVITIES	INDICATED POTENTIAL FOR SUPPORT	
		Country	Details
Bangladesh (continued)	Expert in quality control of vaccines (3 months)	THAILAND	Can make available a consultant
	Supplies and equipment: cold boxes, vaccine carriers, cold pack, BCG vaccine, DPT vaccine, freezer		(The needs of BANGLADESH in all the three areas are still under the consideration of the Governments of BURMA, INDIA, INDONESIA and SRI LANKA)
	Product technology for local production of cold box		
	Health services research and research on public information and community participation		
	Reference standards for vaccines, toxoids, antigens, antisera and quality control		
	Yellow fever vaccine		
	Fermentation technology and instrumentation techniques		
BHUTAN	<u>Health Manpower Training</u>		
	Six seats per year in undergraduate (MBBS) course	BANGLADESH	Can make available 6 seats per year
	Post-graduate course in medicine, surgery, obstetrics and gynaecology		
	Certificate course for laboratory technicians, dental technicians, radiographers, dental hygienists and opticians (2 to 4 per year)	INDIA	Can make available 1 seat per year for optician course
	Consultant malaria entomologist (3 to 6 years)		
	Teacher consultant for training of village-level health volunteers	NEPAL	Can make available an expert
BURMA	<u>Control of Diarrhoeal Disease</u>		
	Observation and familiarization with operational NCDD programme	THAILAND	Can arrange study tour for 2 persons for 1 month
		BANGLADESH	Can arrange study tour/training at NORP/NCDDP/ICDDR-B in:

Annex 6

COUNTRY INDICATING NEEDS	ACTIVITIES	INDICATED POTENTIAL FOR SUPPORT	
		Country	Details
BURMA (continued)			<ul style="list-style-type: none"> <li>- Technology of cottage scale ORS production</li> <li>- CHW training</li> <li>- Community level care, health education and multinational aspect of diarrhoeal diseases</li> </ul>
	STC - Epidemiological surveillance		
	Technology development and information exchange	THAILAND	Can arrange for 1 person for a period of 2 weeks to 1 month
	Technology development		
	- large scale		
	- cottage scale		
	- laboratory services		
	Clinical management		
		=	=