REPORT OF THE SUB-COMMITTEE OF THE
REGIONAL COMMITTEE ON TECHNICAL COOPERATION
AMONG DEVELOPING COUNTRIES

The Sub-Committee of the Regional Committee on Technical Cooperation among Developing Countries met on 28 and 29 June 1984 to consider the report on the country visits of its members to the Philippines, Papua New Guinea and Fiji from 26 March to 9 April 1984 and to make recommendations for promoting technical cooperation among countries or areas in the Region in the field of training in primary health care, with particular reference to its managerial and support aspects.

The report of the Sub-Committee is hereby presented for the consideration of the Regional Committee. Section 3 contains its recommendations and the proposal that the next topic for review should be the technical cooperation aspects of traditional medicine, with particular reference to herbal medicine and acupuncture.
I. INTRODUCTION

The Sub-Committee on Technical Cooperation among Developing Countries (TCDC) held its fifteenth meeting in Manila on 28 and 29 June 1984 to address the subject of technical cooperation in training in primary health care, with particular reference to its managerial and support aspects. The following members were present:

Dr Zhang Yine, China
Dr Chee Chin Seang, Malaysia
Dr Shyn-Il Joo, Republic of Korea.

The member from New Zealand was unable to attend.

The following members of the Sub-Committee of the Regional Committee on the General Programme of Work attended as observers:

Dr Ian D. Welch, Australia
Dr Faga Panapasa, Fiji
Mr Andrew Posong, Papua New Guinea
Dr Flora Bayan, Philippines
Dr E.H. Monteiro, Singapore
Dr S. Foliaki, Tonga
Dr Nguyen Thanh Do, Viet Nam.

Dr Chee Chin Seang, Malaysia, was designated as Chairman.

In his welcoming address, the Regional Director reaffirmed the commitment of WHO to the promotion of technical cooperation among countries and cited earlier resolutions of the Thirty-first World Health Assembly, as well as resolution WHA37.16 of the recently concluded Thirty-seventh World Health Assembly on technical cooperation among developing countries in support of the goal for health for all (Annex 1). He recalled that technical cooperation among developing countries referred to an activity or activities undertaken by one country in cooperation with another or with an external body or with both, and was to be encouraged since it promoted self-reliance. The need for such cooperation was particularly significant in the field of training in primary health care and he hoped that the Sub-Committee would recommend means of mobilizing the possibilities within the Region.

It was noted that the four members of the Sub-Committee had made a country visit to the Philippines in March 1984 and that, subsequently, three members had visited Papua New Guinea and Fiji.

The Sub-Committee had before it the following main background documents:

(1) Report on the country visits to the Philippines, Papua New Guinea and Fiji

(2) Overview of the programme of organization of health systems based on primary health care in the Western Pacific Region

(3) Information on training activities in primary health care, 1982-1983.
2. OBSERVATIONS

The Sub-Committee observed that training was essential for the development of national primary health care programmes, which should be directed to the health service staff, the community and the leaders. This required the commitment of both the training institutions and the health services at all levels, who should coordinate their efforts to ensure that the principles of primary health care were included in the teaching of future health workers. The Sub-Committee also noted: (1) the need to ensure at all times strong political support for primary health care, which tended to experience intermittent surges of interest and enthusiasm; (2) the need to address certain weaknesses in health planning and management and to strengthen capabilities at all levels; (3) the need to remedy certain inadequacies in the monitoring and evaluation of training activities; and (4) the need to standardize training programmes for village health workers.

It was noted that all sixteen countries or areas that formed the subject of the review were undertaking reorientation of their existing staff to the primary health care approach, with emphasis on community participation and intra- and intersectoral coordination. All countries were also making efforts to improve the planning and management of their health system. However, there was still room for considerable improvement in this respect and enthusiasm and efforts needed to be sustained. Some countries were introducing changes in the curricula of their health workers to orient these to primary health care; a number of them were preparing village health workers while seven countries had ongoing research and development projects in primary health care.

It was also observed that some countries had reached an advanced stage of implementation of certain policies in consonance with the health-for-all goals, and that their experience could be useful to others interested in specific policies. For instance, one country had taken steps to integrate health and medical service administration in spite of strong initial opposition from some members of the health sector; another had implemented the policy of decentralization with corresponding changes in the structure of the central levels, while two were more advanced in the modification of curricula for the training of certain health staff categories. This information would be very useful in ensuring the appropriate placement of fellows and observers and in selecting national staff to be sent to other countries when requests were received for technical cooperation in specific areas of interest.

While it was admitted that there was much that a country could learn from the experiences of others, it was also recognized that the successful application of certain approaches and methods did not necessarily mean that they could be applied in toto to other countries. Careful evaluation of such experiences was needed and adjustments should be introduced according to the conditions of the country which was planning to follow such approaches and methods.

The Sub-Committee called attention to the fact that research and development projects in primary health care had very strong training components, which could be tapped for intercountry collaboration. However, care should be taken not to unduly strain the resources of countries in this respect as they themselves were working under serious limitations with regard to manpower and physical and financial resources. The desirability of further strengthening such projects by promoting linkages among them and providing certain essential support not possible within the framework of available country resources was pointed out.
The Sub-Committee meeting also noted that, in the field of information exchange, both the developing and developed countries had much to share. However, this was still far from satisfactory, as evidenced by the paucity of documents from research and development project areas which might be expected to generate such information. Many countries might need further support in the documentation of their experiences, especially in the writing of case studies, an activity in which most research and development staff lacked skills, and in the development of manuals.

In reviewing the summary of training activities in sixteen countries or areas in the Region, the Sub-Committee commented on the desirability of making such summaries, both at regional and country levels, more complete, wherever possible. Such summaries would be useful not only for the purpose of promoting technical cooperation among countries, but also for monitoring and evaluating the training components of the health manpower aspects of national and regional strategies. The Sub-Committee also drew attention to the usefulness of receiving information on future training activities in countries and the need to build into such activities the potentials for technical cooperation with other countries.

3. RECOMMENDATIONS

The Sub-Committee considered that technical cooperation among developing countries was highly desirable for the development of training activities in primary health care. It noted that certain technical cooperation activities were being conducted in the Region, most of which were on the practical aspects of training in primary health care.

The Sub-Committee believed that the potential for technical cooperation among developing countries could be further developed in the Region to promote training in primary health care, and made the following recommendations for the consideration of the Regional Committee:

1. **Member States** should be encouraged to document their experiences in training in primary health care. Efforts should be made to develop case studies on training in primary health care and support should be provided in developing skills in the documentation of such case studies.

   Member States should also be encouraged to exchange information currently available on training in primary health care, such as reports on curriculum development or curriculum revision, operational and training manuals for health workers at different levels, reports on group educational activities such as workshops and seminars on primary health care, legislation or regulations governing the training and practice of lay health workers and traditional practitioners, etc.

2. **Information on training activities undertaken at country and intercountry levels** should be further improved so as to enhance the potential for technical cooperation of the country concerned. Such information would also be very useful in the monitoring and evaluation of certain aspects of the national health strategy. Information on future training activities should be made available to other countries which could benefit from such training programmes.
(3) The value of research and development projects in primary health care, which usually contain an important education and training component, has been fully documented. Member States should be encouraged to undertake more research and development activities and ensure their continuity. Support should be provided to Member States for the further development of such activities. Efforts should also be made to promote linkages between research and development activities among the Member States. Workshops should be organized at the intercountry level to facilitate the sharing of experience among the project managers of Member States. Support should also be provided to enable primary health care managers to visit the areas where research and development projects in primary health care have been well established.

(4) Health and allied professional bodies should be encouraged to intensify their participation in primary health care and to be actively involved in technical cooperation with other countries, particularly in the field of training in primary health care.

(5) Member States should be encouraged to develop the capability of their institutions for training and research in primary health care. Consideration should be given to designating more institutions as WHO collaborating centres for primary health care.

(6) Member States should be encouraged to strengthen their mechanisms for technical cooperation in health activities and to exchange information on the needs, policies and procedures of their respective governments with respect to technical cooperation among developing countries. Where appropriate, Member States should be encouraged to make arrangements among themselves to facilitate cooperation in health development.

* * * *

It was recommended that the subject to be addressed by the Sub-Committee in 1985 should be the technical cooperation aspects of traditional medicine, with particular reference to herbal medicine and acupuncture.
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THIRTY-SEVENTH WORLD HEALTH ASSEMBLY

Agenda item 19

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