

Varying Views of Priorities in Technical Cooperation

One Comment

J. F. Martin¹

In a world of scarce resources, there is a fair consensus that development efforts should concentrate on critical areas where the need is greater, where there is reasonable knowledge of ways to tackle the problem at hand (or it is deemed appropriate to engage in research about ways to tackle the problem) and, more importantly perhaps, where a significant effect might be expected from the investment of a finite amount of resources. The way to translate this principle into practice, however, is not looked at identically by the various parties concerned.

The singling out of a few problems has been a tendency of past action by technical assistance agencies. It usually is justified on grounds that one cannot be everything to everybody, and that it is preferable to carry out well a limited task rather than spreading oneself or one's resources too thin, rather than "springkling". This is also the way in which Western problem-solving usually operated and had its successes in the past, investing important resources into a limited number of "key factors". This proved very useful in engineering research but wasn't as successful in the field of the social and life sciences, both in developed and developing countries. And, in recent years, this philosophy has come under increasing attack from developing countries' leaders and socio-economic planners. They emphasize, and one does not readily see why they would be wrong, that the development of their societies must be a holistic process, that the various socio-economic sectors, or groups, should progress at a mutually responsive pace.

Opinions and attitudes depend, obviously, on which side one looks from. Technical cooperation is viewed by any given "donor" country as a centrifugal process starting from its Ministry for Cooperation, or some like agency, while it will be considered by any "receiver" as a centripetal process focussing on itself and its population. The surprising thing, in fact, would be that the end results of centrifugal efforts starting from two or three dozen major points (technical cooperation agencies headquarters) be very close to what are the locally expected outcomes of a variety of centripetal inputs in something like a hundred countries/areas.

Technical cooperation efforts not rarely encounter difficulties because of diverging assessments of priorities by "receivers" and "donors". It is important to strive for an increased awareness of the reasons for it, which should permit more often to reach a consensus.

That the coordination of technical cooperation undertakings at the global, regional and especially national levels is a serious problem is well recognized. It has been given much attention in recent years [1, 2], by aid-receiving administrations as well as technical assistance agencies. But its smooth resolution suffers from the "which side do you look from" related difficulties we just mentioned. Developing countries want the assistance bits they get from a number of sources to fit together so that the total picture is reasonably balanced and takes care with a sense of proportion of the problems to be addressed. They feel that they can rightly ask to be helped as they see fit, that they can request technical assistance resources not to be allocated disproportionately to priority fields as *outsiders* view them. As for them, cooperation agencies put forward the real argument that they have to report to some political authority, Governments, General Assemblies, Executive Boards, etc., and ultimately to the tax-paying public. Therefore, they say, we need to do things according to the concerns of those who sponsor and pay us, and we have to show results in what they see as critical areas. This might include the need to be able to "pin the national flag of the donor country on a given project".

Pragmatists might say there is nothing wrong with such constraints, but it only is true up to a point, which is rather rapidly reached. In the health field, to take an example, the propensity to do something well visible has led to the construction of a number of impressive, large, sophisticated hospitals in capital cities of the third world (which rarely can be put into full operation until years after they are built). And, at the same time that credit ongoingly flows to the donor for its lavish generosity, the receiver pays/should pay annually a third to half of the total initial cost for the operating budget of such "white elephants", which represent an unreasonable drain on the health sector public resources. (Such facilities usually take care of a few percent of the country health needs, at best, but might use half and more of the Government health budget.) This happens while nobody denies that, in the health field and in developing countries situations, a much greater return in human welfare can be obtained from the

¹ Médecin cantonal adjoint, Service de la santé publique, CH-1001 Lausanne.

Formerly: WHO Medical Officer (Family Health), WHO Regional Office for South East Asia, New Delhi, India (1972–4); Lecturer in Maternal and Child Health, University of North Carolina, Chapel Hill, N.C., USA, and Field Director, African Health Training Institutions Project, University Centre for Health Sciences, Yaoundé, Cameroon (1974–6).

This paper was written while the author was working in Africa.

effective implementation of technologically simple, predominantly preventive programmes, extending as much as possible to the periphery [3, 4].

As is notorious, an area for which technical cooperation agencies have been showing an overwhelming concern is the one of population, especially the desirability to reduce the present rate of demographic growth, with particular regard to the Third World. This issue offers a remarkable example of varying views between assistants and assisted as to where and what priorities are [5–7]. Western specialists have tended to see population growth as an independent, or almost independent, parameter in socio-economic development, a parameter one has to take care in and for itself. Few developing countries' leaders and planners would go along with that (certainly not only for political reasons); most of them contend that the demographic problem is to a significant extent second to other facets of the socio-economic take-off, notably structural reforms and the awareness by their populations that they have a chance to really improve their lot. Discussions on that subject over the last decade often sounded like dialogue between deaf.

Industrialized countries' experts gloomily foresee global socio-political upheavals if the population growth in developing countries is not checked rapidly. Yet, to whom has worked and travelled for some years in the Third World, this fear leaves much to wonder about. The actual historical experience has been in several instances in recent time that the global disruption caused by hundreds of thousands or millions of human beings suffering from hunger, disease, unemployment or natural disaster in the poorer areas is much less than the one a few thousands discontented workers or consumers in more privileged places can bring about. To take an hypothetical example, would hundred of thousands of people be dying because of population pressure, in South Asia or some other "crowded" area, the likelihood is that it would make no notable difference in the way Westerners live. And it wouldn't threaten their physical security¹. What developing societies might be able to do however, if their leaders are successful enough in some of their present endeavours, is to put a halt to the continuous raise in the richer countries' standards of living, and perhaps even make things such that, in the industrialized world, children might live less well (by consumption society yardstick) than their parents. Is it undesirable?

Looking finally, still in regard to population matters, at practical aspects, one finds corresponding discrepan-

¹ One might respond here that the recent development by third world countries of nuclear warfare capabilities can represent a threat to the rest of the world. Maybe. But the point is that this technological advance/menace cannot be attributed to demographic factors. Of the two developing countries which recently exploded nuclear devices, one (the People's Republic of China) is the only large developing nation which dealt effectively with its population growth problem in the last decade or so (without any outside help) and, for the other (India), several factors are much more likely than demographic pressure to account for the political decision behind this development.

cies between the type of action strongly urged by donors and the one developing countries would prefer taking. Although everybody in principle agrees that action in the population/family planning field is a question of improving the *quality of life*, some focus on reducing fertility as rapidly as possible then and there, and consider the development of unipurpose contraceptive service programmes the appropriate means to do it. Others emphasize the need for a broader-ranging approach, including improved health services, functional education, vocational training, labor-intensive employment opportunities, etc., along with family planning [7]. In this respect, some equalization in the distribution of the development process and its benefits appears of particular importance [8]. Here again, the position of both groups is well understandable. The former are worried about the limited resources available to address a very serious problem and are keen to attack its immediate cause. The latter consider this view simplistic and, in their countries situations, impracticable at this time.

When considering these varying views of development priorities, it should be recognized now that the matter is not one of good or bad or of right or wrong. It isn't tenable anymore to imagine, in some messianic way, that one sees problems and their likely consequences which the other doesn't comprehend. For example, everybody concerned has the facts about population, and everybody concerned can see how and why they are, in a way, frightening. Both groups are similarly articulate and both are interested in tackling recognized problems. But they operate under different circumstances and, most importantly, with a different knowledge of the environment, especially its socio-cultural features. Starting from nonidentical data bases, they carry out different analyses and arrive at varying conclusions. The matter cannot be one of just persuading anymore but one of enhanced awareness of the dynamics of decision-making of each other. And one would like to suggest that, in considering technical cooperation issues, more thorough attention be given to the "centripetal view" of the aid-receiver (as distinct from the "centrifugal view" of the donor) than has often been the case to date.

References

- [1] Doumergue, M., *Technical Assistance: Theory, Practice and Policies*, Praeger, New York (1968).
- [2] Van Dyke, S., *Focus: Technical Cooperation*, No. 1 (1974).
- [3] Akinkugbe, O. O., Olatunbosun, D., and Folayan Esan, G. J., Eds. *Priorities in National Health Planning*, Caxton Press (West Africa) Ltd., Ibadan (1973).
- [4] Bryant, J., *Health and the Developing World*, Cornell University Press, Ithaca, N.Y. (1969).
- [5] Development Centre of the Organization for Economic Co-operation and Development. *International Assistance for Population Programmes (Recipient and Donor Views)* Development Centre of the OECD, Paris (1970).
- [6] News and Comment (*C. Holden*), *Science* 183, 833 (1974).
- [7] Teitelbaum, M. S., *Foreign Affairs* 52, 742 (1974).
- [8] Kocher, J. E., *Rural Development, Income Distribution and Fertility Decline*, The Population Council, New York, 1973, Chapter 4.