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INTERCOUNTRY CO-OPERATION AND CO-ORDINATION

AN OVERVIEW

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Inter-country co-operation and co-ordination has been one of the exciting concepts of this 19-country regional programme to eradicate smallpox and control measles. It has been repeatedly noted during the seminar that, without the co-operation of the nineteen involved countries, this Regional effort could never have come into being, representing, as it does,the first time that so large a number of contiguous nations have worked in concert towards a common goal. In addition, the two Regional health organizations, OCCGE and OCEAC, have been extremely helpful in coordinating activities among their member states and in co-ordinating specific activities among non-member states. The World Health Organization, through the funding of local costs, has made possible the participation of several countries which otherwise could not have taken part. While much of this co-operation and co-ordination has been on a planned, formal and official basis, much also, has occurred informally, through the good-will and developed sense of urgency and commitment among the Ministries of Health and the International and Regional Health Agencies.

During this session, we would like to discuss the methods for inter-country co-operation and co-ordination for the future to consolidate and sustain our gains, and to identify mechanisms that will ensure a continued growth and development of this programme.

Programme experiences will be presented in Niger, Togo and Upper Volta which point up the sorts of approaches which individual programmes have taken to cope with problems of intercountry cooperation and co-ordination. They are in many ways unique.

These experiences relate to the routine intercountry co-ordination of planning of vaccination programmes along common borders; planning the control of outbreaks when disease is occurring across national boundaries and, most important, the intercountry notification of disease outbreaks.

While co-operative efforst in Niger, Togo, Ghana, Dahomey and Upper Volta have been accomplished with measurable success, frequently on an ad hoc and unofficial basis, permanent systems should be implemented that would protect and sustain the accomplishments to date.

One can with some certainty predict an interruption in the transmission of smallpox in West Africa before the end of the current year. One can preduct with much the same certainty that, for some period after the cessation of transmission, sporadic cases of smallpox will occur through importation which may infect a small reservoir of susceptibles. It is, therefore, mandatory that, procedures for immediate containment be maintained within a given country, and that efficient notification systems be established and maintained to protect neighbouring countries.

In this programme, two major systems for intercountry notification of disease outbreaks are employed. The first consists of the official reports of cases which are sent from a country to the WHO and the prompt return reporting by WHO, as appropriate, to countries whose borders may be challenged by a particular outbreak. The second, frequently faster system, is the ad hoc interchange of cables between and among the various advisors. Both systems have served a useful purpose in this Regional

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programme, especially the latter during the period of "eradication escalation".

In my view, the established WHO reporting system has not worked as efficiently as it could, (especially for prompt notification), and experience suggests that the problems in the system do not devolve primarily on WHO, but on the individual country ministries and their own surveillance systems. Direct communication between technical advisers is neither official nor permanent. It represents an internal arrangement to get a job done. At some point in time, this mechanism will no longer be available.

We must, then, bolster the established and official WHO reporting system and take whatever steps are necessary to ensure prompt reporting from the geographic site at which the outbreaks occur to the Ministry, prompt transmission of this information to WHO, and rapid verification of the outbreak by appropriate local health workers. The WHO has been in the business of disease reporting and cross notification for a long time, and can take it from there to notify other appropriate Ministries of Health.

Finally, I should like to say a few words on overall intercountry co-operation and co-ordination and mechanisms for protecting the gains and insuring the future growth and development of this regional programme.

As has been pointed out, the enthusiasm and commitment of the participating countries have been responsible for the success of the programme. In and of themselves, mass vaccination programmes, properly carried out, tend to create for a time interest and enthusiasm both among the populace and among those who are responsible for the programmes.

While interest, enthusiasm and commitment to disease control may continue at the individual government level, human nature being what it is, I feel it is safe to predict that interest in regional disease control after the interruption of indigenous smallpox will surely diminish. Some countries have developed new institutions for the delivery of health services;other countries have improved upon already existing institutions for disease control; all 19 countries working in concert are palpably near a goal that few could have reached alone.

The political-administrative melieu in which intercountry co-operation and co-ordination must be developed is, by its very nature, complex. The factors surrounding the sovereignty of nations, the immutable dictates of protocol and the rules governing lines and patterns of communication, all combine to frustrate a basic desire for co-operation and co-ordination.

To protect this investment in time, energy and funds, we must look to the development of a permanent system for epidemic disease control. Such might be achieved by a regional co-ordinating committee on smallpox eradication or a regional committee for communicable disease control which could develop epidemiologic and other guidelines and recommendations for smallpox and other diseases.