

# REVIEW OF BRITISH HEALTH AID TO COMMONWEALTH COUNTRIES 1977-79

Paper prepared by the British Government

Since the Fifth Commonwealth Medical Conference in 1977, Britain has continued to help the development of health services and medical expertise in other Commonwealth countries by training medical personnel from the Commonwealth in Britain, supporting research in tropical medicine and responding to requests for assistance from governments. The department mainly concerned with these activities is the Overseas Development Administration (ODA). Importance is attached to preventive medicine, community health and development in rural areas. Approximately 10 per cent of the UK aid programme in any given year is devoted to health and health-related projects.

2. The community health approach implies greater emphasis on the social, economic and environmental determinants of health; on improving nutrition, child health and family planning and providing safe water and proper sanitation; and giving priority to simple systems of primary health care, manned by locally trained and adequately supervised staff, to provide a service to which the whole population has access.

## GOVERNMENT-TO-GOVERNMENT ASSISTANCE

### Technical co-operation and capital aid

3. British technical co-operation is largely provided under regional programmes. Technical co-operation under these programmes may include advisory or consultant visits, feasibility studies, and long-term appointments for specific development projects; the provision of education and training in Britain (normally for periods from three months to three years) where this is not available locally; and support for projects which contribute to the development of local services, including where necessary the provision of books or small capital grants for buildings or equipment. This assistance is provided under bilateral arrangements between Britain and the country concerned, and specific proposals are considered in accordance with established criteria on the basis of formal requests from government.

4. Functional technical co-operation is also being provided by the ODA to institutions such as the Liverpool School of Tropical Medicine, the London School of Hygiene and Tropical Medicine and the Institute of Child Health, University of London, to provide staff and facilities which enable training, research, consultancies and advisory functions to be undertaken for the benefit of developing countries. This type of funding is also used to support seminars, workshops and conferences in Britain and elsewhere by providing funds to meet the travel and living expenses of developing country representatives and in some cases to meet other conference costs.

5. Project (capital) aid for health development projects may be considered in the form of grants or loans within the framework of bilateral programmes of capital aid and in relation to the development priorities agreed with the countries concerned. The ODA is directly

responsible for project (capital) aid and most technical co-operation. There are, however, some forms of technical co-operation where the ODA works in association with other government departments or through government-supported organisations. One such organisation is the British Council, which in 1972 assumed executive responsibility for technical co-operation training in Britain. Statistics on health sector aid to Commonwealth countries are at Annex A.

#### **Supplementation schemes**

6. In addition to wholly financing, under bilateral arrangements, staff appointed to posts overseas, the British Government has negotiated schemes to supplement the local salaries of certain posts in developing Commonwealth countries to the level required to attract British staff. As well as additions to the local salary, the schemes provide for the payment of, or contributions to, other costs such as passages. The main schemes are the Overseas Service Aid Scheme (OSAS), the analogous Public Service Supplementation Schemes (PSSS) for Ghana and Sierra Leone and the British Expatriates Supplementation Scheme (BESS). Under bilateral OSAS agreements, Britain contributes to the cost of certain British staff employed by Commonwealth governments. BESS extends this agreement to employment in suitable non-governmental institutions in the public sector.

7. The original agreements ran until 1971. New agreements valid until 1976 were then negotiated with countries that wanted and needed them. Most of these agreements were then renewed, usually for a further five years but in some cases for shorter periods. Each country's manpower requirements are reviewed annually to ensure that the schemes are used to the country's best advantage.

8. The Commonwealth countries and institutions which Britain assists by supplementing the salaries of British medical staff are listed in Annex B. The list includes associated states and dependencies. At the end of 1979 there were 324 medical staff (excluding university staff) working in Commonwealth countries with British Government support. Of these, 56 were wholly-financed staff and 268 were covered by supplementation schemes.

#### **Commonwealth education co-operation**

9. At present the Inter-University Council supports a number of appointments in the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine and the Faculty of Medicine of the University of Edinburgh, so that Britain can retain doctors and medical scientists with specialist knowledge and experience of tropical medicine, who can be available for service in developing countries and who help to maintain the training capability in Britain for the benefit of developing countries. The suitability of these specialists, most of whom are of senior lecturer/consultant status, is always considered when appropriate medical vacancies in associated universities overseas are notified to the Council. When lecturers accept an assignment in an associated university overseas, the same terms and conditions normally apply as to any other visitor or appointee.

#### **Universities and medical training establishments**

10. Inter-departmental links are generally considered a useful form of co-operation and some of the work of the Inter-University Council is directed to this end.

11. Links have been developed between the Liverpool School of Tropical Medicine's Department of Community Health and the Banares Hindu University's Community Health Department: this involves exchanges of teaching staff and joint research into primary health care delivery systems. Another two-way link between the All India Institute of Medical Sciences and Department of Paediatric Surgery and the University of Sheffield's Department of Paediatric Surgery led to research collaboration including surveys into congenital handicap. Support for the Liverpool/Banares link will terminate at the end of the contract of the community health lecturer in 1982 and support for the All India Institute of Medical Sciences will cease in 1981.

#### Consultancies in health planning

12. In the past, a number of Commonwealth governments, particularly in the Caribbean, have sought help from Britain in planning various aspects of their health services. This has been provided through firms of specialist consultants in Britain, and their fees and other expenses have been met from technical co-operation funds.

13. Within the health sector, there has been a steady flow of requests in the past few years, mainly for assistance with water supplies.

14. Britain made arrangements for consultancies dealing with water supplies, principally in India, Sri Lanka, Sierra Leone and Seychelles. Advice was given on sewerage disposal in Tonga and Botswana. In 1979 a team of three went to Swaziland for six weeks to conduct a management survey of the health services in Swaziland. Details of health sector consultancies are at Annex C.

#### Population activities

15. Britain continues to give high priority to aid for population activities, including family planning and demography, and, to help meet the huge upsurge in demands for assistance, has made substantial increases in the contributions to the following international organisations concerned with such activities:

	1977	1978	1979
	£	£	£
United Nations Fund for Population Activities	3,000,000	1,875,000*	3,875,000*
International Planned Parenthood Federation	1,500,000	1,500,000	2,000,000
WHO Expanded Programme of Research into Human Reproduction	140,000	1,500,000	1,600,000

\* The second half of the 1978 contribution (£3.75 million) was not disbursed until February 1979.

16. The Population Bureau, which was established to provide an advisory service both within the ODA and by undertaking visits in response to requests from overseas governments, continues to play an active part in the development of ODA-supported population projects in many developing countries. A report on the work of the Population Bureau can be obtained from the ODA.

17. Bilateral assistance provided in response to requests from Commonwealth countries was:

	1977	1978	1979
	£134,000	£2,132,000	£969,000

Other population activities include research, co-operation (including joint funding) with voluntary agencies and institutions support to two training centres in the UK.

#### Disaster unit

18. In 1974 the ODA set up a Disaster Unit with responsibility for advance planning of supplies and specialised personnel for disaster situations. As part of its contingency planning, the unit maintains a reserve of 40 reconditioned long-wheel based Landrovers, 25 reconditioned 4-ton four-wheel-drive Bedford lorries and a supply of tents, blankets, drugs and other immediate supplies. The unit is in close contact with voluntary societies including the British Red Cross and international organisations, particularly the World Health Organisation (WHO) and the UN Disaster Relief Organisation, about health problems in disaster areas and the timely provision of relief. During the three-year period under review the British Government has provided assistance to the value of £3,000,000 in response to 25 requests for immediate assistance in disaster situations in 14 Commonwealth countries.

#### International co-operation

19. Reference has been made to Britain's contribution from the aid programme to multilateral activities in the field of population and in disaster situations. These contributions are for the benefit of Commonwealth countries, amongst others, and a similar situation exists with other British contributions either indirect, e.g. to health services funded by development banks, or direct, e.g. to the Onchocerciasis Control Programme. Support is also being given to extra-budgetary programmes of WHO, in addition to the annual British contribution as a member state:

	1979-80
Expanded Programme of Immunisation Cold Chain Support Unit	£ 55,000
Special Programme for Research and Training in Tropical Diseases	£576,000

#### Training

20. The ODA supports a considerable number of students, trainees and experts in the health field. The students and trainees come from a wide range of health-related disciplines, and follow practical courses designed to make them more effective as workers in the health care system on return to their home countries. British experts (Technical Co-operation Officers) are sent overseas to assist in the implementation of UK aid funded health projects. Statistics on personnel (including students, trainees, and TCOs) are in Annex D.

#### Health advisers

21. The Minister for Overseas Development is advised on all health matters by a team of health, nursing and health service and nutrition

advisers. These advisers maintain contacts with academic, research and professional organisations and interests in Britain and throughout the world, including international organisations with an interest in health, to ensure that health policies in the ODA are related to actual and likely needs. The Chief Medical and Health Services Adviser in the ODA is also the Head of the International Health Division of the Department of Health and Social Security (DHSS). This arrangement ensures that the overseas interests of the British health authorities are co-ordinated with the priority needs of developing countries and with the activities of WHO and other international bodies in which Britain plays its part. The ODA's health advisers have continued to visit regions of the Commonwealth to study and discuss particular health problems and advise ODA on assistance with solutions.

#### **Department of Health and Social Security - International Health Division**

22. Britain continues to make a considerable contribution towards the continuing education of health professionals from overseas sponsored by the World Health Organisation and the Council of Europe. The programmes for the majority of fellowships in Britain are arranged and administered by a section of the International Health Division of the DHSS at the request of the European Regional Office of the WHO and the Council of Europe. In 1979 the European Region accepted 1671 WHO fellows and out of this total, 504 received training in the UK. Britain received three times more students than any other European country.

#### **MEDICAL RESEARCH**

##### **Tropical medicine**

23. Substantial financial support for overseas medical research is provided by the ODA and the British Medical Research Council. The ODA is concerned with diseases and health problems which are particularly associated with developing countries, while the Council is concerned with diseases which have a world-wide impact or which are of particular concern to Britain. As diseases are not constrained by national frontiers, the ODA and the Council have many common interests and the arrangements for assessing, co-ordinating and funding medical research into tropical diseases at home and overseas are designed to ensure close co-operation between them. This is achieved through the Tropical Medicine Research Board which advises both the ODA and the Council on the research into tropical diseases which each of them funds. Many projects or research programmes, in particular in the large establishments overseas, are of interest to both the ODA and the Council and are jointly financed. Half the membership of the Board is nominated by the ODA and it is also represented by assessors who include the Chief Medical Adviser. Financial support may be given for research projects in Britain, at Medical Research Council establishments, universities and hospitals, or in the developing countries themselves. Wherever the work is based, this support is directed to providing the research staff, equipment or other items essential to the project. Projects most acceptable to the ODA are those likely to have a significant effect on the health of developing countries' communities in a foreseeable time scale.

24. Since 1971 there has been a growing awareness of the need to move away from the old style of support for research by expatriate units in independent overseas countries towards a system of close collaboration

between British and Commonwealth universities and, where they exist, Commonwealth Medical Research Councils. One example of the new style of collaboration is in The Gambia, where an agreement exists between the British Medical Research Council and The Gambia Government on the running of the Council laboratories in The Gambia. These laboratories, are financed jointly by the Council and the ODA and the agreement allows for work both on problems of fundamental medical interest and those of special concern to The Gambia. Recently there has been an increase in research co-operation between India and Britain.

25. In recent years it has been realised that research into tropical medicine will be hampered unless career opportunities are improved for scientists wishing to work in the field of tropical medicine research both in the UK and in developing countries. The Tropical Medicine Research Board is therefore in the process of creating a small cadre of well-trained research scientists in the UK for deployment overseas on problems in the tropical medicine field.

26. The UNDP/WHO Special Programme for Research and Training in Tropical Diseases has been accepted as of great importance by the Council and the ODA, and a UK Committee has been set up by the TMRB to advise on how it might best contribute to the Programme and to establish good liaison and communication between tropical medical research workers in the UK and members of the WHO Programme's scientific working groups. Members of the Council's scientific staff have been seconded to WHO and it is hoped that this will continue in the future. The Programme recognises the socio-economic importance of the six major tropical diseases - malaria, schistosomiasis, filariasis (including onchocerciasis), trypanosomiasis, leishmaniasis and leprosy, and Britain, in addition to its scientific input, is making significant financial contributions from the aid programme. In 1979 these contributions amounted to £600,000, representing about 6 per cent of the expected total extra-budgetary contributions for that year.

27. Since 1.4.77, total ODA expenditure on tropical medicine through the Council (i.e. schemes administered by the Council but partially funded by the ODA) is £2,459,798; details are as follows:

1977/78	£617,188
1978/79	£805,933
1979/80	£1,036,677

28. Throughout this wide range of research, emphasis is laid on preventive measures and the development of cheap, simple methods of treatment with the objective of achieving the highest possible level of community health. A study on the short-course chemotherapy of spinal tuberculosis is coming to a fruitful conclusion and important work is also being done on the immunology of malaria, maternal and child malnutrition, chemotherapy of schistosomiasis and problems associated with the diagnosis and treatment of leprosy. The WHO Special Programme for Research and Training in Tropical Diseases (see para 19) emphasises training developing country scientists in appropriate research methods.

29. The ODA publishes an annual Research and Development Report, a copy of which is available from the British delegation. Further copies at a cost of £3.75 net, are available from Her Majesty's Stationery Office,

49 High Holborn  
London  
WC1 6HB

### **Appropriate technology**

30. Funds have been made available to assist in the development of problem-orientated flow charts designed to teach paramedical workers the simpler diagnostic skills in the context of village clinics. Another research project which is being funded is aimed at developing simple and more reliable technology in the refrigeration of vaccines, extending reliable cold chains, and a teachers manual for trainers of health workers has been developed with ODA funds.

### **Bureau of hygiene and tropical diseases**

31. The Bureau of Hygiene and Tropical Diseases publishes two series of critical abstracts - Abstracts of Hygiene, and Tropical Diseases Bulletin - designed to help scientists and doctors, particularly in developing countries, keep up to date with advances in their fields.

## **PUBLICLY-FINANCED BODIES**

### **The British Council**

32. The British Council was established to promote a wider knowledge of Britain and of the English language abroad, and to develop cultural relations between Britain and other countries. It operates a number of schemes which benefit the developing countries, some of which are funded by the ODA. The main schemes and services relevant to the health aid programme which the British Council administers are:

- British Council scholarships and bursaries
- University interchange
- Visits to Britain
- Specialist tours
- Specialist courses
- Schemes administered for technical co-operation training
- Overseas Students' Fees Award Scheme and its successor the Fee Support Scheme
- Administrative services in Britain for overseas visitors and students
- Information services

### **Commonwealth Scholarship Commission**

33. Awards in medicine, surgery and dentistry under the Commonwealth Scholarship and Fellowship Plan are outlined below. The figures in brackets refer to awards taken up in each category in 1978-79.

- (i) Commonwealth Medical Scholarships (50) for one to three years, for medical or dental graduates of high intellectual promise, mostly with the aim of preparing for higher degrees or professional diplomas.

- (ii) Commonwealth Medical Fellowships (64) for 12 months, for clinical, medical, and dental teachers who have already obtained a postgraduate qualification but require an integrated course of study or training to increase their value to their own countries. Research workers, medically qualified teachers in basic medical sciences and medical administrators are also eligible.
- (iii) Commonwealth Senior Medical Fellowships (6) for periods of three months, for deans, principals and professorial heads of department of suitable seniority to enable them to acquaint themselves with the facilities available in Britain for the intensive training of their junior staff who have obtained higher degrees of professional qualifications.

34. Commonwealth Visiting Professorships (3), for one academic year, are awarded to persons of established reputation and achievement, by invitation from the Commission. A total of up to five awards are normally available each year.

#### **The Inter-University Council for Higher Education Overseas (IUC)**

35. The Inter-University Council for Higher Education Overseas was established in 1946 by British universities, at the request of the British Government, to advance higher education in developing countries and encourage co-operation between universities in those countries and in Britain. In 1970 the IUC became a corporate independent body and entered into a formal agreement with the then Ministry of Overseas Development which provides that all British help to universities with which the IUC is concerned should, as far as possible, be co-ordinated by the IUC. It is currently associated with 41 universities overseas, of which 19 have medical faculties already and several others are planning to establish them before long. The IUC is almost wholly funded by a grant-in-aid from the ODA, which seeks IUC advice and help on a range of financial and technical co-operation for the universities with which the IUC is associated.

36. Following the recommendation in the Report on Non-Governmental Public Bodies, the rationalisation of work in tertiary education overseas, at present done by the IUC and the British Council, is under examination by a tripartite group drawn from the ODA, British Council and the IUC.

#### **British Volunteer Programme**

37. The British Volunteer Programme is operated in association with the ODA by the following voluntary societies: the Catholic Institute for International Relations, International Voluntary Service, the United Nations Association International Services and Voluntary Service Overseas. The ODA contributes 90 per cent of the costs incurred by the societies. In 1979, 192 volunteers were working in the health sector. The balance is provided by the societies, sometimes with support from bodies such as OXFAM, Christian Aid and the Freedom from Hunger Campaign. The volunteers are thus not sponsored by the British Government but by the society that recruits and remains responsible for them. Commonwealth governments are normally expected to meet local costs for accommodation, board and pocket money. Approximately 65 medical volunteers are at present serving in Commonwealth countries.

They are mainly nurses, midwives, physiotherapists and radiographers, but include some doctors and dentists.

38. Through the Joint Funding (£ for £) Scheme, ODA provided 50 per cent of the costs of selected small-scale development projects aimed at improving the well-being of small communities in developing countries. The projects are administered by UK-based voluntary agencies who are responsible for finding the other half of the costs. Many of the projects are in the health sector and most are in Commonwealth countries. In 1979/80, £390,000 was spent on 84 health projects out of a total Joint Funding Scheme expenditure of £1.66 million.

## EVALUATION

39. The majority of health sector projects are, on completion, evaluated by the team of health advisers within the ODA (para. 21) together, in appropriate cases, with the Ministry's regional development division and any others concerned. The results of medical research projects are considered by the medical advisers and by the Tropical Medicine Research Board of the Medical Research Council (para. 24) which advises the ODA on such projects. The provision of technical co-operation personnel and the provision of training in Britain are evaluated in the context of manpower reviews which are carried out by the ODA. A Health Care Evaluation and Planning Centre has been established at the London School of Hygiene and Tropical Medicine with British Aid funds, to give expert help to developing countries in the planning and evaluation of health care systems.

COUNTRY	DISBURSEMENTS		
	£'000		
	1977	Provisional 1978	Provisional 1979
Anguilla	-	-	17
Antigua	-	19	5
Bangladesh	-	-	-
Barbados	-	-	-
Belize	79	1	42
Botswana	-	-	-
Cayman Islands	-	-	-
Dominica	9	9	5
Falkland Islands	-	-	-
Fiji	132	-	2
The Gambia	18	110	9
Ghana	-	-	-
Gibraltar	94	32	13
Grenada	-	-	-
Guyana	-	-	-
Hong Kong	-	-	-
India	-	1,738	6,726
Jamaica	-	-	-
Kenya	-	122	118
Lesotho	-	3	59
Malaysia	-	-	-
Malawi	198	234	157
Malta	-	-	-
Mauritius	-	-	-
Montserrat	510	-	-
New Hebrides	43	13	-
Nigeria	-	-	-
St Helena and Dependencies	18	74	2
St Kitts-Nevis	28	2	-
C/F TOTAL	1,129	2,357	7,155

COUNTRY	DISBURSEMENTS		
	£'000		
	B/F 1,129	B/F 2,357	B/F 7,155
	1977	1978	1979
St Lucia	-	-	-
St Vincent	16	-	16
Seychelles	-	11	60
Sierra Leone	-	-	-
Singapore	-	-	-
Solomon Islands	702	642	102
Sri Lanka	-	-	646
Swaziland	13	196	173
Tanzania	-	-	489
Tonga	13	-	-
Trinidad and Tobago	-	-	-
Tuvalu	61	57	-
Turks and Caicos Islands	97	52	37
Uganda	-	-	-
Virgin Islands	140	-	132
Western Samoa	40	2	-
Zambia	-	-	-
Zimbabwe	-	-	-
GRAND TOTAL	2,211	3,317	8,810

AGREEMENT UNDER THE OVERSEAS SERVICE AID SCHEME (OSAS), THE PUBLIC SERVICE SUPPLEMENTATION SCHEME (PSSS) AND THE BRITISH EXPATRIATES SUPPLEMENTATION SCHEME (BESS)

1. Britain has renewed OSAS agreements until March 1981 with the following countries:

AFRICA

Botswana	Lesotho
East African Community	Malawi
The Gambia	Swaziland
Kenya	Zambia

CARIBBEAN AND SOUTH ATLANTIC

Anguilla	Grenada
Antigua	Jamaica
Barbados	Montserrat
Belize	St Helena
British Virgin Is.	St Lucia
Cayman Is.	St Kitts
Dominica	St Vincent
Falkland Is.	Turks and Caicos Is.
Guyana	

INDIAN OCEAN AND MEDITERRANEAN

Gibraltar  
Mauritius  
Seychelles

PACIFIC, SOUTH ASIA AND FAR EAST

Fiji	Tonga
Kiribati	Tuvalu
Solomon Is.	Vanuatu

2. The Public Service Supplementation Schemes (PSSS) for Ghana and Sierra Leone run to March 1981.

3. The Technical Co-operation arrangement with Nigeria runs to March 1982.

4. Britain has BESS agreements until March 1981 providing assistance for medical personnel with the following institutions:

Kenya mission hospitals  
Sierra Leone mission hospitals

BESS agreements providing assistance for a range of categories, including medical, have been made until March 1981 for:

University of Dar es Salaam  
University of Nairobi  
Zambia University

## HEALTH CONSULTANCIES 1977-79

1978

Tonga

Sewerage and drainage study.  
£43,000. Richards and Dumbleton Int.

Colombia

Advice on mine safety.  
£38,500. PD-NCB Consultants.

Botswana

Sewerage and sewerage disposal in Lobatse.  
£21,700. Brian Colquhoun and Partners.

1979

Sri Lanka

Detailed design and construction supervision on certain installations and civil works required to expand the supply of potable water to Mtwara and to extend the distribution system to the four adjacent towns on the South Coast.  
£300,000. Halcrow-Belfour Ltd.

Uganda

Services of a hospital engineer.  
£13,000.

India

Madras metropolitan water sewerage: training.  
£240,000. Nat. Water Council.

Seychelles

Mahe water supply studies.  
£110,400. Howard Humphries with Peat Marwick and Mitchell.

Sierra Leone

Guma Valley Water Co.  
Advice on waste water control etc.  
£242,000. Howard Humphreys, PMM and Nat. Water Council.

Rehabilitation of Bo Waterworks.  
£63,500. Howard Humphreys.

British Virgin Islands

Waste water control.  
£5,350. Binnies.

## STUDENTS, TRAINEES, EXPERTS AND VOLUNTEERS IN THE HEALTH SECTOR 1977, 1978 and 1979.

ANNEX D

Country	1977				1978				1979			
	students	trainees	experts	volunteers	students	trainees	experts	volunteers	students	trainees	experts	volunteers
Anguilla	-	-	3	-	-	-	4	1	-	-	4	2
Antigua	-	-	-	-	1	-	-	-	1	1	-	-
Bahamas	-	-	-	-	-	-	-	-	2	-	-	-
Barbados	8	4	3	-	8	5	2	-	4	4	2	-
Belize	4	1	9	-	-	1	7	-	-	1	9	-
Bermuda	-	3	1	-	-	-	-	-	-	-	-	-
Bangladesh	23	1	23	15	31	-	19	12	27	1	10	6
Botswana	2	-	25	6	-	1	20	1	1	2	14	2
Cayman Is.	-	-	7	-	-	-	6	-	-	-	3	-
Cyprus	4	4	-	-	11	1	-	-	9	-	-	-
Dominica	-	-	-	-	-	1	-	-	1	-	-	-
Falkland Is.	-	-	12	1	-	-	12	1	-	-	12	1
Fiji	2	-	11	-	-	-	6	-	1	-	6	-
Gambia	9	4	11	2	7	4	9	1	8	6	12	-
Ghana	60	14	13	12	50	22	14	11	44	13	9	8
Gibraltar	9	5	13	-	9	3	10	-	5	4	6	-
Grenada	-	-	2	-	-	-	2	-	-	-	1	-
Guyana	3	-	1	-	-	-	-	-	1	2	-	-
Hong Kong	17	-	-	-	18	1	-	-	15	2	-	-
India	40	15	8	6	72	27	11	6	29	30	14	5
Jamaica	6	-	2	-	4	1	1	-	4	1	1	-
Kenya	62	21	48	19	45	12	40	17	43	12	34	14
Lesotho	6	1	5	2	3	2	4	3	3	3	2	1

## ANNEX D

Country	1977				1978				1979			
	students	trainees	experts	volunteers	students	trainees	experts	volunteers	students	trainees	experts	volunteers
Malawi	24	2	29	12	23	5	29	10	24	8	35	12
Malaysia	43	10	21	17	32	3	20	15	34	4	16	13
Malta	4	8	1	-	6	2	2	-	5	-	2	-
Mauritius	40	3	3	-	29	1	2	-	15	2	2	-
Montserrat	1	-	8	2	-	-	5	1	-	1	4	-
New Hebrides	-	-	21	-	-	-	19	-	-	-	18	1
Papua New Guinea	2	-	19	19	-	-	19	19	1	1	25	24
St. Helena	1	-	20	-	2	-	20	-	2	-	14	-
St. Kitts-Nevis	2	1	5	-	2	-	4	-	1	-	2	-
St. Lucia	3	-	6	-	3	-	4	-	2	-	3	-
St. Vincent	-	-	1	-	1	-	-	-	-	-	-	-
Seychelles	7	3	22	-	9	2	17	-	7	3	22	-
Sierra Leone	19	-	5	2	14	1	7	4	12	9	9	7
Singapore	16	11	-	-	14	3	-	-	17	4	-	-
Solomon Is.	1	-	42	-	-	-	36	-	1	-	33	1
Sri Lanka	29	7	1	-	20	5	3	1	20	10	2	1
Swaziland	3	2	5	4	1	3	10	6	1	3	11	4
Tanzania	23	1	15	8	12	3	14	7	16	8	15	5
Tonga	1	-	-	-	-	-	-	-	-	1	-	-
Trinidad	7	-	-	-	7	-	1	-	4	1	1	-
Turks & Caicos Is.	-	1	3	-	-	1	-	-	-	1	5	3

## ANNEX D

Country	<u>1977</u>				<u>1978</u>				<u>1979</u>			
	students	trainees	experts	volunteers	students	trainees	experts	volunteers	students	trainees	experts	volunteers
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	2	1	1	-	-	-	-	-	22	-	-	-
Virgin Is.	-	-	3	-	-	-	2	-	-	-	2	-
Western Samoa	-	-	-	-	1	-	-	-	1	-	-	-
Zambia	9	7	152	14	20	8	126	14	31	15	117	11
Zimbabwe	117	20	-	-	140	17	-	-	168	10	-	-