

SUMMARY OF RECOMMENDATIONS

Health and the Family

POLICY AND PROGRAMMES

National

(a) Each government is urged to state clearly its national health policy, which should:

- (i) be based on consultations with all sections of the community, and take into account its priority needs, including those of the family;
- (ii) indicate the strategies to be employed in implementing the policy;
- (iii) outline in socio-economic terms the value of good health as opposed to the price of poor health;
- (iv) specify available and needed human and financial resources for implementing the policy;
- (v) be easy to implement effectively, preferably using low-cost technology;
- (vi) establish indicators to monitor progress;
- (vii) be officially adopted by the national government - not merely the health ministry - to ensure commitment of all relevant sectors.

(b) Each government should establish a central unit responsible for promoting the concept of primary health care, with special emphasis on the family. This should involve co-ordination across the responsibilities of the relevant ministries.

(c) Ministries of health should interpret the meaning of "Health for all by the year 2000" to health workers, other government sectors and the community.

(d) Taking local circumstances into account, governments should ensure that all people have access to a community health worker.

(e) Each government should introduce a national nutrition policy to ensure that the whole population has access to adequate food.

(f) Each government should give full political commitment to national family planning programmes, for which the ministry of health should be responsible at the national level.

Regional (g) Each region should hold a workshop to review progress made in family health programmes and activities before the Seventh Commonwealth Health Ministers Meeting.

Commonwealth Secretariat (h) The Secretariat should collate and make available to member countries an inventory of health indicators.

RESOURCES

National (a) The training of doctors, nurses and other health workers should be oriented towards community health needs.

(b) Each government should ensure that the team approach is emphasised in the training of community workers, and that the principles and methods of health education are included in their curricula.

(c) Community health workers responsible for educating the family should be chosen by the particular community, have a resident status in the geographical area of operation, and be remunerated for their services.

(d) Wherever possible, health workers in developing countries should profitably use traditional village leaders and should work with the community with due regard to its traditions, culture and beliefs. The cooperation of traditional healers should also be sought.

(e) Health ministries and health-related organisations, particularly those dealing with agriculture, education, water, sanitation and waste disposal, should whenever feasible cooperate with each other in their activities.

Regional (f) There should be regional cooperation in organising training courses oriented towards community health needs, with particular attention being given to the training of trainers.

(g) Exchange of information on the evaluation of community health training programmes should be facilitated.

Commonwealth Secretariat (h) The Secretariat should investigate ways in which text-books and materials for use in the teaching of community medicine can be improved.

(i) The Secretariat should collect and disseminate information on activities in the evaluation of training programmes for community health workers.

HEALTH EDUCATION

National (a) Each government should introduce a comprehensive programme of health education appropriate to family and community needs.

(b) Health education is a life-long investment and should be formalised in the educational system from primary schools to universities. Family life education should be introduced into the general school curriculum.

(c) Where possible, a model programme of health education, with attention given to ways of formalising community participation in health, should be started in a defined geographical area.

(d) Each government should, whenever possible, utilise a multi-media approach in disseminating information on health education.

(e) In "selling" health to the community, governments should employ tactics similar to those used in commercial advertising, identifying clearly the audience, the message to be communicated and the mechanism for communicating it. The impact of such communication should be continuously assessed.

Regional

(f) Regional groups and their secretariats should, within the limits of their resources, support national strategies and programmes of health education, taking the initiative as and when appropriate.

Commonwealth
Secretariat

(g) The Secretariat should consider commissioning a project to collect and disseminate information on community health education programmes in the Commonwealth, including educational and media material available in various member countries, so that each developing country may adapt such material to its particular needs and circumstances.

(h) The Secretariat should provide, when requested, assistance in translating literature on health into local languages.

(i) The Secretariat should establish communication with countries which are not members of the Commonwealth with a view to sharing health education knowledge.

Special Health Problems of Small Countries

General

(a) The Meeting endorsed the recommendations of the Commonwealth expert group on the special health problems of island developing and other specially disadvantaged countries (except for the references to the Fiji School of Medicine, which were noted) and made the following recommendations for action.

National

(b) Governments of small developing countries should keep under constant review the recommendations contained in the report of the Commonwealth expert group.

(c) Governments should make maximum efforts to strengthen their capability in the area of project identification and formulation.

Regional

(d) Regional groups and their secretariats should, within the limits of their resources, provide support to small developing countries in their efforts to implement the recommendations of the expert group.

(e) A regional secretariat has a special responsibility to promote the establishment of a regional committee or other mechanism for specific attention to the problems of small states.

Commonwealth Secretariat (f) The Secretariat should continue to support the programmes of small developing countries, particularly in the area of project identification and design.

Medical-Legal Issues

General (a) The Meeting generally endorsed the recommendations contained in the reports of the two medical-legal workshops held in 1979, in Barbados and Malawi. Particular endorsement was given to the following recommendations concerning abortion law and practice.

National (b) Countries should provide for a jurisdiction to have at least a "developed" law, either by legislation or through an authoritative executive statement of the scope of lawful abortion under existing law.

(c) Laws relating to approved contraceptive measures should be clearly exempted from the scope of laws relating to abortion.

(d) Lawful abortion should include, at the minimum, preservation of life and physical and mental health, as determined necessary in good faith by a doctor.

(e) Abortion services should be rendered by adequately qualified personnel.

(f) Consideration should be given to accommodating abortion primarily in laws focusing not upon crime and punishment but upon health and welfare.

(g) Continuing dialogue should be maintained between doctors and lawyers on legislation and medical practice, and on the impact of medical technology upon the relevance and application of laws.

Regional (h) Regional groups and their secretariats should, within the limits of their resources, support the above activities, taking initiatives as and when appropriate.

Commonwealth Secretariat (i) The Secretariat should encourage discussion of issues relating to the medical termination of pregnancy at meetings of Health Ministers and of Law Ministers of the Commonwealth.

(j) The Secretariat should continue to disseminate information on the legal and medical aspects of the medical termination of pregnancy, and to support efforts to establish a medical-legal dialogue on the subject.

(k) The Secretariat should, where possible, provide technical assistance to Commonwealth governments requesting help with the development of their laws on the medical termination of pregnancy.

(l) The Secretariat should, within the limits of its resources, provide support in this programme area, taking the initiative as and when appropriate.

Additional Action on Recommendations of the Fifth Commonwealth Medical Conference

BRAIN DRAIN AND HEALTH MANPOWER DEVELOPMENT

National

(a) Each government should review, and where necessary revise, its measures to combat brain drain.

(b) Governments of developed countries of the Commonwealth should place postgraduate medical students from developing countries on temporary registers (i.e. giving registration of limited duration) so that they are ineligible to practise in the developed country concerned on completion of their training courses. Similar restrictions should be placed upon other health workers from developing countries receiving training in developed countries.

(c) Fundamental changes are needed in the attitudes of doctors and other health workers in the Commonwealth towards service in their own countries and especially in the rural areas, and also towards preventive and social action and the solution of health problems. Such changes in attitude require fundamental changes in systems of education with respect to relevance to the needs of the people of the country.

(d) Each government should undertake health manpower development, and promote planning for and training of the various types of health staff that make up health teams, imbuing them with the knowledge, skills and attitudes necessary for carrying out health programmes and giving special attention to the training of staff for primary health care, such as community health aides.

(e) Each government should attempt to arrive at a better understanding of the motivation of health workers in respect of service within the country, particularly in rural areas, so as to appreciate better their aspirations and provide them with suitable conditions of work and prospects for career development.

(f) Each government should maintain a permanent mechanism for consultation between those who train health staff and the ministry of health which employs them.

(g) Each country should develop a method of evaluating the relevance of the educational processes to the needs of the health services and of the people of the country.

(h) National universities should be involved in the study of the health situation and in the strengthening of health services.

(i) Each government should develop, within the limits of its resources, facilities for postgraduate education in the health professions so as to encourage professional staff to remain at home.

Regional

(j) Regional groups and their secretariats, within the limits of their resources, should support the above activities by

means of advisory and other services, taking such initiatives as may be appropriate.

(k) Regional universities should be involved in the study of the health situation and in the strengthening of health services.

Commonwealth
Secretariat

(i) The Secretariat, within the limits of its resources, should continue to support the above activities by means of advisory and other services, taking such initiatives as may be appropriate.

MAINTENANCE AND REPAIR OF EQUIPMENT

National

(a) Each government should develop a programme for maintenance of the equipment and plant of hospitals and other health care facilities, in order to improve the care of patients, protect capital investment (which is often considerable) and enhance the efficiency and morale of technical personnel.

(b) Greater emphasis should be placed on the training of middle-cadre technicians, whose services are in great demand.

Regional

(c) Each regional group should examine the possibility of a regional approach to the maintenance of medical equipment and plant.

(d) Through regional secretariats, increased liaison should be established between centres for training in maintenance and the countries using the trained staff. This should improve communication and coordination concerning the types and specifications of equipment used and the training courses provided.

Commonwealth
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(e) The Secretariat should examine the possibility of further Commonwealth initiatives to establish regional training and repair centres.

POLICY ON PHARMACEUTICALS

National

(a) Each government should ensure that, in respect of imported pharmaceuticals, a certificate of manufacture and use is obtained, to establish, for example, that the product imported was approved for use in the country of origin.

(b) Each government should also ensure that a statutory declaration of potency and current use is obtained from the country of manufacture before importation is permitted.

COMMUNITY PARTICIPATION

National

(a) Each country should prepare a comprehensive plan of action for community participation. The purpose of such a strategy would be to help the people of the country to achieve personal and community health through their own efforts.

(b) Governments which own the communication media should ensure their maximum utilisation for health education. Governments which do not own the media should obtain time and space on commercial media for health education.

(c) Governments should employ the media, and where possible use legislation, to restrict and counteract commercial advertising inimical to health, particularly with respect to inappropriate use of baby foods, the use of tobacco and alcohol, and patent medicines.

Regional (d) Regional groups and their secretariats should, within the limits of their resources, support the above activities, taking the initiative as and when appropriate.

FOOD AND NUTRITION

National (a) Governments should ensure the continuing review and implementation of the recommendations of the 1977 Medical Conference, particularly as these relate to coordination of work in the agriculture, education and health sectors on food and nutrition strategy.

Regional and Commonwealth Secretariat (b) Regional groups and the Commonwealth Secretariat should, within the limits of their resources, continue to support the efforts of member countries in this important field.

General Recommendations

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

National and regional (a) In the areas of health manpower development and consultant services and in health services generally, the developing countries of the Commonwealth should examine carefully, and keep under constant review, the possibilities of technical cooperation among themselves.

COMMONWEALTH HEALTH POLICY AND INFORMATION

Commonwealth Secretariat (b) The Secretariat should commission a review of the reports of the six Commonwealth Health Ministers Meetings held so far and the preparation of a brief but comprehensive statement of policy that would include a reaffirmation of basic, relevant health concepts, the principal common health issues, and the priorities and general purposes of the Commonwealth Health Ministers Meetings.

(c) The Secretariat should examine the feasibility of producing a periodic magazine that would cover health developments of interest in individual countries, to promote an exchange of information and experience in the health field among member countries.