

Press Release

The following press release was issued in Arusha, Tanzania, at the end of the Sixth Commonwealth Health Ministers Meeting:

Health Ministers of Commonwealth countries, who meet every three years, held their sixth meeting from 11 to 17 November 1980, in the Arusha International Conference Centre, Tanzania. The Minister of Health of Tanzania, Dr. the Hon. A.D. Chiduo, was elected Chairman of the meeting.

Twenty-nine member countries were represented at the meeting and twenty-two countries were represented by Ministers. In addition, as at previous meetings, the Associated States of the Eastern Caribbean were jointly represented. Observers from the World Health Organisation, the Commonwealth Medical Association, the Commonwealth Nurses Federation and the International Planned Parenthood Federation were also present, and took part in discussions as appropriate.

The meeting was opened by Dr. the Hon. A.D. Chiduo, Minister of Health of Tanzania, on behalf of the Prime Minister. The President of the United Republic of Tanzania hosted a reception in honour of the Ministers on the opening day. The Commonwealth Secretary-General was represented by Professor K.S. Murshid, Assistant Secretary-General, who gave an address at the opening ceremony, and the Conference Secretary was Professor Sir Kenneth Stuart, Medical Adviser to the Commonwealth Secretariat.

HEALTH AND THE FAMILY

The theme of the meeting was "Health and the Family". In selecting this theme Health Ministers were seeking to highlight the role and the responsibility of the individual and of the family in national health programmes. They aimed to give recognition to the fact that a healthy, well-integrated family unit was both a requirement and a foundation for an effective national health care system; and they emphasised the need for improved methods to enable the individual to be more self-reliant in health matters and to become a more effective custodian of his own health and that of his family.

The lead speaker was Professor V. Ramalingaswami, Director-General of the Indian Council of Medical Research and President of the Indian National Science Academy, who raised many of the key ideas of the meeting. These included: the impact on family health of outside factors involving the community, which suggested the desirability of multi-sectoral planning relating national health policy needs to action in a wide range of relevant policy-making areas; community involvement in primary health care; new-style paramedical health workers, without conventional qualifications but closely linked to the community, as part of a changing pattern of health care delivery; integration of the mass media of press, radio and television in health education; and health as the responsibility of the individual within the family and the community.

In their discussions the Health Ministers and their advisers examined a number of issues likely to have a special bearing on the health and integrity of the family.

The special problems presented by the elderly, the infirm, urban slums, improper housing, lack of family planning, inadequate national nutritional programmes, and poor health education programmes were discussed. Specific recommendations were made to Commonwealth member governments for the formulation of national policies aimed at resolving these problems. Their recommendations stressed the value not only of national action but of collaborative action in regional groups.

Recognising that many of these problems lay outside areas of normal responsibility of Ministries of Health, involving housing, agriculture, education, finance and planning, Ministers laid special emphasis on the importance of multi-sectoral planning and of inter-ministerial collaboration in relation to national health programmes.

Special discussion centred around the need for identifying and mobilising community resources for improving family health. A wide range of resources was recognised as likely to be available in most communities - health educators, nurses, traditional healers, women's organisations, community health workers, youth and other special groups, the communication media, schools. The problem was to harness and to focus the capabilities of all these groups for informing, training and motivating community members towards better health habits and more beneficial lifestyles. Reference was also made to the need for recognising the role of men, not only of women, in family health.

Emphasis was placed on community health teams, comprising not only doctors but nurses, community health workers, traditional healers, technicians; and the need for coordinated training. It was noted that to meet the crucial need to provide care for all, most countries, developed as well as developing, were already training more health professionals and expanding their scope. The importance of the nurse in this expansion was recognised. The meeting saw an urgent need for an examination and definition of the roles of nurses in this expansion. It also recognised the need for new training curricula, not only for nurses but for other health professionals, to meet their new roles in national systems of primary and community health care.

An essential issue was seen to be community health education, which received special attention. Here the unique and potentially crucial role of the media was recognised. The special responsibility for targeting national health education policies and of coordinating such community resources to the family and the community was the subject of an important group of recommendations. They urged governments, and particularly those that controlled the media, to design and transmit appropriate educational programmes. It was also recommended that the Commonwealth Secretariat might assist by collecting and disseminating to governments examples of and information about such programmes already in use in member countries.

The Secretariat was also asked to examine the feasibility of producing a bulletin of health information on significant developments in the health field in member countries.

SPECIAL HEALTH PROBLEMS OF SMALL COUNTRIES

The meeting endorsed most of the recommendations of a Commonwealth expert group on the special health problems of island developing and other specially disadvantaged countries.

Ministers reviewed with interest the conclusions concerning health manpower planning, travel and communication, demographic and health data, natural disasters and other emergencies, pharmaceuticals, and the strengthening of national and regional institutions and regional and international cooperation. It was recognised that the expert group had taken a global view and that it was essential for specific action to be decided on within each region in the light of local problems and needs. The need for an effective disaster plan in each island developing country, subject to continuing review, was emphasised.

The lack of adequate expertise in project identification and formulation was noted as a serious constraint, and governments were urged to strengthen their capacity in this respect.

Governments of small island developing countries were urged to keep under constant review the recommendations of the expert group.

Regional groups were also urged to provide support for the efforts of such countries to implement the recommendations of the expert group, and to establish regional committees or other mechanisms to give the matter specific attention.

COMMONWEALTH ACTION ON RECOMMENDATIONS OF THE 1977 CONFERENCE

Ministers reviewed action taken on the recommendations of the previous meeting held in 1977 in New Zealand. In their discussions on the following issues they stressed the advantages of technical cooperation among developing countries.

Brain Drain

The meeting recommended additional action to combat the loss of medical personnel through emigration. Recommended solutions included only temporary registration for postgraduate students from developing countries in the developed countries where they were studying, expansion of postgraduate medical education in the developing countries themselves, more relevant medical education training programmes and special attention to health manpower development.

Equipment

Ministers considered that each government should develop a programme of maintenance for its medical equipment. A regional approach to such programmes should also be considered. More emphasis should be placed on the training of middle-grade technicians. The Commonwealth Secretariat was asked to examine the possibility of promoting Commonwealth initiatives to add further training facilities to those already established in Swaziland, and by WHO in Sierra Leone, New Zealand and Venezuela.

Pharmaceuticals

Among the matters raised by the Ministers was the importance of

appropriate certification to ensure satisfactory quality of imported drugs and help to eliminate drug dumping. With certain drugs certificates might confirm that the imported product was approved for use in the country of origin.

MEDICAL-LEGAL WORKSHOPS

The meeting gave general endorsement to the recommendations of two workshops on medical-legal issues held in Barbados and Malawi in 1979, and recommended that the Secretariat should continue to promote medical-legal discussion.

Concern was expressed by some delegates about the establishment, facilities, standard and orientation of "off-shore" medical schools in the Caribbean by outside entrepreneurs. It was agreed that the granting of permission to set up these schools was solely a matter for the sovereign governments concerned, but it was suggested that, when such schools were included in the WHO Directory of Medical Schools, particulars of affiliation to reputable medical schools, available technical facilities and the number and qualifications of the teaching staff should be given.

NEXT MEETING

The offer of the Government of Canada to host the Seventh Commonwealth Health Ministers Meeting in 1983 was received with appreciation.