

SIXTH COMMONWEALTH HEALTH MINISTERS MEETING

Arusha, Tanzania – November 1980

PROVISIONAL AGENDA

Item

- I REVIEW OF ACTION TAKEN FOLLOWING THE FIFTH
COMMONWEALTH MEDICAL CONFERENCE

- II REPORTS OF RECENT MEETINGS
 - (a) MEDICAL-LEGAL WORKSHOPS
 - (b) SPECIAL HEALTH PROBLEMS : ISLAND
DEVELOPING AND OTHER SPECIALLY
DISADVANTAGED COUNTRIES

- THEME : HEALTH AND THE FAMILY

- III THE FAMILY : ITS SPECIAL CHARACTERISTICS
AND NEEDS

- IV COMMUNITY RESOURCES AND THEIR MOBILISATION

- V NATIONAL HEALTH AND HEALTH EDUCATION
POLICIES

- VI ADMINISTRATION AND PRIORITIES IN RELATION
TO FAMILY HEALTH

ANNOTATIONS

Attached are annotations to the provisional agenda, the object of which is to indicate the proposed scope of the discussions under each item and to guide governments in the preparation of their papers.

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ANNOTATIONS TO PROVISIONAL AGENDA

The theme, HEALTH AND THE FAMILY, and topics proposed for the Sixth Commonwealth Ministers Meeting were approved by the 1979 Pre-WHA Meeting and minor adjustments were endorsed by the 1980 Pre-WHA Meeting.

2. Following discussion at the 1980 Pre-WHA Meeting, an additional item, REPORTS OF RECENT MEETINGS, has been included after Item I to make provision for discussion of the reports of the medical-legal workshops and of the meeting on the special health problems of island developing and other specially disadvantaged countries. Subsequent items have been re-numbered accordingly.

3. The Commonwealth Secretariat is preparing papers on all items of the provisional agenda. Each Commonwealth Government has been invited to contribute one paper only, on the theme : HEALTH AND THE FAMILY, the proposed scope of which is indicated below in the annotations on Items III - VI.

Agenda

I REVIEW OF ACTION TAKEN FOLLOWING THE FIFTH COMMONWEALTH MEDICAL CONFERENCE

4. A paper on action by governments, incorporating information received from member governments in response to the request made by the Secretariat, is being prepared.

5. Papers will also be submitted reporting on action taken by the Secretariat itself and on action taken at regional level.

II REPORTS OF RECENT MEETINGS

(a) Medical-legal workshops.

(b) Meeting on the special health problems of island developing and other specially disadvantaged countries.

6. The reports of these meetings have already been distributed to governments and the 1980 Pre-WHA Meeting agreed that they should be considered at the Sixth Commonwealth Health Ministers Meeting. Introductory papers are being prepared and will be circulated.

Theme HEALTH AND THE FAMILY

7. In the final analysis it is the mode of life of the individual citizen, what he does to safeguard his own health and that of his

family, that is the real determinant of the level and effectiveness of health care in the community.

8. The choice of "Health and the family" as the theme of the Sixth Health Ministers Meeting should focus attention on the roles of the individual and of the family, on their interaction with the community's health care systems and health resources, and on the factors that influence this interaction.

9. Issues that relate to this theme must include:

- (a) the special characteristics and health needs of the individuals and families that comprise the community;
- (b) the community's health resources and how they can be best mobilised;
- (c) national health and health education policies as they relate to the individual and the family;
- (d) national administration of health and the ordering of its priorities.

II THE FAMILY : ITS SPECIAL CHARACTERISTICS AND NEEDS

10. A prime objective of the promotion of community health participation is to create and maintain a sense of individual and family responsibility, self-reliance and self-confidence in health matters. It is the attitudes, habits and actions of individuals and families that promote or endanger health. Their special characteristics and needs deserve continuing study.

11. How effective are programmes for training individuals and family groups in those subjects in which their informed participation and collaboration are likely to have beneficial effects: food hygiene and basic nutrition, sanitation, immunisation, maternal and child health, diagnosis and standardised management of minor disorders and prevalent diseases?

12. There are a number of special circumstances in which family life tends to be disrupted and which present particular threats to its integrity and to the physical and mental well-being of its members.

Urban slums

13. There are special classes of individual and family health problems, particularly associated with densely-populated urban areas. These include drug and alcohol addiction, mental breakdown, rootlessness and social dislocation. It is in this setting that the forces for disruption of family life are most active. What measures are being taken to identify and overcome such problems?

Housing

14. Each community needs, within its own resources, to set minimum standards of housing based on fundamental health needs. Health conditions in the slums can affect the health of all strata of the community. What is the priority for housing in national health and

development programmes? What can be the individual and family contribution to the improvement of housing in a community?

Families with young children, and with adolescents

15. The need for counselling and advice to mothers during pregnancy, and to families with young children and with adolescents, is widely accepted and equally widely ignored in both developed and developing countries. To what extent does the national health plan reflect the importance of appropriate education, training and support for all who are concerned with infants, young children and adolescents?

The woman

16. It is the woman who normally makes decisions on when or whether a child should be vaccinated, on when he should attend a doctor or health clinic, on weaning, and on what meals should be prepared for the family. She is sometimes responsible also for growing food crops and for marketing cash crops. She already plays a central role on the health stage.

17. A more definite focus on the woman's role is often required in national health plans and policies. How can appropriate educational programmes be designed to assist her to play it more effectively? How far is she being equipped to perform her health-related activities as expertly as possible, in association with those community workers on whom she would normally call for additional help - the traditional healer, birth attendant, village worker, nurse, medical assistant or physician? It is here that the weakest link in the chain of health care is commonly found.

Family planning

18. A mother who gives birth to too many children close together can maintain good health neither for herself nor for her children. Do family planning programmes give sufficient emphasis on the health benefits which family spacing can bestow on mothers and children? It is increasingly recognised that the acceptance of family planning is facilitated when certain social goals are met. This implies from the onset an interaction between family planning policies and social welfare programmes. What are the dynamics of this interaction in the context of any individual country? How can innovative and action-oriented programmes be designed at country and local level to integrate the role of family planning in family welfare? What are the appropriate incentives for collaboration in family planning programmes? Improvements in educational status and other aspects of development are correlated strongly with improved health and reduced fertility. Does the national health plan give adequate recognition to this fact?

III COMMUNITY RESOURCES AND THEIR MOBILISATION

19. Community resources will vary but they include nurses, community health workers, schoolteachers, women's organisations, health educators, youth and other special groups, the communication media, local benevolent organisations, schools and universities.

20. How can the educational role of community and village workers be best utilised for the benefit of community members and family groups? How can the potential contribution of schoolteachers in the field of health education be fully realised? Children and youth groups are

even more appropriate targets than adults for health education programmes. In what ways can they best be reached?

21. Nurses constitute a special community resource essential for expansion of the basic concepts of primary health care and community medicine. How far are efforts being made to educate and orientate nurses to perform this function?

22. To what extent do university teaching and research programmes take into consideration the health needs and priorities of individuals and family groups? Are they adaptable and flexible enough in their capacity to respond to them? How far do medical schools identify themselves as integral parts of the total system of community health? What provision have their supporting governments made for them to function in this role?

23. What use is made of mass communication media in community health education? In what ways can the use of the media be made more effective? What arrangements are there for collaboration with the media in national health education programmes directed to the individual and the family?

IV

NATIONAL HEALTH AND HEALTH EDUCATION POLICIES

Health policies

24. There is a need for:

- (a) a clearly-defined national policy for community participation in health matters and for coordinating the sectoral activities and interests that bear on them;
- (b) support for this policy at the highest level of national decision-making; and
- (c) a specific plan for its implementation.

25. What is the place of the individual and the family in the national health plan and what precise roles in it are envisaged for them? How far is their participation encouraged through the propagation of relevant information? What would be appropriate administrative and legislative arrangements for promoting it? How can the political determination to introduce and follow through the requisite policies be influenced?

Health education policies

26. Community health depends on education, and the most important elements of health education are those that improve the degree of personal and family responsibility and commitment.

27. A critical reappraisal by most countries of their community health education programmes is often a more urgent need than the provision of additional funds. How adequate are community health education programmes and how can their relationship to defined health problems be maintained? What role and responsibility is allocated to the health educator? What resources has he? Can the roles of special community groups - youth, women, religious groups, workers, schoolteachers, university personnel - be improved? What are the lessons to be learned by the average

individual and his family? What needs to be done to ensure that these lessons are made clear, simple and practical? What measures are there for ensuring that an appropriate relationship is maintained between the training of health professionals and the health needs of individuals and families?

V

ADMINISTRATION AND PRIORITIES IN RELATION TO FAMILY HEALTH

28. The provision of health care facilities at the social and geographical periphery of the community, as well as at its centre, and the fostering of self-reliance and involvement for the individual and the family are central objectives of most national health care delivery systems. Although they may be approached in different ways by individual countries, there are certain issues, other than those already referred to, which relate closely to these objectives and will have a high priority for them.

Country health services

29. What are the best and most cost-effective ways of improving family health in any given country? What ought to be the mix, timing and emphasis between primary health care, other health approaches and other sector activities designed to improve health? How can the community's health services be best adapted to local resources and skills? What measures are taken, or are needed, to ensure an adequate balance between personal, community and environmental health services? How can the best advantage be taken of existing international health services? How can governments improve their benefits from the World Health Organisation's specific function and responsibility "to assist member countries, upon request, in strengthening health services"? What guidance can be offered to, and assistance obtained from, international funding agencies for the promotion of primary and community health care programmes?

Health administration and organisation

30. What methods are adopted to ensure that administrative arrangements are consistent with national health policies and programmes? What arrangements are there for ensuring coordination of the sectoral interests and resources that bear on health services and health manpower development: those of ministries of health, education, agriculture, planning and finance; universities; and other national and international health agencies? Are the human resources available for appropriate health programme planning, management and evaluation? If not, what are the training needs?

Politics and health

31. What are the factors that determine the relationship between politics and health in any given community? On what basis do national leaders and administrators set priorities and allocate resources for health and health-related enterprises? How far are community and family perceptions of health taken into consideration in establishing national health priorities and programmes? What steps should be taken, and by whom, to influence national decision-making on health matters? What specific qualitative and quantitative data are lacking for health policy formulation? Has health been relatively neglected as a component of national development strategy? If so, how is this to be corrected?