

STRENGTHENING COLLABORATION AMONG MEMBER COUNTRIES IN HEALTH MATTERS

Prepared by the Commonwealth Secretariat

The occasion of the Fifth Commonwealth Medical Conference might be an appropriate time to attempt to review how best to extend and maximise the contributions made by Commonwealth health conferences (the three-yearly Ministers conferences and the annual Pre-WHA meetings in Geneva) and by the work of the Commonwealth Secretariat to the development of the health policies and programmes of member countries.

2. Meetings of Commonwealth Health Ministers were initiated on the recommendation of Heads of Government at their 1964 meeting. It was considered that such conferences "would enable member countries to discuss mutual assistance in medical education, including links between institutions, the provision of ancillary staff, the development and planning of health services and the supply of medical equipment and facilities for research". The four conferences held so far have been held in Britain (1965), Uganda (1968), Mauritius (1971) and Sri Lanka (1974). These meetings, in addition to providing opportunities for beneficial contacts for bilateral and multi-lateral assistance, have resulted in agreements and recommendations on a wide range of topics, all having as their central objective improvement in the national health programmes of member countries.

3. Besides the three-yearly ministerial conferences, each of which is organised and serviced by the Secretariat in collaboration with the host government, annual one-day Commonwealth meetings at ministerial level have been held in Geneva in May immediately before the World Health Assembly. The Geneva meetings review action on conference recommendations, discuss health topics of general interest and consider the agenda and arrangements for the next conference.

THE ROLE OF THE CONFERENCE

4. Although difficult to quantify, the opportunities provided by these conferences for discussion and for sharing health information among member countries, the encouragement and assistance they give to national health planners, the impetus towards better standards, the associated Commonwealth esprit de corps they foster, have all been recognised as contributing considerably to the improvement of health programmes in member countries. There is, however, much that can still be done to improve the benefits that flow from these conferences. In spite, for instance, of the success of the regional secretariats in promoting regional health co-operation, and although a beginning has been made in inter-regional collaboration, there have been only modest achievements so far in the way of sustained interaction in health planning, in continuity of collaboration in the intervals between meetings, in the sharing of resources and personnel on a Commonwealth-wide basis.

5. The above state of affairs may be attributable to the following reasons:

- (i) the annual half-day Pre-WHA meetings in Geneva are not adequately utilised for in-depth follow-up of conference proposals and for monitoring or co-ordinating on a Commonwealth-wide basis action on the major recommendations of the conference; and
- (ii) the staff at present available to the Secretariat can only play a limited role in this respect.

THE SECRETARIAT'S ROLE

6. So far the Secretariat initiates and helps to sustain action between meetings on a limited number of conference recommendations; it collates and distributes important health information to member countries; ensures that training opportunities, specialised conferences, research projects, are brought to their attention; convenes annual meetings of regional secretaries. It is represented at regional meetings of Health Ministers and professional groups; it organises and services the annual and three-yearly conferences of Health Ministers and it consults with and advises individual health ministries on a wide range of health topics; it commissions special studies at the request of governments; and it maintains close contact with WHO headquarters in Geneva and its regional offices and with other international health agencies.

7. The areas of emphasis in the Secretariat's work to which successive conference recommendations have contributed include:

- (a) support for the delivery of health care in rural and other needy areas in developing countries;
- (b) the promotion of national self-reliance and regional co-operation in the approach to health problems;
- (c) the investigation, at the request of governments, of specific problems in the health field and follow-up action;
- (d) the provision of technical advice and assistance, particularly to the most needy; and
- (e) assistance with health administration and planning and with health manpower development programmes.

RECOMMENDATIONS FOR IMPROVING THE EXISTING CONTRIBUTIONS OF CONFERENCES AND THE SECRETARIAT

The role of conferences

8. The broad policy-formulating role of the conferences and the importance of sustained follow-up of their recommendations in the intervals should be re-emphasised.

9. The structure, organisation and duration of the triennial ministerial conferences should be reviewed. As part of this review the possibility of beginning with a meeting of officials might be considered. Such a meeting might review activities since the previous Conference. It might also prepare specific recommendations on conference agenda items for consideration by Ministers.

10. The annual meetings in Geneva might provide more opportunities:

- (a) to follow-up conference recommendations in greater depth than has been customary in the past,
- (b) to discuss such substantive health matters of Commonwealth interest that might be identified from time to time in the intervals between conferences, and
- (c) to exchange information and views on the major topics to be considered at the ensuing World Health Assembly meeting.

The role of the Secretariat

11. The Commonwealth Secretariat would continue to organise and service these meetings as it has done in the past.

12. It might attempt to maintain even closer surveillance on the progress of the recommendations made at them.

13. This would require closer and more frequent consultation with member governments and the regional secretariats than has been possible in the past.

14. The Secretariat might play a more effective role in identifying outside expertise, in the form of either individual experts or panels of experts, to assist with the problems encountered and referred to it by Commonwealth governments in the planning and execution of national health programmes.

15. The proposals outlined above reinforce the need already recognised by previous conferences – Mauritius (1971) and Sri Lanka (1974) – for additional resources to enable the Secretariat more effectively to implement conference decisions. This Conference might therefore request the Secretary-General to take urgent action to seek from governments such additional resources as may be required for implementing the new proposals. The resources should include an appropriate increase in the staff of the Medical Division of the Commonwealth Secretariat, and an increase in the funds provided by governments for supporting activities in the health field. In this context the Conference might note with appreciation the important contribution made through the Commonwealth Fund for Technical Co-operation to the health programmes of Commonwealth countries.