
LIST OF CONCLUSIONS

Health manpower planning

National

(a) For most island developing and other specially disadvantaged countries, there is a need to determine the use of manpower in primary health care programmes in close relation to the locally-defined tasks required for the provision of basic health services for their entire populations.

(b) Where appropriate, a tiered primary health care system should be developed which will use most effectively the professional skills of doctors, maximise the potential of village-level services through community health workers, and deploy mid-level health workers to provide supervisory, curative, referral, preventive and promotional services. Cooperation with other development workers is most important in this connection.

(c) The planning capability of the ministry of health should, where necessary, be strengthened to achieve the most effective use of scarce personnel and material resources, to facilitate the integration of health services with other developmental services, and to allow the health ministry to compete more effectively with other ministries for scarce resources.

(d) For the smaller countries in general, the further development of local programmes for training sub-professional personnel is needed. Competency-based, task-oriented programmes should be developed for the training of new cadres of health workers to produce efficient and cost-effective health care services.

(e) The status relationships of primary health care workers should receive early attention in health planning.

(f) In order that new initiatives in health manpower development should not encounter unnecessary legal obstacles, health legislation should be reviewed.

(g) Generic drug systems and treatment guides should be developed for use by primary health care personnel.

Regional

(h) Where appropriate, small countries with limited resources should cooperate with neighbouring countries on a regional basis in health manpower development, particularly in training programmes, and in the development of generic drug systems and treatment guides.

Commonwealth
Secretariat

(i) Where outside support is required, the Commonwealth Secretariat and other agencies should, on request, provide all possible assistance for efforts by governments and regional groups to develop appropriate systems of health manpower - through providing consultants and training fellowships.

Travel and communication

National

(a) Since travel and communication constitute such an important determining factor in health services management, particularly in small countries, they should be given greater prominence in health planning.

(b) Everything possible should be done to make small isolated communities more self-sufficient by up-grading the skills of local health workers and improving their communication links to facilitate consultation with secondary care level.

(c) An analysis of travel and communication needs and resources should be made as a basis for deciding on appropriate arrangements for this vital element in the delivery of health services.

(d) This analysis should include transport and communication facilities operated by non-health departments, so that the possibility of these being used, where practicable, to assist the improved provision of health services may be taken into consideration.

(e) Higher priority for health is needed in relation to travel and communication resources. Discussion of the problem by national health councils should include participation by representatives of non-health departments possessing relevant resources, and cooperation to permit greater utilisation of resources for health purposes should be sought.

(f) The introduction of radio communication should be increased. A simple two-way voice communication system is needed, which users can be trained to maintain and repair, and which should be designed so as to permit modular replacement. The possibility of using radio and television communication by satellite should also be investigated.

(g) Standardisation of vehicles and the training of health personnel to do simple repairs on the vehicles they use are needed.

(h) The development of traditional means of transport should be promoted, where appropriate, as a low-cost alternative to motorised vehicles.

Regional

(i) Regional groups of countries should examine how far the travel and communication needs of their small island or other disadvantaged members for health purposes can be met through regional collaboration, and how regional communications in this connection can be improved. Ways in which external assistance could help to overcome difficulties should be specified.

(j) The special problems of the South Pacific islands in this respect call for particular attention, and the need for regional action to meet their special requirements is urgent.

Commonwealth
Secretariat

(k) The Commonwealth Secretariat, donor governments and donor agencies should where possible respond favourably to requests for assistance for the improvement of travel and communication for health purposes.

(l) The Commonwealth Secretariat should, if requested, provide a consultant to examine travel and communication problems and resources in relation to health needs in the South Pacific, and to suggest roles that might be played by supporting agencies.

Demographic and health data

National

(a) Each small country needs a simple system of data collection, to obtain basic information on the population and its distribution, on transport and communication facilities, on the patterns of illness, on the frequency of necessary evacuations and disasters. Much of this information can be obtained from existing sources, and it should be supplemented by sample surveys.

(b) The information collected should be no more precise than the nature of the health problems require. "Quick and dirty" data are often adequate for health planning purposes, and can be collected by existing health staff as part of their duties.

(c) Consideration should be given to the levels of treatment which can be given by various levels of health staff, particularly in isolated circumstances.

(d) Management decisions and logistics planning, for the deployment of health personnel and supplies, and also disaster relief measures, should be based on the information collected.

(e) Special attention should be given to the provision of services for small isolated communities, in the context of the cost and the health risks involved, and to the training of personnel serving such communities in a wider range of skills.

(f) More information should be compiled and supplied to health personnel, and to training institutions, on the cost of imported drugs and on less expensive alternatives available. Attention should be given to the range of drugs appropriate for isolated situations.

(g) For the processing of health data, planning units should be given access to any government-owned computer services which may be available.

(h) Administrators and managers at various levels should be taught to present health data effectively. This is important not only for good planning and administration but also as a

means of securing a higher priority for health in the competition with other departments for scarce resources.

(i) Information based on data collected should be fed back to the personnel at the periphery to stimulate their interest and cooperation.

Regional

(j) Regional groups of countries should consider ways of collaborating in the development of simple systems of health data collection.

(k) The possibility of regional cooperation in training for health data collection should be examined, and universities and other training institutions should be involved.

(l) Regional arrangements for the training of health personnel (and their teachers) in a wider range of skills so that they may be better equipped to serve small isolated communities should also be considered.

Commonwealth Secretariat

(m) The Commonwealth Secretariat and other agencies should, on request, give whatever support is possible to the activities of individual countries and regional groups mentioned above.

Natural disasters and other emergencies

National

(a) Each small country should have a disaster plan, which should be regularly reviewed by a standing inter-departmental committee responsible for disaster preparedness.

(b) The allocation of responsibility is a vital element in such a plan, which should also deal with arrangements for food, shelter, blankets, supplies of vaccines, communications etc. Procedures and arrangements should be set out clearly in a manual or booklet.

Regional

(c) Disaster preparedness should also be a continuing regional responsibility, and regional groups of countries should examine what arrangements for regional collaboration to cope with disasters should be made and consider issuing a regional booklet setting these out.

(d) In this connection, coordination of external assistance is required. It should be determined in advance who is responsible for this and what organisation is required.

Commonwealth Secretariat

(e) The Commonwealth Secretariat and other agencies should, on request, assist governments and regional organisations with the development of a high level of disaster preparedness.

Specialist services

National

(a) The provision of tertiary care services is a major problem for the health authorities of small countries, few of whom can hope to be self-sufficient in this regard. The provision of expatriate specialists by donor governments does not provide a long-term answer to this problem.

(b) Improvement of secondary care facilities to reduce the need for referral, improvement of local conditions for professionals, and arrangements for short-term secondments from neighbouring countries merit consideration as ways of alleviating the problem.

(c) Where regular visits by specialists from other countries can be arranged, appropriate local facilities and supporting personnel should be provided.

(d) Where possible and appropriate, the health authorities in small states should endeavour to have some of their own nationals trained as specialists.

Regional

(e) A regional solution to the problem is required, and urgent attention to it by regional groups of countries, from whom the initiative must come, is needed.

(f) Regional groups, in collaboration with their universities, should develop a coordinated programme to stimulate the retention of specialists in the smaller countries through arrangements for continuing medical education, postgraduate education, and the provision of reliefs for trainees.

(g) Regional programmes might be developed, through university hospitals, by providing supernumary posts to permit regular visits to small countries lacking specialist services; such programmes might attract external assistance.

(h) Governments of the developing countries of the South Pacific might jointly work out a solution to the problems of providing tertiary care in the island states. Australia and New Zealand, the World Health Organisation and the Commonwealth Secretariat might be invited to take part in discussions to this end.

Commonwealth
Secretariat

(i) The Secretariat and other agencies should respond favourably to requests for assistance for approved regional arrangements to provide small countries with tertiary health care services.

Pharmaceuticals

National

(a) Governments should consider providing suitably informed personnel to advise staff ordering and prescribing drugs. "Counter-propaganda" to withstand advertising pressure should be provided, particularly through medical education and continuing medical education.

(b) A limited list of drugs (generic, rather than proprietary, wherever possible) should be decided on and only these drugs should be made available for use in the government health service, except where special drugs are required for special conditions.

(c) More attention should be given to the management of drug supplies - to quality control, distribution, storage, stock control and the prevention of graft.

Regional (d) Regional cooperation offers the best prospects for overcoming the difficulties of small states in relation to pharmaceuticals. Regional groups are urged to give increased and continuing attention to all aspects of the problem, including joint purchase, manufacture, quality control and training in storage and stock control. Information on developments should be exchanged between regions.

(e) Ministries of finance and industry should be involved in discussions of joint purchase and manufacturing, and it is also desirable to enlist the cooperation of pharmaceutical companies in efforts to overcome the difficulties of small countries.

(f) Where regional manufacture of drugs is in view, this is best approached gradually, by stages.

Commonwealth Secretariat (g) The Secretariat should continue to encourage and support regional cooperation to help small countries to overcome their difficulties in relation to pharmaceutical supplies.

(h) The Secretariat might consider commissioning a handbook on practical therapeutics to promote cost-effective use of medicinal drugs.

Strengthening national and regional institutions

National (a) The appropriateness of national health care systems and the adequacy of national health planning capability should be examined in all small states.

(b) Attention should be given to the requirements for mobilising national commitment for health improvement. These requirements include adequate health data, representative multi-sectoral health councils and satisfactory arrangements for collaboration between sectors with common interests.

(c) More attention should be given to the improvement of health management at the middle level, using in-service and unconventional training methods as well as formal training courses.

(d) Meetings of health professionals at national level should be encouraged. Professional associations should be invited to take part in national discussions concerning health service management and to articulate their views on how health care systems might be improved.

(e) Everything possible should be done by health ministries and professional groups to improve medical information facilities for health personnel, and isolated health workers should be provided with basic books, manuals and journals.

Regional (f) Existing regional institutions, including universities, should focus more attention on the health problems of the smaller states. Recent moves in some regions to do this through special committees were welcomed.

(g) There is a parallel need to strengthen universities and other regional institutions in order to expand their capabilities for being effective focal centres for regional planning and action in the health field. The requirements for achieving this in each region should be identified.

(h) Previous recommendations concerning regional action on data collection and the improvement of travel and communication facilities are particularly important for strengthening institutions. Similarly, the training and deployment of doctors to provide secondary and tertiary care also call for regional attention and collaboration.

(i) The possibility of regional exchange schemes to enable policy-forming staff of small countries to exchange short-term visits to assess the appropriateness of health service structures merits consideration.

(j) Because weaknesses at middle management level are common among small states, arrangements should be considered for promoting innovative and unconventional methods of training (including, for example, the use of case-study techniques and short-term pairing with officers in neighbouring countries) on a regional basis.

(k) Representatives of universities and professional associations should be invited to attend regional health meetings, and encouraged to examine their capacity to perform a regional health role.

(l) Improved dissemination of medical and health information material, particularly to isolated health workers, is suggested as a suitable matter for attention at regional meetings, which might consider how small countries could be assisted in this respect.

Commonwealth
Secretariat

(m) The Secretariat should do everything possible, within the limits of its resources, to support the activities of existing regional institutions and universities, designed to help small, disadvantaged countries.

Regional and international cooperation

Regional

(a) Regional cooperation is the best option for reinforcing the efforts of small and disadvantaged countries to overcome their special health problems and to develop appropriate health care systems.

(b) Where they already exist, arrangements for regional health collaboration should be strengthened to enable special attention to be focused on the health needs of small and disadvantaged countries

(c) The recently established committee on the health problems of small states in the East, Central and Southern Africa region, for instance, might review the health manpower needs of Seychelles and work out a coordinated programme of assistance to meet them.

(d) In the South Pacific, the promotion of a joint approach to the special problems common to small islands would require the collaboration of Australia, New Zealand, the Fiji School of Medicine, the University of the South Pacific, WHO, the South Pacific Commission and other regional institutions.

(e) Appropriate arrangements are required for ensuring continuity of action, planning, discussion, surveillance and evaluation of agreed regional collaborative activities.

(f) Regional health groups should consider placing as a continuing item on their agenda the review of machinery for communicating their decisions to national health staff, professional associations and universities, with the object of improving its effectiveness.

(g) Increased regional attention to the rationalisation of medical equipment, to preventive maintenance and emergency repair facilities, and to training technicians to service a variety of equipment, could be beneficial to small countries.

(h) Improved regional coordination of the activities of donor agencies is needed, possibly through inter-agency consultative meetings convened by regional health groups.

Commonwealth
Secretariat

(i) The Secretariat should continue to do everything possible to assist regional health groupings, and to support their programmes designed to help the small and disadvantaged countries.

(j) The Secretariat should assist efforts in the South Pacific to establish, in collaboration with the University of the South Pacific, a regional inter-governmental health forum, and to develop machinery through which the island governments can collaborate to overcome their special health problems.

(k) The Secretariat should use its good offices to channel requests from small states for assistance to appropriate foundations and donor agencies. Such bodies should be provided with information and copies of relevant reports. Foundations and donor agencies might review their terms of reference in the light of the special needs of small disadvantaged states.

Distribution of report

Commonwealth
Secretariat

(a) The report of the meeting should be distributed to ministries of health, regional health agencies, universities in the regions, professional associations, the World Health Organisation, the World Bank, foundations and other donor agencies.

(b) The report should be brought to the attention of the May 1980 Pre-WHA Meeting and submitted to the Sixth Commonwealth Health Ministers' Meeting in November 1980.

National and regional

(c) Ministries of health and regional health agencies should consider placing relevant recommendations of the meeting on national and regional health agenda as an item meriting continuing attention.