GENERAL REVIEW

The meeting began by making a general review, in the light of the introductory paper prepared by the Commonwealth Secretariat (see p 53), of the special health problems facing small developing countries. It was accepted that these were not merely a small-scale version of the problems of larger countries but often had special characteristics of their own.

2. It was noted that small countries had very slender economic resources; they lacked university medical schools, sophisticated medical facilities, and adequate training facilities for health manpower; and they were rarely in a position to pay professional staff salaries comparable with those obtainable elsewhere. They were obliged to have their doctors, and other health workers needing specialised skills, trained elsewhere and they lost professional manpower through emigration. Expatriate doctors, recruited to fill the gaps, had to be paid at higher than local rates. These countries had few, if any, specialists. In the circumstances, it was frequently found impossible for them to construct a traditional-type health service based largely on hospitals and adequate numbers of doctors with full professional training. The development of an improved system of primary health care and increased use of paramedical personnel were seen as their only feasible alternative.

3. This was seen to be the position in such African countries as The Gambia and Swaziland, for example. The few doctors available were based centrally, and primary health care for the greater part of the population was delivered through local health centres and clinics, staffed by nurses and paramedicals, which were the focal points for local health workers. The link between the centre and the periphery was tenous, however, due to poor communications and the lack of a capacity for adequate supervision.

4. Seychelles was cited as an example of a small island state with severe staffing problems. There were few Seychellois doctors and although it had been possible to recruit some expatriates the need for these to be able to speak French and patois had created difficulties. Mauritius, more fortunate in having a surplus of some categories of trained medical manpower, had been able to assist to some extent by sending doctors to Seychelles on short-term secondments but this was not always easy because of the separation from their families and the disparity in local conditions.

5. The meeting noted that in the small islands of the Caribbean, as elsewhere, there was popular pressure for better conditions and services, but that the legacy of hospital-based

health care had not been sufficiently supplemented by preventive and community services. Although conditions were gradually improving, with more attention being given to clean water supplies, housing, sanitation and health education, individual countries lacked resources, and they had found it impossible to provide a comprehensive medical service. Regional co-operation to assist these small states had been recognised as essential and had been fostered by the Caribbean Community. An important focus for regional health cooperation here was seen to be the University of the West Indies, with its three campuses in Jamaica, Barbados and Trinidad, collaboration being assisted by the relatively good communications in the region.

6. The meeting recognised that the developing countries of the South Pacific faced problems peculiar to this region. Separated by vast distances, many of them were composed of large numbers of very small scattered islands. Communication with small isolated communities presented severe difficulties and the task of providing these communities with adequate health care was formidable. Where there was a colonial inheritance of hospital-based health services, these were run largely by expatriates and involved heavy expenditure. There was little regional cooperation between the developing countries of the Pacific in health services, although valuable assistance had been given by Australia and New Zealand.

7. The Fiji School of Medicine, a national institution, offered some places to students from other Pacific countries, but the qualifications awarded were not recognised internationally as full professional qualifications and did not constitute a take-off point for specialist medical training. When candidates with appropriate qualifications for post-graduate training could be found, they had to go to institutions overseas where the teaching was rarely geared to Pacific conditions. Furthermore, a career structure for specialists was lacking in the island countries, and there were no local replacements when the few expatriate specialists left.

8. It was pointed out that health administration and management in the Pacific island countries faced special difficulties because of geographical factors, and improvement, particularly at the middle level, was badly needed. As elsewhere, supervision of paramedical workers was inadequate. Better environmental sanitation and water supplies were required, and there was also a need to educate people to use new facilities properly when it was possible to provide these. As was the case with many small states, the cost of preventive care was often beyond the resources of these island countries.

9. Participants agreed that in almost all the small countries there appeared to be little inter-departmental cooperation in planning. The cost and distribution of medicinal drug supplies presented serious problems, and facilities for the maintenance and repair of medical equipment were everywhere lacking. Capital development in the health sector was almost wholly dependent on external aid. Such aid often tended to be

geared to particular projects favoured by donors, rather than to the real needs of the recipient countries, and this had sometimes had a distorting effect on the local health care system.

10. The meeting accepted at the conclusion of this survey that there were two sorts of problem. The first was the problem of delivering health care in a small country with few resources; the second was the additional problem of doing this to scattered island communities. The small states of Africa came into the first of these categories, most island states of the Pacific into the second. The Caribbean was seen to differ from the Pacific in having good communications, smaller distances, fewer scattered island communities, and access to tertiary care within several hours travel. Common factors between countries in different regions were also noted - the problems of Seychelles were seen as similar to those of Western Samoa, for example. Management shortcomings at the middle level, the need for more dynamism and a greater grasp of overall issues and planning requirements were recognised as common to small countries in all regions.