
TRAVEL AND COMMUNICATION

32. The subject of travel and communication difficulties experienced by the small states was introduced by Professor E. R. Walrond, author of the discussion paper Travel and communications: their relation to health problems in small states (see p.75).

33. He pointed out that some of the countries whose problems were under discussion had populations of only several thousand. They often experienced particular difficulties arising from under-developed internal communications, their isolated communities were cut off from health services, and their health personnel and facilities tended to be badly distributed.

34. Some of the problems of small states were similar to those of rural communities within larger states. Their health services were under-manned and they often had to seek secondary and tertiary care elsewhere, for example. It was necessary to take into consideration a variety of possible means of communication in examining how their difficulties might be overcome. A useful way of doing this might be to look at different parts of the health care system in turn.

35. In the primary care sector, maldistribution of health services was often a reflection of the pattern of communications. Where doctors or other health staff were reluctant to reside in isolated rural areas, the answer might be to improve communications with such areas. In both rural and urban areas, it was important to site health facilities on regularly-used communications routes (eg. bus routes). In some cases, it might be desirable to re-route services so that public transport would pass close to health facilities. Attention needed to be given to the best ways of both bringing health personnel to patients and bringing patients to health facilities.

36. Where secondary and tertiary health services were concerned, there were generally good economic reasons for these to be located centrally. It was essential, however, that there should be adequate transport facilities for getting patients to them, especially in emergencies, and also for taking hospital-based doctors to visit rural communities, both to give clinical care and to supervise and train local health personnel. Telephone or radio communication links with local personnel were also highly important. On the existence of these the survival of patients in emergencies might depend; on the other hand, by making it possible to discuss cases, such links could also prevent the unnecessary transfer of patients to hospitals.

37. Transport and communication facilities were important for the continuing education of health staff. Visits by more highly qualified medical staff could improve the skills of local personnel, and ensure that conditions at the periphery were properly understood at the centre.

38. Poor travel and communication links were often a significant factor inhibiting the provision of better health care in small states, Professor Walrond emphasised. All available communication resources should be taken into consideration. Some relatively sophisticated resources that were available - such as radio facilities used by the police, or helicopters used by the armed forces - were often under-utilised and could provide valuable assistance, particularly in emergencies. Also, the importance of simpler ways of communication, using secretarial help and photocopying facilities, to convey clinical information should not be overlooked.

Discussion

39. Participants took the view that the health care systems in the small island countries tended to be on conventional lines and had often failed to meet the needs of isolated communities. It was considered that fresh thinking was essential on the level of primary health care appropriate for particular isolated groups of people, and on the communication links with the secondary level. Such groups were not confined to the South Pacific but also existed in the Indian Ocean, for example, where there were small island fishing communities.

40. It was emphasised that travel and communication problems experienced by the island countries of the South Pacific were of a different order from those encountered in other regions. Some of the small island communities had little contact with the outside world. Few ships called and there was often no airstrip. In any case, reef airstrips were expensive. Helicopters were used in Fiji, but their high cost severely restricted the number of flights that could be undertaken. Even if major investment in airborne services and joint use by several island countries were possible, the needs of the large number of isolated communities could not be met.

41. The options open to the island countries of the South Pacific were seen as limited. It was agreed that the best approach available to them was to make their isolated communities more self-sufficient where health care was concerned, by up-grading the skills of local health workers and thus reducing the need for referrals, and by improving radio communication to facilitate consultation. The need to improve radio links was stressed. Present links were often expensive and inefficient and much of the equipment was out of use as a result of breakdowns and lack of maintenance and repair skills. Sophisticated equipment was complicated and expensive. What was needed was a simplified voice communication system, using two-way transmitters/receivers which users could be trained to maintain and repair.

Equipment designed so as to permit modular replacements was desirable. Some participants considered that the possibility of radio and television communication by satellite merited investigation.

42. Poor and scarce telecommunications facilities and bad roads which were often unusable by vehicles in the rainy season were noted as major problems in many small countries. Vehicles for health purposes were often in short supply and in a poor state of repair. It was considered that more could be done to standardise vehicles imported by, or donated to, such countries, to assist maintenance and repair. It was suggested that health personnel should be trained to do simple repairs on the vehicles they used, and also that inter-departmental sharing of vehicles should be encouraged.

43. Attention was drawn to the economics of transport and communication in small countries. It was agreed that an analysis of needs and resources was called for in order for sensible decisions to be made on appropriate systems. The development of traditional means of transport was seen as an important alternative to expensive motorised vehicles. More cooperation between health departments and other authorities with transport and communication facilities, such as the police or the military, was called for. Participants pointed out that health tended to be given a low priority for transport, and it was suggested that consideration of the problem by national health councils, which should include representatives of other departments possessing relevant resources, might improve matters.

Conclusions

44. The meeting reached the following conclusions.

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 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 could 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.