
REGIONAL AND INTERNATIONAL COOPERATION

122. The meeting discussed the advantages of regional collaboration as a means of supplementing the limited resources of island developing and other small disadvantaged countries. The need for an effective organisational framework was emphasised in the Commonwealth Secretariat's introductory paper which, while accepting that the details had to be worked out in individual regions, pointed out that agreement at the highest level of decision-making on the machinery for collaboration was required.

123. The Secretariat paper also stressed the need to identify and agree on the roles and responsibilities of participating groups, including not only ministries of health but also universities, professional associations and community groups. The importance of appropriate administrative arrangements for sustained planning and action on agreed measures of collaboration was also underlined.

Discussion

124. The meeting endorsed the emphasis placed by the Secretariat paper on the need for appropriate arrangements for regional cooperation. The regional arrangements already established in the Caribbean, the South Pacific, West Africa and East, Central and Southern Africa were noted, but it was considered that there was a need to focus more sharply on the organisational requirements for dealing at both regional and national levels with the health needs of the small and specially disadvantaged countries.

125. Where the South Pacific was concerned, the meeting saw an urgent need for countries to establish a regional forum for the development of a joint approach to the solution of the special health problems common to the small island states. It was thought that Australia and New Zealand would be able to help, and that assistance might also be forthcoming from the Commonwealth Secretariat and other agencies. It was agreed that the report of the meeting should be sent to governments and agencies which could play a helpful role, and it was suggested that the Commonwealth Secretariat, in particular, might be able to use its good offices to promote the development of machinery through which the island governments could collaborate.

126. In this connection, the achievements of regional cooperation in other regions were emphasised. Areas in which it was suggested that improved regional cooperation in the South Pacific could be particularly beneficial were

specialised health care, transport and communications, and the training of health staff.

127. Particular attention was given to the special difficulties faced by Seychelles in connection with medical manpower shortages, and to regional action aimed at overcoming these difficulties. Assistance given by Mauritius and other countries was commended, but it was considered that the newly-formed East, Central and Southern Africa committee on the health needs of small states in that region might with advantage review the needs of Seychelles in particular, work out a coordinated regional programme of assistance, and specify what external help might be required. In this connection, it was suggested that professionals visiting Seychelles should both provide clinical treatment and raise the level of expertise of local staff.

128. Increased regional attention to the rationalisation of medical equipment, to the provision of preventive maintenance and emergency repair facilities and to the training of technicians to service a variety of equipment was called for. A regional training and repair centre, with travelling technicians to visit small countries, was one suggestion made. Developments in various regions, some promoted and supported by the Commonwealth Secretariat, were noted with approval.

129. It was suggested that existing arrangements for regional cooperation were sometimes not as successful as they might be, because decisions of regional meetings were not communicated downwards by ministries of health in individual countries. Such communication was seen to be essential, and the need was recognised for the persons responsible for and involved in carrying out regional decisions to be clearly identified. Some sort of "regional presence" in individual countries was required. The machinery for channelling decisions to universities and professional groups was also considered ineffective. The participation of non-governmental organisations and other ministries at the national level was regarded as essential.

130. It was recommended that regional health groups should examine the machinery for communicating and implementing their decisions, and particularly those concerning the problems of small states, with a view to improving its effectiveness, and that this should be a continuing item on their agenda. Universities and professional associations (e.g. of doctors, nurses, pharmacists) also should examine their capacity to perform a regional health role.

131. Experience showed that, once established, functional cooperation for health purposes tended to continue despite set-backs to regional cooperation in other fields. Another point in its favour was that donor agencies were inclined to respond favourably to requests for assistance with regional schemes.

132. Better coordination of the activities of donor agencies was thought desirable. A recent inter-agency consultative meeting in the Caribbean was noted, and it was thought that

similar consultations should be encouraged in other regions. It was also suggested that more should be done to encourage pharmaceutical companies to take account of the special needs of small countries and to support their health infrastructure.

133. The meeting suggested that the Ciba Foundation, the Sandoz Foundation (the activities of both were described) and other similar bodies might review their terms of reference in the light of the needs of small countries, as revealed in the discussions. The Commonwealth Secretariat was asked to use its good offices in channelling appropriate requests for assistance to suitable foundations, and to provide foundations with reports of Commonwealth meetings to keep them informed on the types of assistance needed.

134. Commonwealth Secretariat support for regional health cooperation was commended. It was noted that this was premised on initiatives by the governments in any particular region. It was considered that where regional health groupings did not already exist the Secretariat should do everything possible to help their formation and to support their activities designed to help the smaller and disadvantaged countries. The role of the Secretariat in connection with the health needs of small states, as outlined in the Secretariat's introductory paper, was noted with approval.

Conclusions

135. The meeting reached the following conclusions.

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 focussed on the health needs of the 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.

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(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.