

DOCUMENTS

SPECIAL HEALTH PROBLEMS : ISLAND DEVELOPING AND OTHER  
SPECIALLY DISADVANTAGED COUNTRIES

Introductory paper prepared by the Commonwealth Secretariat

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In the communiqué issued after their meeting in Lusaka in August 1979, Commonwealth Heads of Government "welcomed the opportunity to discuss the special disadvantages that beset the growing number of smaller member countries, particularly the island developing countries and certain other specially disadvantaged member countries. They agreed that in order to offset the disadvantages of small size, isolation and scarce resources which severely limit the capacity of such countries to achieve their development objectives or to pursue their national interests in a wider international context, special measures of support were required".

2. Although size of population is a convenient criterion for identifying such countries, other factors, including their geography and degree of isolation, and the quality of their economic, technological and administrative infrastructure, must also be taken into account. A number of distinctive constraints flow directly from these factors. The most critical is the fact that, by virtue of their small size and limited resources, these countries cannot hope to achieve unaided, however great their efforts, the potential of more fortunate countries. They have special problems and special social, administrative and economic needs. They are invariably characterised by limited material and personal resources. Their problems are not only quantitatively but also qualitatively different from those of larger countries.

3. In the health field they are at special risk in relation to needs that require highly-trained (and sometimes even modestly-trained) personnel, to disease epidemics, to natural disasters, to problems of brain drain, to illnesses of key staff. The need to make health services available at both the social and geographical periphery is particularly critical. Most of these problems are not exclusive to small states, but are also shared by many other developing countries. However, smallness, isolation and other special circumstances add particular dimensions and challenges.

4. For most of these countries the reality, both present and future, is that the standard of their medical care services will depend more on how efficiently they can utilise available national and regional resources than on any additions they are likely to be able to make to these. This requires a shift of priorities in planning from more to the better use of existing resources. Carefully designed and imaginatively planned systems of health care become even more essential.

## Special approaches

5. It is proposed that the meeting should focus on what special approaches are open to these countries, and also to the Commonwealth Secretariat and other aid agencies in assisting them to meet their needs. How can the development of national and regional self-sufficiency best be promoted? How can the utilisation and potential contribution of existing national or regional institutions be maximised? How can regional and inter-regional collaboration be strengthened and extended? Indeed, for many small states there exists virtually no alternative to regional collaboration if reasonable standards of health care are to be achieved.

6. It is recognised that no single formula can be worked out which would be applicable to all countries, or even to one country for more than a limited duration. It is also recognised that the final details of the initiatives to be adopted will necessarily vary according to the geography, special needs and local resources of individual countries. Diverse as their backgrounds may be, however, there are likely to be certain common patterns of need and of approach. It is with these common patterns that the meeting will be mainly concerned. Country-specific measures would need to be worked out eventually at the national or regional level.

7. It is recognised that many Commonwealth countries already provide special assistance to the smaller or more disadvantaged states in their regions. This and the other forms of assistance currently available, however, commonly lack the special focus required, nor are they normally coordinated into a planned and organised strategy for the long-term solution of perceived health problems.

## Health manpower planning

8. The shortage of appropriately-trained personnel probably presents the greatest barrier to the development of adequate health care systems in these disadvantaged states. Three main strategies for overcoming it merit consideration:

- (a) better selection and training of health professionals;
- (b) practical arrangements for sharing of scarce personnel; and
- (c) agreements for obtaining from neighbouring countries the technical and specialist assistance they can provide.

9. The questions that need to be considered include the following. How adequate is the current mix of professionals that are available locally and in the region? How can they be made more effective? What additional or revised training programmes are required? Which of these programmes can be best run locally or regionally, and what are their requirements?

What external aid may be needed and how and where can this be best obtained? How can better use be made of expertise available locally and in the region? How can existing regional institutions assist in this respect? If they cannot, what are the requirements for enabling them to do so? What arrangements can be made for sharing scarce personnel? What cadres of experts are there in the region and how may their services be made available in areas of need?

#### Travel and communication

10. Many of the "developing" countries may remain "never to be developed" unless the special problems associated with remoteness and isolation are clearly identified and resolutely tackled. To the extent that they may be the key not only to health but to general national development, these difficulties present an important challenge to the countries concerned and to the wider international community. Isolation cuts off large numbers of people from the mainstream of human activity, results in a waste of human resources, and retards progress in both human and national terms. An increasing number of international agencies, including the World Health Organisation, recognise this and are making substantial efforts to assist. The challenge is for each country to find the most effective means of channelling to its own advantage all the goodwill and assistance that may be available both within and outside its region.

11. The range of communication needs may be wide, and includes communication by telephone, radio and written correspondence; and transportation of materials, patients and health professionals, by animal-drawn vehicles, jeep, ambulance, small boats, and modern air or ocean services. The large capital outlays and the high running costs of shipping and airline transportation pose special problems, and may require substantial international support. Whatever the need, an appropriate plan of action and an agreed strategy for implementing it must be worked out beforehand.

#### Demographic and health data

12. Demographic and health data, on the basis of which appropriate resource allocation and health policy formulation can be achieved, are meagre in the developing world as a whole and particularly in the countries the meeting is concerned with. Better data are necessary for effective planning and for achieving the best possible distribution and utilisation of resources.

13. The challenge is to bring health care facilities within reach of most of the people, using severely limited resources in ways that will yield the greatest possible benefits. This requires the development of a detailed set of objectives based on precise health data. What specific disease problems are

comprising the health or the population? To what extent? In what age groups? What order of importance do these problems merit? What programmes can be designed to deal with them? The requisite system need not be complex. It should be a simple, indeed preferably simple, system of gathering and monitoring on a continuing basis the information on which projects and programmes can be planned and implemented.

14. How adequate are existing health data and information systems for national or regional health planning? How can they be improved? Is advantage being taken of the priority that is being currently given by the World Health Organisation, the World Bank and many other agencies to programmes for improving national and regional health data collecting systems?

### Strengthening national and regional institutions

15. The strengthening of existing institutions is likely to be a major element in any national or regional health programmes, and it is towards this objective that the major contribution of the Commonwealth Secretariat and of other agencies might most appropriately be channelled. The universities also are involved, and it is important that they should have a full appreciation of the problems with which their teaching is concerned. Their involvement should not be viewed as a distraction from the mainstream of academic medicine but rather as an opportunity to make their contribution through teaching and research and as a consultative resource to governments.

16. Assistance from external sources may be necessary, but the most useful measures are likely to be those which have a strong regional flavour and draw to the greatest possible extent on existing regional institutions. There may be a need to strengthen such institutions and to expand their capacity to become more effective focal centres for regional planning and action. Such centres might:

- (a) help both to establish and to coordinate the activities of regional health assistance groups;
- (b) assist in the collection and distribution of reference information relating to national and regional health needs;
- (c) participate in the planning, implementation, surveillance and evaluation of educational and other programmes designed to meet these needs;
- (d) organise appropriate workshops, seminar study courses and other meetings necessary for the harmonious development of the programmes;
- (e) help to identify appropriate budgetary sources of support; and
- (f) provide special technical assistance as need is identified.

## Regional collaboration

17. The advantages of regional collaboration as a means for developing countries to make the most economic and effective use of limited resources are obvious. Although regional health groups have been established in the Caribbean, the South Pacific, West Africa, and East, Central and Southern Africa, there is a need for them to focus more sharply on the special health needs of the small and disadvantaged countries in their regions.

18. How can regional programmes to meet the needs of such countries be best developed and extended? What regional initiatives are practicable? What roles can be played by existing national and regional institutions? How can these be assisted to perform their roles more effectively? What resources would need to be allocated to such programmes? What are the likely sources of this assistance? What are the special areas in which regional collaboration is most likely to be effective? What special provisions need to be made for regional action in relation to them? What are the special roles that might be played by the Commonwealth Secretariat and other health agencies in promoting such collaboration? What roles are open to individual countries themselves?

## Regional organisation

19. An effective organisational and administrative framework for regional collaboration is required. Here again the details have to be worked out in individual regions, but in each region essential elements are likely to include:

- (a) agreement at the highest level of national and regional decision-making about priorities and necessary measures;
- (b) a broad-based administering council, preferably set up in the context of any existing regional arrangements for health collaboration;
- (c) identification of, and agreement on, the roles and responsibilities of participating groups - ministries of health, universities, professional organisations, community groups; and
- (d) appropriate arrangements for sustaining action, planning, discussion, surveillance and evaluation of the activities involved at both national and regional levels.

## Natural disasters and other emergencies

20. The effects of natural disasters on island and other specially disadvantaged countries are often severe. The response in such countries to emergency situations tends to fall below their already limited capacities. This inadequacy is due mainly to poor planning, lack of coordination of

resources, paucity of statistical data and imperfect tabulation of the various health-related components of disasters.

21. Some disasters, such as hurricanes and floods, present patterns sufficiently predictable for the problems associated with them and the requisite emergency measures to be readily anticipated. Contingency arrangements can be made, for example, for obtaining emergency supplies of vaccines, drugs and medical equipment. Identification of the categories, and likely sources in the region of skilled personnel required can also be made beforehand. Help obtainable from WHO, the International Red Cross and other international agencies, and the requisite measures for obtaining it, can be ascertained. The sequence of executive measures for initiating and coordinating appropriate emergency action can also be decided on in advance.

#### The role of the Commonwealth Secretariat and other aid agencies

22. A number of factors inhibit the mobilisation, coordination and utilisation of external finance by island and other disadvantaged countries. These include:

- (a) complex procedures of aid agencies and multilateral financial institutions which place a heavy burden on limited planning and administrative resources;
- (b) lack of information on potential sources of finance; and
- (c) limited manpower capability for identifying, preparing, evaluating and implementing suitable projects.

23. The Commonwealth Secretariat might use its special knowledge of, and its relationships with, international health aid agencies to help in relation to these issues. Through its CFTC divisions for general technical assistance and for education and training, it might also assist with:

- (a) the establishment of regional technical assistance groups, wherever possible, through existing regional institutions;
- (b) strengthening existing regional health education and service institutions to enable them to be more effective focal centres for meeting identified needs;
- (c) providing specific technical assistance as need is identified; and
- (d) supporting national or regional training courses and seminars.

24. There is also the need to coordinate and harmonise the activities of both internal and external health agencies in most regions. Apart from the more effective and economic use of resources that this would promote, it would prevent duplication of effort and would facilitate the formulation of

better health plans. Regular, although not necessarily frequent, inter-agency consultations should be encouraged. The central coordinating council might be made responsible for arranging such consultations. The Commonwealth Secretariat might also be able to assist in this respect.