

SPECIAL HEALTH PROBLEMS OF SMALL STATES

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Small states the world over, endowed with limited natural and trained human resources, are faced with special problems in their efforts to raise living standards and improve the quality of life of their peoples.

The small sovereign states in the Commonwealth Caribbean (referred to as LDCs) are no exception, and they have problems the solution of which, in the view of the writer, appears to be at present beyond their resource capacity.

It is clear, from the conclusions and recommendations of studies and reports by international experts, that small island sovereign states require substantial, if not massive, investment and technical assistance to build the necessary infrastructure, educate and train the population, develop and apply appropriate technology, create appropriate employment opportunities - so that governments can implement policies and plans to meet the pressing and rising expectations of the masses.

The health problems inherited by the small states in the Commonwealth Caribbean are nearly similar in nature, as these states emerged from an almost identical colonial tradition. The period of deprivation and neglect has been long. Now new knowledge and the speed and effectiveness of the modern mass media have combined to create an enlightened and heightened awareness, which in turn has generated a burning desire on the part of improverished former colonial peoples for better conditions.

It is not being suggested here that no assistance whatsoever has been given. In fact, assistance is being given, but the quantum and the method are inadequate and unrealistic, resulting in the inability of these small states to make the desirable impact on the social and economic conditions of the people within a reasonable period of time.

In this field of health, quite apart from the many individual and separate studies and reports by international experts which have identified special problem areas, it is fortunate that the special health problems of these states are on record. They have been identified by the people themselves, through meetings of the Conference of Ministers Responsible for Health in the Commonwealth Caribbean region.

The special health problems in St. Lucia include the following.

- Water
- Health manpower
- Housing

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Solid waste disposal
Liquid and sewage waste disposal
Nutrition
Health education
Communicable diseases
Planned population growth
Hospital facilities and equipment and
their maintenance
Environmental health
Disaster prevention, preparedness and relief

WATER

Water is essential to life. The human being cannot exist without it - he uses it for drinking, cooking, bathing, washing, treating diseases, saving property from fires, etc - in short, water sustains life. In many small states the water supply is lacking both in quantity and quality.

In St. Lucia the supply and distribution of water have not kept pace with economic development. Inadequate catchment protection imposes constraints on the effective capacity of the system, resulting in severe shortages during the dry season. Present water storage facilities limit the scope for treating raw water for domestic use. Existing systems of filtration and chlorination are probably linked to the reported incidence of schistosomiasis, a water-borne disease, in rural communities.

The problem generally is - the development and protection of water resources - adequate storage capacity - efficient and effective distribution systems - quality control - to meet increasing consumption demands in order to enhance socio-economic development by having:

- (a) water in quality and quantity safe for drinking;
- (b) water in quantity and quality appropriate for industrial use.

HEALTH MANPOWER

The development of manpower is one of the essential conditions - indeed a pre-requisite - for socio-economic progress. A shortage of qualified personnel in different fields in one of the most serious problems in these small states. In health the shortage appears to be greater than in other sectors.

There is an acute shortage of specialists in the health services of St. Lucia and of the small states - the LDCs. This special problem confronting small states in the Commonwealth Caribbean was recognised as long ago as February 1969 at the very first Conference of Caribbean Health Ministers held in Port of Spain, Trinidad and Tobago.

The services of the following specialists are required:

Ophthalmologist
Otorhinolaryngologists (ENT)
Radiologist
Paediatrician
Leprologist
Dermatologist
Neurosurgeon
Cardiothoracic surgeon

The proposal is for the establishment of a pool of specialists to meet the needs of these states. The method of funding the pool and the question of logistics must now be examined.

Training

Training of health personnel at all levels to meet the new challenges facing the small states must be an on-going business. In the past, inadequate funds for fellowships and scholarships have curtailed and frustrated the training requirements of all the states.

HOUSING

The level of investment required to provide the population of any country with adequate housing is tremendous. In the case of the less developed countries, it is usually overwhelming. Countries which have tried to approach the problem of inadequate housing in terms of public housing alone have generally found this to be impossible. The number of houses any government can afford to build, even in the advanced countries such as the United States, is negligible when compared to need. The housing needs can be met only by encouraging private construction activity. The implication of all this is that the cost-benefit analysis of housing projects usually involves the consideration of two basic alternatives: direct public housing or measures encouraging private construction.

The urgent need in St. Lucia has been identified under two categories:

- (a) aided self-help housing
- (b) low-cost housing

Aided self-help housing schemes will alleviate the rising demand for quarters among low income groups; under such schemes the people could be organised to provide the labour in the construction of their houses. Programmes of this nature could also bring about community participation and involvement in other developmental aspects of community life.

Low-cost housing projects are intended to establish this type of accommodation in rural areas to provide population with an amenity to enable them to enjoy a basic natural human right - the right to shelter.

SOLID WASTE DISPOSAL

Housing, commercial and industrial development in the islands is producing a rapid deterioration of the environment as liquid and solid waste is being disposed of without, or with inadequate, treatment in land and water, creating aesthetic and health hazards that are becoming highly detrimental to the economy of the countries.

Liquid or waterborne waste collection treatment and/or disposal are dealt with by a fragmented group of agencies having various geographical, technical and legal jurisdictions and lacking the personnel or technical capability to cope with the problem.

There is urgent need - and time is not on the side of the small states - for the establishment of satisfactory and suitable systems for the collection, transportation, processing and disposition of solid waste.

Some of the existing systems of solid waste disposal include:

- (a) open burning
- (b) incineration
- (c) landfill

Advocating new methods of total capability in solid wastes processing, a company brochure stated:

"Slightly unglamorous but absolutely vital, the processing of solid wastes underpins the fabric of modern industrial society.

In a period of increasing environmental consciousness and realisation of limited resources, the collect-it-and-dump-it attitudes of only a few years ago have disappeared for good. In their place is a growing body of knowledge and increasingly sophisticated equipment,"

New methods include:

- (a) compost production plant
- (b) pulverisation plant
- (c) high density bailing

It is hardly necessary to emphasise the importance of a proper method of waste disposal in a developing state. Essentially, it is to safeguard and improve health and to aid social and economic development.

LIQUID AND SEWAGE WASTE DISPOSAL

In the rural areas of developing small states septic tanks and latrines are the methods of disposal more widely used. In large population concentrations - cities, towns and villages - and in areas where new housing projects are being developed, as well as in localities where lots are not large enough to have an individual system per house or where the soil has low absorption characteristics, a sewage system is the suitable method of disposal.

Technical assistance as well as funding is required to design and establish sewage disposal systems in cities, towns and villages.

NUTRITION

Recent statistics released by the Caribbean Food and Nutrition Institute reveal that 17 per cent of all St. Lucian children under five years of age are underweight and that 25 per cent of all deaths of children are the result of malnutrition and/or gastro-enteritis. Moreover, the data show clearly that 70 per cent of all St. Lucian families consume insufficient food to meet their daily calorie requirements. The problem of nutrition is being tackled on many fronts: national, regional and international.

At the national level, the states are committed to programmes to improve food balance and the nutrition status of their peoples. Schemes exist in agriculture for diversification and stimulation of greater production of food crops, cereals, fish and meat.

At the regional level, the Caribbean Food and Nutrition Institute (CFNI) has been assisting over the years in this important area. At the regional level too, there is under consideration the proposed Regional Food and Nutrition Plan.

At the International level, the World Food Programme has approved a number of projects under which commodities such as:

wheat flour,
dried whole milk, and
dried skim milk enriched
with Vitamin A

are made available to interested governments for free distribution to vulnerable groups with the aim of improving their nutritional status.

What is required here is the intensification of effort at all levels - national, regional and international - to wipe out malnutrition from the population of these small sovereign states.

HEALTH EDUCATION

In order to ensure the non-occurrence of "something" in this context of "disease" it is widely recognised that effective preventive measures are not only the best guarantee but also the least expensive.

Health authorities, faced with spiralling costs in the delivery of health care, appreciate the valuable role of prevention in the maintenance of community health. One of the strategies through which prevention of disease can be effectively implemented is a well-designed health education programme.

A WHO expert committee on health education of the public stated that the principal objective of health education is to help people achieve health by their own actions and efforts. Health education begins, therefore, with the interest of people in improving their own conditions, and aims at developing a sense of responsibility. Its general purposes are:

- (a) to make health a valued community asset;
- (b) to help individuals to become competent in, and to carry on, those activities they must undertake themselves, as individuals or in small groups, in order to realise fully the state of maximum physical, mental and social well-being; and
- (c) to promote the development and proper use of health services.

The importance of public knowledge of basic personal hygiene, of clean and healthy surroundings, of food values, of the proper method of food preparation and handling, of the advantages of breast feeding, of the benefits of immunisation against all the preventable diseases, of the need to make full use of health services available, to name a few, can help to prevent and remove many health problems facing small developing states.

Therefore, an appropriate comprehensive programme of health education, well established and implemented, should go a long way in reducing the heavy burden of health expenditure on governments and peoples of small states.

Governments of these small states should endeavour to establish health education programmes through a department, bureau, unit or a health desk within ministries.

COMMUNICABLE DISEASES: CONTROL AND ERADICATION

It has been indicated in reports that many deaths in the small states resulting from communicable diseases could have been prevented by immunisation.

The small states, which already suffer from the lack of trained manpower and the brain drain, especially in the health field, must find ways and means to halt the drain, caused by communicable diseases, on their human resources. A vigorous campaign must be waged against sexually transmitted diseases, and all other communicable diseases.

PLANNED POPULATION GROWTH

The population pressure and its adverse effects on the entire fabric of small states has been too well documented to need elaboration in this paper. Well-designed family planning programmes - taking into account religious sensibilities - with an education component forming an integral part of the package should be implemented where governments express interest.

HOSPITAL FACILITIES: EQUIPMENT AND THEIR MAINTENANCE

In many of the small states, hospital facilities need up-grading, or alternatively modern new hospitals, to meet the needs of the population, should be constructed.

The other area of serious concern is the absence of life-saving equipment in some hospitals and also the poor maintenance status of existing equipment.

While it is recognised that the trend is towards community medicine with primary health care playing its vital role, there need to be a certain number of beds in up-to-date hospitals for the delivery of health care at tertiary level.

ENVIRONMENTAL HEALTH

As far back as 1972, a report stated: "Pollution is a widespread problem that will grow in importance if adequate measures are not taken to check its spreading and expansion. In developing countries population growth is high and urbanisation (land development) and industrialisation are gaining momentum, producing human concentrations which cause all sorts of pollution derived from man's activities."

In small states there is the special concern about water pollution, which can be brought about by urbanisation and industrialisation when untreated wastes are conveyed to water sources, streams, wells, beaches etc, or by faulty operation of treatment plants.

The need appears to be for technical assistance in the first place to establish the scope and methodology of the work to be done, and to define and assign responsibility and authority to cope with this special problem in a lasting and organised way.

DISASTER PREVENTION, PREPAREDNESS AND RELIEF

Regional and international disaster preparedness planners have long recognised that the Caribbean has high levels of risk from natural and man-made disasters. They agree that preparation for events they consider unavoidable has been insufficient.

In the aftermath of a national disaster, severe public health problems requiring immediate and effective action may arise. During the first 24 hours of a disaster, a country usually has to depend exclusively on its own resources. Until external assistance arrives, local health services and survivors will usually care for the injured. These facts indicate the need for comprehensive emergency preparedness and planning.

Governments should designate a senior technical and administrative official to act as focal point to stimulate and promote health emergency preparedness, to coordinate with existing international and/or regional organisations and to assist authorities in the coordination of relief operations. The designation of this senior official is a pre-requisite for the development of health preparedness activities and the effective channelling of necessary resources.

CARIBBEAN PROBLEMS AND PRIORITIES

The small states of the Caribbean comprising:

Antigua	Montserrat
Barbados	St. Kitts - Nevis - Anguilla
Belize	St. Lucia
Dominica	St. Vincent
Grenada	

have jointly identified special problem as follows:

- (a) human resources - training of allied health technical staff within the LDCs;
- (b) pool of specialists - for service in LDCs;
- (c) internship programme - within LDCs;
- (d) health education and community participation - to encourage people to accept certain responsibilities for their health;
- (e) treatment of cancer - a regional centre within the LDCs;
- (f) technical assistance - in project identification and preparation;
- (g) brain drain - the problem of competition between small states and more developed states;

- (h) laboratory services - to meet the needs of small states;
- (i) upgrading of peripheral health service facilities - to provide improved health care in rural and remote areas;
- (j) maintenance of health service equipment - to reduce heavy expenditure on replacements;
- (k) environmental health - all aspects - to provide adequate health protection and to maintain a healthy environment for economic activity.

For the wider Commonwealth Caribbean, the Ministers Responsible for Health have identified the principal health issues and priorities as follows:

"One of the fundamental prerequisites for formulating a health policy is the careful and correct identification of the health problems.

We find that in the Caribbean Community as a whole the principal health issues are as follows.

1. The population of the Caribbean Community has continued to increase at about two per cent per annum. The crude birth rate has been declining steadily in nearly all the countries during the past ten years. There has also been a gradual decline in emigration as well as in infant mortality rates. The population of the Community is young, approximately 60 per cent being under 25 years of age.
2. Among the greatest causes of sickness and death are poor environmental conditions and the resulting communicable diseases, namely, gastro-enteritis, dysentery and typhoid. The high rate of intestinal parasitic infestation among children is significant. Cholera remains a serious threat.
3. The chief dangers in the environment arise from insufficient and unsafe water supplies. Insanitary excreta disposal and poor food hygiene come next in importance. The other problems in the environment have a distinctly lower priority.
4. Mothers and children make up two-thirds of the whole population and have high rates of sickness and death. Services, including family planning, are inadequate in coverage and in quality.
5. Combined malnutrition and diarrhoeal disease in children under two years of age account for most of the deaths in this young age group, but also for one-fifth to one-third of deaths for

all ages.

6. More than half of the children of the Caribbean Community under five years of age suffer from malnutrition and more than half of the households are not receiving their food energy requirements. This can only mean that large numbers of our citizens of all ages are unable to achieve their full potential because of malnutrition.
7. Twenty to thirty per cent of all deaths in the Caribbean Community are due to communicable diseases, and one-third of these deaths are due to diseases that could easily be prevented by immunisation.
8. The sexually-transmitted diseases are on the increase. Tuberculosis remains a major problem, and so does leprosy.
9. Diabetes and high blood pressure are common and often undetected and uncontrolled until they give rise to grave complications that strike down adults at the height of their productive capacity.
10. Mental illness constitutes about one-half of the total volume of illness, and the mental health services are sadly deficient. Drug abuse falls under this heading, but in the Caribbean Community the most important drug problems are alcohol and tobacco smoking.
11. Diseases of the teeth and gums are universal, and the care of the mouth is seriously deficient. The dental services are largely given over to extractions and more needs to be done for prevention and conservation.
12. All the countries are infested with the mosquito that transmits yellow fever and dengue in populated areas. The virus that causes yellow fever is found in the forests of Guyana and Trinidad and nearly all the South American countries, and could at any time spread through the Caribbean Community.
13. There is lack of knowledge and of a sense of personal responsibility and community participation in health, and the majority of the countries do not have programmes in health education, which would remedy this state of affairs.
14. There are serious weaknesses in the management of the health services, in the availability of information about the health situation, in the

availability of trained staff, in the relevance of training to the needs of the health services and of the people of the Caribbean Community, and in the supply and maintenance of health care facilities. The delivery and cost of health care have become serious problems. The health laws are out of date.

Priorities

1. The more dynamic and creative management of the health services.
2. The education, training and retention of health personnel and especially those involved in the delivery of primary health care.
3. The health education of the public, with particular emphasis on the responsibility of the individual and active community involvement.
4. Environmental health, with special reference to the quantity and quality of drinking water supplies and the sanitary disposal of human waste.
5. Food and nutrition, especially a programme that makes immediate provision for the needs of the vulnerable groups and, in the longer term, ensures that no citizen of the Community is prevented by malnutrition from achieving his full potential.
6. The health of mothers and children, with special reference to total coverage of maternal and child health care during pregnancy, child-birth and childhood."

APPROACHES TO SOLUTIONS

It is appreciated that the small states will have to develop appropriate national strategies, aimed at the solution of their problems by the allocation of resources - money, materials and men - for immediate short- and long-term measures.

It is also recognised that these small states stand in urgent need of substantial, if not massive, investment and technical support, if they are to achieve an acceptable standard in the health of their populations by the year 2000.

Financial implications

The position of small states (developing countries) has been succinctly put in a WHO publication:

"In most countries there will be a need to re-allocate resources. In addition, in many countries it will be necessary to increase the national health budget to the greatest possible extent in order to provide the population with essential health care. Maximum use will have to be made of local energy, materials and resources with the government in the full analysis having to ensure that they are adequate for the health development programme agreed upon.

Although most of the resources for national health development come from the country concerned, there will nevertheless be a need for substantial and continuing international support for developing countries. The nature of this support must be subject to decisions of the government of the developing country concerned.

It is essential to consider the costs of programmes and services and how they can be borne. These might include government direct and indirect financing social security and health insurance schemes, local community solutions and the use of external loans and grants. While each country evolves its own methods of financing health and health care services in the light of its circumstances, it is also useful to study the experience, successes and failures of others."

The writer is of the opinion that, in view of the size of the states concerned, their different stages of development and the fact that they are engaged in an integration exercise, massive investment and technical assistance might be more effectively channelled through existing regional institutions such as:

Caribbean Development Bank

Caribbean Community Secretariat (CARICOM)

Eastern Caribbean Common Market (ECCM)

Organisation of East Caribbean States (OECS)
- proposed.

However, as sovereign states - albeit small ones - it goes without saying that they have the prerogative to enter into bilateral arrangements with other states for assistance for solutions to their health problems.

Where are the funds and technical assistance to come from?

National funding

(a) Government budget (taxes)

(b) Contributions from employers and employees

- (c) Social security schemes - national insurance
- (d) Private insurance schemes

Technical cooperation among countries within the region

International funding and technical assistance

- (a) International Monetary Fund
- (b) European Development Bank
- (c) Developed Commonwealth countries - Britain, Canada, Australia, New Zealand, etc.
- (d) OPEC states
- (e) International agencies
- (f) Bilateral agreements with other countries

It should be noted that already a number of regional and international institutions and agencies are in the field in the Caribbean, including

CARICOM	UNFPA
PAHO/WHO	IPPF
UNDP	UNICEF
USAID	PROJECT HOPE
ODA	ILO
CIDA	CHEC
CETC	OAS
UWI	CIDA

Can these states look forward to receiving genuine assistance without any infringement of their integrity and sovereignty? The Commonwealth of Nations and the international agencies possess adequate resources to genuinely provide the assistance required by the small states.

For some states the need is for:

- (a) technical assistance for project identification and preparation;
- (b) prompt approval of projects submitted and early release of funds for implementation.

For others, where projects have been identified, the need is for:

- (a) technical assistance for preparation of detailed documentation to meet criteria of donor agencies;
- (b) prompt approval of project submitted and early release of funds for implementation.

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