

SUMMARY OF RECOMMENDATIONS

Review of Action Taken following the Fourth Commonwealth Medical Conference

BRAIN DRAIN

National

- (a) The system of medical education should promote a sense of national commitment and be relevant to the needs of the people.
- (b) Sending countries should initiate measures to encourage doctors to return on completion of foreign studies.
- (c) Receiving countries should have temporary registration of foreign nationals to facilitate postgraduate studies but make it difficult to remain once studies are completed.

Regional

- (d) Regional or sub-regional groups should be established to consider health manpower planning problems and appropriate distribution of resources.
- (e) Regional co-ordinators should be appointed to facilitate exchange of information between sub-regional groups and ensure a common approach.
- (f) Studies undertaken by groups should include consideration of regional professional standards and systems of registration and the establishment of regional training centres. Such studies could be extended to inter-regional and Commonwealth-wide levels.

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- (g) The Secretariat should provide, on request, short-term consultants to assist national and regional projects and studies.
- (h) The Secretariat should ensure inter-regional exchange of information on the work of the groups.

MAINTENANCE AND REPAIR OF MEDICAL EQUIPMENT

National

- (a) Countries should have a comprehensive service for maintenance and repair, and special emphasis should be put on staff training and the provision of a career structure.
- (b) Countries donating medical equipment should ensure that spare parts and servicing facilities are available for a reasonable number of years.
- (c) Countries should seek to standardise medical equipment.
- (d) Donor countries should, on request, assist in the purchasing of equipment and the training of technical staff.

Regional

- (e) Regional agencies should promote training of technical personnel on a regional basis, where appropriate in collaboration with WHO or other regional organisations.

(f) Regional agencies should study the possibility of purchasing expensive equipment from a common source on a regional basis, and should provide advice (e.g. model contracts) to assist countries in individual purchases.

Inter-regional

(g) Regional groups should share experience and information and consider exchange of personnel.

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(h) The Secretariat should promote, and mobilise resources for, regional projects.

(i) It should seek information on equipment and make this available to member countries.

PHARMACEUTICALS

National

(a) To ensure an efficient and economical supply organisation, countries should keep under review legislation, tariffs and arrangements for purchase, surveillance, storage, distribution and use of pharmaceuticals.

(b) National formularies should be established and generic names used.

(c) Manufacturing countries should ensure that pharmaceutical products exported are subject to their domestic standards of quality, and importing countries should monitor the products received.

(d) All staff dealing with medicines should be suitably trained.

(e) Use should be made of auxiliary pharmacists.

Regional

(f) Regional multi-disciplinary bodies should make recommendations on regional contracting for medicinal supplies, planning for manufacture within the region, the medicinal use of indigenous natural products, and the introduction of a regional list of essential pharmaceuticals or a regional formulary. They should also make recommendations on the provision of pharmaceutical advice, the adoption of regional pharmaceutical standards, the establishment of regional testing laboratories, and the training of graduate and diploma pharmacists on a regional basis.

Inter-regional

(g) Regional organisations should liaise with each other, and with international organisations on pooled procurement and manufacture of medicinal supplies, the exchange of market information, and the development of indigenous medicinal resources.

(h) Regional testing laboratories should exchange technical data.

(i) Regional organisations should co-operate in the training of pharmacists and the exchange of staff.

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(j) The Secretariat should provide support for these national, regional and inter-regional activities, and should provide information on work being undertaken in the pharmaceutical field.

ABORTION LAWS AND PRACTICE

National

- (a) The abortion law report should be submitted to Governments for information and for consideration by health and law ministries jointly.

Commonwealth Secretariat

- (b) The Secretariat should ensure that information contained in the report is kept up to date.

Community Participation

National

- (a) A group of highly-trained health educators should develop and facilitate health education at the community level.
- (b) More use should be made of mass media of communication in health education.
- (c) Countries should be aware of the problem of commercial advertising which promotes ways of life inimical to health, and of the potential need for legislation.
- (d) The process of health education should be increasingly directed towards the family unit.
- (e) The training of health workers should be oriented towards community participation. There is a need for in-service training, and for regular evaluation of the relevance of the training.
- (f) Health education should be an inherent part of all school curricula.
- (g) Increasing attention should be paid to the health problems of adolescents.
- (h) Health education of the working population should be more fully developed (e.g. through trade unions).
- (i) Primary prevention and health education should be further developed in hospitals.
- (j) Practices of traditional healers should be studied with a view to their making a more effective contribution, after training, to health education and care.
- (k) Emphasis should be placed on the role of the village health workers, but not to the exclusion of a referral system.
- (l) National health objectives should be stated clearly and simply, and should be applicable to all people.
- (m) Community participation in rural and urban socio-economic development programmes should be encouraged and facilitated
- (n) The establishment of national (and sub-national) health advisory councils should be considered.
- (o) Health planning should become a cyclical process between the community and appropriate levels of government.
- (p) Importance should be placed on the creation of national (and, where appropriate, regional or local) planning units.
- (q) The importance of appropriate technology in environmental protection and community health care should be emphasised.
- (r) National health policies should be developed which are not confined to the more skilled members of the health team and are responsive to the evolving roles of health personnel.

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- (s) Individual topics covered in the report should be considered as a basis for more intensive discussion, perhaps at regional level.
 - (t) Consideration should be given to facilitating the training of health education specialists and the provision of equipment and materials.
 - (u) Commercial advertising which advocates ways of life inimical to health needs further study, and is a possible topic for future Commonwealth discussion.
 - (v) Sympathetic consideration should be given to requests from member Governments for assistance in establishing or strengthening health service planning units.
 - (w) Emphasis should be placed on the training of trainers of health personnel, with continuing support through the Commonwealth Fund for Technical Cooperation (CFTC).
 - (x) Visits by health personnel to study particular approaches to community participation should be facilitated through the CFTC.
 - (y) Priority should be given (by multilateral and bilateral aid agencies) to requests from Governments for assistance in the health field.
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Food and Nutrition

National

- (a) Countries should set for themselves the target of eradicating at least the florid forms of malnutrition by the turn of the century.
- (b) A high-powered nutrition agency, with representatives from all sectors concerned, should be entrusted with the formulation of a national nutrition and food policy.
- (c) Well-staffed nutrition units should be set up within health ministries.
- (d) An information system, with appropriate facilities and manpower, should be developed to provide data on the nutrition problem, on realistic approaches to its control based on local resources, and on the efficacy of nutrition programmes.
- (e) The nutrition component in health services should be clearly defined, and medical and para-medical personnel engaged in community health programmes should be adequately trained in nutrition.
- (f) Adequate training facilities in nutrition should be created, and priority given to personnel at the periphery.
- (g) High priority should be given to a well-co-ordinated health education programme based on sound nutrition policy. The main thrust should be through the educational system, the public health services and the mass media. Audio-visual aids and training manuals should be developed.
- (h) Balanced diets based on locally-available foods, and weaning diets for infants, should be formulated and widely publicised.
- (i) The valuable natural practice of breast feeding should be preserved and fostered, and the adverse effect on it of urbanisation, industrialisation and commercial advertising should be resisted.
- (j) A policy to protect consumers (through trade practices, commissions or legislation) against undesirable advertising claims for infant foods and for foods in general should be developed.
- (k) Priority should be given to the promotion of low-cost technology, adapted to local conditions, for improved storage and preservation of food.

(l) Countries should develop product standards for staple foods and regulations for food additives, pesticides, contaminants and micro-biological hazards. Adequate machinery for the enforcement of standards should also be developed.

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(m) The priorities of the Secretariat should be re-examined with a view to placing greater emphasis on nutrition. If necessary, Governments should provide additional resources to enable the Secretariat to assist in the promotion of nutrition programmes.

(n) The Secretariat should act as a channel for the exchange of information on such aspects as trained personnel available for consultation; low-cost technology for food storage and preservation; analytical work on the nutritive intervention programmes at community level; procedures and legislation on food standards and adulteration; and the regulation of commercial advertising of foods.

(o) The Secretariat should prepare an inventory of facilities for training in nutrition; assist country-based or regional training courses by providing fellowships, visual aids and other teaching equipment; assist in the training of manpower for, and in the setting-up of, national and regional food analysis and food standards laboratories.

The Role of Health Ministries and Medical Schools

National

(a) Ministries of health should prepare long-term national health strategies.

(b) Ministries of health should devise machinery for facilitating interaction between themselves, ministries of education, medical schools and university commissions. Some medical school teachers should be employed part-time within health ministries, and appropriate health department staff should be used in medical school teaching programmes, particularly where public health practice is concerned.

(c) Ministries of health should promote the establishment of health service research units in universities to focus attention in the importance of curricular change in achieving national health goals. Units should be established within health ministries to evaluate the effectiveness of national health programmes.

(d) Medical schools should define their goals on the basis of the changing needs of the community; this will be facilitated if the Government has developed a national health strategy.

(e) Medical schools should develop research units in the area of national health planning, to provide a basis for curricular change. These units would also monitor health needs and the provision of health care, and there should be direct collaboration between them and ministries of health. The units should also initiate special educational and research programmes in primary health care.

(f) Medical schools should review their curriculum regularly in the light of medical council and other health agencies' recommendations regarding national health needs.

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(g) The Secretariat should provide a consulting service to assist individual countries, at their request, in setting up, co-ordinating and monitoring the progress of national health manpower production and health administration programmes, especially at the intermediate management level. In addition, this service could ensure continuing exchanges of knowledge and views of relevant health issues among member states.

Changing Health Care Delivery Systems

Commonwealth Secretariat

- (a) The Secretariat should obtain and summarise information about existing patterns of primary health care in Commonwealth countries, analyse and evaluate significant achievements and shortcomings, and disseminate the information thus collected to all Commonwealth countries.

National

- (b) Ministries of health should:
 - (i) initiate a movement towards systems in which types of personnel and facilities provided are determined by the assessed needs of populations and integrated with doctor and hospital-based health care delivery systems;
 - (ii) give greater emphasis to preventive and promotive health services;
 - (iii) regard community participation in planning as essential to the success of national health plans;
 - (iv) incorporate in health care delivery systems a mechanism for evaluating their output;
 - (v) take into account traditional medicine where identified as efficacious and, if possible, integrate it with modern systems;
 - (vi) consider whether the national health plan should take account of the failure in some countries to persuade doctors and other health professionals whose training permits international mobility to work in rural areas;
 - (vii) take action to remedy the lack of adequately-trained health administrators – universities, medical schools and ministries of education and health should co-operate in this.
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Enhancing Commonwealth collaboration in the health sector

Meetings of Commonwealth Health Ministers

- (a) The Conference confirmed and emphasised:
 - (i) the broad policy-formulating and goal-setting role of these Conferences;
 - (ii) the importance of sustained follow-up of Conference recommendations during the intervals between meetings.
- (b) The Conference recommended that the structure, organisation and duration of the triennial ministerial Conferences should be reviewed before preparations are initiated for the next Commonwealth Health Ministers Meeting. The Secretariat should prepare a position paper outlining possible options to be discussed at the next pre-WHA meeting (May 1978).

Pre-WHA Meetings

- (c) The Conference recommended that the business of the annual Pre-WHA Meetings should include, in order of priority:
 - (i) the exchange of views on substantive items on the World Health Assembly agenda that are of particular importance to Commonwealth countries;
 - (ii) any urgent problems identified by Commonwealth members and notified to the Secretariat prior to the meeting;

(iii) consideration and follow-up of previous Conference recommendations, and review of preparations for the next Meeting of Commonwealth Health Ministers.

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(d) The Conference recommended strongly “that the resources of the Health Division of the Commonwealth Secretariat be suitably strengthened as soon as possible to enable it more adequately to perform the various tasks assigned to it, including new ones assigned to it by this Conference. The Conference considered that the increases should be of the order of an additional officer with medical qualifications and an additional administrator, with the necessary clerical and other supporting staff, subject to justification of such increases by job analysis.”

(e) The Conference also recommended that, in view of the above recommendation and the decision of the last Pre-WHA Meeting that the Conferences should henceforth be called Meetings of Commonwealth Health Ministers, the Office of the Medical Adviser should be re-designated the Health Division.