

## News Release

Health Ministers of Commonwealth countries met from 15 to 25 November 1977 in the James Cook Hotel, Wellington, New Zealand, for their Fifth Commonwealth Medical Conference. The Minister of Health of New Zealand, Air Commodore the Hon. T. F. Gill, was elected Chairman of the Conference.

Twenty-nine Commonwealth countries were represented at the Conference. In addition, the Associated States of the Eastern Caribbean were jointly represented. Apart from Ministers of Health, delegations also included permanent secretaries, chief medical officers and the heads of university medical schools. The Minister of Health of Liberia attended as a guest. Observers from the World Health Organisation, the International Planned Parenthood Federation and the Commonwealth Nurses Federation were also present. The Conference was organised and serviced by the Commonwealth Secretariat in collaboration with the Government of New Zealand.

The Conference was opened by the Rt. Hon. B. E. Talboys, Acting Prime Minister and Minister of Foreign Affairs of New Zealand. The Commonwealth Secretary-General, H. E. Mr. Shridath Ramphal, also addressed the Conference at the opening ceremony. The lead speaker was Professor Silas Dodu, of Ghana.

The theme of the Conference was "Community Health". In their discussions, Health Ministers and their advisers considered ways of bringing the community at large to play a more positive part in health improvement, particularly through health education and the promotion of improved nutrition. They gave special attention to the need for a close relationship between training institutions and Health Ministries to ensure that the training of medical and health personnel is geared to the changing requirements of national health programmes. They emphasised the importance of a radical approach to the selection and training of health personnel and to the development of health care delivery systems which are appropriate to the real needs of the community as a whole.

Health Ministers agreed on a variety of recommendations for practical action by national Governments, regional groupings and the Commonwealth Secretariat.

### SPECIAL STUDIES

The Conference also reviewed action taken by Governments and by the Commonwealth Secretariat to give effect to the recommendations of the Fourth Commonwealth Medical Conference, held in Sri Lanka in 1974. The reports of four studies commissioned by the Secretariat were considered: on ways of reducing the medical brain drain, on measures to improve the maintenance and repair of medical equipment, on bulk purchase and quality control of pharmaceuticals, and on abortion law and practice in member countries.

#### **Brain drain**

On the brain drain, the Conference agreed that the most useful contribution of the developed countries would be to aim at achieving self-sufficiency in their own professional resources. It was also agreed that the most effective course for countries directly affected would be to introduce positive measures to promote a sense of national commitment and dedication and to relate training to local needs. As an additional aid to counteracting brain drain, the Conference also recommended that the developed countries, in consultation with the countries affected, should consider means to reduce the danger of professional qualifications obtained in their medical institutions being used as a basis for permanent settlement in the countries concerned. In addition, it recommended the establishment of regional groups to look into the question of health manpower planning, distribution of resources, and the development of regional professional standards.

### **The maintenance of medical equipment**

As one of the principal difficulties preventing developing countries from achieving satisfactory maintenance and repair of expensive medical equipment was seen to be the lack of trained personnel, the Conference recommended that Governments should try to establish, either individually or regionally, a comprehensive maintenance and repair service with a satisfactory career structure and adequate remuneration. To assist developing countries in this endeavour, regional bodies were requested to promote the training of technical personnel.

### **Pharmaceuticals**

The Conference, taking account of the fact that many modern pharmaceuticals are costly and potentially dangerous, considered policies designed to ensure for member countries supplies of safe and effective drugs at reduced cost. It identified and made recommendations on a number of key factors including the bulk procurement of pharmaceuticals, the preparation of a list of essential drugs, and quality testing.

### **Abortion law and practice**

The Conference noted that the studies prepared on abortion laws and practice in the Commonwealth had been forwarded to Governments for their information and for further study by Health and Law Ministries. It asked the Commonwealth Secretariat to maintain information on this subject in an updated form. It further recommended that workshops and seminars be undertaken by those Governments who thought it appropriate.

## **COMMUNITY PARTICIPATION**

The Conference noted the increasing interest of people of all backgrounds throughout the Commonwealth in playing a greater part in determining the pattern of their health services, and took the view that such participation should take place primarily at community level. The need for a limited number of health education specialists to inform and assist this process was recognised. Health education was also seen to be important in circumstances where commercial advertising promoted ways of life inimical to health.

The importance of health education was emphasised for certain special groups such as families with young children, schoolchildren and adolescents. Other groups which were seen to have a special role to play in the process included voluntary organisations, schoolteachers, and traditional health workers and healers, as well as health professionals.

The need was emphasised for a stratified and co-ordinated health service which ensured effective preventive measures and appropriate levels of care for all members of the community. Whilst the role of the village health workers was seen to be of major importance, their work should be linked to an efficient referral system which ensured that patients received the benefit of higher levels of health care when these were required.

The co-ordination of health service planning at both local and national levels with the planning of other services was advocated with the objective of arriving at broad guidelines sufficiently flexible to permit community application in the light of local needs. Appropriate technology for health care at the community level was also seen to be important.

The Commonwealth Secretariat was requested to assist Governments in such activities as the training of health education specialists, the study of undesirable advertising, the establishment of health service planning units, and visits by health personnel to study particular approaches to community participation.

## **FOOD AND NUTRITION**

The Conference recognised that malnutrition had emerged as a major health problem of the world and that a high proportion of Commonwealth citizens suffer from serious nutritional

deficiency. It was recommended that an innovative and co-operative programme should be launched with the target of eliminating the severe manifestations of nutritional deficiency among Commonwealth people by the turn of the century.

Considering the wide ramifications of the nutrition problem, it was considered desirable that responsible national agencies should be entrusted with the formulation of national food and nutrition policies. It was also thought important that well-staffed nutrition units should exist in Health Ministries.

The Conference identified a number of factors as being important in the control of nutritional problems. These included an effective information system, training the health team in nutrition, the use of local resources, preserving the custom of breast-feeding, improving food storage, ensuring food hygiene and mounting special programmes for sections of the population particularly at risk.

In recommendations for action by the Commonwealth Secretariat the Conference stressed the need for an inventory of facilities for training in nutrition at various levels available within the Commonwealth, assistance in organising country or regional training courses and the training of staff for food analysis and food standards laboratories.

### **MEDICAL SCHOOLS AND HEALTH MINISTRIES**

The Conference noted that links between Health Ministries and medical schools in most countries were inadequate and that little co-ordination of their activities had been achieved in support of national health objectives. It was also recognised that the training of health professionals was not primarily designed to meet community needs, since conventional medical training concentrated upon the doctor's curative role rather than the role of maintaining a healthy community.

The Conference called for the establishment of closer association, at various levels, between Ministries of Health, Ministries of Education, medical schools and university commissions. It was also recommended that medical schools and Health Ministries should collaborate in establishing health service research units to focus attention on the curricular changes necessary for achieving national health goals.

### **CHANGING HEALTH CARE DELIVERY SYSTEMS**

The Conference recognised the urgent need for change in delivery systems of health care, particularly in rural areas where 80 per cent of the developing world's population live. National health policies need to be developed which give greater emphasis to preventive and promotive health services.

The Conference accepted that it was no longer essential to have a doctor as the first contact in health care. New types of community health workers were needed. It was noted that some member countries had already introduced such personnel on a wide scale.

The Conference also considered that attention should be given to the possible integration of traditional medicine with modern health care.

The development of health service planning and management was recognised as an urgent need. It was recommended that Ministries of Health should prepare long-term national health policies which would include manpower training based on clearly defined roles for the various categories of health workers.

### **COMMONWEALTH COLLABORATION IN THE HEALTH SECTOR**

Finally, the Conference discussed and made recommendations on how the existing machinery for Commonwealth co-operation in the health field – including the triennial Conferences, annual one-day meetings in Geneva before the World Health Assembly and the work of the Commonwealth Secretariat – could be strengthened with a view to making it more effective.