

## OPENING ADDRESSES

### The Hon. Monique Bégin Minister of National Health and Welfare, Canada

I am very pleased to welcome delegates to the Seventh Commonwealth Health Ministers Meeting and to Canada. This is the third conference to be held since my appointment as Minister of Health and Welfare and the first that it has been possible for me to attend. It is therefore a double pleasure for me.

Many of you have no doubt visited Canada on previous occasions. I hope that you will have the opportunity to renew your links with our country and people. For those of you are making a first visit to this country, I hope that your schedule will permit you to discover some of the diversified, rugged, beautiful and pleasurable places of this vast country; and to meet some of its multilingual and multicultural people.

The sustained high level of support and attendance by so many of the 48 member countries of the Commonwealth clearly indicates the value of our Meetings. I am sure that a good deal of the support results from the importance and timeliness of the conference themes. The subject of our last meeting in Tanzania - Health and the Family - continues to be very relevant to Canada. I am sure this is true of other countries.

The theme for this meeting - Health Planning and Management - must be of great importance to all member countries - in fact, to all countries of the world. With our responsibilities in the area of health care, we can appreciate the significance of good planning and management, regardless of our particular country's approach to the provision of services to the people we serve. The economic situation which has affected all countries has caused increasing problems in attempts to continue established health programmes and to provide the benefits from developments in related technologies.

I would not do justice to our upcoming week's work if I failed to mention technical co-operation among Commonwealth countries. It is a subject of interest to all member countries and one which, I am sure, will receive the full consideration which it deserves.

During our one week together I hope that we will be able to learn from each other and take back to our countries some new approaches and new solutions to problems - approaches and solutions which we might not have considered if we had not attended this meeting and had the opportunity to hear from each other how well they had worked, or not worked, in our respective countries. During this week we will also have the opportunity to give some guidance to the most able staff of the Commonwealth Secretariat on the direction which we would like to see Commonwealth health programmes take between now and our next Meeting. If we accomplish these two tasks, we will have spent a busy and productive week.

Before closing, I would like to draw attention to the fact that several Commonwealth countries celebrate their national day around the period of our

Meeting. These are: Botswana on 30 September; Cyprus, Nigeria and Tuvalu on 1 October; Lesotho on 4 October; and Uganda on 9 October.

I would also like to take this opportunity to congratulate a Caribbean neighbour, St Christopher and Nevis, on its recent independence and its full membership of the Commonwealth, both occurring on 19 September of this year. On behalf of Canada and the other countries of the Commonwealth, please accept our congratulations and very best wishes.

I have promised to keep my remarks very brief to ensure that all possible time of this week is devoted to the important conference topics. Again, thank you for the opportunity afforded to Canada in hosting this conference.

The Hon. Allan MacEachen Deputy  
Prime Minister and Secretary of State for  
External Affairs, Canada

On behalf of the Canadian Government and people I am very happy to welcome you to our country and our national capital. Not only does the Commonwealth association occupy a warm place in our hearts but it has long been, and continues to be, an important priority in Canada's foreign policy. You are amongst friends who share your objectives.

As Madame Bégin has said, the Commonwealth is a microcosm, albeit a microcosm which continues to grow, representing the world community - every major region, culture, religion, and stage of economic development. Shared values and institutions transcend this diversity and provide the adhesive which holds it together. This Meeting of Health Ministers is only one, although a very important one, of a large number of ministerial meetings on a wide range of specialised subjects. The Commonwealth Finance Ministers have recently concluded their annual meeting in Port of Spain and the Heads of Government will soon convene in New Delhi. But the Commonwealth is much more than meetings. There is widespread interchange through professional associations, experts, students and gatherings of athletes. And a vast network of personal friendships buttresses the association.

As I mentioned, the Commonwealth continues to grow. I would like to welcome into its friendly circle the newest member, St Christopher and Nevis, and congratulate that nation on its independence. I understand that we shall soon have another member and I welcome and support the application of Brunei to our family of independent nations. May I also, as Madame Bégin has done, congratulate those countries who have just celebrated or are about to celebrate their national days.

On this occasion I should also like to pay particular tribute to two men who have been especially important in guiding our organisation to its present unique position in world affairs: the first Secretary-General, Mr Arnold Smith, and our present Secretary-General, Mr Sonny Ramphal. Mr Ramphal has summed it up aptly in describing the Commonwealth's "original international style" as "bringing freshness and movement to issues immured in ritual and deadlock". Last week at the United Nations in New York I had meetings with a number of Commonwealth Foreign Ministers. I would like to read to you a charming quotation from my brief for those meetings. "The majority of Commonwealth countries, both developed and developing, share Canada's view of the organisation as being an international association different from all the others. While members' style in other fora is often more doctrinaire, rigid and designed to strike a pose, the same delegates dealing with the same topics are within the Commonwealth circle more disposed to be amiable, accommodating and realistic."

Today we mark the opening of the Seventh triennial Meeting of Commonwealth Ministers of Health and health representatives from member countries. As a former Minister of Health I am particularly pleased to have this Meeting in Canada and will follow your deliberations with great interest. This

conference has been called to review past and present health policies among Commonwealth members and to consider priorities for the future. It is awe-inspiring to think that the Commonwealth's 48 member countries make up one quarter of the world's people. The sheer numbers can be intimidating when one thinks of the multiplicity of health measures which must be applied to prevent disease and promote health and well-being.

The Canadian Government is firmly committed to preserving and improving our existing health services, even though, in times like these, rising costs may cause debate throughout our federal system on issues such as universality and quality in health care delivery. Obviously, in this situation, health planning and management - the themes chosen for this meeting - are crucially important. They are a means to an end, which is the health of our peoples, one of the most basic of human expectations. You, as Ministers of Health and as experts in various fields of health care and administration, will be acutely aware that without health, progress in social and economic development is a hollow prospect.

Health planning and management techniques can assist us in moving toward ever-high standards. Appropriate planning and forecasting will allow us to obtain the most for that ever-scarce commodity, money, and effective management will help us spend wisely in those areas of greatest need which the planning process is designed to identify.

The first Secretary-General of the Commonwealth, Mr Arnold Smith, has likened its functional co-operation programme to the muscles and sinews of the association. To continue the metaphor, these ministerial meetings can be seen as the bones which provide the support for the growth and development and health of the Commonwealth organism. The patient has passed through a number of illnesses, occasionally in the past thought to be terminal, but it has always recovered and today is more vigorous than it has ever been. Thanks to two eminent physicians and excellent follow-up care, the crises have been weathered and the prognosis is very bright indeed.

It gives me much pleasure to declare the Seventh Commonwealth Health Ministers Meeting officially open and to wish you fruitful and cordial discussions in the traditional spirit of the Commonwealth.

## H.E. Mr. Shridath S. Ramphal Commonwealth Secretary-General

My first words must be of thanks to Minister Bégin and the Government of Canada for having agreed to host this Meeting, for the excellent arrangements made for it, for the warmth with which they have welcomed us, indeed for inviting us at a time of year when warmth is pervasive in Ottawa. In a Commonwealth of 48 member countries, Canada remains very special. It is a pleasure to be here again, to share in the propitious environment of Canada the opportunity this occasion provides for consultation and discussion, for meeting old friends and making new ones, but most of all for exploring how you can work more closely to help each other at regional and Commonwealth-wide levels.

It might, perhaps, seem unusual that Health Ministers of countries as diverse as ours, most of which are developing countries, should meet here in Canada to discuss the problems they share. Canada's health programme, of course, has many similarities with those of other developed countries. What is not as readily appreciated is that many of the problems thought to be characteristic of the developing world are in fact shared by other, wealthier countries.

There is a need, for example, in this country, for special programmes to meet the health problems of scattered, remote isolated communities like those of the Northwest Territories. There are the difficulties posed by wide ranges of climate and varying levels of economic and educational development. There are choices of appropriate technology to be made and imaginative administrative approaches to be designed. The Outreach Programme of the health sciences faculties of the University of Western Ontario and the concept of teaching health units developed by the Ministry of Health of Ontario are examples with wide relevance to the dynamic working relationships that can be established between a university health sciences centre or medical school and a ministry of health. Apart from what you learn from each other at the conference, there will be special lessons to learn from Canada just by being here. And what better classroom could there be than this beautiful and elegant city at a time of the year when everything seems to be tinged with a hint of gold? And what more gracious, talented, experienced hand to guide you than that of Madame Bégin?

The theme of the Meeting is Health Planning and Management: and the topics selected for discussion reflect the wide range of issues that directly affect health today in both the developed and the developing world. It is not only in the health field, of course, that planning and management are important. The present world economic climate is unfavourable to the provision of significant additional resources for national development generally. In most countries, in probably all sectors, emphasis needs to be placed on the efficient management of available resources. But this is particularly true in the field of health, where the economic returns of good management are not as easily measured as in other developmental sectors and where, as a result, financial allocations are seldom as generously made.

The range of your agenda is wide; but you have been specially asked to focus your discussions on three elements: on practical measures that might be adopted for more effective health planning and management; on the specific

approaches that would be feasible and appropriate for each of your varying circumstances; and on the choices and priorities that you need to identify.

Many of the factors that affect choices in the area of health lie, of course, outside the areas of normal responsibility of ministries of health. They are likely to involve ministries of education, agriculture, housing, planning and others. There is hardly an area of national development that can be confined to one sector or identified as the sole responsibility of one ministry. Your theme and agenda topics imply both recognition of and emphasis on this reality. They call for a new ordering of political priorities in relation to health, for alternative approaches to management, for new administrative structures, for imaginative and radical interventions and, in particular, for new mechanisms for co-ordinating inter-ministerial government roles with those of relevant national groups - medical schools, other health training institutions and community-based voluntary organisations. Adherence to, or mere tinkering with, orthodox approaches will not be enough.

It is not for me to attempt to discuss the specifics of your agenda: that is why you are here. I would prefer instead to comment on some of the opportunities and challenges that seem to be thrown up for you. My initial comment is on the nature of management itself. Management is more than overseeing the effectiveness of the daily routines, more than ensuring the efficiency of existing programmes, more than supplying the technically correct solution. It involves leadership as well. And leadership means grasping the broader picture, clarifying choices, identifying moral implications, providing a sense of direction, inspiring co-operation and installing confidence. Leadership will always be a major challenge for any health planning agenda.

The search for an improved quality of life, and the relevance of health to that search, is not only of importance for the poorer countries. Their needs may be specially urgent, but affluence does not remove the necessity for insistence on the more efficient use of resources. Health planners of the developed world can no more evade their responsibility in this respect than can their colleagues in the less developed countries. In every part of the world, health has always been at once a condition for and a consequence of development. Now, however, contemporary social pressures and economic imperatives, and the rapid tempo of change, have given it the urgency which you as health planners recognise today.

And better health planning is a matter not just of efficiency but of humanity too. There is deepening global consciousness that health care is a right not a privilege. There is a questioning of many long-standing assumptions - concerning the way health services are delivered to the public; the distribution of resources; the education and training of health professionals; their accountability. All these problems are greatly accentuated in the poorer societies but are by no means confined to them. For health planners everywhere, the reappraisal of values, of institutions, of methods, of roles for health professionals, presents an inescapable challenge of justifying their worth to our societies.

In a wider sense, health authorities world-wide face a deepening of their mutual responsibilities. It never was the case that any country was a secure sanctuary against health hazards from without. And international health programmes have been enlightened and effective. I believe, however, that in health, as in other fields, we are entering into a new era of global neighbourhood in which it will become increasingly important for health

planning and management to have a global reach, with an enlarged duty of care devolving upon the authorities of all countries in relation to the world's people who have now to be seen not as distant aliens but as close neighbours.

And, as is becoming clearer every day, this is a universal duty - the poor need protection from the health hazards of rich industrial societies to no less a degree than the rich need protection from the health hazards that are endemic in poverty. I know you will be concerned here with health planning and management at the national level; I should be surprised if you do not quickly find the need to acknowledge that in health, as in so many other areas, you are dealing with countries that have become small units of a global village.

These Meetings of Health Ministers are important occasions for us at the Commonwealth Secretariat and particularly for its Medical Programme, which is centrally concerned with assisting member countries to implement and sustain action on the conclusions reached. The Meetings provide important policy-setting and global-formulating opportunities for the Commonwealth as a whole. They also provide opportunities for reaching agreements on how, for instance, through Commonwealth consultation and co-operation, our health institutions can be made more efficient and effective. I am especially glad that you will be exploring how Commonwealth countries can assist each other in carrying forward agreed objectives. For Health Ministers, of all people, diagnosis is not enough.

The efficiency and effectiveness of national systems of health care is, I know, one of the central concerns of most countries represented here. Many studies have been undertaken. We at the Secretariat have supported a number of them. The results vary from country to country. There is one point, however, on which there is no disagreement; and that is that for most medical disorders prevention is cheaper, more humane and more effective than intervention by treatment after they occur. As an observation on the present and as a commentary on the past, this is hardly new. But it has a crucial bearing on both the present and the future of world health. It is now abundantly clear that no significant improvements will be made in the health care delivery systems, whether of the developed or the developing world, until less lip-service is paid and more realistic and practical proposals are addressed to the matter of prevention.

On this issue, you have the opportunity here to look back critically at the past and forward to the opportunities for the future. I invite your reflection on why prevention has failed so far to excite the imagination of much of the medical profession, on the distinction between medicine as a social institution and medicine in its more limited role of caring for the sick, on how in its larger role medicine could come to grips with the wider issues that influence health, on the true meaning of health and on how this meaning might be made more central to the concerns of both medical education and medical practice.

One of the central problems of health today is the imbalance between individual and community health care, between curative and preventive medicine. Redress for this imbalance is surely to be sought not in choosing one over the other but in seeking an equitable balance between them. It is imperative that health professionals be trained with proportionate emphasis not only on the treatment of the sick but on community health care, on prevention and control; and it is essential that medical school curricula and the organisation and administration of health services reflect this emphasis.

We need not be doctors ourselves to see that, despite the dazzling advances of scientific medicine, the leading causes of illness and disability are intertwined with culture and custom and the ways in which people live their lives; and these causes can be prevented.

You have before you a number of reports of workshops and commissioned studies. Different as they are, they seem to me to have a unifying aspect. They share a common concern with relatively neglected areas of medicine and with unconventional approaches. They point to needs that are crucial but not sufficiently emphasised. They chart new roles and responsibilities for universities, governments and community groups. They set new objectives and new methods of reaching them.

Your agenda places important emphasis on the appropriate training of doctors and other health professionals, but it points to an even wider health education need - the education of individuals, families and communities. By selecting community health education for particular study, you recognise that national systems of health depend substantially for their improvement on informed opinion and active co-operation on the part of the public; that their effectiveness must in the final analysis depend on the health awareness, attitudes, perceptions and demands of community members; that there can be no more paralysing assumption than the notion that the individual may shelve his responsibility for making decisions about his own health by passing it on to a doctor, a nurse or other health professional, armed with their special training and what seems like magic; that the individual, by the appropriateness of his life-style, can be a far more competent custodian of his own health than he has been in the past. Community health education presents the most credible mechanism for preparing him to effectively meet the role.

Your commissioned study on community health education in the Commonwealth attaches special importance to the role that the public communication media can play. Their importance has been neglected in the past and cannot be over-emphasised for the future. There can be few more effective means for raising general health consciousness; for helping to create political will by appealing to policy makers; for delivering technical messages in simple terms to large numbers of people; for fostering community involvement and debate; for influencing the behaviour of individuals, families and communities. There is need for better understanding and closer consultation and collaboration between the media and the health professionals. The challenge is not only to make connections between scientists and the media but also to demonstrate that science and technology have personal and human implications for the man in the street, and that the informed judgement of the individual citizen has a place in national health concerns.

Your consideration of the reports of a recent survey of Commonwealth policies and practices in relation to the code on the marketing of breast-milk substitutes (and also of the Harare workshop on its implementation) will necessarily do more than focus attention on the accepted importance of breast-feeding for the protection of infant and young child health. The issues raised by the code can be shown to be characteristic of an increasing range of complex socio-medical-legal conundrums with which recent advances in medical science, changes in national and professional health policies and changes in commercial practices are confronting our societies. There is a widening range of issues for which regular medical, legal or social codes either do not exist or are outdated or simply inadequate as guidance for action. They are representative of a new type of health problem which, although of medical

importance, cannot be left solely in the hands of medical professionals and, though requiring legal guidelines, cannot be dealt with by legislation alone.

I speak of such issues as human tissue transplantation, commercial trends in drug testing and marketing, test-tube babies, drug trafficking, genetic engineering. They necessitate new approaches to the process of medical and legal reform. They must not only take account of medical practice and scientific advance but also must reflect public moral and social choices, which need to be regulated in a framework of medical and legal practices. New regulatory mechanisms need to be designed that reflect the humanism on which true health care must eventually be based.

Turning to Mr Kenneth Thompson's report of his survey of policies and programmes for disabled people in the Commonwealth, I was particularly struck by the range of diseases leading to impairment, disability and permanent handicaps which can be controlled at no great cost by the concerted efforts of health professionals, voluntary societies and community groups. The emphasis which he places on prevention will be very relevant to your discussions. His study emphasises the need for a strengthening of political will and for public and educational commitment to a policy of prevention to ensure that the next generation does not suffer from the present high level of avoidable disability.

It cannot but be of interest to you also that this emphasis on prevention is assuming global proportions and it started with a Commonwealth initiative at the Leeds Castle meeting in Britain in November 1981 on the prevention of disability. In fact today in New Delhi, as a result of a collaborative effort between the United Nations Development Programme, the World Health Organisation and UNICEF, a global thrust towards the prevention of disability will be formally launched under the general title of IMPACT.

The report which you will be considering on the contribution of medical schools to national health development focuses attention on the isolation which characterises the work of medical schools and the health departments of universities. The education of health professionals must be one of the most crucial factors in any national health plan. It is not too much to expect in return that your medical schools be a primary source of leadership in relation to your theme issues - health planning and management. Their professionalism must not be so narrow as to deprive societies - often societies faced with scarce human and financial resources - of their contributions to changing the apparatus and planning the strategy for dealing with the major health hazards that confront us. Academic detachment is no longer an option for universities; certainly not for the universities of developing countries, but really not for the universities of the developed either. For all there is an imperative of involvement.

Having touched on just a few of the crucial issues you will be addressing this week, I must leave you to your detailed consultations on them - consultations from which will emerge the guidelines for Commonwealth medical co-operation in the ensuing three years. These three years will be ones of great uncertainty and perhaps of deepening distress, at least for many developing countries. The current economic situation is bad and will not get better merely with a measure of recovery in the stronger economies. It is essential, therefore, to secure maximum co-operation in terms of mutual assistance between developing countries in particular, first of all at a regional level but in widening circles as well. Why should not the Commonwealth itself be one of those circles in which a third of the world's countries - a few strong, many weak - consciously deepen their practical co-operation in the area of health? Could there be any higher goal of planning and management in a Commonwealth context?

The Hon. Dr. Aron D. Chiduo  
Minister of Health, Tanzania

It is an honour and privilege for me as Minister of Health of the United Republic of Tanzania - venue of the Sixth Health Ministers Meeting, held in Arusha in 1980 - to propose a vote of thanks on behalf of my colleague Ministers and our delegations to our hosts, the Government and people of Canada. It is all pleasure for me to do so.

I am sure I will be expressing the appreciation of all of us for the wonderful and friendly welcome extended to us since we arrived in Canada. To some of us who come from the tropics, it is as if the weather has also been responding in the friendly Commonwealth manner. It is delightful.

It is a pity, Madame Minister, that you did not attend the Arusha Meeting in person, but I can assure you that you were well represented. It is therefore no wonder that we of the Commonwealth countries have responded in full force to your invitation to come over to Canada for this Meeting. It is a reflection of the great trust we have in your country, Canada, and of the faith we have in the continuing existence of our Commonwealth of Nations.

We have come to Ottawa to discuss and reflect on matters of mutual concern. It is common knowledge that in our meetings we approach our problems with singleness of purpose. We share experience, we inspire each other and we continue fostering co-operation among ourselves. As Health Ministers, we have been entrusted with the task of making life for our populations a little bit more healthy than it has ever been before. We continue to strive towards our avowed objective of health for all by the year 2000. The attainment of that objective is daunting.

As individual countries we may feel hopeless, but as a Commonwealth of Nations we feel strong. I am reminded of Iqbal, the Pakistan poet, who said:

"The individual exists as part of the whole;  
Alone he is nothing.  
In the mainstream of the river all become strong,  
Outside the river, they are nothing."

As Commonwealth countries we are in the mainstream of the river.

May I now, on behalf of all of you my fellow Ministers and our delegations, formally move that this Seventh Commonwealth Health Ministers Meeting places on record its appreciation and thanks to the Government and people of Canada for the generous hospitality of being our hosts. Thank you.