Commonwealth Association of Paediatric Gastroenterology; 12th Commonwealth Health Ministers Meeting

Nelson, Tony; Sullivan, Peter

Section Editor(s): Sherman, Philip M. M.D., F.R.C.P.C.; Büller, Hans M.D.

Journal of Pediatric Gastroenterology and Nutrition: August 1999 - Volume 29 - Issue 2 - p 113-114
News And Views

Author Information **Article Outline**

Convenor of CAPGAN, Chinese University of Hong Kong (Nelson)

Chairman-Elect of CAPGAN, University of Oxford, U.K. (Sullivan)

Commonwealth Association of Paediatric Gastroenterology

The Commonwealth Association of Paediatric Gastroenterology and Nutrition was inaugurated during the "Third Commonwealth Conference on Diarrhoea and Malnutrition" in Hong Kong in November of 1994. The First Commonwealth Conference on Diarrhoea and Malnutrition, held in London in November of 1984, aimed to encourage pediatric gastroenterologists to focus on the interrelationship between diarrhea and malnutrition in children. The second conference was in New Delhi, India in December of 1992, and the fourth conference was held in Karachi, Pakistan in November of 1997. The fifth conference is scheduled to be held in Darwin, Australia in 2001. In 1998 the Commonwealth Association of Paediatric Gastroenterology and Nutrition was granted observer status at Commonwealth Health Ministers meetings.

12th Commonwealth Health Ministers Meeting

The Commonwealth represent a common heritage of shared language and ethos in the realms of science and medicine, and it provides a remarkable mix of developed and developing communities with a world-wide membership. Within this bond of the "commonwealth family," health ministers and representatives from 39 of 54 commonwealth countries met in Barbados on November 15 through November 19, 1998, to discuss "Health Sector Reform in the Internet of Health for All." Inequity, both within and between countries, was the primary concern of many delegates, as was the need to develop mechanisms to ensure that the disadvantaged, the poor, and the marginalized are given affordable access to appropriate health care.

For the first time at a Commonwealth Health Ministers Meeting, there was a nongovernmental organization Forum preceding the main event. Nongovernmental organizations with observer status had considerable opportunity to participate directly in the main meeting. Despite being somewhat inundated by a number of broad themes and wide-ranging recommendations relating to topics such as strategic planning, sustainable health information systems, and health financing, the delegates were able to focus on some key areas of concern.

Traditional and complementary health care systems play a major role in both developing and developed countries but remain largely unrecognized and unregulated by governments. It was agreed that a working group, collaborating with selected commonwealth countries and international nongovernmental organizations, would report back on this issue to ministers at the forthcoming World Health Assembly in May of 1999. Economic issues, such as drug costs and unbalanced pricing schedules, were a prime concern for undeveloped countries as were concerns about health workforce mobility. A number of countries saw this "brain drain" as "human resource theft" by developed countries.

More specifically on the health agenda were issue of aging, obesity, and physical activity. The International Obesity Task Force helped convince many delegates that the obesity epidemic is not just a problem in developed countries and that policy approaches will be of prime importance in solving the problem. Government policies are needed to change food composition, production, price, and access and to create an environment promoting physical activity. Recommendations to address the problem of obesity at the government level are listed in the Appendix.

The Commonwealth represents 1.8 billion people, or 30% of the world's population, and has members from countries with the most envied health care system in the world as well as those in need of the greatest help. Within this economic, ethnic, and cultural diversity there is some sense of cohesiveness and belonging. It is hoped that commonwealth initiatives may spearhead meaningful change had lead to greater global equity. Health care is one of the imperfect "markers" in which doctors create the market through their superior knowledge and the patients' dependence, a market that perhaps is not much different from the global economic market, from the perspective of an undeveloped country. As some commonwealth countries move towards "cybertopia" and the new millennium, others perceive the equity gap as ever widening. Health financing represents a competing balance between the goals of equity, efficiency, and cost containment. For many countries, achieving this balance is a daunting task. Combining ministerial positions is not an unusual practice, but countries need to combine the ministerial portfolios of health and finance-then perhaps health would no longer be a government's "first priority ... after every other priority."

Tony Nelson,

Convenor of CAPGAN, Chinese University of Hong Kong

Peter Sullivan,

Chairman-Elect of CAPGAN, University of Oxford, U.K.

APPENDIX

OBESITY RECOMMENDATIONS

1. Obesity is a form of malnutrition. Action on obesity should not undermine action on undernutrition.
2. Obesity is tightly linked to a chronic noncommunicable disease burden in many countries; remedial action is needed. In countries where obesity is currently not a problem, it will be soon; these countries have an opportunity to prepare.
3. Focusing on genetics will not lead to a cost-effective solution to this patient population's health problem.
4. Strategies based on an individualistic, victim-blaming approach do not work and are not cost effective.
5. A population-health approach is required that is nationally organized and uses multiple strategies aimed at the following:
    - Increasing physical activity and improving diet

- Changing food composition and production
- Changing food prices and access
- Changing attitudes, knowledge, and behavior (health promotion)
- Changing clinical practice (i.e., prevention, control, and management of obesity)
- Creating an environment for physical activity

6. A "settings" approach (e.g., Singapore) may have considerable promise for population health strategies, for example, in schools and workplaces.
7. Developing national leadership will be critical.
8. Advocacy and leadership based on local evidence will be critical to success.
9. In addition to the above, the meeting members supported the recommendations made in the article by the International Obesity Task Force. These recommendations include those listed, and the Commonwealth commended them to governments for their serious consideration.
10. Action should be taken by governments (individually and collectively) to work with the food industry to ensure more equitable access to health food choices.
11. Essential national research on obesity (its prevention, management, and complications) and related issues is critical importance to support effective evidence-based action.
12. The Commonwealth Secretariat should consider methods of facilitating the issue of effective action to address the problem of obesity at a regional level within the Commonwealth, in line with International Obesity Task Force recommendations and approach.
13. The Commonwealth Health Ministers should consider recommending to the World Health Organization in 1999 that it give a high priority to action aimed at confronting the global epidemic of obesity.