

18 May 2008, Sunday
Statement by Kamallesh Sharma, Commonwealth Secretary-General
Commonwealth Health Ministers Meeting
Geneva, Switzerland

I wish to extend a warm welcome to all participants at this Commonwealth Health Ministers Meeting in Geneva. We meet, as always, on the eve of the World Health Assembly. Some 40 of our 53 member countries are with us today, with some 30 at ministerial level.

I am barely six weeks into my new role as Commonwealth Secretary-General. I have always watched from afar, and seen the Commonwealth and its potential to better lives. Now, I have the privilege to offer my own services in propelling it forward.

At my first Ministerial Meeting – for Youth Ministers, a fortnight ago, in Colombo – I saw again what I am already seeing here. The Commonwealth was at work, and at its collegial and purposeful best – convening, conferring, championing. So, buoyed by that spirit, I am delighted to be present at this Meeting today, and wish it all success, with more of that traditional blend of good cooperation and good ideas.

What is the backdrop to our Meeting today?

First, we are facing the facts.

We in the Commonwealth are home to one third of the world's population. Yet we are also home to two-thirds of the world's AIDS sufferers, two-thirds of its maternal deaths, two-thirds of its children under five years old suffering from malnutrition, and nearly half of its infant deaths.

Second, we are trying to answer some of the oldest and most intractable questions known to humankind. A person's health is his or her most prized possession, above any other. And the health of individuals is reflected in the health of society, and the other way round. So how do we improve the health of the individual and of society?

We are particularly honoured to be addressed today by two exceptional people: Archbishop Desmond Tutu as our keynote speaker; and WHO Director-General Dr Margaret Chan.

I thank other valued members of the Commonwealth health community. Especially, I thank the six Commonwealth professional associations in the field of health: the Commonwealth dental association, the medical association, the

nurses' federation, the pharmacists association, the mental health association and the society for the blind. Meanwhile, the Commonwealth Business Council, also here today, gives us a private sector perspective on health. I hardly need to tell a gathering of Ministers that it is these two – business and civil society – who now join you in the triangular enterprise of delivering healthcare: all three are necessary partners.

I thank our assembled Ministers, and particularly those who serve on the Commonwealth Advisory Committee on Health, which met yesterday to consider some of our work in detail. This meeting is no dress rehearsal for the World Health Assembly tomorrow. Or if it is, then it arms 53 countries with common positions and arguments to take on to the wider, global stage tomorrow. It was 10 years ago, for instance, that this very group of Ministers first raised its concerns about the loss of health workers from developing countries. Five years later, it adopted the Recruitment Protocol that was our Commonwealth response to a global challenge. With the Protocol cited by the WHO and ILO as an example of best practice, a Commonwealth model has again become a global model. *That* is our potential: to better the Commonwealth and to better the world.

I also register my public thanks to the Commonwealth Secretariat health team, which is sharpening its focus to respond more strategically to your needs. This will allow it to increase the efficiency and effectiveness of its work. In particular, I commend the team for its work on health worker migration over the last year.

I also thank all those who have contributed to this event. I feel that your briefing papers contain truly first class papers on the theme for this Meeting, as well as rigorous empirical research carried out amongst all our Commonwealth member states. And, in the *Commonwealth Health Ministers Book 2008*, we have assembled what I believe to be some seminal writing on the theme of our Meeting and on the Commonwealth health challenges at large. I warmly commend it to participants, and to others beyond.

I would like to emphasise two things today. First, to offer the briefest of remarks about Commonwealth health issues, and second, to do the same for our chosen theme of e-health.

In the challenges of global health, the only constant is change.

Many of the people taking part in this Meeting will remember, from the start of the 1990s, the powerful arguments put forward in two documents that affected the focus and attention paid to health.

The first was the UNDP Human Development Report of 1990, in which the concept of a Human Development Index was innovatively conceived by Mahbub ul Haq and Amartya Sen.

The second was the World Bank's 1993 World Development Report: *Investing in Health*, which made the case that expenditure on health was indeed an investment in economic growth and human development.

In the 1990s, I was part of a process that led to the Millennium Development Goals of 2000: a common set of goals and targets - simple indicators of human dignity - that would focus the attention of the development community. This agenda was an unprecedented step for the global community, and has served to focus our efforts at all levels, and often to ask searching questions. In turn, we will discuss our slippage on Goals 4 and 5, infant and maternal mortality, and Goal 6, AIDS and other diseases. But let's be thankful that they are there.

The interconnected world, in this instance, has come to act as one: witness the Global Fund for AIDS, and GAVI, and Roll Back Malaria. The new International Health Partnership brings together the WHO and a few of the major donors in an initiative that will target health and development issues in Commonwealth countries, starting with Kenya, Mozambique and Zambia.

Meanwhile, there has been a remarkable change in the financing for global health. We are no longer in the era of only bilateral and multilateral funding. Private foundations, such as the Gates Foundation, now play a significant role. Even the pharmaceutical companies are contributing. In many parts of the world, the private sector is now delivering health care. And, most remarkably, we have seen the expanding role of civil society in the delivery of health care and in the direction of health policy. We need only to look at the history of the AIDS movement to see the importance of civil society's role.

As our global responses to health challenges have changed, the challenges we are facing have confounded us by changing, as well. We face new challenges, and resurgent old ones.

From the time of Malthus, the assumptions of demography and epidemiology have been constantly on the move.

I suspect that if the MDGs were being developed in 2008, the issue of the theme of *last year's* Commonwealth Health Meeting – that of non-communicable diseases, particularly those of the heart – could be included as a health goal.

The relationship between climate change and health is another issue which will occupy our thinking in the years ahead. Malaria threatens to spread; access to water threatens to become critical and to drive new human settlement patterns; and we are now seeing the start of a new debate on the availability of basic crops like rice and wheat.

Meanwhile, polio is still an issue in a few Commonwealth countries; malaria still kills by the million, and preventable and treatable communicable diseases – like

AIDS and TB – still contrive to keep us in their grip. And many recall the World Health meeting in Alma Ata, Kazakhstan, exactly 30 years ago, and its new thrust – *still* not fully realised – to develop primary health care.

So although change is all, what is old is also frequently new. And for all our many successes, there are mountains still to climb.

The question we are asking is: what can the Commonwealth bring to this landscape?

The answer is, 'innovative solutions'. It is the innovation of new technology – and the theme of our Meeting, 'e-Health' – that can offer us some of the most effective solutions to the health challenges we face in the early 21st Century. We need the digital revolution to bridge the development divide. So I turn to e-health.

Fifty years ago, a landmark study, on agricultural innovation and its dissemination, gave us the term 'Diffusion of Innovations'. It showed how far and how fast innovations could spread through a society. That study could not have contemplated the diffusion of one new technology: the mobile phone. Neither could we.

What are these new technologies? The cell phone, the internet, the digital camera, satellite transmission of image and text: all have the potential radically to change how we organise, manage, finance and strengthen health systems. The technologies are available and many are increasingly accessible in most Commonwealth countries. The challenge is harnessing its potential to support the health sector. The thorny issues of e-health policy and implementation must occupy our discussions here in Geneva. Others, more than I, are aware of the legal, ethical, financial and, of course, implementation challenges that accompany e-health, and they will be discussed here. All I say is, that they are not insurmountable.

The new technologies have changed how we communicate, send information, outsource services. It has given access to areas and populations that were marginalised. It has given rise to a new term: Connectivity. The notion that these technologies are accessible only to high and upper middle income countries is not borne out. Most, if not all, Commonwealth countries are implementing some form of e-health. This Meeting has assembled some extraordinary case studies to illustrate this. I have just picked out a few, like the Ugandan project which allows patients to carry their medical histories on a credit card, or the Cook Islands project which electronically sends laboratory tests, scans, x-rays and the like to Europe, and gets the results back – direct to the patients' files – within days. Or the fact that one of our poorest member countries, Sierra Leone, is seeking to computerise its entire national health system.

Medical consultation can now be held across the seas. We applaud the death of distance here.

E-health is for all, and that means it is especially for the poor. It is about equity, and that means it is about overcoming the barriers of inequitable health access based on gender, location, or status.

Just a few weeks ago I saw a BBC report in which a very sick woman in a village in Ethiopia was diagnosed via a television screen in a mobile clinic. She didn't need to travel miles to get help. On the contrary: to travel would have worsened her situation, and the remedy – which could have been life-saving – came through long-distance real-time consultation.

One of the questions I asked my staff when I saw the plans for this Meeting was deceptively simple: *'Why e-health? How can it address the priority health problems facing Commonwealth countries, and in particular, the alarming shortage of health workers?'* Their answers were succinct, and focused: e-health offers the potential radically to change how we organise health systems, improve access to services, improve quality and increase productivity. So, again, I asked: *'How will this address the shortage of health workers?'* I was pleased and surprised to learn of the variety of ways in which Commonwealth countries were using the new technologies to reduce the cost of health worker training, and diminish the brain drain.

The Secretariat is actively supporting countries in the way they use technology to support a wide range of development initiatives. For instance, we run an e-governance programme, putting technology to use to improve the effectiveness and efficiency of the public sector. We run the 'Commonwealth Connects' programme – at the macro-level working with our member countries to establish national information & communication technology strategies, and at the micro-level launching pilot projects in our member countries, like internet points in rural communities, offering educational modules on screen.

Technology is a tool of development: its applications, of course, go far beyond health and into education and the small-scale trading which is connecting literally millions of small traders and farmers right across Asia and Africa.

We in the Commonwealth should be seeking more and more from technology, in our health programmes. I look forward to a future, for instance, where data on Commonwealth health workers, the number trained, the number retrained, and the number retained are accessible on electronic data bases, and in real time. I also look to e-health to influence the direction of our regional programme for midwifery training.

One of our challenges, then, is not to rest on our laurels, but to see how we can upgrade them to suit a new age of big challenges but equally big possibilities.

I turn, finally, to the sub-title of today's Meeting: 'Challenges and Opportunities'. I would like the Commonwealth Health Ministers Meeting to challenge the Secretariat, and to make more of three of the clearest of the strengths of the Commonwealth.

The first is our convocatory power. I pose the question: how best to use it, to further thinking on the topic of e-health and development? I am aware that we are discussing technology without the participation of our Ministerial colleagues with responsibility for ICTs. How should we develop our e-health advocacy programme?

The second is our ability to promote exchange of technical expertise within the Commonwealth, North-South and South-South. How should we organise this in a structured way, for e-health?

Thirdly, the Commonwealth can develop and support demonstration projects that will help provide guidelines for scale-up. How should we develop that approach? We have a model from the East Central and Southern Africa Health Community which is part of the case study material for this Meeting: are elements of that model appropriate for other regions?

The challenge is to take advantage of the opportunity this Meeting provides, to give the Secretariat clear mandates for action as to how it can better serve the member countries of the Commonwealth, in the field of e-health. I am keen that carefully chosen, continuous fields of concentration and steady advance should emerge for the Secretariat from Ministerial Meetings such as this.

E-Health can help strengthen health systems, and can strengthen our development efforts. Until all of our citizens have access to the level of healthcare that is their human right, our development efforts will have limited impact. Achieving better health for the peoples of the Commonwealth is a battle that can be won. It was Churchill who famously said to Roosevelt in 1941: 'Give us the tools and we'll finish the job'. Here at the Commonwealth Health Ministers Meeting, we have the tools, and the moral obligation. I wish this Meeting all success in its efforts to promote health, well being and development in the Commonwealth. We stand ready to help.

ENDS