

- A) Health: We have, as a global community, come a fair distance on policy priorities. A synthesis of 10 major health analyses from WHO, the World Bank, UNICEF, UNDP, Commission on Health Research, Carnegie Commission and CIDA shows real convergence in the policy prescriptions.
- 1) The priorities assigned in the World Bank report are interesting. Under the section *Improve Government Spending on Health*, four priorities are listed:
    - Decrease government expenditure on tertiary facilities, specialist training and interventions that provide little health gain for the money spent;
    - Finance and implement a package of public health interventions to deal with substantial externalities surrounding infectious disease control, AIDS prevention, environmental pollution and behaviours (such as substance abuse and drunk driving) that put others at risk;
    - Finance and ensure delivery of a package of essential clinical services defined to each particular country's conditions; and
    - Improve management of government health services through such measures as decentralization of administrative and budgetary authority and contracting out of services.
  - 2) Although not perfectly, in a very real sense, the Canadian Government has followed this path discernibly. And these guidelines have certainly motivated the cut backs which declining budgets have brought about. Canadians have learned the painful lesson that we must collectively and continually redefine the priorities within our health care systems. And I believe that the fundamental priority should be the creation and maintenance of a society in which citizens are helped to live healthy lives, without disability, until the time comes when the question has to be posed on whether we are lengthening life or death.
    - I was in Ghana and Burkina Faso last month. Both of these countries are well toward the bottom part of the income spectrum and both struggle with enormous health problems. But both are trying to follow the broad lines of this policy prescription. They are decentralizing authority, trying to keep an emphasis on primary health and paying importance to the policy factors, as poor as they are. This is an important change.
- B) I think the Commonwealth can do good work by continuing to review the broad lines of the best approaches to Health Management at occasional senior level meetings, and supplement these by technical meetings on individual issues as these become pertinent and available.
- C) The Commonwealth niche may well be to exploit the fact that there is so much cross over of approaches to governance, and to take on issues that go right to the heart of these issues:
- how to decentralize and maintain central policies
  - how to manage ethical reviews