

Proceedings of the Business Meeting of The IIIrd Commonwealth Conference HONG KONG, 13 November 1994

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Organising Secretary of the IIIrd Commonwealth Conference took the chair

1.1 Venue of the IVth Commonwealth Conference.

After preliminary enquiries, three centres had expressed interest in hosting the next meeting. These and their representatives were as follows:

Jamaica, Dr. Cooper, Tropical Medicine Research Unit, Kingston, Jamaica

Bangladesh, Mr. Saddiqi, Asst. Director of Health, Ministry of Health, Dhaka, Bangladesh

Pakistan, Dr. Bhutta, Aga Khan University, Karachi, Pakistan

1.2 Each representative was given the platform for precisely 5 minutes to make the case for their institution being chosen to host the next meeting.

1.3 A secret paper ballot, organised through Gardiner-Caldwell Associates, the professional conference organisers of the IIIrd Commonwealth conference with the assistance of Drs. Peter Lewindon and Tony Nelson, was then held to

decide on the next venue. The results were as follows:

Pakistan	44 votes
Jamaica	28 votes
Bangladesh	16 votes
No opinion	2
Spoilt papers	2
TOTAL	92

Dr. Zulfiqar Bhutta was duly elected to organise the IVth Commonwealth Conference in Karachi in 1997.

2.1 Formation of the Commonwealth Association of Paediatric Gastroenterology and Nutrition.

Dr. Sullivan then addressed the meeting as follows:

"Human resource development is a key strategy in improving the working of health services throughout the world. This can be assisted by the linking of Institutions in developing countries with similar but more mature

organisations in other parts of the world. This can be an effective way to transfer know-how and train staff. The Commonwealth is uniquely placed to help in this process in two ways.

Firstly, there is the inter-weaving between the member states of cultures, politics, literatures, sociologies and social technologies and also the common use of the English language. Secondly, and perhaps more importantly when many less developed countries, and particularly those in Africa, are sliding into a deepening crisis of poverty and hunger, the World Bank has reinforced the need for tenets of conduct that the Commonwealth has long upheld "a determination to respect the rule of law and vigorous protection of the freedom of the press and human rights". Better health depends critically on a well-functioning health system manned by able staff with efficient training and supervision.

It is within this framework that there has been a proposal that an Association of Commonwealth Paediatric Gastroenterologists be formed. The 51 countries of the Commonwealth are at different stages of economic development and have different systems of Government. They have differently organised systems of health care delivery, and cultural and educational traditions. Links set up between gastroenterologists in developing and developed countries must have clearly defined purposes and objectives. It has been suggested by the Assistant Director of Health at the Commonwealth Secretariat that an Association of Paediatric Gastroenterologists could have a useful role as an observer at the meeting of Commonwealth Health Ministers which is held every three years. The criteria for 'observer status' for Commonwealth Health Ministers meetings are as follows:

1. The organisation must fulfil an important role in international or commonwealth-wide co-operation in some aspect of health
2. The organisation should be the sole, or at least the most relevant, organisation in some aspect of health
3. The organisation should be capable of contributing to the meeting as well as learning from it
4. The organisation should be representative of the people it is supposed to assist
5. The organisation should have some collaborative activities with the Commonwealth Secretariat

As we are in the midst of the final decade in which the World Health Organisation has committed itself to reach the goal of Health for All by the year 2000, and as child survival must be a central priority for the attainment of this goal, those working in the fields of childhood diarrhoea and malnutrition, major contributors to childhood mortality throughout the world, should have an avenue of communication to those making policy decisions. There is clearly a need for such an advisory body and a Commonwealth Association of Paediatric Gastroenterologists would be well placed to effectively play that part.

I will now ask Professor John Walker-Smith to take over and expound on this subject more fully."

2.2 Professor Walker-Smith addressed the meeting as follows:

"It is now exactly 10 years since the First Commonwealth Conference on Diarrhoea and Malnutrition in Childhood was held in London. The Second Conference was held in New Delhi in December 1991. These meetings have provided a valuable forum for exchange of

ideas and have led to the development of important research collaboration involving Commonwealth countries, of particular importance being collaboration between developed and developing nations. The proceedings of the first two meetings were published and have been an important information resource for this important topic. Today we have agreed to hold a Fourth Commonwealth Conference. The Commonwealth, because of its "common heritage consisting of a shared logic and common ethos in scientific and medical fields" provides a wonderful opportunity for collaboration and sharing of knowledge between developed and developing nations.

Although episodes of chronic diarrhoea are fewer in number and affect fewer children than episodes of acute diarrhoea, such episodes may have particularly severe consequences, the most notable being malnutrition. This topic provides a very fruitful opportunity for collaboration between those working in this field in both developing and developed communities. As this field is of such importance to paediatric gastroenterologists and as in the past most meetings on this topic focused upon nutritional or epidemiological aspects a conference was conceived and planned by paediatric gastroenterologists in London and again in New Delhi and Hong Kong to focus particularly upon the gastroenterological aspects of this topic.

Thus these meetings have always had a strong gastroenterological emphasis. This has led to particularly close links between individual paediatric gastroenterologists in a number of Commonwealth countries. At the New Delhi Meeting the proposal to form a Commonwealth Association of Paediatric Gastroenterology and Nutrition was agreed by those present. It was also hoped that such an Association could have federal links with national and interna-

tional societies for paediatric gastroenterology. A recommendation was made that a firm proposal to form a new society or association be put to the Hong Kong meeting. I believe the time has now come to establish a Commonwealth Association of Paediatric Gastroenterology and Nutrition today. I further propose that an interim Council be elected by those attending the Hong Kong meeting. The Council could then meet here in Hong Kong to discuss proposals for a constitution and membership of such an Association. Constitution for the new society would then be presented at the Fourth Commonwealth Conference on Diarrhoea and Malnutrition in Childhood. The Council would be given authority to elect the first President, Secretary and Treasurer until the constitution was adopted at the Fourth Conference.

Nominations for membership of the Council of the proposed society have been sent in advance to Dr. Peter Sullivan. Candidates have indicated their willingness to stand. Other nominations are also welcome and they should be clinicians and scientists who are interested in the field of paediatric gastroenterology and nutrition with a particular concern for chronic diarrhoea and malnutrition and should have attended at least one of the three Commonwealth conferences."

2.3 Dr. Sullivan thanked Professor Walker-Smith for his contribution and then invited comment from the floor on the proposal that a Commonwealth Association of Paediatric Gastroenterology be inaugurated. There was general discussion amongst members present about the advantages for and need for the inauguration of the proposed Association.

2.4 Dr. Santosh Mittal (India) rose to express

reservation about the need for a new Association and suggested that a loose federation of national societies might be preferable. One of his prime concerns was that colleagues from developing countries might find it difficult to subscribe to the membership fee of such an association.

- 2.5 Professor Sandy McNeish (UK) also expressed some reservations about the need for a new group but highlighted the fact that the proposals for the Commonwealth Association offered an additional dimension over and above that provided by existing societies. The most important aspect in this regard he felt was the suggestion that such an association could provide a body of expertise to advise Commonwealth Health Ministers on priorities pertaining to the problems of childhood diarrhoea and malnutrition in the developing world.
- 2.6 Professor N K Ganguly (India) pointed out the great importance which many colleagues in developing countries attach to the Commonwealth as a means of bringing together workers facing simi-

lar problems in very diverse parts of the world and expressed his view of the great importance that this institution has in terms of its ability to provide a platform for the sharing of ideas and the dissemination of knowledge.

- 2.7 Dr. Sullivan brought the discussion to a close and called for a vote on the proposal.
- 3.1 The vote to inaugurate a Commonwealth Association of Paediatric Gastroenterology and Nutrition was unanimously carried by a show of hands at the meeting. No individuals voted against the proposal.
- 3.2 Dr. Sullivan declared the Association founded and presented to the meeting a list of nominees for Council members and invited further nominations from the floor. All nominations had to be submitted by noon the following day at which time the Interim Council would have its first meeting.

The meeting closed at 18.50 hours.