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## REPORT FROM THE UK REGIONAL HEALTH COMMITTEE 1988-1991 STRUCTURE.

While the number of ANC members in the region totals over 400, their direct participation in the Health Directed activities is animum. Due therefore to the minimal attendance at AGMS, the Committee in 1988 felt it was appropriate to remain as an ad hoc Committee. Known health workers resident in London have always been invited to attend the meetings of the Ad Hoc committee. quitinga took place at monthly to six weekly intervals and were attended by from 3 to 7 members.

At least one member has always been on the local Welfare Committee.

## ACTIVITIES

### Midioal Services

All ANC members resident in the UK region are entitled to NHS facilities. We have been responsible for arranging for consultations and treatment of A&Cfmembere referred to us mainly from the Lusaka and passing through London. This has involved arranging appointments with 10081 GPs or for Specialist opinion, otianising Hospital admissions and aeeomodation. More than 20 odmraden have been involved.

### Speakers

We have supplied Speakers for various Meetings and Seminars within and outside the ANC. These include to addressing medical atudents on the not choosing SA for their teleetivest, ANC Youth Swiner on Alcohol abu%e etc. Owl n quasi ask wag cuywmud teeanmm Liaaon:

The committee has met and discussed with various individuals and organisations passing through London such as NAMDA, NEHAWU Sdlidarity Activities.

### Anti-Apartheid Health Committee:

One of our members was elected Chair of the AntiuApartheid Health Committee and the long-standing cooperation between the two oMmittees continues.

### Health and Liberation Conference:

In May, 1989 a one day Seminer/erkehop was held in Which liberation movements from 4 different continents were represented. An ANC Health Committee member was on the organieing Committee and three actvely participated in a very successful meeting.

### Maputo Confeence

Numbers of the Committee formed part of an ad hoc group for ordenising the input on the HIV and AIDS to the Conference. Three members attended and fully participated in its various activities.

### Solidarity organisatione: . '

Contact has been made with the El Salvador Health Committee in the UK with the intention of participating in joint activities, although this has not yet got off the ground.

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Projects on AIDS and HIV:

The video on AIDS prepared by members of the Committee was launched in December, 1988 and received critical acclaim.

v1. . The Committee also presented a document for the attention of the 1. NEC on the urgency in responding at a political level to the threat and implications of the spread of HIV and AIDS.

Health and Refugee Trust-South Africa (HEART)

This charity was established on the initiative of Our committee.

\$3 One of our members is a Trustee and the Charity is now thinking ' in terms of moving into SA.

Projects on the problem of Alcoholism and Disability were initiated and could be further developed.

f? IPPNW (International Physicians for the Prevention of Nuclear War)

We have initiated discussions with the IPPNW and participated indirectly in their annual International Symposium in 1989. This 3,1 is particularly relevant as they are focussing more attention on ?\$. Africa and developing countries.

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Discussion Points on Should the UK Regional Health Committee still exist.

\$1 Since the region is ndf within SA The usual activities within a gm Radian do not pertain There i.3 a core of Health workers still in the Region but negligible mass support from our general members. Thus is the extra effort and expense of maintaining formal contact in the UK region justified.

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miT However, the following considerations may help in evaluating this 3VWT question:

kwm \_ The question of International solidarity with Qorganisations PLT

which have experienced progressive health cahnges will be invaluable to learn from their suncesses as well as their failures. he UK region and our members are in unique position to ouatablisb appropriate connections and organise accesg to other Q hoalth policies and individuals particularly involvedr We are \$UT thinking in trerms of pergonnel exchange , joint seminars etc.

Contribution to debaTm ; we are in a position with some expertiae of our OWn as well as expertis 6' of from indivduals in health policy units etc 1:0 evaluate and prepare documents on a variety of issues. Also it may be useful to have 'outside opiniOn on some issues.

Funding: we have contacts with variuos NGO as well as individuals experienced in preparing and evalating projects. We could be a uleful conduit.

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