

WORLD HEALTH ORGANIZATION

REPORT OF

ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN THE
AFRICAN, EASTERN MEDITERRANEAN, SOUTH-EAST
ASIA AND WESTERN PACIFIC REGIONS

SIXTEENTH MEETING OF THE DIRECTORS
OR REPRESENTATIVES OF SCHOOLS OF
PUBLIC HEALTH

Iran, 3 - 10 March 1977

Opening Session

The Opening Session took place at the University Club, University of Teheran at 08.45 a.m. on Thursday 3 March 1977.

H.E. Dr. A. H. Sharifi, Chancellor of the University of Teheran welcomed the participants and expressed the pleasure of the University at being able to host such an international meeting. After reviewing the various activities of the School of Public Health of the University of Teheran in basic and applied research and in the preparation of health manpower at the national and international levels, the Chancellor thanked WHO for the help and support which it has given to the School in many different ways.

The meeting was then opened by H.E. Dr. Sheikholslamzadeh, Minister of Health and Social Welfare who, referring to Schools of Public Health as the backbones of the health profile of a country, pointed out that their task was not only that of training, but also included health manpower planning and public health research. He stressed the fact that a good health plan was usually the outcome of a marriage between health "needs" as analysed statistically, and "wants" as expressed by leaders of the community. The Minister stressed the need for close cooperation between schools of public health and health service administration, and the value of reciprocal involvement of teachers and health service staff in service programmes and teaching.

For Iran the Meeting was both timely and valuable. The country was currently in the process of finalizing its Sixth Development Plan, in which the health sector was an integral part and received a very high priority. The basic approach to health and welfare schemes in Iran was to establish a Regional decentralized network of integrated and coordinated health and welfare services, and His Excellency expected that his country would greatly benefit from the constructive recommendations and suggestions of this meeting.

In the unavoidable absence of H.E. Dr. Gh. Motamedi, Minister of Science and Higher Education, a message from him was delivered by H.E. Dr. P. Amouzegar, Under Secretary of State. After referring to the development of higher education in Public Health in Iran and to the role of the School of Public Health and Institute of Public Health Research, Dr. Motamedi said that the Government of Iran was following the course of events elsewhere very closely and with great interest. They looked forward to the recommendations of such an expert group and to incorporating these in their own efforts to solve their problems in the area of higher education for the health sciences, problems which were common to many developing countries.

Dr. A. H. Taba, Director of the Eastern Mediterranean Region of the World Health Organization delivered an address in which he stressed the close relationship which existed between the Organization and the Schools of Public Health, expressed the gratitude of the Organization to the Government of Iran, the Universities of Teheran and of Isfahan, and to Pahlavi University, Shiraz, for hosting the meeting. He welcomed his fellow Regional Directors and other participants and expressed to the officers of the Association of Schools of Public Health his appreciation of their collaboration. Dr. Taba spoke of the importance of the subjects on the Agenda of the Meeting to the future development of health services and manpower, and of the fact that Schools of Public Health had never been ivory towers but had a habit of providing well designed learning experiences in a community setting. In addition to implied continuing cooperation in training activities, Dr. Taba looked forward to WHO working in new ways with the Schools, in applied research on health services and manpower development. Dr. Taba hoped that the arrangements for the meeting, which was to some extent more like a Travelling Seminar than the usual more formal meeting, would challenge the thinking of participants and enable them to conclude the meeting with a stimulating report and to go home refreshed with new ideas and new determination to continue their collaborative efforts.

Dr. V. T. Herat Gunaratne, Director, South Eastern Region of the WHO thanked the hosts and supported Dr. Taba's views regarding the close collaboration pledged by WHO to the Schools and stressed that there was no cause for complacency in the present situation. Each country required to plan, jointly between the academic authorities and the health administrators, for its own needs in a logical manner, and there was need for increasingly close collaboration between Schools and the health authorities.

Dr. F. J. Dy, Director of the Western Pacific Region also thanked the hosts and referred to the benefits which had accrued to the vital field of public health manpower training as a result of technical discussion and exchange of ideas of a high scientific level. Pointing out that the present programming procedures of WHO itself called for a better definition and quantification of objectives, Dr. Dy stressed the fact that this could facilitate subsequent evaluation. He suggested that meetings of this kind should themselves be evaluated and thought that in future the possibility of biennial regional meetings, with a combined meeting of the four regions quinquennially should be considered. He referred to the work of the Association of Schools of Public Health at whose birth WHO had assisted as "midwife", and expressed willingness on the part of WHO in his region to support future activities of the Association.

A message from the Director General of the World Health Organization, Dr. H. Mahler, was read by Dr. T. Fulop, Director, Division of Health Manpower Development HQ. Dr. Mahler was convinced of the importance of what the participants were doing and hoped that the meeting would contribute to the furtherance of common aims with that of WHO. The aim of WHO was the achievement of an equitable system of health services accessible to all and assuring health for all by the year 2000. Not only the training activities of the participants, but also those in service and research, could play an important role in the realization of this common goal. The concept of the integrated development of health services and health manpower should serve as a basis to all their activities, assuring the relevance of those activities to the real health needs and demands of the population.

A message from Dr. Comlan A. A. Quenum, Director of the African Region of the World Health Organization was read by Dr. J. P. Menu, Regional Advisor on Health Manpower Development. Dr. Quenum expressed his profound regret at being unable to be present. After a brief report on major events

in higher education in public health in his region since the last meeting, Dr. Quenum spoke of the need to develop limited resources in the most judicious way possible to the training of the most appropriate types of health personnel in the needs of numbers to best serve the population. He pointed out the need to gradually overcome the dichotomy which existed between agencies falling under Ministries of Health and those under Ministries of Education in the interests of more effective education and training of health personnel.

Concluding the Opening Session, the President of the Association of Schools of Public Health, Dr. A. Nagini, University of Teheran added his own welcome to the participants and his thanks to the Government of Iran and the other two Universities concerned, besides his own, and to WHO, for making the meeting possible.

First Plenary Session

1. The participants elected Dr. A. H. Nadim as chairman and Drs. Debhanom Muangman, E. Hyock Kwon, and V. L. Ongom as vice chairmen.
Dr. W. K. Ng was elected rapporteur.
2. The Agenda (Annexe i) and the programme (Annexe 11) were adopted.
The former included the additional item, Factors affecting recruitment to the field of public health.
3. Statements of the participants and observers on the progress and highlights of their activities or about new Schools, Institutions or Departments established since the last Meeting in Manila (item 4).

Participants had been asked to supply factual information on courses, students, staff numbers, research and service activities of their Schools or departments. Each reported to the meeting for five minutes on the most important developments or difficulties facing their institutions.

Steady progress is being made in most Schools, the major problem still being shortage of adequately trained staff. Financial difficulties had slowed down progress in some Schools. In general there appeared to be much better relationships between Schools and health departments and this including interchange of staff was affecting the relevance of training to the needs of the community.

Most Schools were extending their fields of influence in the training of health personnel other than physicians. The team approach in training is gaining in popularity.

Teaching methods appear to be changing towards fewer didactic lectures and more seminar teaching and field training.

There are fewer DPH/MPH courses and more 2 year Master degree courses generally based on a one year academic course similar to a DPH/MPH,

followed by one year of practical or supervised field training or a research project. In a few schools 3-4 year courses in such special fields as epidemiology lead to specialist status in that field or a Ph.D. degree.

An increasing number of schools are having a greater proportion of non-national students. Research is increasing in the field of health care, particularly in determining needs, consumer opinions evaluation of services and the development of more appropriate health delivery systems.

The importance of short intensive courses in limited fields for various categories of health personnel was stressed, not only because of their intrinsic value, their relevance to practical problems but their practicality for obtaining the attendance of key personnel.

The information about each school will be published by the Association of Schools of Public Health.

2nd Plenary Session

Trends in health services and manpower development and implications for higher education in public health (item 5).

Dr. Fulop presented a substantial working paper on this subject (Annexe 11i) and spoke about the major points in his paper. These were summarized by him to include:

- (1) Relevance of training programmes
- (2) Categories of health personnel being trained and which should be trained
- (3) Continuing education
- (4) Problem solving orientated training as the method of choice
- (5) Departmentalism, separate disciplines or integration
- (6) Towards a learner rather than a teacher orientation
- (7) Multiprofessional training
- (8) Why recruitment to public health is poor and how to improve this

The participants divided into three groups and discussed a number of the points raised. Their reports were received by the plenary session and further discussed.

The general feeling was that the "disease of irrelevance" of training programmes was not so widespread in schools of public health as in schools of Medicine. This did not mean that a continuing critical examination of present and probable future needs was not essential particularly in the wider field of health services development and manpower planning.

The major difficulty in determining the need for health personnel is the general lack of overall health planning due to reluctance of Governments to make the necessary decisions as to the effective development of health personnel.

Responsible authorities will not make decisions relating to the location, movement or restriction of all or any type of health manpower. Many traditional restrictions on the role of some health personnel presents their further training and wider utilization.

Categories of health personnel should be determined by the needs of each country and uniformity between countries for its own sake was to be deplored.

Continuing education was very necessary but was an integral part of proper supervision.

It is difficult but not impossible to depart from traditional teaching methods and the participants felt their problem solving orientated learning PSOL should be developed as far as resources allowed. It was agreed that it did require more teaching staff . In this connection WHO regions might faster cooperation between schools in the preparation of such teaching materials.

The participants endorsed the need for a mechanism for health services and manpower development and felt that the establishment of a national HSMD Board (with the participants of various national responsible bodies) should be complemented by decentralization and regionalization.

It was felt that the decentralization of health services and manpower development at regional level within each country, with powers of enactment of practice laws and provision of attractive financial and welfare privileges for the regional health worker, would facilitate the implementation of this integrated approach. Under these circumstances a regrouping of various independent schools of medicine and other schools for the training of health manpower could be achieved toward the establishment of regional schools of Health Sciences and Technology, with the responsibility of training of all categories of health personnel as needed by the region, and their continuous education, as well as the full participation in planning and service delivery to the community. If this happens, then the national boards would be able to not only set down the national health policy and major directives, but also to assure necessary coordination and harmonization of HSMD and of the training activities. Furthermore, the Schools of Public Health and the Graduate Departments of Community Medicine would then be in a better position to fulfill their special role, as already referred to in the previous meeting in Manila in 1975, in the training of leaders, managers, decision makers, planners, teachers and research workers, or offer advanced refresher and orientation courses, as well as in conducting Health Services research and contribute in health planning and in production of problem-solving orientated learning materials for other institutions.

Visit to the School of Public Health and the Institute of Public Health Research; University of Teheran and discussion of Health Services Development Project, West-Azerbaijan. Iran.

The participants visited the School of Public Health and were welcomed by the Dean and his staff. The organization of the School and of the Institute of Public Health Research (a joint organization of the University of Teheran School of Public Health and the Ministry of Health and Social Welfare) and several departments and the Library were shown and the staff presented. In addition to the teaching programmes of national and international level, the various research projects in particular the Bilharziasis Project, the Shahriyar Community Health Delivery and Training Project and the Health Services Research Project, West Azerbaijan were presented. The latter which is conducted jointly by the School of Public Health and the Ministry of Public Health and Social Welfare and with the support of WHO, was further discussed in detail. The general principles of this project were considered by the participants as applicable in other areas with necessary adaptation depending on level circumstances. The development of the programmes of the School, which started from single disease research and applied control projects and its shift to wholistic approach with particular attention to the development of health services, and the impact of these activities on the contents and orientations of its teaching programmes at national and international level were noted and appreciated.

Visit of the Kavar Village Health Worker Project.
Pahlavi University-Shiraz.

The participants visited the Kavar village Health worker Project, conducted by the Department of Community Medicine, Faculty of Medicine, Pahlavi University in Kavar area, 65 Km, south-east of Shiraz. They had a chance to see the works of 3 out-posts at 3 different Health Care delivery level:

Baghman House of Health: Primary low level

Fathabad House of Health: Medium level

Ghale-Faranqi House of Health: Advanced level.

This was followed by the visit of Kavar Training Centre and further discussion of the activities of the Department of Community Medicine as well as the objectives, Training programmes, use of audio-visual materials and the administration of the Project. Additional discussion of this Project took place during the third plenary session in Isfahan.

visit of the University of Isfahan, Isfahan

The participants visited the University of Isfahan and were welcomed by the Vice Chancellors of the University and its Director of International Relations and the members of Department of Public Health and Social Medicine. After hearing a short description of the history of development, the organization and teaching and research activities of the University, the participants visited the campus, and several units including the Hospital and Scientific Instruments Repair workshops. During the Third plenary session which took place in the Council Hall of the University, the Teaching and research programmes of the Departments of Public Health and Social Medicine, University of Isfahan were described and discussed.

Third Plenary Session

During this session three subjects were discussed:

a) Activities of the Department of Public Health and Social Medicine. Faculty of Medicine, University of Isfahan.

A brief description was made of the various programmes of this department.

These include:

- 1) Training of paramedical personnel
- 2) Health Education of all university students
- 3) Mental Health counselling centre
- 4) Undergraduate programmes in public health
- 5) On-campus Environmental health activities
- 6) Hospital administration services
- 7) Industrial Health Services
- 8) Teaching Programme in public health for medical students
- 9) Amin Hospital health center programme
- 10) Field Training programmes of Medical Students in public health including the work of students during 9 months (one month each at the infectious disease ward, Amin Hospital Health Center and the Rural Health Center of the University of Isfahan).

(These activities are reported in 12 papers available on request from the department or the Regional Office of WHO-EMRO).

During the discussion that followed these activities were noted and appreciated.

b) Follow-up discussion on Kavar Project

The project was further discussed by the participants and a number of points were clarified. Amongst these were the facts that:

- a) preventive services or any visits by the patients to be referred to higher echelons at Kavar network are free of charge.
- b) the small payments for curative services was because the local inhabitants would not value prescribed drugs unless they paid for them and the amount of this fee is determined in consultation with the village committee.
- c) Many members of the department of Community Medicine either have a background specialization in clinical medicine or are drawn with double appointment from other clinical departments.
- d) Although the project is solely developed and administered by the University, recently several village health workers trained by the project have been engaged by the Ministry of Health and Social Welfare.
- e) The use of audio-visual materials in the training programme was highly commended.

During the discussion that followed, there were differences of opinion as to whether academic departments should be responsible for health services of areas other than in a limited way for research purposes. Opinion was expressed that services should be the responsibility of the Ministry of Health and the academic Departments should have observer status, or otherwise develop the programme in cooperation and collaboration of each other (as is the case of West Azerbaijan Project). This is important in order to make the programme replicable and regularize the cost within the limits and possibilities of the Ministry. The earlier the Ministry of Health is involved in these programmes of alternative strategies for providing health care to rural people, it may be better.

On the other hand other participants emphasized that University departments ought to have greater executive capacity for running the health services. They should carry out such experiments in primary care particularly to evaluate them.

c. Educational and Organizational aspects of field training in Public Health (Item 6 of the agenda)

This topic was introduced by Dr. C.M.H. Mofidi by pointing out that Field training is of great importance in the preparation of graduates to meet adequately the realities in the field and that it has the same value as the laboratory exercise in basic sciences and as hospital training in clinical medicine. The field utilized varies according to the activity of the health worker it may be a public health laboratory, an out-patient department or hospital ward, or the community at large. Many aspects of basic knowledge, methodology and techniques, as well as of ecology and dynamics of population, can be learned through laboratory work or the study and building of experimental models (mathematical, animal etc.), simulated games, case studies and consultations. It is however the field training opportunity which prepares the student for handling the human element under various and complex socio-economic and health conditions. Therefore the careful selection of "real-life" situations in field training and its proper organization and guidance ensures the achievement of the learning objectives

The purposes of field training could be summarized as follows:

1. Acquisition of knowledge of the pattern of disease and health in the community, assesment of medical and social problems through field investigation and epidemiological approach and the development of a sense of inquiry into health needs.
2. Development of necessary confidence in the applicability of theoretical knowledge and awareness of the various approaches and solutions that are applied under different conditions.
3. Awareness of the importance of the role of various health workers and of the co-operative action of the health team, as well as the need for proper leadership, guidance and evaluation.
4. Active participation in public health programmes and further exploration of the subjects by recourse to the library, and discussions with other students, his supervisors and the faculty.

5. Learning how to work and live under rural or less luxurious conditions and the use of field transport, field equipment and tools, as well as obtaining the co-operation and confidence of local inhabitants and participating in their activities.

Although observation visits, study visits and surveys have their own values, to make the field training a useful and enjoyable living experience for the students, it should be focused on "Problem-Solving orientated learning". This requires proper planning of the field training area and of the programmes, as well as active participation of the faculty. In fact the best results are obtained when faculty research workers are involved in the actual programme. If the touchstone for the students is "work/study", the touchstone for the faculty is "work/teach"

In many instances, the services of community health centres and other institutions may be used for field training. In other instances, there is a need for the creation of demonstration centres in cooperation with responsible health departments, or directly under the authority of the school particularly where similar centres are very scarce. It should be noted however, that in many instances the demonstration area may become saturated with services so that it may no longer be a natural setting, or the operational costs and the staffing pattern may be beyond the local standards causing misunderstanding and doubts in its replicability by the administrators and wrong expectations by the students in their future assignments.

During the discussion that followed it was stated that several years ago, medical students were properly tried out in clinical experience and then they were let loose in the world. But now medical education within academic circles is too much academic and many field experiences are reduced to mere observations. It is necessary to take a fresh look at the educational system and train the students in a way that they can take responsibility with confidence and motivation.

The educational objectives of field training was further elaborated. It was stated that field training in public health should not be treated as an independent subject and for the same reason it is difficult to propose

any specific number of hours . We should not be trapped again in the fight for hours, which is treated as a prestige symbol among the members of the Faculty. It all depends on the total educational objectives of Medical or Public Health Education . When the objectives are defined, then it would be easy to determine the hours and the contents. This would be also true for the number of hours necessary for hospital learning. The important issue is what we want the student to do, i.e. to identify and solve community problems and to be able and motivated to do so.

The importance of educational planning, as an integral part of health and manpower planning was again emphasized. The important decision is to define what kind of Doctor or a nurse or any other public health worker, the country needs so that a decision can be made of what kind of training and with what educational objectives a health professional student has to get (that can not be got in any other place).

In the ensuing part of the discussion the importance of team-work, development of administrative capabilities, the involvement of students in quantitative measurement activities (and not for observational purposes), learning about real facts of life were emphasized. It was also stated that field training should take place in a field area about which a considerable knowledge is available to the department so that a wholistic approach to the problem identification and problem-solving could be made possible.

Here again the importance of cooperation and involvement of Ministry of Health in the development of educational (and field training) programmes were recalled.

The participants did not really deal with the fundamental difference between the observation of the living conditions of people necessary for all doctors with the specific training of primary care physicians (post-graduate) who will combine preventive and curative medicine in the community and who would be competent to direct the work of lesser trained personnel.

If practical programmes are to be given as a substantial part of the training of medical students they must be interesting, purposeful and the academic staff must actively participate.

RECOMMENDATIONS

1. Recommend that WHO should draw the attention of Governments of developed countries to finance the use of external examiners from developing countries. This would extend the present limited one-way system of WHO or other agencies only assisting examiners from developed countries to go to developing countries.
2. Recommend that the relatively new interest of Schools of Public Health in all aspects of the delivery and evaluation of primary care be further extended. This will involve the postgraduate training of doctors and other health professionals and especially the teachers of front line personnel.
3. Recommend that departments of primary medical care should be closely associated as part of Schools of Public Health as part of the enlarged scope of modern Schools of Public Health.
4. Recommend that Schools of Public Health should extend their activity in the development and evaluation of health services and in manpower development. For this to be successful at all levels of primary care the staff of Schools must liaise closely with the staff of Medical Schools and with those of the Ministry of Health.
5. As the best method of obtaining close cooperation with the Ministry of Health and improving the relevance of teaching is the employment of Ministry and other medical staff as part time teachers, it is recommended that such part time teaching activity be encouraged and academic staff should also perform some service role.
6. Governments are strongly urged to improve the financial status of public health cadres to compensate for their full-time obligations and their work under difficult field conditions.

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7. The next inter-regional meeting should be largely based on a problem solving workshop approach. This could be in the field of health services or in public health education.

8. The next meeting should review the recommendations of the previous ten years and determine those that have been realized, those which are still valid and the reasons for the situation.

9. Some research projects in health planning and manpower development which have produced hard facts should be presented to the meeting to illustrate successful research technology in this difficult field.

10. Each country should develop a national board of HMSD and regional units which would at this level integrate all aspects of health service planning and manpower development. This should remove the present fragmentation in the provision of services and the often entirely separate training of health professionals.

11. Field training should have very clear objectives, in general either to provide observation of people and their living conditions for all students or as training in various levels of skills in community health. The extent and character will not only be determined by these considerations but by the needs of individual countries.

12. Training in management principles is increasingly necessary for the middle and higher levels of health professionals.

13. Prior to the next meeting participants should complete a proforma which would give a clear idea of the medical, social and economic aspects of the health systems which are operating in their country.

Evaluation of the Meeting

You will find enclosed 2 questionnaires to assist us in the evaluation of the present meeting from the:

- 1) Administrative point of view (Questionnaire 1)
- 2) Technical aspects (Questionnaire 2)

as well as to assist in the preparation of the future meetings kindly fill in both parts of the attached questionnaires and hand it unsigned either at the end of the meeting to Dr. Ng, the Rapporteur, today or tomorrow on the bus to the Razi Institute.

Thank you.