

**WORLD HEALTH
ORGANIZATION**



**Regional Office
for the Eastern Mediterranean**

**ORGANISATION MONDIALE
DE LA SANTÉ**

**Bureau régional
pour la Méditerranée orientale**

**INTER-AGENCY CONSULTATION ON TRAINING
IN MATERNAL AND CHILD HEALTH AND ON
FEMALE CIRCUMCISION**

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ASSIGNMENT REPORT

COURSE FOR SENIOR TEACHERS OF CHILD HEALTH

29 November 1971 - 6 January 1972

by

**Dr Mohsen Ziai
WHO Consultant**

**with up-dating of the list of fellows
and comments concerning the period
1972-1978 and future possibilities**

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I INTRODUCTION

The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) have been sponsoring a training programme, beginning in 1963, for the senior teachers of child health in developing countries. This programme has been conducted by the Institute of Child Health in London in collaboration with some other centres outside the United Kingdom. The aim of this course has been to improve the orientation of the participants, who are presumably the heads of paediatric departments or likely to assume such positions in the future, by making them aware of the importance of social and preventive aspects of child care. Through this project, the teaching of paediatrics, and ultimately child health practices, will hopefully improve in their respective nations.

Initially, the course was so designed as to take one year, it was carried out in London and Makerere College in Uganda. Later, certain alterations were effected including the shortening of the duration to nine months and including the collaboration of certain other institutions in India and East Africa. There were also considerable modifications in the teaching techniques in the course, active participation by the candidates in seminars replacing didactic lectures and demonstrations.

At the present time, the course begins in March with four months in London at the Institute of Child Health, one month in Newcastle-upon-Tyne, moving to East Africa for a little over a month and spending the remainder of the time, i.e. about two and a half months, in India. The participants are expected to submit a written report about the existing health services and the nature of undergraduate paediatric teaching in their respective countries and to suggest modifications thereof. They are also encouraged to make recommendations about future alterations in the organization of the course.

II ASSIGNMENT

As a consultant to the WHO Regional Office for the Eastern Mediterranean, the writer was asked to interview the former participant fellows from this Region with the idea of assessing the benefits that they have derived from their experiences, as well as their successes in the implementation of new ideas and skills acquired during the course. It was understood that this evaluation will be carried out in the context of the existing situations in the countries that were visited, with particular emphasis on the teaching of paediatrics and child health.

The assignment did not begin in Alexandria at the Regional Office for the Eastern Mediterranean, since the writer already had the privilege of serving as a consultant to the Regional Office on former occasions and was

acquainted with the procedures. Instead, it was to begin by a visit to India, where part of the course is conducted. This particular visit would have coincided with the termination of the course in Bombay, a rare and excellent opportunity to discuss the mission with many of those engaged in the organization of the course. The assignment was then to proceed with visits to different countries where the former fellows from the Region are located, as well as to East Africa where another part of the course is carried out. A visit to London and Newcastle-upon-Tyne was not arranged because the writer had visited these centres on previous occasions.

The above-mentioned initial visit to India and the interviews with the two former fellows from Pakistan were cancelled just prior to the mission because of the situation existing at the beginning of the assignment. However, a visit to India, especially to Bombay where a major part of this course is given, was possible near the end of the mission.

III LIST OF COUNTRIES AND FORMER FELLOWS (up-dated)

There are a total of thirty-three physicians who have benefited from fellowships, representing the following countries:

AFGHANISTAN

Dr M.A. Majid Talebi (1963/64)
Department of Paediatrics
University of Kabul
Afghanistan

Dr Aziz Samadi (1967)
P.O. Box 221
Kabul
Afghanistan

Dr A. Musleh (1970)
Kalsi Fatali Khan
Shehri Nau
Kabul
Afghanistan

Dr S.W. Arakozia (1971)
Nangerhar University Hospital
Director of Paediatric Department
Nangerhar
Afghanistan

Dr M.A. Quershi (1973)
Institute of Child Health
Kabul
Afghanistan

Dr Abdul Rashid Ghani (1975)
Head of Department of Paediatrics
Institute of Child Health
Kabul
Afghanistan

Dr Ishaque M. Fazel (1976)
Institute of Child Health
Kabul
Afghanistan

EGYPT

Professor Z.H. Abdin (1961/62)
Pyramid Rheumatic Heart Centre
2 Pyramids Street
Giza
Cairo
Egypt

Dr Omar Helmy (1964/65)
Department of Paediatrics
Ain Shams University
Cairo
Egypt

Dr M. Kamal Badr-el-Din (1967)
Department of Paediatrics
Faculty of Medicine
Alexandria University
Alexandria
Egypt

Dr I.M. Fayad (1969)
Lecturer in Paediatrics
Faculty of Medicine
Cairo University
Egypt

Dr A.S. Khalifa (1970)
Department of Paediatrics
Ain Shams University
Cairo
Egypt

Dr Mahmoud Taher El-Mougi (1972)
Lecturer in Paediatrics
Al Azhar Faculty of Medicine
Darassa
Cairo
Egypt

Dr Ghilano Osman (1974)
Children's Hospital
Ain Shams Faculty of Medicine
Abbassia
Cairo
Egypt

Dr Ahmad M. Eisa (1976)
Paediatric Department
Al Ashar University
Cairo
Egypt

IRAN

Dr Esmail Esmail-Zadah (1969)
Pars Hospital
Andimeshk
Iran

Dr Raza Moazami
Department of Paediatrics
Faculty of Medicine
Teheran
Iran

Dr M. Moshtagi (1973)
Department of Public Health
Medical Faculty
University of Isfahan
Isfahan
Iran

Dr Akbar Koushanfar (1974)
Department of Paediatrics
Teheran National University
Medical College
Evin
Teheran
Iran

IRAQ

Dr Adnan Shakir (1961/62)
19/5 Al-Yarmouk
Baghdad
Iraq

Dr N.J. Chokhachi (1969)
Chief
Programming and Training Department
Ministry of Health
47/5 Yarmouk
Baghdad
Iraq

Dr Shawki A.H. Al-Attar (1977)
Department of Paediatrics
Medical School
Baghdad
Iraq

LEBANON

Dr Marie-Jose Abi-Yaghi (1968)
School of Public Health
American University of Beirut
Beirut
Lebanon

PAKISTAN

Dr S.R. Khan (1963)
Professor of Paediatrics
King Edward Medical College
Lahore
Pakistan

Dr I.U. Haq
Assistant Professor of Medicine
Khyber Medical College
Peshawar
Pakistan

Dr Khawaja Abbas (1977)
Assoc. Physician/Paediatrician
Central Government Hospital
Rawalpindi
Pakistan

Dr M.Z. Chaudhry (1978)
Professor of Paediatrics
Punjab Medical College
Faisalabad
Pakistan

Dr Tariq Bhutta (1978)
Assistant Professor of Paediatrics
King Edward Medical College
Lahore
Pakistan

SOMALIA

Dr Ahmad S. Abbas (1977)
Associate Professor of Paediatrics
Head, Paediatric Department
Mogadishu General Hospital
P.O. Box 628
Mogadishu
Somalia

SUDAN

Dr Hafiz El Shazali (1971)
Senior Consultant Paediatrician
Wad Medani Civil Hospital
Wad Medani
Sudan

Dr Hassan Osman Omer (1972)
Department of Paediatrics
Faculty of Medicine
P.O. Box 102
Khartoum
Sudan

Dr M.I.A. Omer (1974)
Department of Paediatrics
Faculty of Medicine
P.O. Box 102
Khartoum
Sudan

Dr Zein el Abdin Abdel Rahim Karrar (1978)
Department of Paediatrics and Child Health
Faculty of Medicine
P.O. Box 102
Khartoum
Sudan

IV ASSESSMENT OF THE COURSE AND ITS BENEFITS

1. Selection of candidates

There seemsto be some shortcomings in the selection of candidates and it is not entirely clear as to which of the two United Nations Agencies is in fact responsible for the logistic aspects. Invitations are sent to different countries of the Regions irrespective of whether or not they have

a school of medicine. Some responsible individuals holding high teaching positions in the university departments of paediatrics of the Region are not even aware of the existence of such a course. The candidates do not present a uniformly well-trained group of paediatricians before having been accepted to the course nor are they necessarily engaged in paediatric teaching before or upon the completion of the fellowship.

If the aim of the course is to train senior paediatric teachers, the candidates must exclusively come from faculties of medicine. On the other hand, if the course is aimed at enabling the developing countries to improve their child health services irrespective of their influence on the teaching curriculum in medical schools, then the title of the course and its contents should perhaps be revised.

Those candidates whose knowledge of the English language or of the basic paediatrics is deficient should then be given an opportunity to acquire such knowledge before admission to the course.

2. Contributions made by previous fellows after their return

It is not easy to make a general statement about the value of the course considering the relatively short period which has elapsed from its inception and the continuous revisions made in its contents, nor is it fair to assess the results of the individual endeavours of the former fellows for similar reasons.

One can say categorically that all those who have benefited from these fellowships during the last three or four years spoke enthusiastically about their experiences and many suggested that their entire concept of child health and the teaching of paediatrics had been influenced by attending the course. Ironically, however, few, if any, community paediatric teaching or rural health services are thus far connected to these faculties of medicine. Nevertheless, some of the former fellows are determined to include such programmes in their teaching of paediatrics. Any support in this direction by UNICEF and WHO would seem to be good investment.

Most of those who attended the course in its more formative years were less enthusiastic and felt that it was dogmatic and theoretical, conducted at a level below the standards expected for a senior paediatric teacher. Some of these also felt that the course was unduly long and repetitious. Fortunately, at least one of these problems has been rectified and apparently, seminars with active participation of the fellows have replaced didactic teaching with outstanding authorities present in all of the sessions contributing to the enrichment and high standards of the discussions.

Many complimentary remarks were made about the great personality of Professor Otto H. Wolff and the keen personal interest that he and his colleagues had taken in the individual needs of the fellows. In this short report, one is unable to even mention the names of the many who were praised but such individuals as Dr David C. Morley, Dr G.J. Ebrahim, Dr Ruth Beard, Dr J. Colley, Professor J.M. Tanner, Dr F.J.W. Miller, Professor M.P. Udani and several colleagues in East Africa and India are included in the long list. Many considered the teaching methodology presented by Dr Beard and the visit to the Institute of Nutrition in Hyderabad as the highlight of the course. Some wondered why more of these teaching devices were not in active use in the institutions where parts of the course were carried out. The personal contacts made, especially with Professor Wolff, Dr Morley and Dr Ebrahim were considered the best souvenirs and most memorable experiences.

There were some criticisms concerning the course as it is run at the present time. There still seem to be considerable duplications and repetitions making it too long. Perhaps, if only one person such as Dr Ebrahim who is personally present with the fellows more than anyone else sets up the programme in East Africa and India as well as in the United Kingdom, sufficient time would be saved and the actual duration of the course substantially reduced. Some felt that the discussion of certain subjects e.g. immunology and genetics, was unnecessary for senior paediatric teachers, while others felt that these were of benefit and wanted more such topics included particularly in the fields of infectious diseases, biostatistics and nutrition. It is obvious that one cannot completely satisfy so many individuals.

Everyone agreed that periodic ward rounds and discussion of the interesting clinical material at the Hospital for Sick Children should be organized for the participants who are away from their clinical work for so long a period. This would undoubtedly keep them more interested in the remainder of the activities.

One thing which is clear is that in spite of the impressive enthusiasm presented by many people about the course, few of them had left it with special skills for tackling specific investigative or applied problem in social paediatrics. Some of those who were most convinced about the necessity of such programmes stated that they did not return with sufficient knowledge to implement their ideas. Perhaps by the elimination of duplications and some of the institutional visits, one could radically reduce the formal programme. One could then allow for a much longer elective period of three to six months depending on the total duration of the course. Those fellows who feel they are unable to stay away from their work for too long or do not need the elective period can take only the formal condensed course. Five or six months should be ample time for this purpose, i.e. to modify the views of a senior teacher about social paediatrics and to expose him to new ideas in teaching methods.

This above-mentioned elective could be utilized to have each fellow work on a specific project which he may have formulated prior to attending the course. This work would be carried out under the supervision of any authority in that specific field who is connected with the course. There are many such individuals to be found in London, as well as other centres. It is also feasible that if the duration of such elective is sufficiently long it would lead to an M.Sc. or similar degrees upon the submission of a thesis. Those who are taking their electives in the same locality can assemble periodically to present the results of their investigations to their other colleagues, thus stimulating them to take up similar projects upon their return. If the above scheme is not feasible, one could spend one half of the day on the course and the other half on clinical or basic research work at least while in London.

One of the most outstanding men met during the visits was Professor David Horrobin, Professor of Physiology in Nairobi. He has done first-class research with simple equipments and is going to set up a programme for the training of clinicians and physiologists to do a significant research suitable for developing countries when he returns to the United Kingdom and assumes his new position in Newcastle. Many other individuals such as Professor Tanner in the United Kingdom, Professor Bennett and Professor Whitehead in East Africa and others in India, engaged in research applicable to the needs of developing countries, could offer such opportunities.

WHO and UNICEF can give consideration to financial support for investigative work and community-oriented projects upon the termination of the above fellowships, at least to a selected group of fellows. On reviewing the results obtained from these grants renewals may then be recommended. Perhaps in this way, the outcome of the joint investment by these United Nations Agencies can be even more promising than it appears to have been so far.

V CONCLUSIONS AND RECOMMENDATIONS

Unfortunately, the writer had not the opportunity to visit all the places where the course is conducted especially while the programme is going on. His former visits to the Institute of Child Health in London were not based on obtaining information relevant to this report and he had not had the occasion to discuss his observations with most of the individuals responsible for this project. The above statements are, therefore, not based on detailed knowledge.

If this course had done nothing more than to awaken the paediatricians and make them aware of the proper philosophy behind the teaching of paediatrics in developing countries, it has fulfilled its purpose. It seems to have done a great deal more than this and the personal contact with outstanding teachers and colleagues, contributing either as a fellow taking the course, or connected

in some capacity with it, has been a unique opportunity for most of them. The Institute of Child Health in London with its outstanding Director, Professor Otto H. Wolff, is better equipped and philosophically oriented than any institution the writer knows for conducting this project. Perhaps by further curtailment of the less important contents, the formal course could be shorter, allowing for an elective period of sufficient duration to satisfy the individual needs of participants. Ward rounds, conducted periodically, will take advantage of the superb material present at the Hospital for Sick Children, Great Ormond Street, London, and will keep these fellows who are basically clinicians constantly interested, and in a more subtle way than the present seminars bring them abreast of new developments in paediatrics.

UNICEF/WHO support of research and other productive work for the fellows who have completed the course can assure that many of them will put the inspiring ideas they have derived from their participation to actual use. Better communication in the selection of candidates will assure a uniformly higher quality of the fellows.

Consideration can be given to conducting a part of the course in one of the medical schools located in the Eastern Mediterranean Region so that the total view of health in developing countries would be further enriched. This may fill another gap that now exists in the course in that three-fourths of the programme is carried out in London and India. In the Institute of Child Health in London there is no undergraduate paediatric teaching and India is still one of the few countries in which paediatrics has not achieved its proper place in the undergraduate medical curriculum as an independent major clinical department, even enjoying the opportunity of giving its own final examination to undergraduate students.

Either during the course or upon its termination, certain WHO experts in the field of child health can hold discussions with the fellows. Some of these individuals such as Dr H.E. Polak, WHO Representative in Nairobi are present where part of the course is conducted.

In conclusion, the writer can say that in spite of inevitable growing pains, this course has on a whole been successful in producing a three dimensional view of child health and paediatric teaching for those who have attended it. The course will, in years to come, be even a greater contribution to the health of children throughout the under-developed part of the world by UNICEF and WHO.

ACKNOWLEDGEMENT

The writer wishes to express his sincere gratitude to the World Health Organization and particularly to Dr A.H. Taba, regional Director, WHO Eastern Mediterranean Region, for giving him the opportunity of undertaking this assignment.

The names of all the individuals who have assisted and guided him through these travels is too long to be mentioned here. He especially wants to thank all governments and medical institutions concerned as well as the former fellows for availing to him every information at their disposal.

He will long remember the many kindnesses and courtesies extended during this mission as well as the insight they have provided for the formulation of this report.

VI COMMENTS ON THE PERIOD 1972-1978 AND ON FUTURE POSSIBILITIES

WHO and UNICEF withdrew their support for this course and 1978 was the last year in which it was held. (There is now a M.Sc. course in child health at the Institute of Child Health but with no particular WHO or UNICEF support).

The criticisms and suggestions in Ziai's report (shorter, the UK part of the course, improve the selection process; put the whole course planning under the authority of one person e.g. Dr G.J. Ebrahim, to cut out duplication; increase the preparation of the time spent in developing countries; provide stimulus and funds for community-oriented follow-up projects after the course), none of these were adopted (if indeed they were conveyed to the organizers of the course by any means other than a copy of Ziai's report). They were sound and might have saved the course had they been implemented. That they were sound is witnessed by the fact that they are repeated by the later fellows themselves in their final reports (see attached). However, it should be noted that all of them and more are well taken care of in the new proposal made and provided to the meeting attached to this document.

As to the quality and usefulness of the course, we can make three points:

(i) We attach photocopies of reports of three recent fellows, Dr Ahmed Sherif Abbas, of Somalia, Dr Zein el Abdin Abdel Rahim Karrar of Sudan and Dr Khawaja Abbas of Pakistan. They are polite but except for the first are not uncritical, and provide a good supplement to and continuation of Ziai's report.

(ii) Six of the key child health members of our Regional Advisory Panel on Family Health are ex-fellows of this course, and it is very probable that the course was a significant contribution to the fact that they do have an appropriately social and preventive orientation in their paediatric teaching and research, and that at least three are the leading promoters of child health programmes in their countries and occupy positions which recognize this.

(iii) Very many people who are professionally concerned with child health in the third world strongly approve of the content and the orientation of Morley's book "Paediatric Priorities in Developing Countries", they respect Morley for a number of major propositions such as the true place of measles and pertussis as causes of death and disability in developing countries and his vigorous promotion of growth charts, and for his development of Teaching Aids at Low Cost (TALC). Ebrahim also is felt to be playing in his turn an increasingly significant role, not only for his work on the course but also as editor in succession to Jelliffe of the very influential Journal of Tropical Paediatrics and for his tropical child health manuals, especially that on breast-feeding. Given the ability as teachers of both and their Indian collaborators (e.g. Dr P.M. Shah who now works for WHO in this region) it is little wonder that reports of the fellows who have been to the course are favourable.

However, the course does not now exist and as long as it is not replaced by others there can be no denying that we in this region have suffered a net loss of some importance and the cause of training in tropical child health and its appropriate orientation retrogressed.

VII SUPPLEMENTS

- (A) Report of Dr A. Sherif Abbas, Assistant Professor of Paediatrics in the Medical School and Director of Community Health in the Ministry of Health, Somalia
Fellow on the course 1977

- (B) Report of Dr Khawaja A. Abbas, Head of Paediatric Department, Central Government Hospital, Rawalpindi, Pakistan
Fellow on the course 1977

- (C) Report of Dr Zein el Abdin Abdel Ramin Karrar, Lecturer and Consultant Paediatrician, University of Khartoum, Sudan.
Fellow of the last course in 1978

COMMENTS AND SUGGESTIONS OF THE COURSE FOR SENIOR TEACHERS OF CHILD HEALTH:
(Dr. A.S. Abbas, Ass. Prof. in Paediatric, Consultant in MCH and Nutrition)

The course as a whole was well organized and very useful. Its contents thoughtfully planned well designed and affectively implemented.

the mere fact that we were confronted with the top scientists in the field of paediatrics and Child Health, it goes without saying that it has had a deep impact on us.

The sessions in London to my mind were more academic and less clinical oriented to the subject of Paediatrics with its related activities. Their relevance in the developing countries were also highlighted theoretically, but I would have wished there were practical sessions, where we could have made observations of the delivery of health services especially preventive and promotive aspect as this may have helped us in formulating our opinion of the need for different technology of child health care delivery which could become apparent during our travels in Africa and India.

The library of the Institute of Child Health and that of London School of Hygiene and Tropical Medicine to which we automatically became members, developed our interest in the various scientific publications, references available and increased in depth our knowledge.

The sessions on weight charts, the growth and development of children their values and practicability in the field of paediatrics were also stimulating.

The sessions on Genetics and immunology which conveyed the latest discovery, were of great help to me to understand the interaction of immunity and pathogenicity of most of the diseases affecting the paediatric age group, of a similar importance to me were the discussions on Gastro-enterology and nutrition.

The seminar on the Intermediate Technology for Rural Health, as part of the Programme of the Paediatric Priority in the Developing countries was extremely interesting, since it created an open and friendly discussion and interchange of concepts and ideas among people of different categories in the medical field.

THE NEWCASTLE UPON-TYNE:

Sessions which dealt mainly the concept of curriculum formulation and the application of the newly developed techniques and methods in the Medical teachings were fruitful and helpful.

Exitar's short session has cleared out my doubts and improved the different approaches in teaching/learning system.

AFRICA

The various sessions of the programme organized in Tanzania and in Sudan, were very useful and relevant to the needs of the developing countries. The practical implementation of the concept of Primary Health Care Programme was of enormous benefit to see. The idea of small projects under way such as the one in Soha village in Sudan organized to stimulate the Community participation and teaching purpose in the field of medical education, was very impressive, as well as the training, upgrading and utilization of the Traditional Birth Attendants (TBA (s) for the benefit of the Community as a tool to lower do certain dreadful childhood diseases, such as tetanus neonatorum was something we had to learn.

It goes with comment the needfulness of having observed, learned and evaluated the simple approach used to tackle the health problem at the grass root level with the help of the village health workers with minimum primary health knowledge.

The programme in Tanzania such as the training of auxiliaries, the rural medical aids, the medical assistants, and assistant medical officers to meet the need of health care of the community, were very impressive and its practical applicability in countries from which we come will become apparent to us when we return.

INDIA

The Sessions in Bangalore which covered mainly the childhood Tuberculosis: The infection and Diseases, its prevalence, in the community, pitfalls in the diagnosis, fallacies and interpretation of tuberculin test, as well as the dummy method as a teaching device, have cleared out so many of our doubts and immensely increased our

Knowledge on the subject, although the time scheduled for it was very short to deal with all the other details.

The Madurai programme which dealt the activities of the Nutrition Rehabilitation centres, the rehabilitation of children affected of Xerophthalmia and Keratomalacia, the village health worker programme, the role of village health workers in these activities which is now recognised as becoming the future backbone and pillars of our health infrastructure at the village level, was very impressive.

The social Paediatrics in Hyderabad was an encouraging experience. The Indo-Dutch Project and the surveys at Kanakamaid villages on determining the Nutritional status of children under the age group, carried by the fellows were very stimulating and practical. The Programme in the National Institute of Nutrition was as well very valuable.

BOMBAY Programme of Institute of Child Health was extremely useful, impressive, instructive and full of continuous stimulus. It was so, because we were directly involved with in the Under-graduate and post-graduate Teaching in ward as well as out patient clinics. Of enormous interest to us were: Clinico-pathological, clinics-social, community child Health, Conferences, symposium on Nutrition Problems in Pre-school children. The panel Discussions which dealt case problems in full details, analysed their approach at Hospital and community level.

In these discussions, vital subjects were touched such as Epidemiology and control of Polio-myelites, Difteria, immunisation of the under six as a whole, organization of Paediatric Units, pre-term babies units and surgical Units in the developing countries. Death and Brain cutting session as well as the pros and cons of mothers with the child in the Paediatric Wards were things of worthwhile observing and bringing into discussion.

Our visits to various other hospitals such as the Nair, K.E.M. Wadis, infectious disease Hospital were very complementary to our knowledge and gave us the insight real problems of hospitals facilities for the treatment and the teaching of various categories of medical personnel.

The visit to KASA project was very demonstrative of an integrated child Health Nutrition Development Services under full implementation both at Urban and slum areas.

Frankly speaking the programme in India as whole was very, very beneficial and creative especially very impressive was the Bombay one from the teaching aspect of paediatrics in Developing Countries.

COMMENTS ON THE COURSE

by Dr. Khawaja A. Abbas of Pakistan

LONDON: In its contents, planning and execution the course has been marvellous and is a tribute to its organisers at the Institute of Child Health, London. There is a big effort to achieve the objectives of the course. Most of the sessions were very useful in that they either provided new knowledge or new ideas or new approach to solve a problem. One of the recurring topics in the discussions was identification of major health problems of developing countries and how to solve them with limited resources available. Another lesson learnt is the recognition of priorities. Subjects which are more relevant to our countries such as nutrition, growth and development, infectious diseases, epidemiology and immunology were discussed in great detail and provided great insight. Other subjects such as administrative and organisation, statistics and handling of data, research methods, health economics and educational techniques which get no attention in the usual training of an undergraduate or postgraduate course, were also dealt with. These proved to be very interesting and useful. The course also provided some very unusual and refreshing experiences such as role playing, organisation of workshops and seminars, learning methods, how to improve ones reading speed, how to improve ones speaking ability, how to develop and organise libraries, where to get the references, how to keep medical records, how to organise a pathological and medical museum etc. etc.

All these have been extremely useful to me. And I hope I am able to utilise this experience in my community.

NEWCASTLE: Three weeks in Newcastle were spent dealing mainly with the medical and paediatric undergraduate curriculum, structure and organisation of National Health Services in Britain and writing of a MCH programme for ones own country. It was very interesting and instructive to look at the Newcastle curriculum with its new approach and strong community orientation. "Integrate teaching is an exciting new technique. MCH project provided an opportunity of original thinking, application of ideas and writing of a paper.

EXETER: This part of the course dealing with educational theories and teaching technique is a very important aspect of the course. One does not acquire any knowledge of teaching methods in the routine course of undergraduate or postgraduate medical education and hence this is a unique opportunity of learning the important matters of teaching.

Only part of the course in teaching technology was conducted in Exeter; the rest was done in London. We would rather have done the rest as well in Exeter thinking how lovely the university campus is!

AFRICA: There was a lot to see, learn and think about how Tanzania with very meagre resources was trying to solve the health problems. There is a strong organisational backing. The whole emphasis is on medical auxiliaries who try to reach the most peripheral part of the community. There are perhaps too many grades and levels of these auxiliaries but every health

worker gets a chance to move up the ladder. The "mature" student scheme is remarkable and suited to the needs of Tanzania.

One of the most impressive thing in Sudan was the village midwife. Her meticulous cleanliness and insight into the common perinatal problems were remarkable. We met many of them and found them equally competent, which is due to their good training of one year. There is a lot to learn from this age old institution of Sudan. In my opinion she is capable of doing more and her sphere of activity could and should be extended to the care of children under five. In Kenya we only visited Kenyatta National Hospital at Nairobi. Study of Community projects was not included in the programme.

INDIA: Because of the common history and some cultural similarities the health problems in India are somewhat similar to Pakistan; the magnitude is however different. It was useful for me to come to India and see what solutions they are applying to their problems. Some of the field projects were very instructive though they are still in the pilot stage. Training and utilisation of part time village health workers in Madurai was impressive. By meeting these workers one could be convinced that they can function as a useful deliverer of simple health care at the village level provided their training is proper and provided they get a continuing support. The time given to Madurai was two days; I wish it was more. Indo-Dutch project in Hyderabad is a very imaginative programme. Their health programme is combined with many other social and economic activities designed to help the community

in many ways. This programme is unique in the sense that community is asked to participate actively and even made to think that they are responsible to solve their own problems. Their health insurance scheme in one urban locality of Hyderabad is one attempt in this direction. Participation by "Fellows" in actual community survey programme is a useful exercise.

Bombay part of the Course provides an opportunity to practise new teaching methods acquired during the earlier part of the course. It is the only opportunity in the course where we actually got undergraduate and postgraduate students to teach. This was very beneficial. Different types of clinical conferences were very useful. Field visits and conduction of community survey provided good experience.

Jankhed comprehensive Project is extremely useful and even inspiring. It is idealistic and the best community programme that we saw in the Course. It is much more than simple health care; it is an attempt at social revolution.

CONCLUSION

For me the course has been extremely useful and provided unique opportunity whereby I have been able to understand the community health problems of children much better. I have acquired new ideas and I have learnt of possible solutions to the problems. The course helped me to broaden my outlook and sense of responsibility and maturity. It has not only been a

course in acquiring new knowledge and technology but also a stimulus in changing attitude and in dispelling some doubts and prejudices.

One of my suggestions to the course is that it can achieve its objectives within six months. Eight months seem too long a period to be away from home for people with families and responsibilities. Some of the subjects are repeated for more than two or three times during the course which seems unnecessary.

It would be helpful for organisers outside London, in Africa and India to know the London programme in detail, in advance. So that they can formulate their own programme in a better way. In this way some of the repetitions would be avoided.

I also feel that the course in Africa and India should mainly concern with field visits and practical training for surveillance etc., and observation of the good health care programmes in action. Seeing is believing and we experienced this ourselves on our field visits. Just visiting modern impressive institutions is of little value.

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A short report about some features
of interest in the WHO/UNICEF course for
senior teachers 1978 - Dr Z A Karrar

1- Content

The presentation and discussion, about delivery of health services to mothers and children in developing countries with emphasis on prevention were useful. Different alternative approaches were discussed and critically evaluated. The difficulties in Implementation and how different systems are tackling them were very informative.

This was a good background for our field visits which were true exposures to various approaches to the same problems in varying socio-cultural set ups and with different emphasis. Problems such as nutritional blindness and population explosion had always been of interest but the magnitude of the real situation and the impact they had on me were beyond any description.

The part dealing with education, methodology and evaluation was useful and our practice of the different methods coupled with evaluations was useful.

2- Teaching Method

The teaching methods were very satisfactory. Small group discussions with presentation by the fellows and later assessment and criticism of the presentation were very informative, practical involvement in teaching undergraduate and postgraduates at different countries was a chance for interaction and mutual benefit.

3- I think this course had an impact on my attitude and way of thinking. It equipped me with wider scope of knowledge and experience which is definitely going to shape my contribution at national level wherever my help^g is required.

Institutionally I think that my contribution to curriculum planning, methodology of teaching and assessment of both undergraduate and postgraduate students will be valuable. Departmentally in addition to above mentioned facts, I think our community project in Soba-Butri will need some modifications and re-orientation at certain facets and this will be discussed with my colleagues for a better service.

- 4- 1. I think that this course is indeed very useful and relevant.
- 2 The duration is rather long. I think that six months is quite sufficient and that the part in UK can be done with.
3. I suggest that the course can be arranged at regional level, provided that the library and reference facilities are strengthened. Not only are the problems & socio-cultural backgrounds similar, but more practical exposures will be at hand.

The discussion on different topics by authoratative figures in the field both regionally and internationally can easily be arranged on short visiting assignments.

I think similar courses and at times joint courses with other workers in the field i.e. obstetricians, health physicians, educationalists etc at regional level will widen the base and create a common ground for people to achieve specific objectives.