

**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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**Agenda Item No. 5.2.3**

**PROPOSAL FOR A PROGRAMME OF TRAINING FOR  
PRIMARY CHILD HEALTH CARE**

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This proposal is also to be used as Annex to Dr. Mohsen Ziai's paper -  
Ref. No. EM/IAC.TR.MCH.FP.PHC/8

PROPOSAL FOR A  
PROGRAMME OF TRAINING FOR PRIMARY CHILD HEALTH CARE

I. Statement of the Problem

On average in the Eastern Mediterranean Region (and in other areas which this course might serve e.g. English-speaking Africa, Turkey, parts of South-East Asia or Western Pacific Regions) out of every thousand children born alive between 100 and 300 children die before the age of five years. (Compared to this in Europe and North America between 15 (best) and 50 (under-privileged sectors) children die by this age).

Accompanying this excessive mortality is an equally excessive level of morbidity which represents much unrelieved pain to the child and anguish to the parent and also subsequent permanent disability in some instances.

The causes of death and disability are too well known to rehearse here, but they are largely preventable illnesses, preventable sometimes by means which are not at all expensive or complicated.

The reasons why, in spite of the preventability of these illnesses and deaths they nevertheless remain unprevented, only partly lie in low national income and low levels of literacy and education. There are some reasons completely outside the scope of WHO and UNICEF; there are other reasons with which WHO and UNICEF are concerned (e.g. too low a status of women) but which are long-term matters in which WHO and UNICEF influence can only be marginal. There remain yet other reasons which it is possible for WHO and UNICEF to counteract, even in the medium and short-term. One of these reasons is the failure in respect of major childhood disorders to apply on a wide scale methods of management or prevention which have been proven to be effective, or in other words failure to apply appropriate techniques in child health.

Countering and combating this failure by endeavouring to collaborate with Governments in the promotion of appropriate techniques is in fact a field in which WHO and UNICEF are very active. Indeed it is their main activity in child health, and is undertaken by a wide variety of means such as seminars, publications, courses, advisory assistance, and material assistance e.g. oral rehydration, immunization, weaning foods).

Thus this proposal is not new in kind, since its aim is to extend and make more effective one of the existing kinds of activities of WHO and UNICEF to promote the wide-spread application of the most appropriate measures to improve child health. The first means chosen in this proposal is the further training of key personnel in the paediatric or Public Health or Maternal and Child Health Services of the countries concerned, but as will be seen from the objectives and learning objectives and plan of action, it is the rural area or the urban slum, however organized (or disorganized) in respect of its health services, which is the target level when we speak of application of appropriate techniques in child health.

Such further training of key personnel is often necessary because the training of the doctors and senior nurses may have been very heavily clinically oriented, i.e. towards the sick child within the hospital walls. One result of such orientation is that the paediatrician or even the senior nurse believe that their constituency of responsibility stops at the hospital gates; or if they do believe that they have their main responsibility to the whole community of children, they are not equipped by their previous training to act on that belief. For many this may not matter much, since they can still be good and useful health workers even if for a minority only, but some doctors and senior nurses whose intelligence and interest leads them to think in terms of community and primary health care do deserve to and must be selected and equipped to become influential teachers and do-ers and organizers and promoters in this field.

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This proposal is firstly about a course to do this, and to do it well, and if possible to do it better than has ever been done before; and secondly about a programme of follow-through to facilitate both the training and the re-development at national and local level of primary child health services which the course is all about.

## II. Objectives

### Objectives of the Programme

#### A. Long-Range Objective

To reduce the levels of child mortality and morbidity in the countries participating through the improvement of extent and content of child health services.

#### B. Specific Objectives

1. To contribute substantially to the creation of a group of workers and teachers in social paediatrics and child health, who in turn will be well-equipped to promote, plan, supervise, and evaluate the improvement and extension of the delivery of child health care at national and local level.
2. To provide a group of personnel in the participating countries who will in their turn develop and strengthen the training of all levels of health personnel in the direction of the wider application of the most appropriate methods for the solution of child health problems.
3. To facilitate follow-up by specific provision for continuing contact with fellows and in some cases material assistance to their countries in the wider diffusion and application of what has been learnt.

#### C. Learning Objectives for the Inter-Country Course

##### 1. Overall Learning Objective

That the fellows shall have at the end of the course a comprehensive and up-to-date knowledge in depth of all those aspects of paediatrics and maternal and child health most relevant to the substantial reduction of child mortality and morbidity and continuing disability in their countries.

##### 2. Specific Sub-Objectives

As a result of the course the fellow:

2.1. Will have a more comprehensive and detailed acquaintance with recent advances in knowledge of the aetiology, physiopathology, management and prevention of the following major causes of morbidity:

- (a) diarrhoeal disease in the young child
- (b) energy-protein malnutrition
- (c) common respiratory disorders of childhood
- (d) specific nutritional deficiencies
- (e) helminthiasis
- (f) prematurity/low birth weight
- (g) the meningitides

and will know how these advances in knowledge are applicable to his or her work.

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2.2. Will have extended his acquaintance with recent advances in knowledge of the properties of human milk, the physiology and psychology of lactation, the reasons for lactation failure, methods of promoting and protecting lactation, and shall be able to communicate these subjects as appropriate to groups and individuals and to provide material for and assist in planning health education activities in the area of breast-feeding.

2.3. Will have the ability to plan, supervise, and analyse the results of, a survey of the health and nutritional status of children of an area, province or country.

2.4. Will have the ability to make appraisal from existing data, supplemented or not by survey, of the main health and nutritional problems of the child population of his country, or of a province or region.

2.5. Will be able to evaluate the effectiveness of the health services of a country in meeting the health needs of the children of that country.

2.6. Having seen in action effective programme of primary child health care, will be able to design, supervise and evaluate such programmes in any country matching the needs of that country.

2.7. Will be able to plan, supervise or conduct, (using modern educational methods) and evaluate training programmes, in paediatrics and MCH for all categories of health personnel.

2.8. Will be able to plan, supervise and analyse the results of health service research in relation to problems of child health and nutrition.

2.9. Will have an understanding of the planning, managerial and evaluatory aspects of special programmes for child health such as:

- a) supplementary feeding programmes
- (b) immunization programmes
- 'c) nutrition rehabilitation programmes
- (d) nutrition surveillance programmes

2.10. Will be able to communicate to decision-makers in an easily comprehensible manner his considered views, backed by available evidence, as to the health needs of the child in his country and will have the ability to become a convinced and convincing advocate and expositor of the progressive improvement of child health services in that country.

### III. Plan of Action

This course is partly based on the WHO/UNICEF London/India Senior Teachers in Child Health Course, and especially aims to take some of the best features of that course and particularly its strong social and preventive orientation, and to develop these. However it also has substantial differences from the above-mentioned course. The proposals in particular take into account the recommendations of Dr Mohsen Ziai in his evaluation of the course up to and including 1971 (Report EM/MCH/89 of February 1972, attached).

1. The course is to be shortened to six months instead of eight, by avoidance of what was said in the fellows' evaluations to be repetitive or inappropriate. If it appears possible in the planning stage, the course will be reduced to five months.

2. The course is to be conducted in several developing countries whose paediatric, public health and MCH teaching facilities it will in turn help to develop, and where the field work, which will be an important part of the course will take place. Current thinking centres on the Sudan for the first and perhaps main part of the course with

field work there and in Iran especially in primary health care programmes) and possibly also in Tanzania and/or Turkey, but this is subject to much negotiation and discussion yet, and the main part of the course could be in Iran, perhaps connected with a medical school in one of the provinces, with visits and field work in the other countries.

3. The optimal number on the course should be between twelve and twenty. The course is not only for paediatric teachers but also for such personnel as doctors who are in charge of MCH in their country or in a province or who are being considered and trained for such responsibility, for teachers of preventive medicine, for senior officers in public health in general; for senior nurses in charge of, or with considerable responsibility for, public health nursing or MCH in their country. The basic pre-requisite would be an educational level, usually including already some post-graduate education and specialization, such that they make a reasonably homogeneous group able to study together. They might receive (subject to discussion and university regulations) a diploma or certificate (Advanced Diploma in Child Health? Certificate in Social Paediatrics) of the host University on completion of the course.

4. The course is entitled a course on child health, rather than maternal and child health or "Family Health". However, it is of course quite obvious that the child health begins soon after conception, and not at birth. Its health is influenced greatly by the health of the mother during pregnancy and even before and after pregnancy also. Therefore there will be emphasis also in the course at least on ante-natal and maternity care and birth spacing. On the other hand, everything in health is linked, in some major or minor degree, with everything else, and care must be exercised to retain a clear child health focus and not to lose depth by dissipating energies in a diffused way.

5. There would be an avoidance of the dogmatic or theoretical. There could be for example seminars at which one fellow is asked to review in depth a particular subject for the others to discuss, and other activities in which the fellows teach each other and themselves under the guidance of the tutor.

6. The fellows will study in depth, and in a thoroughly scientific way the diseases and syndromes which are causing the majority of child mortality and morbidity, since without such study the course and the fellow alike would lack a firm basis and would have little credibility. However considerable specific attention will be given to equipping him for the role described in the objectives, and the fellow will actually have supervised practice in the course in fulfilling these roles.

7. An Expert Group, comprising some fellows who have studied the London/India Course and one person who was a teacher on that course, but also others of considerable experience in child health in the Region and internationally, will be called by EMRO/WMO, to give guidance both as regards the course objectives and content, and also in respect of training and dissemination of knowledge in child health both in general, and in specific relation to the follow-up of the course (This could be a IYC activity).

8. There will be a full-time Programme Director. The course itself with the week before and after will account for five and half or six and half months a year, and annual leave for one and half months. The remaining four or five months will be spent approximately half in preparations for the next course and half in travelling to participating countries to identify and interview fellowship candidates, and to assist graduates of previous courses in organizing follow-up activities. The Programme Director should be a person of some international reputation and some international agency experience, and of qualifications appropriate to professorial rank. It is hoped that he or she will be made honorary professor in the university mainly associated with the course.

9. The Course will take place to a considerable degree outside the classroom. There will be not only visits but actual field work in suitable projects in the Sudan, Iran and possibly also Turkey and/or Tanzania or other countries. By suitable projects one

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implies programmes in primary health care, health services, research projects, programmes of training of primary health care workers, field training areas used for paediatric and public health training, etc., or just plain randomly-chosen rural areas or urban slums, where the exploration by the fellows of the problems of child health and the potential for solving them could be a most rewarding exercise.

10. The teaching of a seminar kind appropriate to this level will be conducted by the Programme Director, the fellows themselves, authorities from the country in which the Course is being conducted at the time, and lastly by a limited number of outside lecturers, either authorities visiting the country for other purposes or short-term consultants whose assignment is principally for the course but who will also teach on other paediatric and public health courses in the country in the same visit. (This is one of the ways in which the course renders service to the host country by way of return for the services it receives).

11. Each fellow will undertake projects of his own choice during the course, including reviews of the literature on subjects he may present, joint small surveys of pertinent aspects of child health or nutrition or acceptance or utilization or efficiency of services or results of interventions. This material will go into the fellow's own Report or Course Book, and the best items can be published.

12. The Course is to be held annually for five years, and to be continued or not according to the findings of a final evaluation held at the end of the fourth course (see below, Evaluation).

13. Some modest funds for national training courses or support of the necessary health services research are to be made available from the second year onwards under the heading of follow-up funds. These will be made available to projects in which former fellows are concerned according to recommendations of the Programme Director to the Regional Director concerned. However, it should be understood that these modest funds are "seed money". Substantial collaboration of WHO and UNICEF in training and in development and improvement of content of child health services at primary level will naturally come from the WHO and UNICEF country programmes of collaboration.

One could add further detail, but the above is enough to give some indication of the nature of the Course, and although while one has many ideas in mind, the other specifics are best left to the expert group and the course director and the fellows themselves.

#### IV. Evaluation

There will be careful and continuous evaluation which will be reported in writing, though some parts will have to be confidential. It will consist of:

- (a) the fellows' own evaluations of whether they achieved each learning objective.
- (b) the fellows' own evaluations, at least three times in each course, of the course activities for content and presentation/organization.
- (c) the course director's evaluations of each fellow's achievement.
- (d) evaluation annually by a member of the expert group or other outside consultant, by interview of immediate past fellows for immediate impressions and of past fellows of previous years for degree of success in follow through, and for impressions of the course compared with subsequent experience.
- (e) records kept of subsequent job experience of fellows.

The course is to be formally and fully evaluated on the basis of all these at the end of the fourth course and a decision taken then as to whether the course should continue after the fifth, and with what further modifications, if any.

V. Budget and Commitments of WHO and UNICEF

Assume beginning the course on 1 January 1980, and the beginning of the preparations about 1 May 1979. All costs are in US \$ and are estimated by Budget section WHO/EMRO and allow for inflation.

It is suggested that WHO and UNICEF each provide between six and ten fellowships 1980-1984 and each share half-and-half the course costs 1979-1984.

BUDGET PROPOSAL : PROGRAMME OF TRAINING FOR PRIMARY CHILD HEALTH CARE

	1979	1980	1981	1982	1983	1984
Programme Director (SUD) P5	8m 40 500	12m 65 200	12m 69 400	12m 76 300	12m 83 900	8m 61 500
Short-Term Consultant (SUD)	--	4m 21 200	4m 21 200	4m 24 000	6m 36 000	4m 24 000
Secretary Kh 4	8m 5 000	12m 8 600	12m 10 300	12m 12 000	12m 13 700	8m 9 100
Bus driver Kh2	--	12m 8 100	12m 9 700	12m 11 300	12m 12 900	6m 6 500
Car driver Kh2	8m 3 300	12m 8 100	12m 9 700	12m 11 300	12m 12 900	18m 8 600
Fees and honoraria	--	-- 5 000	5 000	5 000	6 000	6 000
Vehicle 15 Seater bus	--	--	--	--	--	--
Office car	--	--	--	--	--	--
Other S and I	--	15 000	10 000	7 000	7 000	--
Other local costs	--	2 000	7 000	8 000	8 000	6 000
Field work costs	--	-- 5 000	5 000	5 000	6 000	6 000
Expert Group	--	--	--	--	7 000	--
<b>Total Course Costs</b>	89 800	143 200	147 300	159 900	193 400	127 700
12 Pps. each 6m		60 000	60 000	64 800	64 800	70 000
<b>TOTAL for course</b>	89 800	203 200	207 300	224 700	258 200	197 700
"Follow up Funds" (seed money for training or health service research and development)	--	--	15 000	30 000	45 000	60 000
<b>TOTAL FOR PROGRAMME</b>	89 800	203 200	222 300	254 700	303 200	257 700