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THE NEED FOR CO-ORDINATION

STATEMENT OUTLINING THE NEED FOR STRENGTHENING
THE CO-ORDINATION BETWEEN HEALTH SERVICES AND
HEALTH MANPOWER DEVELOPMENT PROGRAMMES

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I have already indicated on earlier occasions my conviction that the present lack of co-ordination between health services and health manpower development is a major obstacle to the achievement of a health care system which is responsive to the needs of our people.

I also indicated my firm conviction that this consultation could, and hopefully would be, a milestone in our collective endeavours to develop more effective, efficient and relevant health manpower development programmes and, simultaneously, more effective and efficient health service systems, relevant to the needs of our Member Countries.

The development of a comprehensive policy for the integrated development of Health Services and Manpower Development for each of our Member Countries, the planning and implementation of a series of really effective action plans, will not be easy. In fact, it necessarily will call for fundamental changes to be introduced. This requires not only wisdom to know what ought to be changed but a commitment on the part of ministries and educators to institute action which will alter traditional practices and hence may well be strongly resisted by those with vested interests.

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Why is there such an urgent need for greater co-ordination between health services and health manpower development? Why did the Regional Committee request the present consultation to develop an action plan for improved co-ordination between the "producers" and the "consumers" of health personnel?

I would submit that it reflects the real concern that many of us have that health services and health manpower development programmes are, as I suggested earlier, moving along separate and often diverging paths.

Thus, a mythical visitor from Mars, visiting countries in our Region, and, for that matter most other countries I hasten to add, would undoubtedly express surprise and wonder at finding that there is no co-ordination between those responsible for the design and provision of health services to the people, and those responsible for training the personnel which will man these services.

The visitor from Mars would wonder how it can be tolerated that universities and other institutions preparing personnel for health service could be so oblivious of the real requirements of the health service.

He would wonder why universities train students in diagnosis and management of diseases which are practically unknown in the community they are to serve.

He would express his bewilderment at the inordinate emphasis given in medical schools to speciality care, or to esoteric research into problems of interest only to individual professors, rather than to developing competence in comprehensive primary care.

Our impartial visitor is likely to express astonishment at the apparent lack of appropriate resource allocation to train manpower for the tasks recognized as most urgent and at the fact that in many countries, where rural needs are overwhelming, two thirds of doctors and the majority of other health personnel are located in large cities.

He can be expected to be amazed at the apparent distrust of the staff of health services for those engaged in training. He would deplore the lack of sharing of scarce resources as evidenced by separate university hospitals. He would be taken aback to know that Ministries of Health responsible for health services, and Ministries of Education responsible for training institutions, rarely confer together and hardly ever plan in concert. Each often, indeed, appears not only to go its own way, but also to be trying to pursue a route which the Planning Authorities for overall social and economic development are hardly aware of.

Indeed our visitor might well be forgiven if he were completely mystified at the concentration he would see, in the whole system, on hospital care, and the lack of community participation in planning. The reliance on costly technology, whereby a multi-million dollar hospital is often easier to fund than an immunization programme costing a few tens of thousands, would certainly attract his attention.

He would also be amazed that students, being trained to work in health services, appear to receive so little information about the actual health status of their community, and even more surprised about the little that is done to make them aware of the managerial and financial considerations of health care.

Our visitor from Mars would find completely irrational the situation which I described in 1972 at the Third Pahlavi Congress when I spoke on "Medical Education in the Middle East", whereby "in one medical school of one country in this Region, where a major health problem is tuberculosis, only 10 hours (out of about 5 000 hours of formal instruction in the Medical School as a whole) were devoted to its study and where, although schistosomiasis is a major national health problem, few of the students had any real exposure to cases of that disease, and practically none to the epidemiological and sociological patterns governing its prevalence and spread".

I should like now to refer to the problems listed in the programme of this Consultation, which you have before you. The first of these, you will recall, is:

- To what extent should educational policies reflect health service needs, and, vice versa, how interdependent are health services and manpower development programmes?

The answer to the question seems so obvious that one might be forgiven were one to respond: "it is self evident".

Yet, unfortunately, an acceptance of a principle does not guarantee that it is put into practice. It is hence not surprising that, repeatedly, WHO working groups and conferences have found it necessary specifically to refer to the need for the education of health personnel to be made relevant to the health care needs of the population.

In this very place, Teheran, as long as 15 years ago, the distinguished participants in the 1962 "Conference on medical education in the Eastern Mediterranean Region" agreed that "the objectives of medical education are ultimately determined by the health requirements of the community".

In Alexandria, in 1963, at a Special Meeting on Medical Education, the participants expressed: "Great concern and doubt ... as to whether the present system of medical education, and the type of medical care resulting from it, could meet the current and future needs of the community".

The principle that educational programmes should be based on health needs - that they should prepare students to have the competence necessary to carry out the tasks required for the health care of people in their

community has long been recognized, and has long been given verbal approval by those with the highest responsibility for medical education and other health training programmes.

However, far too often this principle is not practised. Perhaps the reason is that one or several of the following factors or conditions operate:

- Those responsible for an educational programme too often use as a basis for their programme, models imported from other countries, where different health care circumstances prevail.
- Too often those responsible for designing and implementing an educational programme rely on experiences which they themselves had as students, often many years ago and often in foreign countries.
- Some educators do in fact completely reject a needs-based approach to programme development, on other grounds. They consider that education for the health professions should, instead of being based on the defined needs of the people, be concerned with a rather more vaguely expressed "development of human potential" in general. They argue that, since we are living in a "period of rapid change", it is difficult to forecast specific requirements, and hence an educational programme cannot be determined on the basis of present and currently predictable needs.

All too often, at present, the outcome is simply that students are required to absorb great amounts of information which is often both irrelevant and inappropriate.

Neither a health manpower development programme nor a health service system can be static - there needs to be constant and dynamic adaptation to changing conditions.

To achieve such dynamism there must, I suggest, be the closest possible co-ordination between health services and health manpower development programmes. This would entail not only a continuous review of what is being done, but also collaborative decision-making as to what is valuable to retain and what changes to introduce.

As I stressed in my address at the Seventh Pahlavi Medical Congress in 1976 it is necessary "to promote what we see as an urgently needed improvement in collaboration between professional educators and professional health workers, so that the latter may benefit, more than they have in the past, from the research and new knowledge that the former have been accumulating over the years".

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Let me turn now to the second of the problems posed in the programme of this Consultation. That problem is:

"Can an effective health service be developed without an adequate and co-ordinated health manpower development policy?"

The dependence of health services upon appropriately trained (quality) manpower in sufficient quantity is again not a matter for argument. No health service system, however well planned, can be implemented without having the necessary resources and more particularly the personnel needed.

As a corollary, it follows that those responsible for planning and implementing a health service system must ensure that personnel will be available of the quantity needed and of the quality desired.

It is not sufficient, as has long been the case in many of our countries, just to go on opening more and more training institutions, designed on existing models. It is not sufficient, because experience has shown that this alone will not and does not provide the manpower resource needed for a comprehensive health service system. There may be, and I think there is, a need for a certain number of new schools of medicine, of nursing and of other health workers, in many of our countries. But I do know that simply to provide more and more of the same kind as we have had in the past will get us nowhere. New Health Sciences Faculties, training, on a problem-solving basis, the teams of health workers needed to serve our deprived populations ... yes, we need them. New schools based on out-moded imported models ... no, surely we can do better than that? Our countries need to re-examine the whole situation closely, with a view to giving more attention to the relevance of training to the people's and to the countries' needs, rather than to quantity alone, so that the type of physician produced may be better suited to his role as a leader of a team within a comprehensive health care delivery system. It might be better, to train more of other categories of health personnel to ensure a balanced supply of manpower in the health field than at present exists.

The third question to which our attention is directed in the programme is:

- "To what extent can a health manpower development programme responsive to the needs of the countries, operate in the absence of a clear and precise definition of tasks or functions to be carried out?"

It is a question to which it is perhaps even more difficult to give a categorical answer than it was to the previous two.

It is obvious, for instance, that in few of our countries is there sufficiently good health information available to permit a really precise definition of tasks or functions. There are still too few countries where there is a country health programme which adequately defines the future requirements and means of fulfilling these.

There is still a relative lack of adequate up-to-date information about the present health status of the population and the present utilization of existing services. Hence it is difficult to assess needs and on the basis of these to identify requirements. Without precise knowledge of requirements it is also difficult to specify functions or tasks of health personnel.

I have several times pointed out, over the years, that, if our countries are more effectively to plan the future of their medical education, and that of the education of health personnel generally, it is clear that we need both to collect and to collate, and then analyze, far more information than we have hitherto used, on such topics as the health status of the population, the nature, distribution and deployment of current health manpower and the nature, functions, cost and distribution of the health services and institutions currently available.

In the absence of fully adequate information it is difficult to plan and implement a health service system. Such an absence of information also, alas, sometimes provides an excuse for those responsible for education and training to design and implement educational programmes which do not reflect the needs of the health service. Since requirements are not explicit, it is left to the educators' imagination or wisdom alone, to identify what competence their graduates should have.

In a sense therefore - an appropriate information base is an absolute prerequisite for sound planning of both effective health services and relevant training programmes.

In parenthesis - may I suggest, that if personnel from ministries of health, and of education, and of planning, and the teachers in our educational institutions, work together to obtain the necessary information, it will be of considerable benefit to all parties.

However, whilst such information is a necessary pre-condition for identifying the functions or tasks of health personnel, the information in itself is not sufficient. It is further necessary to develop an overall manpower policy, a policy which will define the numbers and type of personnel needed, giving due consideration to cost-efficiency and cost-effectiveness of alternative health team structures.

In developing this integrated policy, of Health Services and Manpower Development it is essential to take full account of the total developmental plan of a country i.e. to see health in its wider context.

I have submitted for your consideration a statement outlining my personal conviction that one of the gravest and most serious constraints to improving health care and health manpower development programmes is the lack of co-ordination between ministries of health and of education, and those responsible for education and training, in planning, education, management and evaluation of health services and of health manpower development programmes.

Both health services and training programmes are far too often planned and implemented independently. Training programmes still are too often irrelevant to service needs. Health services appear either unwilling or unconcerned to co-ordinate their activities with those of the educators. In addition, because of an overemphasis on centrally located medical care, which often concentrates on the curative elements to the detriment of the preventive, promotive and rehabilitative aspects, the experiences of students in training, are restricted and inappropriate for future work in comprehensive health care.

To improve the situation, better co-ordination is both necessary and urgent. I believe that such co-ordination can be achieved, with resolution and fortitude.