



MEETING OF DIRECTORS OR REPRESENTATIVES OF  
SCHOOLS OF PUBLIC HEALTH

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Alexandria, 13 - 17 October 1969

PROVISIONAL REPORT

INTRODUCTION

This is the third occasion, on the invitation of the Eastern Mediterranean Regional Office of the World Health Organization, that the Directors or Representatives of Schools of Public Health are meeting to discuss various aspects of Teaching and Research in Public Health, to exchange further information on the organization and programmes of the Schools of Public Health and Institutions responsible for advanced training in Public Health in the African, Eastern Mediterranean, South-East Asian and Western Pacific Regions of WHO in the light of present day health needs, to consider the possibility of revising existing MPH/DPH and other post-graduate courses and of determining certain standards that would serve as guidelines for mutual recognition of Public Health Schools and finally to make recommendation regarding measures which WHO may take to be of further assistance in the future. Thus it is a follow-up of two previous meetings which were:

1. Inter-regional Conference of Directors of Schools of Public Health, 29 August - 2 September 1966, Geneva
2. Second Regional Conference of Directors of Schools of Public Health from African, Eastern Mediterranean, South-East Asian and Western Pacific Regions of the World Health Organization, 6 - 10 November 1967, Manila, Philippines.

Participants had also a chance to follow-up the establishment of an Association of Schools and Institutions in the geographical areas covered by the above-mentioned regions, approve the Constitution of the Association, and to assign an Interim Committee to arrange signatures by the respective

authorities of the member institutions and prepare for the meeting of the General Assembly at the next conference of Directors or Representatives of Schools of Public Health.

#### 1. OPENING SESSION

The Meeting was opened on Monday, 13 October 1969 at the Regional Office of the World Health Organization for the Eastern Mediterranean, under the Chairmanship of H.E. Dr. A.W. El Borollossy, Minister of Higher Education. H.E. Mr. Ahmed Kamel, Governor of Alexandria, and Dr. Ibrahim Badawi, Under-Secretary of State, Ministry of Public Health, were also present. His Excellency welcomed the participants on behalf of the Government of the United Arab Republic and wished success in their deliberations on the important matters of the agenda and the establishment of the Association of Schools and Institutes of Public Health. Referring to the High Institute of Public Health in Alexandria, and its extensive training facilities, he pointed out the important roles that this Institute and similar institutions in other countries are playing and should play in the training of various categories of health personnel, research on endemic diseases and cooperation with Ministries of Health and Labour and other responsible organizations. He emphasized the need for integration of the teaching of preventive medicine and particularly with the clinical sciences.

Dr. A.H. Taba, Director, WHO, EMR, welcomed the group to the Meeting introducing also Dr. V.T.H. Gunaratne, Regional Director of SEARO, and Dr. F.J. Dy, Regional Director of WPRO, and thanked them for their active collaboration in the preparation for the meeting. He emphasized that the quality of undergraduate and graduate teaching depends on the teachers and stressed the importance of "teaching the teachers". He also noted the need for trained medical and health administrators in the future and stressed the need for teamwork in the four Regions represented at the meeting.

Dr. V.T.H. Gunaratne, who spoke on behalf of Dr. F.J. Dy of WPRO and himself, referred to the decrease in the number of candidates in schools of public health in the South-East Asian Region and urged that training programmes be geared to the needs of countries and that schools of public health should collaborate with various organizations responsible for the

delivery of health and medical care and social services. He mentioned that in the changing situation of today, the emphasis should be in the training in methodology rather than in procedures. In this context he said that the future is already with us, because it really is.

## 2. ELECTION OF OFFICERS

At the first plenary session, the participants elected the following state of officers:

Chairman	. Dr. K A Monsur, Pakistan
Vice-Chairmen	. Dr J.S W Lutwama, Uganda
	Dr. T Soda, Japan
	Dr M N Rao, India
General Rapporteur	: Dr. Ch. M H. Mofidi, Iran
Section Rapporteurs	: Dr. R.K C. Lee, U S.A
	Dr G Saroukhanian, Iran
	Dr. A. Adeniyi-Jones, Nigeria
	Dr. R.K. Macpherson, Australia
	Dr T Papasarathorn, Thailand
	Dr. C.S Lichtenwalner, U.S.A /Lebanon
	Dr. A.F El Sherif, U A.R.

## 3. ADOPTION OF THE AGENDA

The Conference adopted the Agenda (Annex I)

## 4 STATEMENTS BY PARTICIPANTS

Each participant and observer reported briefly on the developments in Public Health Teaching, emphasized the changes which have occurred and the problems currently faced since the Conference of Directors of Schools of Public Health of 1967, Manila.

Highlights of the developments reported by the Participants and observers were as follows:

1. Development of new and expanded field training centres.

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2. Development of doctoral level programmes were reported.
3. Problems encountered included difficulties in getting young medical graduates into the field of public health, limited budgetary support, and shortages of staff because of low salaries.
4. There were reported plans to establish new schools of public health and of new and expanding programmes and facilities for existing schools.
5. The "winds and forces of change" were reported by a number of schools because of militancy of students in medical schools demanding changes of courses, methods of teaching, student participating in curriculum changes and administration, and defining and meeting of educational objectives. There was agreement that the student unrest was a positive sign and their requests be given early attention.
6. There was an expression that time was on our side for change but there was also disagreement to this remark. It was pointed out that curriculum of schools of public health did not include medical care administration when more than 80% of the budget in the country was allocated to medical and hospital services.
7. New courses reported were family planning, medical and hospital administration, occupational health, environmental sciences, health planning, international health, behavioural and social sciences.
8. Recognition was given to WHO by the participants for the varied types of support, for example, fellowships, visiting faculty, and provision of consultants.
9. Community and applied research were discussed including evaluation studies involving students and faculty. Some of these studies came as requests from the community, professional groups, and government.
10. Many participants were pleased with the plans for the inauguration of the Association of Schools of Public Health from these four Regions of WHO and enthusiastically supported this development.

11. There were expressions that Schools of Public Health should be of regional nature and developing strengths in particular areas rather than developing new departments, as in Africa, developing a French speaking school of public health since there was an English speaking one now.

12. Continuing education programmes were reported by a number of schools as an important function of schools of public health.

13. Some schools have started to include some aspects of information sciences, computer programming, and management sciences. Although the programmes are still in their infancy, the importance of their developments were fully recognized by the participants.

14. Many schools reported replacement of formal lectures to a great extent by seminars and discussion groups, with the aim of increasing student participation and their involvement in decision making.

15. Although the Manila Conference in 1967 recommended that efforts be made for harmonizing the degrees offered by Schools of Public Health, the review of developments showed that there had been no change. The Conference agreed that uniformity will produce stagnation but felt that comparability in the objectives and emphasis of core courses would improve the situation.

5. EVALUATION OF TEACHING AND RESEARCH IN PUBLIC HEALTH - MPH/DPH AND OTHER POST-GRADUATE COURSES

The purposes of the Schools of Public Health and Institutions responsible for advanced teaching in Public Health are, in addition to research in public health and service to the community, to offer adequately designed graduate courses covering the subjects essential to the understanding of the various problems of public health and the concepts, organization and techniques required for dealing with them. Although many institutions of higher learning in Public Health in the four Regions offer opportunities for certificate courses, on the job or in-service training as well as residency programmes of short or long durations (the latter more specifically aimed toward training of research-workers), the normal forms of instruction are the regular MPH/DPH programme Residency toward specialization and certification by the Board of Preventive Medicine, the Doctoral programmes (Ph.D or Dr. P H ) and continuing education courses are offered only after the MPH/DPH degrees are obtained.

Normally the aims of a regular MPH/DPH course is to provide and help the students to develop their:

- a. Knowledge and skills and technical know-how
- b. Faculties for independent and sound observation, analysis, decision, action and feed-back.
- c. Capabilities for continuous self-education.
- d. Power of management and communication and the spirit of cooperation, team-work and collective endeavours.

Obviously, the definition of objectives, design and application of such an educational programme are great challenges to the educational planners and teachers.

**Teaching** and research in public health is not, and must never be allowed to become, an end in itself. The ultimate value of the education and training of health personnel lies in their contribution to the wellbeing of the population.

The importance of evaluation of teaching and research in public health cannot be over emphasized especially in developing countries with severely limited financial and human resources, in the face of overwhelming health problems. The education goals must be defined by using behavioural terms corresponding to the task to be accomplished. In other words, the definition must indicate what the graduates of a given school will be able to do at the end of their period of education or training that they were not able to do before. These objectives, of course, must be feasible, observable and measurable.

One approach to evaluation is to conduct long-term follow-up studies of former graduates, relating their subsequent careers and performances to their training. In this connection the views of "the consumers" of the health personnel are very helpful and should be sought.

A prospective approach may be more practicable, provided that the course is designed according to defined goals and objectives. In this case, every component of the educational process such as curriculum content, methods of teaching, student, teaching staff, resources, educational system, health service systems, health needs and demands of the population, cultural and social values and motivations etc. may be evaluated independently or as an "organized complexity". Such on-going evaluation gives a constant feed-back objective information which pin-points any need for modification.

However, evaluation is a sequential process, usually following planning and administration. In evaluation one should not jump to easy solutions. We have just begun to learn how to evaluate the students, learned less to evaluate teachers and even less the programmes. We must recognize our limitations, we have been slow in developing methodologies, and often we base on extrapolations to medical schools.

Another important point is the question of quantity versus quality. The direction must be decided in advance, it can be either quantitative or mass approach as many Ministries or Health want, or

qualitative as academic institutions seek in order to educate for change or for innovation, or training to think and to be decision makers.

As far as training of research workers in public health is concerned, it should be emphasized that the only way to learn research is by doing it. It is the atmosphere of research and active participation of teaching staff in research on various aspects of health problems of the country, (or on regional or international levels) that attracts the students to join and become members of the research team; - care should be taken, however, about their knowledge of basic disciplines and the ability to handle effectively the intellectual tools necessary for proper understanding, design, analysis and evaluation of research experiments, surveys, etc. Sufficient supervision and direction are needed to make sure that the student can work through the steps of the scientific method, from initial statement of the question, to the definition of hypothesis, research of the literature, the adaptation or development of research methods and facilities, the data gathering and finally the analysis and write-up.

Obviously during the MPH/DPH programme the time is not sufficient for the student to go very deeply in such elaborate research work; these, however, apply specifically for those who work for their specialization and/or doctoral degrees.

In conclusion it is worth re-stating that the value of any teaching and research programmes in public health is their tangible, demonstrable and measurable effect on, or applicability to, the health problems of the community.



## 6. NEW DEVELOPMENT AND STUDIES IN PUBLIC HEALTH PRACTICE

Public health practitioners in most communities of the world are involved in health planning at all levels. Planning means preparing for or being involved with change. To meet the new developments and studies in public health practices, health planning must be on-going and a continuous process. As the practitioners of public health must develop patterns of quality comprehensive health services and assure their availability, accessibility, and acceptability by all, so must schools of public health by deliberate planning develop curriculum changes to assure these approaches and concepts, in the content of their courses for their students.

In a changing world new discoveries by scientists combined with modern methods of industrial production had placed tools within the reach of health administrators that were capable of having considerable impact on some prevalent health problems. And with changing organization, fundamental changes have been reflected in managerial behaviour because of new concepts of man, power, and organizational values. There are changes taking place in education, in social system and in industry. It was brought out that new shapes, patterns, and models are emerging in organizations which promises drastic changes in the conduct of corporations and of managerial practices in general.

Health planning must be based on a "community of solution" that is, "environmental problem-sheds and health services marketing areas". It may be macro-planning and/or micro-planning in nature and the health services must be operated to meet the health needs of every individual and should be located within the environment of the individuals home community. However, it was recognized that health cannot be considered apart from environmental, social, and economic influences. Personal and environmental health services are inextricably intertwined.

Schools of public health were urged to revise their programmes to meet emerging needs for health service personnel, with special emphasis on the preparation of personnel qualified in administration that educational institutions, health agencies and health workers - individually and through their associations - should give high priority to increasing the numbers of both existing and new kinds of allied and auxiliary personnel, that innovation and experimentation would be undertaken to expand and develop the roles of allied and auxiliary personnel; that planning for health manpower resources should be undertaken jointly by those governmental and voluntary agencies responsible for planning health services and facilities; government should take the initiative; governmental, private and voluntary agencies together with professional associations should encourage and give financial support to innovations in ways of providing health services that will increase the productivity of highly skilled personnel and improve the range and quality of services.

In discussing the planning process, it was pointed out that action planning should be community wide in area, continuous in nature, comprehensive in scope, all inclusive in design, coordinative in function, and adequately staffed. Responsible participation and involvement of all sections of the community, coordination of efforts, and development of cooperative working arrangements are fundamental to effective action planning.

It was agreed that new faculty disciplines as in the behavioural and social sciences are needed, that close association must take place with training programmes and other health and related professions of academic institutions. Joint appointments were to be encouraged and continuing education of existing staff must be given attention.

The influence of over population, urbanization, industrialization, economic and social development were influential to curriculum changes in schools of public health. The schools are training people to meet the needs of a more and more demanding society. But training all categories of health manpower was stressed and new types have to be trained.

Health manpower studies were needed and schools of public health should be participating and developing skills in this area. There were reports of some schools undertaking health manpower studies in their countries.

A new area of "health practice research" is now being opened to the health planners and administrators; health practice research can be defined as the use of the scientific method in investigating problems of planning, organization and administration (including management and evaluation) of health services. Its broad purpose is to ensure the optimal use of an organizational system for the delivery of health care and other health services, to indicate where and how improvements may be made, and to support health service planning.

The value of these researches are undeniably great, but it should perhaps be stressed that no information system or analytical technique can ever relieve the manager or administrator of the ultimate responsibility for making decisions about what should be done in a given situation.

## 7. THE CONCEPT OF COMMUNITY MEDICINE

The concept of "COMMUNITY MEDICINE" springs from the desire to make the best use of available resources in money and man-power. Although the expression of "Community Medicine" has a variety of connotations it could be defined as - "the health care of the individual and his family within the community of which they form a part". It could be also defined as the delivery of comprehensive health care to all. Whatever the definition, community medicine involves the consideration of a wide range of problems and furthermore in all countries people are now demanding a wider and wider range of health services. No country has a bottomless purse and this demand for increasing services had led to an increasing interest in community medicine with its emphasis on the prevention of disease.

The organization of community care creates a need for competent medical administrators in all areas of medicine - "community physicians", specialists in community medical care. Such men should preferably have some years of training in clinical medicine before beginning their specialized training in public health. Specialized post-graduate training could best be accomplished within the framework of existing degree and diploma courses in public health.

The importance of medical men acquiring the powerful new techniques of administration and management, cannot be over-emphasized, since otherwise they would become merely technicians responsible to lay administrators. In many countries more than half of doctors are in the service of public sector at various levels of districts, county, province, or state, each of which require managerial talent of a different order. In addition, it is clear that now-a-days the practice of medicine is heading in the direction of group activity directed by people skilled in management and administration.

The teaching and preparation of doctors for community health care should start very early during their undergraduate training. One outstanding feature in the present method of medical education is the isolation of medical students in the hospitals from the outside world. The great difficulty is , after they had spent so many formative years in the hospital , to get them out and in touch with the people in the community.

Some schools of medicine orientate their teaching to "cases". Others orientate it to the "patient". It should be hoped that soon all would orientate it to the "community". It is not possible to confine training to lecture rooms, laboratories and clinics. It must be taken out into the community. The walls between clinical medicine and public health should be destroyed. The day should come when the respective faculty members would act in consort and the professor of medicine would go out from the four walls of his department with his students into the field. And likewise the professor of public health is accepted into the hospital to do ward-rounds with the students.

Fortunately the present students's unrest show their deep concern with the welfare of the community as a whole and this tendency should make the teaching of community medicine increasingly easy.

## 8. THE TEACHING OF EPIDEMIOLOGY

Epidemiology is the diagnostic discipline of public health and a basic subject for efficient health service administration of all kinds. Epidemiological know-how is a skill which can be acquired only from experience in dealing with practical epidemiological problems. In the general course of MPH/DPH the teaching of epidemiology should be based on a sufficient knowledge of statistics and pathobiology, followed by the teaching of epidemiological principles with reference to quantitative epidemiology.

This should be followed by one utilizing several important infectious diseases to illustrate the application of these epidemiological principles to health services administration. This is the best method of introducing medical graduates to the subject as it provides a bridge between clinical medicine that they already know, and "action epidemiology" that they have to learn, between the problems of the individual, mainly medical, and the problems of the group, the major part of which may be demographic, economic, political and which collectively, might be called "social" aspects. Following this, the epidemiology of a number of non-infectious diseases should be presented which demonstrate well the real difficulty of applying epidemiological techniques to diseases in which causative factors are so imperfectly understood.

It is important that the teachers of other subjects - health services administration, hospital administration, occupational health, child and adolescent health, organization of medical care etc. - all have epidemiological acumen and are repeatedly emphasizing the principles of defining the disease ~~of~~ the disease group, establishing evidence of real incidence of disease or real need for services etc.. in all fields that are being taught. The general MPH/DPH course should be designed as a whole, with a team of teachers who have a clear unified objective rather than the summation of a

number of isolated units or electives, possibly taught very well, but in complete isolation from the other fields of study of the student.

In many schools students specially interested in epidemiology, are offered the opportunity to take during the Second Semester, advanced courses in epidemiology, pathobiology and clinical epidemiology (which includes about two days of bed-side teaching of infectious diseases), and carry on actual case-studies in the field. In addition two months of field practice is organized for them to be exposed to various ecological conditions and diseases pattern in the country.

Although the patho-biological component of the course is reduced in some schools of the developed countries in favour of non-communicable and chronic diseases, the conference emphasized its importance as part of the core course offered to students from developing countries.

Epidemiology is not only important to public health workers, but is of great assistance for diagnosis and decision making and planning for action to physicians, sanitary engineers, toxicologists, etc... It has led to the discovery of many pathological processes unknown to physicians in certain areas.

It is interesting to note that epidemiology has been also one of the subjects through which medical students were attracted to public health.

The need for its teaching at the undergraduate level in medical schools and also in every other school for training of allied health personnel was strongly emphasized.

## 9. GUIDELINES FOR A UNIFORM ORGANIZATION AND TEACHING IN PUBLIC HEALTH

Schools of public health have been pioneers in the formation of health cadres through the preparation of health administrators. Another role of increasing importance for schools of public health is that of preparing those personnel who will have a multiplying effect, namely teaching personnel.

Out of twenty-two Schools of Public Health from these Regions, listed in the World Directory of Schools of Public Health, taking into account for each schools the year when the public health course started, sixteen were established during the last twenty-five years, and of the latter, ten were established in the last ten years, four schools were established in the last five years. It could be said that in the last ten years the average has been about one new schools per year. However, only twenty-two of the hundred Schools of Public Health listed in the World Directory are situated in these Regions, where lives two-thirds of the world's population. In the WHO African Region, south of the Sahara, there are no such institutions at all. It is generally agreed today that the best solution for providing health manpower is to offer training locally. Hence the great need in the near future is to open a number of new Schools of Public Health in these regions. While in Europe there is a population of twelve million to one School of Public Health, and in the Americas eighteen million, in Asia the ratio is fifty-seven million and in Africa two hundred and ninety-three million.

Whether in establishing a new School of Public Health or in re-modelling the curriculum of an already existing one, the first question to be answered is: What are the real needs to be met by the graduates in the countries where they are going to work? Answering this question requires certain surveys to be made:



1. A task analysis should be made to show the actual performance of the various categories of public health workers;
2. An investigation should be made as to the opinions and expectations of these workers in regard to their jobs and tasks;
3. An investigation should likewise be made as to the expectations of both supervisors and public in respect of the above workers;
4. An analysis should be made of the epidemiological situation in the country

The information thus obtained would make it possible to draw up job descriptions for the different types of public health workers. The objectives of the various courses should obviously meet the requirements of these job descriptions, taking also into consideration as far as possible future needs and scientific progress, and should challenge students to take more advanced training.

Once the objectives of the course have been stated, it will not be difficult to select and organize the content and to select and organize thereafter the learning experience required to meet these objectives. Likewise, the ways and means of evaluation will be made simpler once that which we must evaluate is clearly defined.

The Conference agreed with the recommendations of the WHO Consultant Group, on Research in Public Health Practice, which met in Geneva in December 1968, stressing in particular the managerial functions of the health administrator and the multi-disciplinary character of present-day public health practice. The Group had concluded, among other things, that health planning and the techniques for collecting and analysing data - survey methods, projection methods, mathematical modelling, computer simulation, economics and accountancy - should now be included in a general post-graduate public health curriculum. The Group had also stressed the need to bring together the resources of health administrators, epidemiologists, demographers, social scientists, economists, statisticians, and computer technologists.

The needs and objectives once defined, will also determine the learning experience to be selected. Recognizing the fact that more and more public health workers are not merely accomplishing the task assigned to them, but are also seeking, finding and solving problems, leads to shifting the emphasis on methods of self-instruction, on facilities being offered to students in view of developing their capacity for problem-finding and problem-solving within the context of organized health activities. In some schools one third, in others one half of the time allotted to basic public health courses is devoted to electives while field practice is also gaining in importance.

The changes in learning experience made necessary, in order to meet the objectives involved, among other things, a broader use of the case-study method, of simulation techniques, audio-visual aids, programmed instruction, as well as the new trend in certain schools to teach not only theory and principles but also the way of putting these into practice, and of adapting them to different circumstances. These tendencies are steadily spreading and would need to be further strengthened.

A new development in the field of learning experience is the integrated, i.e. topic-oriented, course. The public health workers will be part of teams and must not only have a broad and integrated outlook in health, but also think in terms of the other specialities, e.g. social sciences, economics, etc.. The curriculum of a school of public health should serve concurrently the conflicting needs for comprehensiveness and integration on the one hand, and specialization on the other. This could be achieved by offering a curriculum in which the first part (perhaps one half) of the course is built around the topics concerned with methods of defining society's health needs and problems, then with the resources and activities suitable for solving the defined problems, and finally, with methods of managing

the problem-solving, including planning and evaluation. The various disciplines, instead of providing isolated explanations on their own themes, should each contribute to discussing the above topics, in order to help the students acquire an integrated way of thinking, that is involving all disciplines, in a process which concentrates on problem-finding, problem-solving and management of solving. The second part of the course might be devoted to electives, field practice and research activity, independent study with a tutor's guidance, promoting self-instruction, an independent way of thinking and some specialization.

The learning experience should be organized so as to promote as far as possible the active participation of students in the teaching-learning process, such as through group discussions, and to give them the necessary motivation to continue their studies after graduation.

The establishment of special Departments of Education within public health schools might greatly contribute in improving the teaching and learning process and in applying medical pedagogy. Several schools have already introduced such units and their impact has proved to be fully beneficial.

The same principles apply to continuing education in the field of public health. Refresher courses, regular further and advanced training of public health workers, must always be adapted to the local needs both as to contents and learning experience. Catering for continuing education tends to become an integral part of the public health school's activity.

The participants agreed that there is a logical sequence of steps to be followed in planning for post-graduate training in public health which is as follows:

1. Definition of needs.
2. Definition of educational objectives based on needs.
3. Development of a curriculum to meet the objectives.
4. Selection of appropriate teaching methodology to present the curriculum.
5. Selection of appropriate tools of evaluation to determine if the objectives have been attained.

With regard to uniformity, it was agreed that uniformity in curricula cannot, and indeed should not, be achieved since needs and objectives which determine the curriculum would obviously differ from place to place. However, uniformity among schools of public health might be sought in giving proper emphasis to the following areas of mutual and paramount importance:

1. Theory and practice of curricula design,
2. Theory and practice of teaching and learning, and
3. Theory and practice of teacher and student performance and evaluation.

10. INTER-COUNTRY AND INTERNATIONAL COOPERATION IN THE PROMOTION OF PUBLIC HEALTH PROGRAMME

The Conference appreciated that the Director-General of the World Health Organization has placed Education and Training of Health Personnel in first priority in the Second United Nations Development Decade. In all Regions of WHO, education and training is beginning to receive high priority and an important part of the budget is being allocated to this area.

Inter-country and international projects are considered vital to the orderly growth and continued development of health programmes. Included in these projects were seminars, training programmes, courses conferences, exchanges of faculty, support of new programmes of training, use of external examiners, consultants, and helping with library materials as well as training of librarians. WHO Headquarters and Regional Offices were giving attention in a similar fashion. WHO publications were useful in the educational area. The need to provide texts in the languages of the countries and teaching materials were critically needed.

On the matter of public health programmes, support of Reference and International Research Centres were most useful.

Students' exchanges were discussed and encouraged when funds were available. This programme would particularly be viewed as part of the programme of preparations of teachers of public health.

Planning for health manpower was a most critical issue facing all countries of the world and schools of public health should be working closely with service agencies in the planning, development, utilization and evaluation in the use of all categories of health manpower. The World Health Organization has recognized the seriousness of this problem, and schools of public health must make every effort to rise up to the occasion and challenge.

11. APPROVAL TO ESTABLISH AN ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH AND INSTITUTIONS RESPONSIBLE FOR ADVANCED TRAINING IN PUBLIC HEALTH IN GEOGRAPHICAL AREAS COVERED BY THE AFRICAN, EASTERN MEDITERRANEAN, SOUTH EAST ASIAN AND WESTERN PACIFIC REGIONS OF WHO WITH THE ULTIMATE GOAL OF BEING A PART OF AN INTERNATIONAL OR WORLD FEDERATION OF SCHOOLS OF PUBLIC HEALTH

The participants met in a special Session to review the report of the Provisional Committee elected during their previous meeting on 8 November 1967 in Manila, which was charged with the responsibility of contacting the responsible authorities of the schools and institutions involved in the four Regions as well as other interested organizations and presenting to them the proposed Articles of the Association, prepared during the said meeting.

During this period, the Chairman and the Secretary General of the Provisional Committee greatly assisted by the Office of the Education and Training of the World Health Organization WPRO, had prepared and sent out necessary documents to the appropriate authority of each schools and institution in the four Regions, listed in the WHO Directory of School of Public Health, as well as to WHO (Headquarters and all Regional Offices), UNESCO, UNICEF, South Pacific Commission, Rockefeller Foundation, US AID, World Federation of Public Health Association, The North American Association of Schools of Public Health, The Latin American Association of Schools of Public Health, The European Association of Schools of Public Health and Institutions for Advanced Training in Public Health and The American Public Health Association, informing of the intended establishment of the Association of Schools of Public Health and Institutions Responsible for Advanced Training in Public Health in these Regions.

The response of the International Organizations and Associations was very favourable and they all welcomed the decision to create the new association. Similarly, the proposed association received favourable response from the governing bodies of thirteen schools and institutions in the four Regions.

The meeting then reviewed again the Constitution and assigned the Provisional Committee to finalize the draft for its final approval

In the course of this meeting a moment of silence was observed in memory of the late Professor P A. Aragon. The meeting presented grateful thanks to Dr. F.J Dy, Regional Director for the Western Pacific and to Dr. Ross-Smith and his staff for the very valuable assistance rendered to the Provisional Committee for the preparation of the documents. Also many heartfelt thanks were presented to Dr. A.H Taba, Regional Director for the Eastern Mediterranean for his enduring support and encouragement and for making the Assembly of Directors of Schools of Public Health possible to meet again.

During its second meeting on 17 October 1969, the participants approved the Constitution and was signed by many members who were authorized by their governing bodies. Others will announce their adherence to the Association in writing. The Conference elected an Interim Committee to pursue this matter and prepare for the first meeting of the General Assembly at the next Conference of Directors of Schools of Public Health. The meeting thanked Dr. V.T. H. Gunaratne, Director, WHO Regional Office for South-East Asia who was hopeful of arranging a similar Conference in his region in 1971.

## CLOSING SESSION AND ACKNOWLEDGEMENT

During the closing session, the draft report was reviewed and approved by the participants. The participants expressed their gratitude to the Government of the United Arab Republic for the excellent reception and hospitality extended to them which contributed greatly to the success of the Conference.

The participants expressed their full appreciation to Dr. A.H. Taba, Director, World Health Organization, Eastern Mediterranean Region, for placing the facilities of WHO at the disposal of the Meeting and for his personal efforts in promoting education and training of health personnel in the Region and to support and assist the establishment of the Association of Schools of Public Health and Institutions responsible for Advanced Training in Public Health in the four Regions. The valuable contributions made to the Conference by Dr. V T Gunaratne, Director, SEARO and Dr. F.J. Dy, Director, WPRO as well as Prof C.E.Taylor and Dr. T.V. Gjurgjevic, observers from North American and European Associations of Schools of Public Health was openly expressed. Commendations were also extended to Dr. M.O Shoib (WHO - EMRO ), Dr. E. Braga, Dr. N. Jungalwalla and Dr. T. Fulöp (WHO, HQ), Dr. C.J. Ross-Smith (WHO - WPRO), Dr. R. Dackey (WHO - AFRO) and Prof. A. Leslie Banks (WHO - EMRO). Appreciation was also expressed to the WHO Consultants Dr. R.K.C Lee and Dr. Ch. M.H. Mofidi, for their valuable assistance and contribution. The Conference recognized the excellent administrative arrangements and secretarial services provided by Miss C.L. Cartoudis (Conference Officer) and Mrs. L. Soliman (Secretary).



ANNEX I

AGENDA OF THE MEETING

1. Introduction by the Regional Director.
2. Election of Chairman, Vice-Chairmen and Rapporteurs.
3. Adoption of the Agenda.
4. Statements of Participants and Observers on Development in Public Health Teaching since the Conference of Directors of Schools of Public Health from the African, Eastern Mediterranean, South-East Asian and Western Pacific Regions of WHO, Manila in 1967.
5. Evaluation of teaching and research in Public Health - DPH/MPH and other post-graduate courses.
6. New Developments and Studies in Public Health Practice.
7. The Concept of Community Medicine.
8. The teaching of Epidemiology
9. Guidelines for a uniform pattern of teaching in Public Health.
10. Inter-country and international co-operation in the promotion of public health programmes.
11. Approval to Establish an Association of Schools of Public Health and Institutions responsible for Advanced Training in Public Health in Geographical Areas covered by the African, Eastern Mediterranean, South-East Asian and Western Pacific Regions of WHO with the ultimate goal of being a part of an International or World Federation of Schools of Public Health.
12. Provisional report of the Meeting and Recommendations.

ANNEX II

LIST OF PARTICIPANTS, OBSERVERS, CONSULTANTS AND  
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