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TRAINING OF HEALTH WORKERS IN SMALLPOX
ACTIVITIES

by

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It is obviously necessary for any public health programme to have a staff of personnel to carry it out. It is equally obvious that a programme of smallpox eradication, or the maintenance of eradication already achieved, must have a subprofessional, para-medical staff to perform a variety of tasks. It should be obvious, but appears not always to be so, that this staff must be knowledgeable and competent in the various duties to which it will be assigned and for which it will be made responsible. It is generally agreed that training is necessary to transmit knowledge and create competence, but there is a woeful lack of understanding as to what constitutes effective training and no agreement at all as to how to achieve it.

In the few minutes available to me for introducing this subject it will not be possible to lay out curricula for training courses for vaccinators, surveillance workers, laboratory technicians, clerks, store-keepers, drivers, mechanics and all the other kind of assistants we need. Instead, I shall try to suggest some general principles that I hope will be applicable to the training of any category of health worker. In the discussion that follows we should have many contrary points of view and many additional, important ideas.

1. Who should be trained? Everyone! No category of person can safely be put to work immediately after hire, without any training, on the assumption that he has the skills to do the job. Hopefully the typist knows how to type, the driver to drive, and the laboratory technician to use a pipette, but, until he is properly instructed he does not know how it must be done for this job, he does not know where he fits in this programme, and he does not know the needs of the other workers who will be dependent upon him and upon whom he will depend.

2. Should the training be general or specific? Both. The individual worker can be more effective, more conscientious, more loyal in his own job, and more able to shift to another job in an emergency, if he understands the general goals, general organization, general methodology, and general operational orders of the programme.

On the other hand, each worker must be specifically prepared for his own special function. Training must not be so general that it consists of little more than pompous declarations of determination and Ministerial support, and exhortations to the team spirit and the needs of "health education". The vaccinator must be made expert in the technique of vaccination and all that goes with it, the surveillance worker must be able to recognize smallpox and to make a good lesion scraping, etc., etc., etc.

3. The training must be adequate for the needs of the worker, but should not go beyond those needs. The laboratory technician is not to be a virologist and the surveillance worker need not be a physician. The specific skills needed for the individual job must be covered in detail, and necessary background must be provided to make the operations understandable. But unnecessary, and superficial, baggage will only confuse the novice and should be avoided. I have seen a training course for vaccinators that included lectures on the size, weight, and chemical composition of the variola virus, but no opportunity to see whether practice vaccinations resulted in "takes"!

4. The duration of the training programme must be as long as necessary, but should not be drawn out into an interminable bore. Even conscientious workers will tire and lose enthusiasm if they are not allowed to get to work when they are ready for it. On the other hand, an additional week or two of necessary training will cost much less than the price paid for a bad job.

5. Training should emphasize the practical and minimize the theoretical. And supervised on-the-job training is better than repeated practice.
6. Where appropriate, individual training must be complemented, and climaxed, by team training. A vaccination team, for example, should be put together and trained as a unit - the vaccinators, driver, record-keeper, and any other staff to be included in actual operations - before being sent off to the field. And this team, for example, must know who is the team leader!
7. During training, the elements of personnel management should be put into practice. All members of the staff must understand clearly the supervisory structure, they must know the details of the pay schedule and conditions of service, they must be made aware of the rewards for good and honest work and the penalties for negligence and falsification, they must realize that there are opportunities for advancement.
8. Where possible and appropriate, refresher training courses should be established. These are necessary if techniques or conditions change, but are useful even when no changes have been introduced; lagging enthusiasm as well as declining work habits can be corrected.