WORLD HEALTH ORGANIZATION



DE LA SANTÉ

Regional Office for the Eastern Mediterranean

Bureau régional pour la Méditerranée orientale

ORGANISATION MONDIALE

MESSAGE FROM DR A.H. TABA DIRECTOR WHO EASTERN MEDITERRANEAN REGION

to the

REGIONAL SEMINAR ON DEVELOPMENT OF FIELD TRAINING AREAS, THEIR NEEDS AND ADVANTAGES FOR THE TEACHING OF MCH AND FAMILY PLANNING TO HEALTH PERSONNEL

ISFAHAN, 25 to 30 May 1975

It gives me great pleasure to convey these words of greeting, welcome and good wishes to the participants of this important regional meeting. I regret that, due to my pressing commitment to attend the World Health Assembly in Geneva, I am not able to attend personally as I would very much have liked to.

I should like to express my thanks and deep appreciation to the Imperial Government of Iran, and to His Excellency Professor A. Pouyan, Minister of Health, for hosting the Seminar in the country, and to the University of Isfahan and to His Excellency Chancellor Ghassem Motamedi, who have provided the facilities of the Isfahan Medical Faculty as the venue for the meeting.

The subject of the meeting is extremely important to the teaching and preparation of med.cal students as well as other health personnel, and this is not only from the point of view of strengthening the teaching of MCH and family planning which, of course, has been largely neglected in the past and because of its considerable consequence for the present and for the future needs continually to be more and more emphasized. I believe that the meeting is of wide ranging importance, and the importance goes even beyond that which has been implied in its title. It provides an essential opportunity of community observation and experience to help achieve a balanced and realistic outlook of both the students and the faculties towards the social needs and objectives of the health care system as a whole.

As all of us know, the education and training of health personnel, the development of manpower needed for our health services, has come to be recognized as a much more complex matter than we may have thought only a few years ago.

When "classroom learning" was what was thought to be needed in order to train good doctors, good nurses and other good health workers, then our concern for learning facilities was more or less confined to the provision of a few well designed classrooms, some adequate laboratories properly equipped, and some hospitals and other health institutions in which they could observe and work with the sick, whom they were being trained to help. In recent years we have realized that health is much more than curing the sick, and that learning is much more than listening and observing.

For the teaching and learning process of health personnel, suitably selected field training areas are like wide windows on the community which help keep classroom and bedside teaching in proper perspective and on the right course, since they make it possible to observe individuals, families and communities as a whole, in both health and disease and in the context of their true environment. Hospital out-patients are also some sort of indirect peep-holes on the communities they serve, but they are rather gloomy and of limited value as they have the tremendous handicap of providing a coloured and biased vision of segments of communities, through selection of people by illness, and what is no less disturbing, the individuals are observed out of context of their families and general environmental situations.

The World Health Organization has an abiding interest and commitment in the people's health, in its physical, mental and social aspects, and for its protection and promotion. Human reproduction and family planning are seen

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to be closely related to people's health, and in this respect the resolutions adopted by the World Health Assemblies since 1965 have given the Organisation a broad mandate to work in these health related areas. WHO is thus enabled and is providing assistance to interested countries on a broad front of human reproduction, family planning and family health, in terms of research activities or services, depending on national policies. WHO assistance is specially focussed on the training phase of health personnel, both basic professional education and post-basic, and therefore our emphasis on the subject of this meeting is intended to provide impetus to the formerly neglected subject of maternal and child health and family planning, and at the same time to help balance the teaching and learning process in classrooms, bedsides of patients and laboratories through continuing contact with live and representative communities.

It is now increasingly realized by countries as well as by some international agencies, specially WHO and UNICEF, that the vast majority of populations in developing countries tend to be rural and under-provided in the context of general socio-economic activities of the country, including the health care services. It is therefore being increasingly appreciated that health care systems should not operate as islands in and around urban areas in a country, but should grow out of the needs of, and extend into, the remote rural areas through graded facilities and efficient referral systems, and above all inter-link with, strengthen and rationalize existing indigenous health care systems howsoever rudimentary and primitive. This is one of the basic principles of primary health care which is receiving growing attention internationally and in the World Health Organisation.

The importance of using field training areas and thus providing contact of health personnel trainees with the community, especially of medical students, was stressed in the Second WHO Conference on Medical Education in the Eastern Mediterranean Region held in Teheran in 1970. It has also been stressed in other national and international meetings. However, in our Region this aspect has not yet received adequate implementation.

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I would like to take this opportunity to recall the privilege and honour I was given to address the Third Pahlavi Medical Congress at Shiraz in April 1972, and would request your indulgence to repeat here a few points from that occasion. I had quoted the words of Professor Walsh McDermott of the Cornell Medical College (1966) that "to graduate superbly trained physicians is not a social end in itself...". I had emphasized that the physician of today and tomorrow must be more than superbly trained scientist and technologist; he should have opportunities of knowing his community first hand and should then be able to endeavour and contribute his share to the improvement of social change. On that occasion, as on so many others, I emphasized the <u>relevance</u> of medical, and other health professional, education to the needs and demands of communities, the importance of <u>defining of our goals</u> in this regard, and of providing for <u>professional satisfaction</u> through broad-based and balanced training keeping in mind the communities to be served. I feel that these points can bear re-emphasis.

The objectives of this Seminar are to provide participants with an opportunity for exchange of views and ideas on the subject; to establish recommendations for the development of Field Training Areas as learning facilities for health personnel, and ultimately, with the establishment of suitable Field Training Areas to provide health personnel with organized occasions, during their training and thereafter, for appreciating the need of balanced health care services, and of coordination and team work among themselves.

I have observed from the agenda and programme of the meeting that you, the participants, have interesting and stimulating presentations and discussions ahead of you. I wish you all fruitful deliberations and a successful meeting.

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Isfahan, 25 - 30 May 1975

LIST OF BASIC DOCUMENTS

PROVISIONAL AGENDA

PROVISIONAL PROGRAMME

PROVISIONAL LIST OF PARTICIPANTS

INTRODUCTION - OBJECTIVES AND PROGRAMME by Dr S.A. Zafir

THE PRESENT SITUATION - FIELD TRAINING AREAS IN COUNTRIES OF THE REGION by Dr S.A. Zafir

CONSIDERATION OF OBJECTIVES AND CRITERIA FOR DEVELOPMENT OF FIELD TRAINING AREAS by Dr N.H. Fisek

OBJECTIVES AND CRITERIA FOR DEVELOPMENT OF FIELD TRAINING AREAS IN SUPPORT OF HEALTH TRAINING INSTITUTIONS by Dr M.A. Ansari

CONSIDERATION OF OBJECTIVES FOR DEVELOPMENT OF FIELD TRAINING AREAS IN MCH AND FAMILY PLANNING by Dr H.A. Ronaghy and Mr T.A. Schwartz

CONSIDERATION OF OBJECTIVES FOR DEVELOPMENT OF FIELD TRAINING AREAS by Dr M. Sarram and Dr R. Aghaie

THE POPULATION COUNCIL APPROACH TO COMPREHENSIVE MCH-BASED FAMILY PLANNING by Dr G.I. Zatuohni

TRAINING IN MATERNAL AND CHILD HEALTH, MCH/FAMILY PIANNING FOR FRONT LINE HEALTH WORKERS IN WEST AZARBAIJAN (HEALTH SERVICES DEVELOPMENT RESEARCH PROGRAMME) by Dr F. Amini, Dr H. Vakil and Dr M. Thuriaux 14 May 1975 ENGLISH ONLY

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CRITERIA FOR SELECTION OF FIELD TRAINING AREAS TO SUPPORT TRAINING INSTITUTIONS by Dr H.M. Hammam	EM/DEV.FTA.MCH.FP.HP/12
CONSIDERATIONS FOR SELECTING FIELD TRAINING AREAS IN RELATION TO NAJAFABAD AREA by Dr M. Loghmani and Dr R. Aghaie	EM/DEV.FTA.MCH.FP.HP/13
SUPFORT TO AND UTILIZATION OF FIELD TRAINING AREAS WITHIN A COUNTRY (AND AS AN INTER- COUNTRY FACILITY) by Dr C.E. Taylor	EM/DEV.FTA.MCH.FP.HP/14