

**WORLD HEALTH ORGANIZATION**  
Regional Office  
for the Eastern Mediterranean  
**ORGANISATION MONDIALE DE LA SANTE**  
Bureau regional de la Mediterranee orientale



منظمة الصحة العالمية  
المكتب الاقليمي  
لشرق البحر المتوسط

REGIONAL COMMITTEE FOR  
THE EASTERN MEDITERRANEAN

Thirty-fifth Session

Agenda item 10

EM/RC35/8  
June 1988

ORIGINAL: ENGLISH

REPORT ON PROGRESS IN  
HEALTH MANPOWER DEVELOPMENT IN  
THE EASTERN MEDITERRANEAN REGION

TABLE OF CONTENTS

	<u>Page</u>
1. HEALTH MANPOWER POLICIES AND PLANS	1
2. HEALTH MANPOWER TRAINING	1
3. HEALTH MANPOWER MANAGEMENT	4
4. IMPLEMENTATION OF MEETINGS RELATED TO HEALTH MANPOWER DEVELOPMENT	5
5. CONCLUSION	5

This progress report covers the period from October 1986 to October 1988 and is in response to Regional Committee resolution EM/RC33/R.8 of 1986 which requested the Regional Director to report to the Regional Committee at its Thirty-fifth Session in October 1988.

## 1. HEALTH MANPOWER POLICIES AND PLANS

Some progress has been achieved by some Member States in developing or updating health manpower policies and plans during the period. WHO has provided support to Republic of Afghanistan to formulate its health manpower plan in line with its health development plan. Support has also been provided to Syrian Arab Republic to develop a health manpower plan. In Democratic Yemen, the health manpower plan which was developed in 1981 is being updated this year by national officials with financial support from WHO. Other countries of the Region did not request the Organization for support in formulating health manpower plans. Some of these countries have prepared projections of the numbers and categories of health manpower required as part of their national health plans, or have developed training programmes in certain aspects of health manpower planning which they consider to be of vital importance for the implementation of their health plans and primary health care programmes. WHO was asked to help some Member States to identify categories of health manpower necessary for primary health care institutions and to estimate the required numbers of such manpower.

In this important area of health manpower planning, some improvement has been noticed in the relationship and coordination between the health care services providers and the health manpower producers or trainers. In many countries national health manpower councils or committees were formed which included members from ministries of health, universities and other health manpower training institutions. Reciprocal representation between ministries of health and training institutions on other committees had been arranged in some countries and joint staff appointments had also been made to facilitate coordination, thus ensuring that all points of view would be taken into account. Those who serve teach and those who teach serve. However, many countries of the Region still suffer from a lack of coordination between those responsible for planning and administration of the health services and those responsible for training of health manpower. More efforts need to be put into this important area. The meetings of both the World Federation for Medical Education (WFME) and the Eleventh Interregional meeting of Directors and Representatives of Schools and Departments of Public Health, held in Jordan and Egypt respectively during 1988, discussed this matter at length and proposed several recommendations which deserve further consideration.

## 2. HEALTH MANPOWER TRAINING

Most of the activities in Member States during the period have been in the area of health manpower training. WHO supported Member States in the following areas:

### 2.1. Institutional development

WHO's input in this area was through the provision of technical support in the form of experts and consultants for purposes related to different aspects of health personnel education and training. WHO also supported Member States by providing (a) the necessary equipment for carrying out training activities and (b) expert advice in areas of curriculum development and educational technology. In most countries considerable progress has been achieved in developing their training institutions, both physically and technically.

### 2.2. Curriculum development and reorientation of training programmes towards Primary Health Care (PHC)

Many Member States have been reviewing their curricula in the various institutions for training medical and paramedical personnel, with the purpose of reorienting such curricula towards primary health care (PHC) and its eight essential elements. Support has been provided by the Organization in the form of consultants, observation visits of nationals to innovative PHC programmes, and participation in educational meetings for reorienting their training programmes towards PHC. Considerable progress has been made during the two years in many Member States.

### 2.3. Educational technology

The existing Educational Development Centres in Bahrain, Democratic Yemen, Jordan, Pakistan, Sudan, Syrian Arab Republic and Tunisia have given very useful assistance in the areas of curriculum development, educational technology, teaching methodologies and the introduction of audiovisual teaching/learning materials. New Educational Development Centres have also been developed during the period in Republic of Afghanistan and Iraq while Islamic Republic of Iran is re-establishing its Educational Development Centre in the University of Teheran. Technical and administrative support has been provided to the Centres to improve their capabilities and extend their services to more training institutions in the respective countries.

### 2.4. Health teaching learning materials

The Regional Clearinghouse for Health Learning Materials strengthened contacts with Member States and encouraged them to carry out surveys to identify priority materials relevant to the needs of teachers, students, and health service personnel as well as for health promotion. Since October 1986, needs assessment surveys have been conducted through ten-day workshops in Republic of Afghanistan, Bahrain, Cyprus, Democratic Yemen, Iraq, Pakistan, and Qatar. More than 120 teachers and other personnel of different health categories participated in the workshops. The whole point of these surveys is to find out which materials are needed, and what needs can be satisfied either by purchasing from outside or by producing locally. The latter seems to be the area to emphasize during the next five years.

Countries of the Region have designated focal points for health learning materials which now means that there is a supply network covering all the countries of the Region.

As an information bank, the EMRO Clearinghouse promoted contacts with Member States, responded to requests from different countries and provided materials to Republic of Afghanistan, Bahrain, Egypt, Jordan, Libyan Arab Jamahiriya, Morocco, Pakistan, Qatar and Somalia. The Clearinghouse also began the computerization of information on quality materials. A resource book of materials available in the Region will be prepared in the near future.

A Newsletter, "Health Teaching and Learning", has been produced. The first, second and third issues appeared and were distributed to Member States. It is hoped that this Newsletter will act as a means of information exchange amongst countries in the network.

The Regional Office has provided a system, through consultant services, to demonstrate to countries how to produce their own teaching/learning materials: countries who have used the system so far include Democratic Yemen and Pakistan.

#### 2.5. Medical education in national languages

The Meeting of the World Federation for Medical Education discussed the question of providing medical education in national languages and recommended that all countries of the Region should initiate action to this end. The Meetings of the Arab Ministers of Health and of the medical sector of the Supreme Council of Egyptian Universities both passed resolutions inviting all Member States and faculties of medicine to start using the Arabic language as a medium of medical education. Strong support has been provided by the Regional Office for these activities. The Arab Medical Union passed a resolution asking WHO to invite all faculties of medicine in the Arab world to meet to discuss ways and means of implementing this recommendation. The Regional Office has already initiated action; preparatory work for such a meeting is under way.

#### 2.6. Support in teaching

Many faculties of medicine and training institutions in the Region have been supported through the provision of visiting scientists, teachers and professors for the purpose of teaching certain blocks or parts of the training programmes. External examiners have also been provided to many Member States to assist national faculties in student assessment. The Fellowships Programme has been used by Member States for further training of faculty staff members, particularly in basic sciences and educational technology.

#### 2.7. Evaluation of training programmes

In response to requests by Member States, technical support has been provided to them for reviewing the evaluation procedures used for the different training programmes, with a view to rendering the procedures more objective and problem-oriented. Such support has been provided to the Faculty of Medicine, King Saud University, Saudi Arabia and to the Arab Board for Medical Specialization in Damascus, Syrian Arab Republic. The training programmes in the University of Gezira, Sudan, were subjected to a thorough evaluation which assessed both the university programmes and the graduates of the Faculty of Medicine in their working environment. The fellowships programmes in Egypt and Somalia have also been submitted to evaluation by experts and nationals from both countries.

## 2.8. Community-oriented medical education

Many faculties of medicine in Member States of the Region have decided to reorient their training programmes, base them on community health needs and conduct them on community situations. The Network of Community-Oriented Medical Schools officially includes the two medical faculties of Suez Canal University, Ismailia (Egypt) and Gezira University (Sudan). Many other medical schools in the Region have decided to join and have been supported by the Organization in developing community-oriented curricula and conducting community-based and problem-solving training activities. Examples of such medical schools are: Alexandria, Assiut and Menoufia Universities in Egypt; Khartoum University in Sudan; Faculty of Medicine in Irbid, Jordan; Faculty of Medicine, Mustansiriyah, Iraq; Faculty of Medicine, Abbottabad, Pakistan.

## 2.9. Continuing education

Continuing education has been long neglected in the countries of the Region; however, during the last two years steps have been taken to rectify this situation in some countries and the problem has been recognized in many more. Support has been provided by the Organization for the development of programmes of continuing education in Republic of Afghanistan, Cyprus, Democratic Yemen and Oman. Some Member States have already launched programmes of continuing education for health personnel working in remote areas as part of the PHC supervision and continuing education programmes.

## 2.10. Fellowships

In 1986, 542 fellowships were awarded. The number for 1987 was 549, showing a very slight increase. The fields of study also show little change: while fellowships in PHC and communicable diseases have decreased there has been an increase in the numbers awarded in mental health, occupational health and control of pharmaceutical and biological preparations. As for internal fellowships, these have gone down from 71 in 1986 to 39 in 1987; this may be due to the increase in local workshops and local short training programmes organized by many Member States.

The percentage of fellowships awarded for studies within the Region has remained the same (42%). Placements in European countries have decreased by about 4% in favour of South-East Asia. Short courses and study tours have become more popular and have shown an increase of 10% whereas fellowships of 12 months' duration and over have become fewer.

## HEALTH MANPOWER MANAGEMENT

The International Expert Committee Meeting on Health Manpower Management was held in Geneva and attended by experts from some Member States from this Region. Health manpower management still poses major problems in most countries of the Region. So far these problems have received little attention; few requests have been received from Member States for support for work in various aspects of health manpower management. Kuwait requested technical support for the preparation of job descriptions of the different categories of health personnel. Another request was made by Kuwait for a detailed analysis of job descriptions,

particularly in the field of primary health care. Other support in this area has been provided to Pakistan and Qatar. However, still more attention needs to be paid to it, particularly in relation to health personnel management, career structures, management of health training institutions, etc.

#### 4. IMPLEMENTATION OF MEETINGS RELATED TO HEALTH MANPOWER DEVELOPMENT

The following are the important meetings on different aspects of health manpower development convened in the Region during the period:

(a) The Regional Conference of the World Federation for Medical Education, held in Amman, from 14 to 17 February 1988, which discussed the Regional countries' responses to a questionnaire on six medical education themes, in preparation for the World Conference. It was attended by participants from Member States of the Region, the Regional Office and WHO Headquarters. The Regional recommendations have been conveyed to the Secretary and are to be discussed during the World Conference in Edinburgh, United Kingdom, in August 1988.

(b) An Inter-regional Meeting of Directors and Representatives of Schools and Departments of Public Health, held in Cairo, Egypt, from 21 to 25 February 1988. At this meeting participants from four regions of WHO discussed the activities of the schools of public health in their countries and made recommendations for the promotion of public health throughout the world. An Association of Institutions, Schools and Departments of Public Health has been formed between AFRO and EMRO and a draft action plan has been drawn up for the World Federation for Education and Research in Public Health which was also formed during this meeting.

(c) A meeting of nursing personnel in Egypt, held from 20 to 24 September 1987 to assess and review the nursing situation in countries of the EMR. A full report of this meeting is available for use by all Member States.

(d) The health teaching/learning materials workshop in Syrian Arab Republic, referred to above, which initiated activities in the development and use of health/teaching learning materials in national languages.

(e) The Fellowship Officers' Meeting held in United Arab Emirates from 22 to 25 November 1987, which discussed and made recommendations on all problems pertaining to the selection, placement, training of fellows and use of fellowships provided by WHO.

#### 5. CONCLUSION

It can be concluded from this progress report that, during the period October 1986 - October 1988, progress has been made by Member States in the area of health manpower production (training), in institutional and technical development, and in academic excellence. Some progress has also been noted in the development of national health manpower policies and plans as part of overall national socio-economic development. Health manpower management is still an area in which more efforts need to be exerted.