HEALTH MANPOWER DEVELOPMENT
(including health manpower development activities in other programmes)

The activities for health manpower development have been designed and implemented to collaborate with and provide support to Member Countries in the achievement of two developmental objectives. First, to strengthen national capabilities in the managerial processes for health manpower development with particular reference to the formulation, analysis and review of national health manpower policies and plans, for the production and effective management of the health manpower required. Secondly, to collaborate with countries in strengthening their training programmes and promoting the adoption of improved educational processes in such a way that they produce the desired manpower that possesses the appropriate technical, scientific and management competence and which is suitably motivated to develop and maintain an expected level of performance in support of the national health system.

5.1 MANAGERIAL PROCESS FOR HEALTH MANPOWER DEVELOPMENT

5.1.1 Integration of Health Services and Manpower Development

The traditional division of responsibilities between national training institutes concerned with the production of the different categories of health workers, and the health system responsible for the delivery of health care services, continues to persist in several countries of the Region. Although there is common acceptance of the fact that an appropriately constituted national-level mechanism could ensure greater coordination between them and thereby minimize the mismatches that still occur between planning and production efforts, progress towards the establishment of such a functional mechanism has been slow. The Organization has been engaged in ongoing efforts to encourage countries to establish effective health services manpower development (HSMD) mechanisms, suited to the individual needs of each country, which could ensure meaningful functional
integration between the production of health personnel and the requirements of health services, by fostering a continuing information-based dialogue between users and producers for the formulation and implementation of a rational health manpower policy leading to more appropriate planning, production and management activities.

In BURMA, functional links are being established in order to bring about greater coordination and standardization among the training programmes for different categories of paramedical workers, and a proposal for the establishment of an Institute of Health Services is being considered by the national authorities.

Management processes for the development of nursing and midwifery services are being strengthened in BANGLADESH, INDONESIA and NEPAL, where the major thrust has been on bringing about a reunification of education and service activities, with special reference to curriculum development and reorientation.

In SRI LANKA, the Ministry of Health and the National Health Development Network are being supported in undertaking a comprehensive study of the current situation in regard to the production, utilization and management of medical manpower, by reviewing the policy decisions and assessing the effectiveness of the activities undertaken to implement them. These efforts have re-emphasized the imperative need to make more broad-based and comprehensive analyses of the medical manpower situation. It has also been made clear that the functional role of doctors has first to be determined within the overall framework of the total health manpower required for implementing HFA/PHC strategies, and that the community, the professional associations and organizations as well as the national health service administration have a crucial role to play in reaching agreement on the specific demarcation of these roles. It is only after these roles have been clearly defined and agreed upon that more meaningful efforts could be made at curriculum revision and reorientation at the medical school level. Parallel with these activities, efforts would also have to be made to ensure that the health service delivery system utilizes doctors for performing the tasks identified for them, while also providing conditions of work and career benefits that are deemed adequate to maintain their motivation and morale.

In THAILAND, the Centre for Coordination of Health Manpower Development provides a linkage between the Ministry of Public Health and the University Bureau. Support was provided for a workshop for members of its core group on health manpower development, and this
group is now engaged in developing a comprehensive plan for the training of community health workers in a selected province. The establishment of a special Programme Implementation and Coordinating Team for Manpower Development within the broad framework of the WHO/Royal Thai Government Coordinating Committee is also expected to lead to the better coordination of manpower production and service delivery components.

5.1.2 Health Manpower Planning

All countries have some institutional mechanisms for health manpower planning, but these are not always linked very effectively with the mechanisms for health policy formulation. The main efforts of the Organization have been directed towards the elaboration of more realistic manpower plans that are based on and are consistent with the strategies, approaches and objectives of national health policies and the implementation plans derived from them.

In BURMA, a joint WHO and DANIDA project is being implemented to support the Ministry of Health in its efforts to develop a comprehensive manpower plan as part of the Third People's Health Plan, which extends up to 1989-90.

In INDIA, the Organization supported the Ministry of Health and Family Welfare in undertaking a critical review and evaluation of the Central Government's Reorientation of Medical Education Scheme. A National Health Policy has since been formally adopted and, on this basis, a health manpower policy document has been drafted. As part of the Government's efforts to familiarize members of the Indian Administrative Service with the concepts and strategies for implementing HFA/PHC activities in India, four workshops were held at the National Institute of Health and Family Welfare in New Delhi. Teams of Regional Office staff participated actively in each of these workshops at which, among other things, sessions were devoted to a comprehensive analysis of the Health Policy and its implications for health manpower planning, production and management.

In INDONESIA, continuing support was provided to PUSDIKLAT and PUSDIXNAKES in preparing and implementing manpower projects for World Bank and US AID support.

In SRI LANKA, WHO collaborated with the Ministry of Health in preparing a very comprehensive survey and review of its efforts over the past two decades in regard to medical manpower production and utilization. The results of this study are now being used to
identify the specific aspects of policy that may need to be reviewed, if some of the current problems are to be rectified.

5.1.3 Health Manpower Information System

It is generally agreed that efforts to improve the quality of decision-making at national levels in matters relating to health manpower development have been severely constrained by the inadequacy of valid and timely information related to ongoing activities. There are, however, several problems in establishing health manpower information systems that are sufficiently comprehensive as to be useful in decision-making as well as being sufficiently practicable to operate at all levels of manpower production and management. It is recognized that such a manpower information system must also serve as an integral sub-system of a more comprehensive national health information system which in itself needs to be made up of management information, statistical information and library and literature information system components. A consultant has been working at the Regional Office to develop the framework for such an information system that could be adopted at the country level. The framework being developed is modular in concept, so that extra modules could be added to permit progressive development in meeting the more complex information needs of the future.

In BANGLADESH and NEPAL, efforts are being made to put together available information relating to midwives - their training and deployment.

In INDIA, the recently established manpower planning cell in the Ministry of Health and Family Welfare is being supported by WHO both technically and materially. This cell has recently produced a document on training programmes for paramedical and auxiliary health workers.

In INDONESIA, a WHO consultant assisted the national authorities in developing computer techniques for their manpower information systems.

5.1.4 Health Manpower Utilization

Shortages of all categories of trained manpower persist in most Member Countries, and this shortage is aggravated by several factors that prevent workers from effectively performing the specific tasks
for which they were trained. These factors relate basically to inadequacies in the coordination of manpower planning, production and management processes or to deficiencies in one or the other of these components. Since malutilization of personnel constitutes a wastage of a scarce resource, the Organization's efforts have been directed towards supporting Member Countries in improving their managerial processes for national health development. In the area of health manpower development these efforts have focused on improving a range of personnel management practices, including manpower supervision.

Increasing attention has been paid to the need for the revision and formulation of job descriptions and task responsibilities, both as an essential input for the development of more realistic training programmes, as well as for the adoption of better personnel supervision practices. The training of middle-level managers has been identified as a priority need and nearly all Member Countries have been assisted in their efforts to improve their training programmes in this area.

A Regional Consultation was held in New Delhi in January 1986 where national authorities responsible for management training programmes adopted a conceptual framework that would assist them in identifying the specific management needs of various categories of health workers under a variety of circumstances. The framework would also assist them in developing the most appropriate and relevant management training processes and programmes to meet these specific requirements. In response to a recommendation made at an earlier consultation, the Regional Office has also prepared an annotated bibliography of training modules and materials which has since been produced at national levels. It is expected that this bibliography will help trainers at country level to improve the relevance, range and effectiveness of their current management training programmes. One of the more important ideas that arose out of this meeting was the fact that not merely was it adequate to train middle-level managers, but it was also important to support these trained managers to institute and adopt more effective management practices at their work places.

5.1.5 Continuing Education

Progress towards the establishment of comprehensive systems of continuing education at the country level has been slow. There is, however, an increasing awareness of the fact that basic training programmes need to be supplemented at appropriate intervals throughout a worker's period of employment, by suitably designed training schedules that enable all categories of health workers to
upgrade their knowledge and skills, respond to new service requirements and remedy identified weaknesses. Many factors have restricted systematic developments in this area; these include the lack of a methodology for identifying priority learning needs at the field level, the dearth of trainers competent to design suitable distance learning and training programmes, an inadequacy of learning materials especially in the local languages, and the inadequacy of existing managerial procedures for linking positive achievements through these learning methods with career development opportunities. As a result, most efforts at continuing education tend to be ad hoc exercises, focusing on the provision of specialized technical information. Few of the opportunities and media now becoming available for this form of teaching and learning have been utilized, and short irregular in-service training programmes have been based on presumed programme needs, rather than on an assessment of the health workers' competence and the needs of health workers at the peripheral level.

A consultant assisted the Regional Office in developing the methodology for assessing the learning needs of health personnel. This methodology is designed in such a way that it can be used by middle-level managers to identify the priority learning needs of these categories of workers, whether of cognitive knowledge, of technical skills, or of attitudes. The identification of needs could then lead to the development of special training programmes to meet these needs.

At the country level, BURMA was provided with the services of a consultant for the development of educational programmes for paramedical personnel. In addition to assisting the national authorities in re-orienting the curriculum for basic training programmes for medical laboratory technology, pharmacy, radiography and physiotherapy, he also assisted in the development of a scheme of continuing education for all paramedical personnel.

In INDONESIA, two consultants assisted the Faculty of Public Health of the University of Jakarta in developing a plan for the use of computer technology for health system management and hospital administration. These new competencies are to be developed under a programme of continuing education through distance learning to enable wider dissemination of these skills throughout the country.

In MALDIVES, two consultants assisted doctors at the Central Hospital, Male, in upgrading their knowledge and skills in the diagnosis, management and treatment of thalassaemia and in
obstetrics and gynaecology. Another consultant performed selective surgery and trained national personnel in the early detection of patients with speech and hearing defects.

A workshop was held in MONGOLIA as a follow-up of the recommendations made at the Intercountry Consultation on Systematic Approaches to Continuing Education held earlier. Consequently, national-level activities were initiated to promote the adoption of a system of continuing education for all categories of health workers.

5.2 HEALTH MANPOWER DEVELOPMENT RESEARCH

Although research studies are being undertaken in nearly all countries of the Region, they do not as yet constitute a part of a planned and systematic effort to find solutions to manpower development problems. As such, the state of development of national competence for undertaking meaningful research is inadequate. Not infrequently the choice of a researchable problem represents the interest of the researcher, rather than that of the planner or decision-maker, and thus even when the results of well-designed studies are available, they are rarely utilized for initiating remedial changes. The identification of factors that lead to the poor utilization of research has been an area of continuing concern. Efforts are being made, at the national level, to establish institutional mechanisms which could provide a forum where decision-makers, health service administrators and research workers could meet in order to agree on researchable problems that are of priority interest to health system managers. The wider dissemination of research results in an assimilable form, the systematic follow-up by service managers of the application and utilization of research results, and the provision of channels to provide for a continuing dialogue between research workers and health service personnel have been identified as factors that could lead to the development of a more meaningful manpower development research programme.

Yet another basic weakness is that administrators may not always use information for decision-making even when such information is available. In an effort to promote a more systematic use of relevant information, the Organization carried out a training programme which was specially designed to promote a problem-oriented research information seeking behaviour. This workshop, held in Jaipur (India) in October, was attended by senior administrators and programme managers. It focused attention on two specific health problems of great concern to them, and in seeking solutions to them surveyed the available information and identified the areas where the information
critical for decision-making was not available. This led to the formulation of research studies, which are now being carried out in the expectation that the results will make a definitive contribution to the solution of the problems identified.

In INDIA, the Organization supported the Indian Medical Association in exposing its members to the concepts, methods and application of health systems research.

In INDONESIA, technical support was provided by a consultant who helped conduct training courses on identifying research problems and develop research protocols in the field of nursing. The content of research in the bachelor degree programme in nursing was also developed. Assistance has also been provided to the Centre for Education of Health Personnel in undertaking a detailed task analysis of the role assigned to nutritionists, so that the results of the study could provide the basis for a more systematic revision of the basic training curriculum for this category of workers.

In SRI LANKA, where training programmes for assistant medical practitioners (AMP) have now been carried out for about ten years, the Regional Office is supporting a project designed to study the work performance of AMPs to assess the adequacy of their basic training and to identify their current learning needs which could be met by the development of a suitably designed programme of continuing education for them.

In THAILAND, a study of the effectiveness of a Master's level training programme in public health in preparing graduates for their functional roles has been completed and the results are now being used to review and revise the training programme.

5.3 TRAINING OF DIFFERENT CATEGORIES OF HEALTH PERSONNEL

5.3.1 Medical Education

A consultant assisted the Regional Office in making a comprehensive survey and critical review of the activities it has undertaken during the past decade to reorient medical education to meet community health needs, as well as in developing a future plan of action to ensure that medical education is an integral part of health infrastructure development to meet HFA/PHC goals. The results of this study indicate quite clearly that efforts within the medical
school system, directed towards curricula revision and the improve-
ment of teaching learning processes, must be accompanied by
parallel efforts at the health service system level if meaningful
results are to be achieved. At the health services system level,
there is a need for clearly delineating the future roles and
functions of doctors, identifying changes in the health delivery
system to accommodate doctors in such roles, and making provision
for an appropriate system of rewards, incentives and career
development opportunities that maintain the morale and motivation
of doctors to achieve the desired levels of performance.

In BANGLADESH, a ten-day workshop was held in November to
train medical school teachers in educational methodology.

In INDIA, the three national teacher training centres at
Varanasi, Pondicherry and Chandigarh continue to receive support. A
meeting attended by deans, principals, and professors of community
medicine from all medical schools undertook a critical review and
evaluation of their Reorientation of Medical Education (ROME)
schemes, with a view to increasing the effectiveness and impact of
these training programmes.

In INDONESIA, the core curriculum developed over the past few
years is now being implemented at the medical school level. A
consultant assisted the Consortium of Health Sciences in finaliz-
ing plans for developing a student assessment and programme
evaluation schedule. The Consortium is also being assisted in
developing a system for licensing general and specialist health
professionals.

In NEPAL, a consultant assisted the Institute of Medicine in
developing a problem-based approach to integrated teaching. Appropriate teaching and learning materials were developed so as to
increase the effectiveness of the integrated teaching of the basic
sciences.

THAILAND has been undertaking a series of activities in
preparation for a national-level conference on medical education due
to be held in September 1986. This conference will identify the
specific strategies that are to be adopted for implementing more
desirable changes in the content and processes of undergraduate
medical education, to enable young doctors to meet the health needs
of the next two decades.
5.3.2 Post-Graduate Medical Education

The Organization has continued to provide support to national-level institutions in formulating and developing post-graduate training programmes that are more directly relevant to national needs.

The Asia-Pacific Academic Consortium on Public Health, which links public health training institutes of several Member Countries, received assistance in publishing the proceedings of its Second International Symposium in Public Health. WHO also supported the attendance of national participants from Indonesia, Nepal, Sri Lanka and Thailand at the fifth meeting of the Board of the Consortium, held in Bangkok in January 1986.

As part of its continuing efforts to strengthen management capabilities at the middle level of national health service systems, the Regional Office organized an intercountry workshop on the training of middle-level managers in New Delhi in January. This workshop developed a comprehensive framework for management training which could be used to organize a wide variety of training programmes designed to meet specific management training needs. The Regional Office has also prepared an annotated bibliography of the training materials and modules that have been developed at national levels.

In INDONESIA, the Consortium of Health Sciences was assisted in organizing a workshop at which the participants developed guidelines and mechanisms for the standardization of specialist training programmes for different categories of medical specialists. This meeting also made recommendations regarding the establishment of a national institute for conducting examinations for these categories, and explored the role that professional associations could play in specialist training.

In SRI LANKA, the Post-Graduate Institute of Medicine is supported by the provision of external examiners and the award of fellowships to candidates who complete their preliminary specialist training programmes in public health.

In THAILAND, a national seminar to discuss the role of graduate medical education in national health development is to be held in June. This meeting will consider the need for developing graduate training programmes which provide support for PHC approaches in health system development. WHO also supported the Faculty of Public Health of Mahidol University in developing a new Bachelor's degree training programme to meet the service and career development needs of selected community health workers.
5.4 NURSING EDUCATION

The major focus of activities for joint collaboration with Member States was on the following areas:

(1) Increased utilization of nursing/midwifery personnel in programmes designed to implement HFA strategies.

(2) Development of nursing intervention standards for the provision of quality care, and

(3) Preparation of nurses for leadership positions in management and education.

Case studies on the roles and functions of nursing/midwifery personnel in the health-for-all strategy were conducted in several Member States. The purpose of these studies was to assess the current status of nursing/midwifery personnel in PHC. Issues and problems were identified and the data provided information that may be used as a basis for initiating realistic changes required in the preparation and effective utilization of these health workers.

Technical support was provided to Khon Kaen University, Thailand, in implementing problem-based learning activities. An expert from McMaster University, Canada, conducted Phase I - Teaching strategies in community-oriented curricula. This was well attended, and the participants included faculty members from other universities in Thailand. Preparations are under way for Phase II - Faculty development in problem-based learning.

Most of the countries in the Region recognize the need to utilize nurse/midwife potential in a variety of settings outside of institutions. Particular emphasis has been laid on using nursing/midwifery skills for direct care in rural areas. Many countries have expanded the functions of nursing/midwifery personnel, and reviewed and updated job descriptions. Much, however, remains to be done in the area of regulation of nursing practices.

The materials on the development of standards/criteria were distributed to interested Member States for improving quality care.

In BANGLADESH, 68 public health nursing posts were created at the district level. This is remarkable, considering that previously there were no posts in the country for public health nurses. A series of workshops on "Orientation to Community Health Nursing"
have been conducted for teaching and field staff. These are concrete examples of the Government's interest in supporting the resolution adopted by the Thirty-sixth World Health Assembly (WHA36.11). Intensive care nursing (ICN) standards were developed and an ICN teaching manual was written.

At the general hospital in BHUTAN, a nursing policy/procedures manual was completed and is being used by the staff and nursing students.

In INDONESIA, activities for the formulation of nursing service standards were carried out. WHO support was provided for strengthening/improving nursing services in both institutions and community settings. Nurse managers were introduced to several methods for projecting nurse manpower requirements.

In NEPAL, a series of activities involving top management and staff from other levels of the health care system were carried out in order to reduce cross-infection in hospitals. One outcome of these activities was a manual, which has been translated into Nepalese and is being used in training/updating the knowledge and skills of health workers. Technical and financial support was provided by WHO for health service research studies related to nursing services.

In SRI LANKA, MCH services are provided by public health midwives for the protection and promotion of mothers and infants. The quality of care provided in the villages by the public health midwife has resulted in a visible change in the health status of mothers and children, and has been acknowledged by government officials from several countries. These services were provided in collaboration with nongovernmental organizations, health volunteers and with technical support from WHO. This is a successful model which could be replicated in other countries.

In THAILAND, patient care standards were developed in several areas of clinical specialization, through a collaborative endeavour between the universities and the Nursing Division of the Ministry of Public Health. Health services research in the field of nursing was supported by WHO both technically and financially.

At the intercountry level, a task force meeting on the reorientation of educational programmes for nurse educators and
managers in support of primary health care was convened at the Regional Office. The purpose of this meeting was to identify the principles, concepts and content of nursing curricula that need to be reoriented. One outcome of this meeting was a position paper which will be published and widely distributed. Based on current responsibilities, the participants developed a realistic plan of action for implementation. An informal individual network was established and is being used by nurse leaders.

5.5 HEALTH TEAM AND TEACHER TRAINING

5.5.1 Health Team Training

There is general acceptance of the view that the quality of delivery of health services, particularly of services provided by those working at the primary care level, is significantly improved when these personnel work together as members of a team, with agreed-upon goals and objectives and shared responsibilities. However, progress towards the achievement of more effective team work, particularly at the peripheral level, has been slow. Country case studies sponsored by the Organization have revealed several causative factors that inhibit more effective team work. These include the fact that different categories of workers generally receive their basic training in complete isolation from other categories of workers, and hence tend to have little appreciation of the specific roles, functions and responsibilities of other categories. Job descriptions of team members do not define adequately the tasks of one category in relation to the supporting roles of other categories. The studies also revealed that the single factor of greatest importance was the effectiveness of the supervisor of the health team. Team leaders who adopted supportive rather than punitive supervisory practices succeeded in building up good teams.

The Organization has continued its efforts to improve team work by supporting national efforts to modify basic training programmes of health workers by including some periods of time where trainees of different categories have opportunities of working and learning together, and by improving the quality of management training programmes at the middle level by emphasizing the importance of supportive supervisory practices.

In INDONESIA, the Organization supported a workshop held in November 1985 to develop guidelines to improve the coordination and management of health workers in the performance of their technical functions.
In SRI LANKA, the National Institute of Health Sciences received technical support from WHO in its efforts to reorient the training programmes of assistant medical practitioners as members of health teams. The Institute, in fact, has now adopted multi-disciplinary approaches in all its training programmes. A consultant assisted the NIHS in developing a training manual and in the planning and implementation of regular team training programmes.

5.5.2 Teacher Training

The training of trainers of all categories of health personnel continued to be a major concern of the Organization. Its efforts have been directed towards two main objectives: (i) to enhance the competence of teachers in curriculum development and revision in such a way that the new training programmes developed are more directly relevant to national strategies for achieving HFA/PHC goals, and (ii) to promote improved teaching and learning processes. Towards this end, the Organization has encouraged the adoption of more learner-centred, task- and competency-based learning experiences and community-oriented training programmes.

WHO provided technical support for the development of curricula based on these guidelines - in Indonesia for the training of health educators, in Thailand for the training of medical undergraduates in the leprosy control programme, and in India for the training of community health workers in the management of simple psychiatric disorders.

In BURMA, a consultant collaborated with the national authorities in reviewing the existing curriculum in educational technology for medical school teachers, in strengthening educational technology units and in preparing a draft curriculum for paramedical personnel. A national worker was also supported in the production of a learning module on educational science which could be used by teachers of health professionals.

In the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, technical assistance was provided in developing teacher training units with emphasis on medical pedagogy.

In INDIA, the National Teacher Training Centres (NTTC) at Pondicherry, Varanasi and Chandigarh have conducted a series of workshops, and a consultant assisted them in reviewing and assessing the effectiveness of these programmes and in planning their future activities.
Another consultant collaborated with Indonesia in the development of a national teacher training system and also assisted in a workshop designed to monitor and coordinate the effects of the NTTCs to develop a standard system for student assessment and evaluate the effectiveness of the implementation of the nationally accepted core curriculum. The Faculty of Public Health was assisted by a consultant in planning the detailed layout of a new laboratory for educational technology and in developing a curriculum at the MPH level on management processes for media development.

In Sri Lanka, the Regional Teacher Training Centre at Peradeniya and the NIHs have continued to conduct teacher training courses on a planned basis. These facilities were used in support of WHO's fellowship programme.

5.6 HEALTH-LEARNING MATERIALS

The inadequacy of the quantity and quality of appropriate learning materials is one of the major constraints hindering the expansion and improvement of educational training programmes. This is of special importance in the training of peripheral and community-level workers, who have to depend on relevant learning materials produced in the local language. The increasing importance of continuing education is also being recognized, and this calls for expertise in the development of learning materials which have to be specially designed to meet the specific learning needs. Several Member Countries have also expressed their special concern that the lack of adequate competence in the English language has restricted their ability to utilize more fully the training opportunities made available to them through the Organization's fellowship programme. Therefore, in order to improve English language competence, the Regional Office has developed a comprehensive package of English Language Self-Instructional material. This has been designed to assist a learner in progressing from an elementary level of language competence through a series of graded learning experiences to a level adequate to meet the English language requirements for training abroad. Self-evaluation procedures have also been built into this training package. Six complete packages of this material have since been produced and the Regional Office organized a special task force meeting in March 1986 where national officials responsible for language training programmes in Burma, Democratic People's Republic of Korea, Indonesia, Maldives and Thailand were intensively briefed on the use of these materials and assisted in formulating an evaluation procedure to assess the usefulness of this low-cost English language training programme.
In order to strengthen effective nursing/midwifery services further as an integral component of national HFA strategies, nurse leaders have expressed the need for resource materials to enable them to promote active participation in primary health care. Consequently, the nurse leader primary health care information kit was designed as a practical aid to disseminate materials developed by the Organization. This kit was well received and efforts are being made to meet the large number of requests.

In BURMA, a consultant collaborated with the national authorities in evaluating the existing learning material and served as a resource person at a national workshop on problems relating to the development of more appropriate health learning materials.

A package of printed material to support the training of community health workers, with particular emphasis on management and supervision, has also been produced by the Regional Office and distributed to training institutes in the Member Countries. A manual to assist national personnel concerned with the development of self-instructional material has also been produced and distributed to appropriate authorities in Bangladesh, Burma, India, Indonesia, Nepal, Sri Lanka and Thailand.

In MALDIVES, work on the production of a manual for PHC workers on family health was completed and this is now being published with UNICEF support.

In SRI LANKA, a consultant assisted the National Institute of Health Sciences in the production of learning materials to facilitate team training.

NEPAL has been implementing activities in support of its health learning materials project, which, as a part of an interregional learning materials development activity, has been supported by AGFUND.

5.7 MANPOWER ACTIVITIES IN DIFFERENT HEALTH PROFESSIONS

5.7.1 Education and Training in Maternal and Child Health

Education and training activities in maternal and child health are in progress in the countries of the Region, many in collaboration with UNFPA.
In BANGLADESH, the training programme for family welfare volunteers on the accepted techniques in operation theatres continued. WHO is awarding a fellowship grant for MCH/FP under the project "Maternal and Child Health, including Family Planning".

In BHUTAN, support was provided for the strengthening of the National Institute of Family Health towards the review and improvement of training programmes and enhancing the quality of manpower with continued reorientation programmes.

The training of lethes (TBAs) was supported in BURMA.

Training courses for health workers on paediatrics, obstetrics and gynaecology were conducted in the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, and fellowships awarded in paediatric haematology and paediatric glomerulonephritis.

In INDIA, WHO fellowships were awarded with a view to developing an integrated undergraduate curriculum for maternal and child health.

In INDONESIA, support was provided for a national training programme and for a study tour in maternal and child health, school health and community health nursing.

WHO consultants were assigned in order to help organize training courses for physicians in obstetrics and gynaecology, paediatrics, neonatology and infant nutrition in MONGOLIA. Fellowships were awarded in paediatric radiology, stomatology, cytogenetics and medical genetics.

A manual on birth spacing was prepared in MALDIVES in the local language, Divehi, under the technical guidance of a WHO nursing consultant.

In NEPAL, fellowships for obstetricians and gynaecologists and family health nurses were made available in the field of MCH/FP management and supervision.

Reorientation training programmes for family health workers continued in SRI LANKA.
5.7.2 Education and Training Activities in Environmental Health

The value of education and training in environmental health for human resources development is well recognized. A guideline paper, "Achieving Success in Community Water Supply and Sanitation Projects" supported by a slide-and-sound presentation for the training and orientation of national sector staff and decision-makers in community-based project planning and implementation, was developed and supplied to the countries of the Region. A Regional Office publication, "Environmental Health Aspects of Industrial and Housing Estates", was produced and was widely circulated in order to help Member Countries in the promotion of the environmental health components in industrial, agricultural and other economic development schemes.

In BANGLADESH, training workshops on management, sanitation promotion, water supply and sanitation interventions related to diarrhoeal diseases, courses for engineers of the Department of Public Health Engineering (DPHE) in planning and design, and the training of leaders of voluntary organizations and officials from related sectors were organized.

In BURMA, a WHO consultant and the national sanitary engineer assisted in conducting a one-week training workshop on latrine construction for township medical officers, members of people's councils and township councils, village health workers and village artisans. This training was organized in townships selected for the implementation of primary health care programmes.

A three-week study tour in India was organized for two senior staff of BHUTAN to observe the low-cost latrine construction programme.

In INDIA, a three-week workshop on "Management Development for Water Supply and Sanitation Agencies" for senior sector officials was conducted at Trivandrum. A series of one-week courses on handpump installation and maintenance and a three-month course on tubewell drilling were also conducted. The ongoing training programmes for sanitation workers were reviewed.

In INDONESIA, the major project on human resources development for rural water supply and sanitation supported by
UNDP/WHO continued to make progress. Various in-service training courses were organized and individual fellowships awarded under this project. Five courses on hydrogeology and well drilling, each of six weeks' duration, were conducted in Jakarta, Surabaya, Ujung Pandang, Denpasar and Banjarmasin involving 95 health personnel. A course in well drilling including hydrogeology is under way with the participation of eleven Health Department Officials. Another course on deep well drilling is planned from June 1986 with 10 participants.

In NEPAL, under the UNDP-funded project on "Training of Manpower for Drinking Water and Sanitation Programme", training of civil engineering undergraduates in universities in India continued, while in-service training was provided for water supply overseers and district technical officers. A national seminar on low-cost sanitation and a national course on environmental sanitation were conducted. A 3-week special course on "Management Development for Water Supply and Sanitation Agencies" for senior sector officials was also organized.

In SRI LANKA, through short-term consultancy support, special courses were conducted on the geophysical aspects of groundwater development.

In THAILAND, preparations for a two-week training course on chemical safety and basic toxicology with support from the International Programme on Chemical Safety (IPCS) were completed and the training will be conducted from 28 July to 8 August 1986.

5.7.3 Training of Auxiliary and Paramedical Personnel

The Paramedical Institute in Dhaka, BANGLADESH, has been strengthened to improve its capacity for the training of paramedical workers. WHO provided technical support for the further development of curricula and courses and for the improvement of educational practices. One long-term staff member is based at the Institute, and educational materials - films, filmstrips, slides, posters, textbooks and movie projectors - were provided and fellowships awarded for the instructors at the Institute.

In BHUTAN, the development of manpower has been receiving priority attention and appropriate measures were taken to promote the training capability of the two health training institutions: the Thimphu Health School and the National Institute of Family
Training of Auxiliaries

Auxiliary nurse midwives and other health workers render valuable services to the community. Member Countries have ongoing programmes for the training of these personnel to ensure that the services they provide are scientifically sound.

Prevention of Blindness

With preventable blindness continuing to be a major health problem, many countries in the Region have adopted effective measures to identify persons in need of attention. The holding of eye camps and the utilization of trained paramedical personnel have proved successful in dealing with the problem.
Adequate laboratory services are an essential support to the provision of effective primary health care. WHO is collaborating with Member Countries in strengthening national capabilities in this area through the development of manpower and physical facilities, with emphasis on quality control and the utilization of appropriate technology.
Health at Geylegphug. WHO extended support, particularly for the training of basic health staff, through the provision of teaching manpower and technical guidance and the supply of books, teaching equipment, vehicles, audio-visual aids and educational material. Fellowships were awarded to the tutors of these institutions and also for those trainees who need further training abroad.

Training of basic health staff, community leaders and district administration staff in lay reporting was completed in 17 out of 18 districts of the country. One of the major constraints in health manpower development has been the shortage of qualified people to be trained. Almost always the number of available trainees is less than the seats available in courses and in training institutes.

In BURMA, with the changing emphasis on health services delivery using the PHC approach and an integrated system, training programmes for various categories of health staff were reviewed. The curriculum review committee met regularly during the reporting period, scrutinizing the curricula, teaching methodology and related educational technology. Greater attention has been paid to the improvement of the quality of trainers. However, coordination in planning field practice programmes needs improvement. Facilities for field training at Hlegu are provided by the township health authority, but the students come from various training institutions and the area is managed by the Department of Preventive and Social Medicine. As the paramedical institutions are located physically apart, it is not easy to organize health team training. The US AID PHC project includes extensive support to the PHC manpower training programme. Assistance is being given to the Health Assistants Training School in various aspects of paramedical manpower training.

In MALDIVES, the Allied Health Services Training Centre (AHSTC), Male, is responsible for the training of almost all categories of health personnel, such as community health workers, family health workers, community health aides and foolhumas. During the period under review, 13 community health workers and 4 dispensers were trained. In addition, 37 nurse aides (21 of whom were selected from community health aides) received training so as to upgrade their skills and knowledge for work in the regional hospitals. The AHSTC is also being upgraded; a health education unit and library have been added to the Centre, a post of librarian has been created, and additional books were received through the British Council. Many sets of slides for teaching and 6 training manuals have been produced. WHO also provided fellowships to 13 health personnel for training abroad.
In MONGOLIA, a workshop to determine the ways and means for strengthening the continuing education system was conducted with WHO support. In addition, a number of staff members were awarded fellowships for further training abroad.

In NEPAL, the Institute of Medicine, Tribhuvan University, organized the formal training of auxiliary health manpower, utilizing 12 campuses in various parts of the country. In addition, auxiliary health workers were trained at vocational training schools at Jumla and auxiliary nurse-midwives at Jiri. The work of both the Institute of Medicine and the Department of Health Services is well coordinated keeping in view the HSMD concept.

Two UNFPA-funded projects executed by WHO provided consultants and fellowships. During the period under review, 125 health post staff, consisting of auxiliary nurse-midwives, auxiliary health workers and personnel in charge of health posts, completed their training. In addition, 420 health staff of various categories were admitted for further training. WHO supported these activities both technically and materially. The survey and design of the regional training centres at Pokhara and Surkhet have been completed.

In SRI LANKA, a manpower coordinating committee has been established in the Ministry of Health to provide operational guidance for the training of adequate health manpower, both medical doctors and paramedical personnel. The admission capacity of certain categories of manpower such as public health midwives, public health inspectors and hospital attendants was increased. The National Institute of Health Sciences at Kalutara is being strengthened as the key centre for health manpower training. The community-oriented approach has been adopted by the Institute for the training of primary health care workers. The development of ophthalmic auxiliaries has progressed satisfactorily to support the national community-based programme of prevention of blindness. The first group of these trained auxiliaries are already working in the programme. In all these activities WHO provided technical support.

In THAILAND, greater emphasis was laid on in-service training, refresher courses and reorientation in the new approach to the development of primary health care such as the community-based self-managed PHC programme, and drug cooperative schemes.

5.7.4 Training of Voluntary Health Workers

In BANGLADESH, voluntary village health workers form the backbone of the primary health care system. They are selected by the village health and family planning committee and are trained to inform and
motivate the people and to identify those in need of referral to the next higher treatment level. About half of the total requirement of voluntary health workers have by now been trained. The training of imams (religious leaders), teachers and other village leaders with a view to ensuring community involvement continued.

A manual for the training of village voluntary health workers (VVHWs) has been developed in BHUTAN. During the period under review, WHO support was provided for the training of 175 VVHWs.

In BURMA, the training of community health workers (CHWs) and their trainers continued. During the year, 6,666 community health workers were trained and so far 136 townships have attained full coverage with a CHW in each village. Refresher training courses for CHWs were conducted at the respective rural health centres in phases. Orientation courses were also given to the members of village people's councils. In order to train the trainers of ten-household health workers (THHWs), workshops were conducted in Ye-gyi township of Irrawaddy Division and Pagan-Nyang Oo Township of Mandalay Division. These trainers in turn provided training to THHWs at the respective villages.

In INDIA, the Government organized a meeting in New Delhi in July 1985 to review the situation of village health guides with the participation of representatives of all states. Preference in recruiting women as village health guides was stressed. Emphasis is also laid on the need for the in-service training of village health guides. Field-testing of a training module for the reorientation of health staff was completed along with the development of a coordinating mechanism at village and block levels. A study of the role of community health workers was conducted with technical support from WHO under an AGFUND project.

In MALDIVES, family health workers and foolhumas are the most peripheral workers in the health service delivery system and have been mostly trained at the AHSTC in Male. During the period under review, 18 family health workers and 14 foolhumas were trained. With the augmentation of the training capacity of the AHSTC, the health education unit of the Centre was manned by United Nations Volunteers funded by UNICEF, with one medical officer, one graphic artist trainee, one assistant tutor and one administrative staff. The unit produced a series of slides and teaching manuals and has also started a training programme for foolhumas at Raa Atoll.
In NEPAL, the training of panchayat-based health workers and health aides was continued by the Family Planning and Maternal and Child Health Project in conjunction with in-service and orientation programmes for other health workers in rural areas. One hundred and thirty-five community health leaders were trained in Morang District in order to improve monitoring and supervision. A comparative study of two parts of Morang District with and without community health leaders was undertaken based on predetermined indicators. The results are being analysed and will be used as inputs for further developing the training of community health leaders and other workers in rural areas. During the period under review, 167 village health workers were trained while 135 attended refresher courses. WHO provided assistance to strengthen training facilities in Kathmandu, the regional centres in the Western and Far-Western Regions and the Pathalaya Training Centre.

In SRI LANKA, seminars for building leadership in support of HFA/2000 through PHC have been conducted for political leaders, parliamentarians and leaders from NGOs and voluntary agencies. Reorientation seminars were organized for district health development committees, and pradeshiya and gramodaya health development committees. A preliminary assessment indicates that public demand for investment in preventive services has been increasing and that there is a positive support for primary health care services due to these activities.

To ensure the expansion of primary health care through the active involvement of communities in planning, implementing and managing primary health care, training-cum-development centres have been created at the village level in THAILAND. Eighty-five villages have been selected for developing primary-level training-cum-development centres. Health personnel in 220 health centres and 25 districts covering these 85 villages have been trained through training courses. WHO collaborated in these training activities undertaken by the provincial authorities. Training was conducted at the primary-level training-cum-development centres. The primary centre, in turn, conducted training courses for another 10 villages nearby as the secondary training and development centre through technical cooperation among developing villages (TCDVs). About 220 villages have been developed to serve as secondary centres as against the target of 850. They in turn will train the remaining villages through the mechanism of TCDV to cover the whole country.

5.7.6 Manpower Training Activities in Diarrhoeal Disease Control

In BANGLADESH, WHO supported training activities for supervisors and peripheral-level health workers. In addition, a comprehensive programme review of the CDD programme was conducted in April to
identify further training needs at all levels. The NCDD programme manager participated in an Interregional Programme Managers Training Course held in New Delhi in March.

In BHUTAN, three CDD supervisory skills courses for health assistants were conducted. This brings the number of health assistants trained in CDD to approximately 80, which is nearly the total number of health assistants in the country. One medical officer also participated in the Interregional CDD Programme Managers Training Course in New Delhi. Approximately 20 doctors and 28 staff nurses were trained in the clinical management of diarrhoea.

In BURMA, a comprehensive review of the CDD programme was completed in July 1985 and training needs were further strengthened.

In INDIA, one combined course in CDD/EPI/ARI supervisory skills, the first of its kind, was held for district medical officers. Six national-level CDD supervisory skills courses were conducted in 1985 and more than 50 one-day ORT seminars were held. Nearly 200 medical officers completed the courses and several hundred paediatricians attended the ORT seminars. Eight participants completed the Interregional CDD National Programme Managers Training Course held in New Delhi.

In INDONESIA, training in CDD supervisory skills continued with six courses conducted during the year. A workshop for strengthening the teaching curricula in medical institutions for CDD/EPI was held with participants from 28 different institutions attending. Approximately 180 doctors were trained in CDD supervisory skills courses in the last year.

In MALDIVES, health personnel attended the Intercountry Course on Clinical Management of Diarrhoeas held in Indonesia and the Interregional CDD Programme Managers Training course held in New Delhi.

In MONGOLIA, 55 participants completed the CDD/EPI/ARI course held in Ulan Bator in September 1985.

In SRI LANKA, the first field test in the Region for the combined CDD/ARI supervisory course was held in July in which 20
medical officers participated. A comprehensive CDD programme review was conducted in February which identified additional training needs at the MOH level and below. One doctor participated in the Interregional CDD National Programme Managers Training Course in New Delhi.

In THAILAND, training in CDD supervisory skills for doctors and nurses continued as planned. Other medical and paramedical workers have also participated in supervisory training courses during the last year. One participant completed the Interregional CDD Programme Managers Course in New Delhi.

In addition to these national CDD training activities, 2 intercountry courses on the clinical management of diarrhoeal diseases were held in Calcutta and Jakarta for approximately 40 participants from the Region. Forty participants from the country attended the Interregional CDD Programme Managers Training Course held in New Delhi. An intercountry workshop for CDD/TDR methods for research was held in Calcutta and was attended by 20 participants.

5.8 FELLOWSHIPS

During the period from 1 July 1985 to 30 June 1986, 924 fellowships were awarded using various sources of funds: 800 from the Regular Budget, 97 from UNDP, 14 from UNFPA, 1 from an interregional project and 12 from other sources/projects funded by WHO headquarters. The fellowships awarded under the Regular Budget consisted of 740 against the 1984-1985 provision, 9 against the 1982-1983 budget, and 51 against the 1986-1987 budget.

5.8.1 Implementation

Under the regular budget for the 1984-1985 biennium, as of 30 June 1986, a sum of US $8495,950 had been obligated for fellowships, constituting 98.2 per cent of the total fellowship budget. Against 1536 fellowships planned for 1984-1985, the total number of fellowships awarded became 1460 as a result of reprogramming. Of the total of 1460 fellowships, 1366 fellowships (93.5 per cent) had been awarded as of 30 June 1986. The fellowships that could not be accommodated in 1985 for budgetary constraints are being implemented in 1986-1987 in consultation with the governments concerned.

UNDP provided US $1,401,035 for fellowships during 1985, which represented 19 per cent of the total UNDP budget for the Region. As at 31 December 1985, a sum of US $604,237 had been obligated,
constituting 43 per cent of the fellowships budget. During 1985, the number of UNDP fellowships awarded was 93.

Under UNFPA funds, a total of US $450,935 was provided for fellowships during 1985 for the Region, representing 35 per cent of the UNFPA budget. As at 31 December 1985, a sum of US $301,325 had been obligated, constituting 67 per cent of the fellowships budget. The number of UNFPA fellowships awarded during 1985 was 36.

**TABLE 1. Distribution of fellowships under the regular budget, by region of study (1 July 1985 - 3 June 1986)**

<table>
<thead>
<tr>
<th>Country</th>
<th>American</th>
<th>Eastern Mediterranean</th>
<th>European</th>
<th>South-Western Asia</th>
<th>More than one Region</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>5</td>
<td>18</td>
<td>82</td>
<td>11</td>
<td>4</td>
<td>120</td>
</tr>
<tr>
<td>Bhutan</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Burma</td>
<td>3</td>
<td>13</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>-</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>India</td>
<td>40</td>
<td>18</td>
<td>26</td>
<td>17</td>
<td>50</td>
<td>151</td>
</tr>
<tr>
<td>Indonesia</td>
<td>21</td>
<td>9</td>
<td>43</td>
<td>27</td>
<td>50</td>
<td>150</td>
</tr>
<tr>
<td>Maldives</td>
<td>-</td>
<td>2</td>
<td>12</td>
<td>-</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Mongolia</td>
<td>-</td>
<td>17</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>Nepal</td>
<td>9</td>
<td>4</td>
<td>100</td>
<td>7</td>
<td>26</td>
<td>146</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>9</td>
<td>4</td>
<td>43</td>
<td>17</td>
<td>26</td>
<td>99</td>
</tr>
<tr>
<td>Thailand</td>
<td>3</td>
<td>-</td>
<td>14</td>
<td>2</td>
<td>12</td>
<td>35</td>
</tr>
</tbody>
</table>

| Total    | 90       | 2                    | 95       | 342                | 83                   | 179   | 791   |
| Percentage| 11       | -                    | 12       | 44                 | 10                   | 23    | 100   |

Table 1 shows that 44 per cent of the fellowships were awarded for study within South-East Asia, of which 52 were in-country fellowships, 12 per cent in Europe, 11 per cent in the Americas, 10 per cent in the Western Pacific and 23 per cent in more than one Region.

The distribution of fellows by professional category is as follows: doctors, 329; engineers, 33; nurses, 46; dentists, 16; technicians, 24; and others, 344.
### TABLE 2. Distribution of fellowships, by sex, age and duration (1 July 1985 - 30 June 1986)

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>606</td>
<td>77</td>
</tr>
<tr>
<td>Female</td>
<td>185</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>791</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>26-35</td>
<td>219</td>
<td>28</td>
</tr>
<tr>
<td>36-45</td>
<td>337</td>
<td>43</td>
</tr>
<tr>
<td>46-55</td>
<td>217</td>
<td>27</td>
</tr>
<tr>
<td>Over 55</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>791</td>
<td>100</td>
</tr>
<tr>
<td><strong>Duration (months)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 1</td>
<td>232</td>
<td>29</td>
</tr>
<tr>
<td>1-3</td>
<td>358</td>
<td>45</td>
</tr>
<tr>
<td>3-6</td>
<td>51</td>
<td>7</td>
</tr>
<tr>
<td>6-12</td>
<td>100</td>
<td>13</td>
</tr>
<tr>
<td>Over 12</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>791</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 shows the percentages of awards for males and females, the distribution of the fellowships among different age groups and the duration of fellowships by month. The table is self-explanatory.

As can be seen in Table 3, 227 (or 29 per cent) of the fellowships were awarded in the field of communicable diseases and laboratory services - a significant increase over the 95 fellowships (12 per cent) awarded during the period 1 July 1984 - 30 June 1985. One hundred and twenty-nine (or 16 per cent) fellowships were awarded in the field of public health administration.

#### 5.8.2 Fellows from Other Regions

During the period under review, placements in the South-East Asia Region were also arranged for 195 fellows from other Regions: 6 from the African Region, 2 from the American Region, 98 from the Eastern Mediterranean Region, and 89 from the Western Pacific Region.
TABLE 3. Fellowships awarded under the regular budget, by subject of study and country of origin of the fellow (1 July 1985 - 30 June 1986)

<table>
<thead>
<tr>
<th>Subject</th>
<th>BAN</th>
<th>BHU</th>
<th>BUR</th>
<th>DPRK</th>
<th>IND</th>
<th>INO</th>
<th>MAV</th>
<th>NEP</th>
<th>SRI</th>
<th>THA</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health administration</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>-</td>
<td>17</td>
<td>45</td>
<td>3</td>
<td>5</td>
<td>19</td>
<td>22</td>
<td>1</td>
<td>129</td>
</tr>
<tr>
<td>Environmental health</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>3</td>
<td>21</td>
<td>19</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>93</td>
</tr>
<tr>
<td>Nursing</td>
<td>12</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>7</td>
<td>4</td>
<td>-</td>
<td>8</td>
<td>2</td>
<td>-</td>
<td>46</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>Communicable diseases and laboratory services</td>
<td>42</td>
<td>6</td>
<td>3</td>
<td>-</td>
<td>48</td>
<td>24</td>
<td>4</td>
<td>-</td>
<td>65</td>
<td>23</td>
<td>12</td>
<td>227</td>
</tr>
<tr>
<td>Clinical sciences</td>
<td>12</td>
<td>1</td>
<td>6</td>
<td>-</td>
<td>24</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>65</td>
</tr>
<tr>
<td>Basic medical sciences and education</td>
<td>12</td>
<td>-</td>
<td>7</td>
<td>5</td>
<td>-</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>Research methodology</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>Others</td>
<td>26</td>
<td>-</td>
<td>7</td>
<td>-</td>
<td>24</td>
<td>39</td>
<td>1</td>
<td>4</td>
<td>21</td>
<td>21</td>
<td>8</td>
<td>151</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>15</td>
<td>30</td>
<td>8</td>
<td>151</td>
<td>150</td>
<td>20</td>
<td>17</td>
<td>146</td>
<td>99</td>
<td>35</td>
<td>791</td>
</tr>
</tbody>
</table>
5.8.3 Evaluation

During the period under review, a total of 114 termination-of-studies reports were received. So far, no utilization-of-studies report has been submitted by the fellows.

An evaluation study is proposed to be undertaken in the countries of the Region to assess the effectiveness of the WHO-supported fellowships programme vis-à-vis its impact on the health manpower development and health services delivery of the countries. This study will also give an insight into the implementation of the new fellowship policy.

5.8.4 Constraints

The language requirements for placement in the United States of America and the United Kingdom are the main constraints in arranging any placement in the UK and for long-term placement in the USA. Recently, on the basis of reports from the USSR that fellows placed there had inadequate knowledge of Russian, a certificate of proficiency in the language has been asked for prior to placement. The late receipt of applications and relevant documentation continued to be one of the major factors for delay in arranging placements and the last-minute rush in issuing awards or reprogramming funds.

It is getting increasingly difficult to secure placements in the Region, particularly in India, in undergraduate and postgraduate medical education, clinical pathology and pharmacy. The TCDC mechanism in these areas needs to be strengthened to overcome this problem.

5.9 GROUP EDUCATIONAL ACTIVITIES

During the period under review, 44 meetings/group educational activities were organized, of which 5 were national, 31 were regional, and 8 interregional. In addition, there were 7 policy meetings. These group educational activities consisted mainly of regional meetings, workshops, consultative meetings, seminars and short training courses. The 31 intercountry activities were attended by a total of 430 participants from the countries of the Region. The breakdown, by country and by type, is given in Tables 4 and 5.
TABLE 4. Countries represented and number of participants
in intercountry meetings/activities

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of meetings attended</th>
<th>Total no. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>25</td>
<td>71</td>
</tr>
<tr>
<td>Bhutan</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Burma</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>India</td>
<td>28</td>
<td>80</td>
</tr>
<tr>
<td>Indonesia</td>
<td>25</td>
<td>62</td>
</tr>
<tr>
<td>Maldives</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Mongolia</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Nepal</td>
<td>23</td>
<td>41</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>27</td>
<td>49</td>
</tr>
<tr>
<td>Thailand</td>
<td>28</td>
<td>69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>430</strong></td>
</tr>
</tbody>
</table>

*Total number of meetings held

TABLE 5. Intercountry activities, by type and participants
(1 July 1985 - 30 June 1986)

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Number</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional meeting</td>
<td>11</td>
<td>108</td>
</tr>
<tr>
<td>Workshop</td>
<td>9</td>
<td>147</td>
</tr>
<tr>
<td>Consultative meeting</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>Seminar</td>
<td>4</td>
<td>54</td>
</tr>
<tr>
<td>Short training course</td>
<td>4</td>
<td>82</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>430</strong></td>
</tr>
</tbody>
</table>

During this period, three advisory meetings were held, i.e.,
3rd Peer Review of the Phase II-B Human Trial of Candidate DEN-2
Vaccine; Fifth meeting of the Peer Review group on Diarrhoeal
Diseases and the 12th Session of the SEA Advisory Committee on
Medical Research (ACMR).
Group educational activities dealt with a wide variety of subjects: control of tobacco-related diseases; mental health needs in primary health care; acute respiratory infections; reorientation of educational programmes for nurse educators and managers in support of PHC; monitoring and evaluation of national programmes for the prevention of blindness; seminar on health-for-all monitoring and evaluation, and acquired immuno-deficiency syndrome (AIDS).

Several workshops were also organized by WHO: epidemiology of mental health needs; intersectoral action in primary health care development; further development of family health education; management and training for middle-level health workers, and the training of media personnel at the professional level for the advocacy of HFA/2000 through primary health care.