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HEALTH MANPOWER DEVELOPMENT FOR HEALTH FOR ALL IN CENTRAL AND EASTERN EUROPEAN COUNTRIES

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Planning, education and use of health personnel for health for all

Before 1990, in all Member States, the planning, training and use of health personnel should be in accordance with health for all policies, with emphasis on the primary health care approach.

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HEALTH MANPOWER DEVELOPMENT FOR HEALTH FOR ALL IN CENTRAL AND EASTERN EUROPEAN COUNTRIES

Report on a WHO Consultation

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Note

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Background

In September 1990, the WHO Regional Committee approved resolution EUR/RC40/R7 on cooperation with the countries of central and eastern Europe (CCEE), reflecting the growing willingness of Member States to intensify their cooperation with these countries in health matters, to overcome the gap in health status between CCEE and other countries of the Region.

A Consultation of WHO Collaborating Centres in Europe on Health Manpower Development for Health for All was held in Rome on 21 and 22 September 1990, from which it became clear that cooperation between the Regional Office and CCEE could be useful, in such areas as:

- changing the education policy for health professionals;

- creating a system of continuing education for health personnel;

- implementing new approaches to the training of high-level specialists in health care management through the use of the European Master of Public Health;

- strengthening relations with future collaborating centres on health personnel development in CCEE within the scope of their terms of reference;

- developing and strengthening existing courses at the WHO collaborating centre in Moscow, the Central Institute for Advanced Medical Studies, and at new training centres in CCEE.

A programme of intensified cooperation with CCEE was accepted and recommended for implementation at an Advisory Subcommittee meeting of the Regional Committee for Europe on Intensified Cooperation in Health with CCEE that took place in Copenhagen from 23 to 24 November 1990.

Supporting these countries in health personnel development involves the key elements of the planning, training and use of health personnel. These all need comprehensive analysis and evaluation with the participation of decision-makers from CCEE.

Scope and purpose

Cooperation between WHO and CCEE requires them to clarify the actual needs of CCEE and the possible ways in which the Regional Office can meet them.

The purpose of the Consultation was to further understanding of these needs, and to develop joint activities between the Regional Office, WHO collaborating centres and European professional associations in the field of health personnel development in the short and medium term.

Six central and eastern European countries were represented at the Consultation: Bulgaria, Czechoslovakia, Hungary, Poland, USSR and Yugoslavia. In addition, there were representatives of the Association of Schools of Public Health in the European Region (ASPHER) and the Association for Medical Education in Europe (AMEE), and heads of centres and institutions from other European countries who actively cooperate with the Regional Office. There were also 11 participants from 9 countries, and 6 WHO staff members.

Each participant had health personnel development as a common background (see Annex 1). The Consultation was convened in cooperation with the French Ministry of Solidarity, Health and Social Protection and was hosted by the Fondation Marcel Mérieux, a WHO collaborating centre.

Countries' needs

Bulgaria

The present Bulgarian health system is owned by the Government and financed by the central budget. A new health law is to be passed leading to the formation of a new health system. This future law has two major characteristics: the formation of health insurance institutions and the establishment of private medical practice.

These activities will require the training of public health managers to run hospitals, polyclinics and the whole system at different levels, and assistance is therefore needed from WHO or other countries to start up teacher training courses.

As another priority, Bulgaria will need training in some specialized areas of medicine such as kidney transplants, as well as the related organization and legislation.

The organization and running of workshops in health personnel development will benefit from WHO support.

Czechoslovakia (Slovak Federal Republic)

The first priority for the health care system will be the fundamental change towards demonopolization, decentralization and broader cooperation. The main

reform will be the creation of a new institute for the education of health personnel. Work is also being carried out at the undergraduate, postgraduate and continuing education levels.

Hungary

Changes in health personnel development are already taking place in Hungary. In the area of maternal and child care, a large programme has just begun to retrain health professionals, paediatricians and specially trained paediatric nurses who care for women during pregnancy and childbirth and for children up to the age of 16 years.

As for the care of other adults, including the elderly, the goal is to retrain general practitioners and provide them with new equipment to enable them carry out their job. The importance of general practitioners' work should be emphasized in the medical curriculum.

One health care problem is that a lot of social work is done by doctors and nurses. The training of social assistants and workers has now been going on for a year and this is already having an effect on mid-level and university-level professionals. If there were a balance of professional groups, i.e. for both health and social care, the quality of health care would improve greatly.

Poland

In the field of personnel development, three activities need to be developed in accordance with the national reform plan. Courses should be arranged in Poland to prepare a new generation of health care managers in the School of Public Health to be established in Cracow. Another problem is how to introduce quality assurance systems to improve specialized health care. A third problem is the development of professionals in the health-related sectors of whom there are very few.

USSR

The present status of public health includes a number of problems in the USSR.

In the field of health personnel development, there is an overproduction of doctors, shortage of nurses and midwives, and an imbalance between the different groups of health personnel in hospitals and outpatient institutions.

The principles of insurance underlie the All-Union and republic legislation on public health funding that will soon be submitted to the USSR Parliament.

The All-Union Ministry of Health will determine national health policy and prospects for development in this field, draw up all general government programmes and set norms to regulate related activities and ensure funding for them.

It is essential to democratize doctor-patient relations and to make a phased transition from district therapists to general practitioners and then to family doctors as the mainstay of the USSR health system.

New pay arrangements have been worked out for medical personnel that should ensure that their earnings are commensurate with their qualifications and the amount and quality of their work. The medical centres may now make contractual agreements with doctors, which should improve the medical assistance they provide.

During the period of change, the training of professionals should be strengthened, starting with simple courses such as management courses at the community level.

Yugoslavia

The health care reform is based on the changes required by the introduction of a market economy system. As for the reorientation of the health services towards privatization, one of the important questions is the number of private and state health services.

The main issues in the public health reform are health management and personnel education. The following health personnel approach is proposed: in the short term, continuing education through various seminars and education for quick reorientation, and in the long term, new plans for the next generation.

The role of the WHO Regional Office for Europe

Various problems have emerged in health personnel development in CCEE as their health care systems have begun to change. Clear health personnel development policies are needed in each of the CCEE, taking due account of their specific characteristics.

The Regional Office has two main projects related to human resources, i.e. an educational and training policy and the European Master of Public Health.

An educational and training policy for health for all has been developed to identify the new skills needed by health professionals to carry out their tasks. It now also includes facilitating changes in the education of the public and of professionals in health-related sectors. Professionals in other sectors, as well as the public, also require new skills. The new policy contains proposals to change training programmes so that they are characterized by active problem-based learning, teamwork, community orientation and self-learning. It should motivate learners to become involved in education on a lifelong basis.

The creation of a European Master of Public Health is a joint project between the Regional Office and ASPHER that started in 1987 when the WHO/ASPHER Task Force began to develop proposals and curricula for the Master's degree. The idea was to develop target-based learning materials to enable public health professionals throughout Europe to take on the challenges implicit in health for all in the coming decade.

During 1990, the Task Force made significant progress at four workshops organized in different schools (or departments) of public health in Nottingham (United Kingdom), Rennes (France), Gothenburg (Sweden) and Düsseldorf (Federal Republic of Germany). The main achievement in 1990 was the creation of a broad network, as well as work on developing appropriate learning materials. These consist of four obligatory modules that should be ready for pilot testing early in 1991.

The meeting of the Advisory Subcommittee of the Regional Committee for Europe, on intensified cooperation in health with CCEE, showed that the needs and priorities in these countries vary and any attempt to generalize is dangerous. When dealing with CCEE, three general areas need to be discussed: public health, health services reform and specializations.

Public health includes disciplines such as epidemiology, demography and health promotion, and covers the ability to study a population, to analyse the causes, differences and trends in its conditions or characteristics, and to take purposeful and deliberate action to do something about it. Besides that, the question of health services reform is the first priority in some countries. It requires health services research, i.e. measuring the activity in curative facilities, measuring the input of resources and their outcome, and shifting resources towards more effective and cost-effective forms of curative care. Health economics

and financing are naturally very important, especially short-term financing. Medical specializations are also of great importance, in particular general practice and primary health care.

Training as an international and collaborative activity with WHO support, or support from other organizations, is not economically feasible. Each individual CCEE must address itself to this task over the next five or ten years. The strengthening of specific skills might be done through the training of trainers. Some of the CCEE have substantial institutions for postgraduate training in public health, for health services research and for clinical specializations. Thus support might be required to strengthen the capacity of these institutions to produce the right leadership, provide training for future generations of leaders in health services reform and in public health, and to conduct the necessary research that will stimulate the national line of thinking. It seems that training and research cannot be separated at the postgraduate level. They are bound to go hand in hand to some extent.

General discussion and recommendations

A country-specific approach is needed owing to the many differences in health problems among CCEE.

WHO collaborating centres and institutions should not concern themselves with the health systems of the CCEE, and not go into detail about how they have decided to reorganize their human resources. The role of WHO should be to make them aware of health economics, epidemiology, health policy and management, and make known to them the range of experience of other countries. The WHO contribution could be to help strengthen the intellectual base and leadership within national institutions.

WHO could support the establishment of leadership within the areas of medical education and of the training of public health managers. With the decentralization of medical schools and their independence from government, a feedback mechanism would be necessary between medical faculties and national health care systems. One of the tools for this task could be a national examination system.

International support would be required to produce attractive literature for all categories of professional involved in the planning, training and use of human resources for health, as well as for all categories of worker involved in health care.

The clarification of terms and definitions is vital, since this relates to the implementation of some western European and WHO terms in central and eastern Europe. Teacher training is an important element in reorientation.

Many possible ways exist of cooperating with WHO. All kinds of joint activity are welcome, such as teacher training workshops (national, bilateral or multilateral, with international experts, etc.), WHO missions to countries, and the creation of networks for cooperation in the field of human resources for health.

Discussions tried to identify the benefits of international collaboration in the implemention of educational programmes for health for all based public health leadership training, and how to reach this goal.

In view of the interests of CCEE in changing their own health care systems, steps should be taken to develop a new policy in health personnel development.

Some short- and long-term problems were identified in the cooperation of WHO and CCEE with nongovernmental organizations and other institutions.

Multilateral cooperation should begin for the organization of short-term courses, workshops for teachers and public health managers, and studies of different aspects of the development of human resources for health. When planning their future activities, WHO collaborating centres on health personnel development should bear in mind the needs of CCEE.

The CCEE would be greatly assisted if cooperation with them were integrated into Regional Office activities on human resources development.

Annex 1

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