



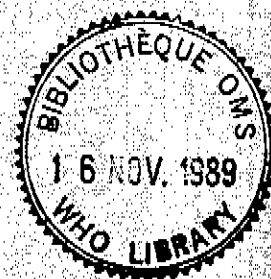
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SIXTH MEETING OF NATIONAL FELLOWSHIPS OFFICERS OF THE EUROPEAN REGION

Report

Berlin
17-21 April 1989



1989

EUR/HFA target 36

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TARGET 36

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

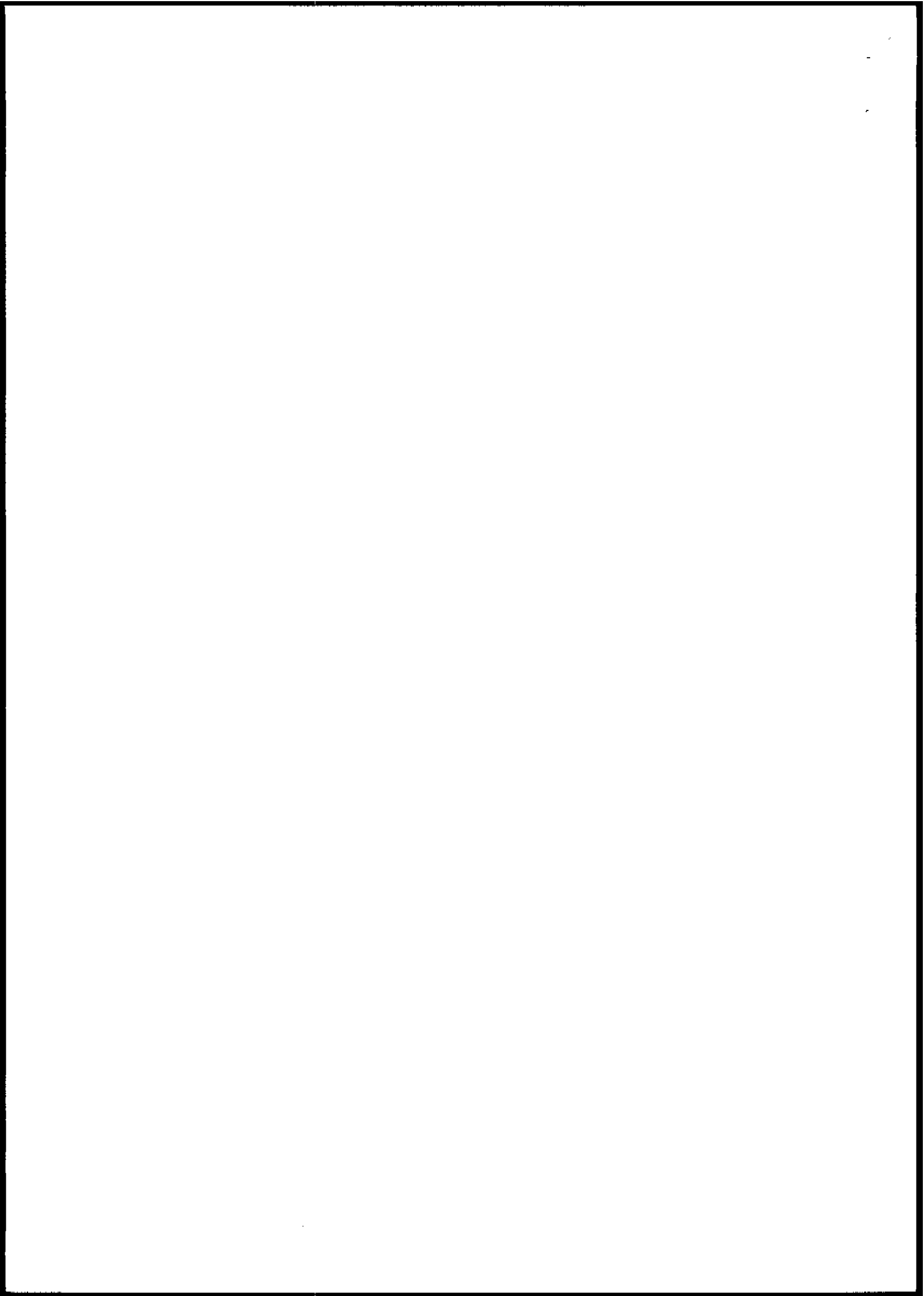
Before 1990, in all Member States, the planning, training and use of health personnel should be in accordance with health for all policies, with emphasis on the primary health care approach.

Index:

FELLOWSHIPS AND SCHOLARSHIPS
EVALUATION
HEALTH MANPOWER
HEALTH FOR ALL
WORLD HEALTH ORGANIZATION
EUR

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1. Introduction

The Sixth Meeting of National Fellowships Officers of the European Region was held in Berlin, German Democratic Republic, from 17 to 21 April 1989. It was attended by 31 national fellowships officers from 25 Member States, together with staff from the WHO Regional Offices for Europe, Africa and the Eastern Mediterranean and one temporary adviser from the United Kingdom. The Council of Europe and the United Nations Educational, Scientific and Cultural Organization were also represented. Seventeen countries were represented by administrative officers, six by medical professionals and two by nurses. A List of Participants is attached as Appendix I.

The main aim of the meeting was to discuss fellowships policies and how they influence the development of health manpower, both in the Member States of the European Region and in other regions which use the training facilities offered by European countries. Further issues for discussion were methods of evaluation of the fellowships programme and ways to improve its overall cost-effectiveness.

The meeting was opened by Dr K.H. Lebentrau, Director of the National Office for WHO Affairs, Ministry of Public Health, Berlin, who welcomed the delegates on behalf of the Minister of Health and his department. He expressed the pleasure felt by his Government in hosting this important meeting and emphasized the value and benefit they attributed to the fellowships programme. An analysis of the results and experience gained from fellowships, both from the viewpoint of sending and receiving countries, should lead to improvements for future activities, the training of health workers being one of the major ways to achieve the global and regional strategies of Health for All by the year 2000 (HFA).

Dr P. Owe Petersson, speaking on behalf of Dr J.E. Asvall, Regional Director of the WHO European Regional Office, thanked the German Democratic Republic for hosting the meeting. The importance of the fellowships programme has increased since the Alma Ata declaration and the HFA strategy. In 1984 the European Region developed 38 regional targets, based on the global HFA policy, to help Member States reach the HFA. The 1988 monitoring report for the European Region showed that recent trends had been promising in some areas, but in others, particularly those regarding lifestyles, little progress had been made. Changing attitudes require good leadership, and this should result in better health and hopefully reduce expenditure on hospitals and related services.

Until recently resources were directed more at curative than at preventive medicine. Hence the importance of Alma Ata with its focus on redirecting attention to developments for the promotion of health. Following this lead fellowships in Europe are now being awarded more frequently for health policy and public health than for medically oriented subjects. The 1990s will bring other demands, and it is hoped that fellowships will continue to be in line with HFA developments.

It is important to evaluate the fellowships programme so as to ensure that it will help to develop leaders for HFA and that appropriate placements are made to give fellows the intended training.

In essence, HFA policy has three overlapping dimensions, all equally important: a technical element, a managerial component, and a cultural/ethical dimension. Hence training provided in any field of study should reflect these perspectives with positive attitudes to all three, as this is the best guarantee that the acquired knowledge will be applied correctly and in line with HFA.

Professor Konstantin Spies was elected Chairman, and Dr L.F. de Carvalho Magao, Vice-Chairman. Dr I.H. Nicholas was appointed Rapporteur.

The preparations and well planned organization of the meeting by the host country, the German Democratic Republic, and the excellent way in which the Chairman conducted the sessions, were highly appreciated by all the participants.

2. The role of the WHO fellowships programme in promoting regional and national HFA strategies in Europe

Professor K. Spies began by reminding the participants that HFA based on primary health care, as exemplified by the 38 regional targets, is now the accepted goal of all Member States of the European Region, and can best be achieved in an era of peace. Despite the heterogeneity of the countries with differing socio-economic and political situations, the Region is progressing towards its goal. Even so, many important issues still have to be faced. Quoting from the 1988 monitoring exercise for the European Region, he pointed out that inequity, both between and within countries, is still a major problem, as are environmental health and lifestyles. Health indicators showing unsatisfactory trends are frequently associated with lifestyles. Health economics is also becoming increasingly important.

HFA not only has profound implications for the organization and functioning of health services, but also calls for a thorough reorientation in the education, training and utilization of all categories of health professionals, as the implementation of both the EURO and national strategies will depend upon the development and appropriate use of human resources. This will necessitate each country carefully analysing the manpower needs to implement its HFA strategy, and adopting a suitable manpower policy, both in terms of numbers and the educational qualifications required by each category of personnel. It would help to minimize the oversupply, overspecialization and improper utilization of personnel currently seen. Training programmes should not only ensure staffing requirements for the basic services, but should also implant the philosophy of cooperation between all levels and functions of the health service and with other sectors essential for the realization of primary health care.

Most European countries have now formulated national health manpower strategies and the fellowships programmes should be an integral part of such strategies. Since its inception in 1947, the fellowships programme has proved its importance in health manpower development. The current fellowships policy is based on the Executive Board Resolution EB71.R6 (January 1983) which states that all activities of the Organization must contribute to the achievement of HFA by the year 2000 and sees fellowships as one of a number of mechanisms for

training the manpower required to implement the global strategy. Recently European Member States have increasingly been using the WHO country allocations in cooperative agreements with the Regional Office, in which the resources are put in priority areas with clearly defined objectives aimed at fulfilling the national health needs and plans in line with HFA policy, fellowships being in those cases one of the possible activities towards the intended objectives.

All sectors providing services should be coordinated at community level in a primary health care setting.

Professor Spies outlined the fundamental questions for education in line with HFA and went on to deal with the combined efforts of all sectors to develop an intersectoral approach to health problems. Improvement of health levels depends upon health promotion and education, particularly with regard to lifestyles, and also with addressing environmental and socio-economic issues. Communities have to develop integrated services, particularly with regard to primary health care, although there has to be a balance between the required funds and the benefits of the service. Strengthening the role of the general practitioner is important in this context. He particularly drew attention to the need for properly trained and competent managers, and to the importance of long-term planning.

Some of the priorities to be considered when awarding fellowships are the improvement of management capability, primary health care, information systems and epidemiological surveillance and control, and health promotion and education. Environmental protection and health, better planning and appropriate use of technology and pharmaceuticals, quality control, health service research, the development of educational systems, and the better use of available resources are all important issues and, for many of these, there are designated WHO Collaborating Centres in the Region. Improvement in health management (defined as the purposeful and efficient use of society's total resources for improving health on the basis of a national health policy) is particularly important, with managerial processes implementing HFA policy being directed towards increased efficiency in reducing health hazards and improving health status, which should lead to the selection of long-term solutions that favoured health promotion and disease prevention. Inadequate training in health management and lack of good managerial practice lead to inefficiency in the use of health resources. Greater emphasis should be placed on the role of health administrators properly trained in management skills.

The World Conference on Medical Education (Edinburgh, 1988) had called for a reform of medical education to meet the needs of society. This required an integrated system at all levels with a shift of emphasis from passive learning to a more active learning process, including problem-orientated learning and self-directed study. Training for primary health care should be an integral part of all levels of education. Training of fellows should combine a theoretical background with practical experience and, where necessary, study programmes should be created relevant to the special needs of the sending country. This would increase the motivation and self-confidence

of the fellow which, when combined with the guarantee of future employment at a suitable level, should lead fellows to make a positive contribution, both through the specific knowledge acquired and by the promotion of HFA philosophy. Successful fellowships should also make an impact both on an intersectoral level and within the community, and should lead to the establishment of good long-lasting professional relationships as well as developing international cooperation.

Professor Spies concluded by saying that it is important for the fellowships programme to be an integrated part of the national health manpower development policy and that priority should be given to the training of teachers and to education in HFA policy.

3. Health personnel and HFA in Europe

Dr Menu noted that established attitudes to health personnel manpower development were currently being challenged in a number of ways, particularly the unchecked growth of physicians, with medical school curricula set to meet standards of academic excellence, and hospitals with high priority for resource allocation having a monopoly for training purposes. Physicians had been accepted as leaders in health care and there had been no external authority to challenge the relevance of academic goals to the needs of the health system and community expectations. New concepts have asserted that the relevance to health needs of the community are more important than international standards, and that a balanced supply of appropriate manpower requires a firm policy. Advances in scientific knowledge and new technologies have created new expectations from the public, but the increased financial demands this implies have not been met in allocations to health budgets. The control of health care expenditures has created conflicts of interest between and within health professions and has also led to ethical conflict concerning interests of the individual as against those of the community. Health care providers are required to have increased accountability, and quality assurance is raising much interest. A wider range of health care professionals are demanding greater involvement in health care decisions.

There are currently diverse imbalances in health personnel, both within the ratios of one group to another and also in geographical distribution with, in some cases, unemployment and shortage of staff co-existing within the same state. Several themes of the European HFA strategy constitute definite challenges for the planning, education and utilization of health personnel, while offering opportunities to increase the relevance of their functions. Target 36 states that "in all Member States, the planning and use of health personnel should be in accordance with HFA policies, with emphasis on the primary health care approach". This calls for each country to establish health personnel policies based upon their needs and to establish the numbers and educational qualifications required for each group to provide the necessary services. Education must fit in with this overall health personnel development system.

The model of education for competence is generally thought to be the most appropriate to prepare health professionals. For this to be effective institutions will have to define and state the necessary competences and include several areas currently neglected. Curricula should be designed to facilitate the acquisition of desirable competences. New educational approaches are important in such a competency-based curriculum and include community-based learning and multiprofessional education. The former is important for ensuring that health personnel are competent to perform tasks relevant to the health needs of the population, while the latter provides a basic preparation for the team approach to health care.

New forms of continuing education are necessary to permit adaptation of all health personnel to technical changes, changes in working environments and to prepare them to adjust to the new demands that society will put upon them. An essential aim of basic education must therefore be to ensure that students learn how to prepare for "life-long learning". A problem-based approach is helpful in this respect.

Since 1987 the European Regional Office has been actively developing a strategy for reorientating medical education and for creating awareness of the need for a new educational policy. A working paper "Health personnel development in support of HFA" has analysed the implications of HFA policy for health personnel. This has led to consultations with interested parties to develop a framework for health personnel development supportive of HFA with stress on education. Three groups have been given priority, nurses, physicians and public health managers. International meetings in 1988 on the former groups have led to the Vienna Declaration (Nurses) and to the Edinburgh Declaration and Lisbon Initiative (Physicians). The situation regarding public health managers is currently under review, and a document dealing with functions, recruitment and training will be presented to the Regional Committee in autumn of 1989.

International cooperation is a major theme in the HFA strategy and learning from other countries' experiences will help to facilitate the introduction of new approaches. In this way the fellowships programme can make a significant contribution but this will depend upon the careful choice of fellows with preference being given to teachers, managers and leaders in key positions who will be able to influence and implement the necessary changes. Training programmes shall be selected according to their HFA orientation, both in contents and educational approaches.

4. Country presentations

Country representatives gave brief reports on fellowship activities and their use in manpower development. Some pointed out that with the available funds it was only possible to grant 4-5 short-term fellowships each year and that therefore their relative contribution to the improvement of the national health systems may be difficult to assess. Although generally supporting the idea of national selection committees, many countries did not find this method particularly appropriate considering the small number of awards made, and therefore relied on ministry officials to make the selection. As basic

training cannot be provided with current funding, fellowships are now being used more for professional inspiration and short study tours to gain experience of differing services and to collect information on other health service policies and methods of implementing the HFA strategy. In some countries fellowships are being used almost exclusively by experts from the health ministries as it is felt that they would be more likely to influence changes in policy, and to have the greatest impact.

Many countries have now agreed to medium-term programmes (MTPs) or other agreements with WHO. A certain proportion of the budget of the Regional Office is set aside for HFA related country support in addition to the normal country allocations. The total country allocation would serve these bilateral agreements rather than be used almost exclusively for fellowships. This would allow certain HFA activities, decided by the country in collaboration with WHO, to be targeted for support, and fellowships would be awarded only in these areas. It is hoped that this will lead to a more appropriate use of funds in developing HFA strategies. Several countries expressed concern that in those cases the number of fellowships would be further reduced, due to the allocation of funds to other activities.

Methods suggested for more effective use of the limited resources were to invite experts from overseas for courses or national conferences, thus allowing many to benefit, or to allow experts to attend meetings and seminars overseas; to limit financial support to a fixed amount and expect fellows to find the remainder themselves or from other sources, and to have small groups studying together to reduce fees and administration costs.

The participant from EMRO raised the questions of inadequate stipends and high tuition fees. Most receiving countries felt that the stipends were usually adequate to cover the intended costs, but often fellows have high expectations and they should be warned in advance as to what the stipends are for. Difficulties often arise if they bring their families with them. Fees for universities cannot be changed. Whilst it is appreciated that those for individual study tours are rising, this is in part due to the increased demand for such studies, and the increased demand on professionals' time. Studies carried out in small groups rather than as repeated individuals might disperse such fees, thus reducing the cost of every single fellowship.

It was noted that a number of the points raised in the country presentations had been raised at the previous Fellowships Officers meeting in Granada but had not been resolved.

The following recommendations were drawn up based upon comments made by national fellowships officers:

- The fellowships programme should receive increasing financial support because of its great importance in promoting the HFA strategy, and in the development of health manpower in Member States.
- Selection of fellows should favour persons who could become leaders in health development and who are likely to contribute effectively to manpower development and to the HFA strategy.

- When advertising the WHO fellowships, Member States should include a request that projects should be in line with the HFA strategy. The selection committee should follow Resolution EB71.R6. However, those countries having signed a medium-term programme with WHO and/or where a reduced number of fellowships are intended for specific purposes, would not be expected to follow this procedure.
- Adequate information should be given in the fellowship application forms (FAFs) to clearly show the objectives to be achieved during a fellowship and to give some idea of the type and standard of training required. This is particularly important with short fellowships where there is no time to make changes once the fellow has arrived in the host country.
- Fellowships should be a way of becoming aware of other countries' national health organization and of the HFA policies besides following the specific objectives of the study. In this context any background papers and information that could be produced by the host countries would be of obvious benefit.
- Information from other WHO Regional Offices on the health manpower needs of its Member States would facilitate placements in suitable institutions and appropriate fields of study. It would also be beneficial to receive information on the results of evaluations performed by other regions of those fellows who have been trained in European countries in order to ensure that satisfactory placements are being made and to improve future training activities.
- If direct contact is made, or intended to be made, between a fellow and a given institution, the Regional Office and the national fellowships officer should be kept informed before the preparation of the programme. This applies also to fellowships in the framework of medium-term programmes with specified contacts.
- When considering the placement of fellows, WHO Collaborating Centres should be taken into account.
- Several countries indicated their willingness to receive more fellows and that they could offer training facilities in specific areas. They should inform the fellowships unit in writing of these opportunities to enable these offers to be more widely known.
- Fellows should always contact the national fellowships officer on arrival in a country and also visit him/her whenever possible and compatible with the location and duration of the fellowship.
- A summary of assessments made by the Regional Office on the more popular courses available during the year should be distributed to all Member States to enhance the quality of fellowships and aid in evaluation procedures.

- The WHO Fellowships Information Booklet should be periodically reviewed and updated. It should include the rights and the obligations of fellows. The behaviour of fellows should be in accordance with the terms and customs of the receiving countries. (In this context, fees incurred by fellows cancelling accommodation they have requested fellowships officers to reserve should be deducted from the fellows' stipend, provided these fees do not seem unreasonable).
- Medical reports should be provided within the three months' period before of the commencement of the study period as required for health insurance purposes. In the few cases where health insurance is not needed, the medical report could be sent with the FAF, provided that the fellowship takes place within a reasonable time.
- In countries where the cost of living is high, accommodation could present a special problem. In such cases fellows intending to bring their wives and families should be discouraged unless they have other means to support them and can solve the problems of suitable accommodation without disrupting their training.
- For very short study tours with frequent changes of venue, the travel rate may in some cases be insufficient to cover the cost of frequent changes in accommodation. This should be taken into account in the revision of stipend rates as well as in the procedures for placement and in the arrangement of programmes.
- Payments should be streamlined as much as possible: fellows should always arrive with a suitable advance of stipend.
- Fellowship arrangements should be organized in such a way as to avoid last-minute cancellations and delays in the expected time of arrival. Those fellows requiring visas should make their applications in good time in order to avoid late arrivals and missing fixed courses. Receiving countries should indicate the approximate length of time necessary to obtain a visa, if delays are anticipated.
- Fellowships could contribute efficiently to the main "vehicles" of the HFA strategy such as healthy cities projects, CINDI, anti-smoking activities, etc.
- Fellowships could be one effective means for implementing the HFA research programme.
- As Mr D.B. Eggert, Fellowships Officer, Federal Ministry for Youth, Family Affairs, Women and Health, Bonn, was going to retire immediately after the meeting, it was unanimously agreed to thank him for his excellent work and support to the fellowships programme of WHO since 1960.

5. Technical management and administration of the WHO fellowships programme in Europe

Mrs Pelle stressed the importance of proper technical administration and management to ensure that the limited resources available were used to maximum effect. The responsibilities of the sending country, the WHO Regional Office and the host countries were comprehensively listed. A resumé of the main administrative problems encountered was given with suitable suggestions, particularly regarding the obligations placed upon fellows to assist in the smooth running of the scheme, and on health administrations to ensure that fellows were aware of these.

Two new proposed documents, a fellowship placement request and a fellowship acceptance letter, were introduced and other administrative matters were explained in detail, in particular matters regarding stipends and variations in rates payable, book allowance and thesis expenses, medical certificates and health insurance, and ways of reducing travelling costs.

Ensuing discussion further clarified several points. With regard to the question of the timing of medical certificates, it was suggested that national health administrations should forward fellowship applications to EURO with a statement confirming the candidate was in suitable health to undertake the fellowship. This would allow the application to be processed and a programme arranged, and the formal medical certificate could be forwarded within three months of the commencement of the fellowship, as is required for medical insurance purposes and preferred by some host countries. In cases where a fellow is already known to a host institution, the language certificate may be waived if the host institution is prepared to vouch for the necessary language skills.

The introduction of the two new forms was welcomed. It was felt that the responsibilities for the sending and host countries, and for the Regional Office listed in the document provided an ideal model of good practice which, if followed meticulously, should help to eliminate many of the familiar problems encountered, as well as resulting in more appropriate training and a smoother administration of the system. This should lead to improved effectiveness of the fellowships programme, and also help to reduce the administrative costs borne by the receiving countries.

6. The evaluation process in the WHO/EURO fellowships programme

Dr Piga drew attention to the need for thorough evaluation of the fellowships programme at several levels, not only to show the World Health Assembly and Executive Board that the resources devoted to fellowships are properly and efficiently used and result in suitable impact being made to HFA activities in Member States, but also to ensure improvement of the results of fellowships, and of the existing managerial and administrative aspects. A receiving region also has responsibilities to contribute to evaluations required by other regions. Several different evaluation processes are carried out in EURO, from evaluation of individual fellowships to overall administrative management surveys of the unit.

Individual assessments are made by termly reports, termination of studies reports and interviews, but since virtually all EURO fellowships are short-term, reliance is placed almost exclusively upon the termination of studies report and the one-year follow-up report provided by health ministries commenting upon the use made of the fellowship, and the success with which objectives listed in the termination of studies report have been achieved. The termination of studies reports are now computerized in EURO and lists can be given for information which should allow for collaboration with other fellows working in similar areas. Interviews form another important mechanism of evaluation but have to be restricted to the few fellows visiting the Regional Office. With the assistance of national fellowships officers, the fellowships unit is able to perform a continuous evaluation throughout the fellowship, responding to whatever problems arise. The work of the EURO fellowships unit is also scrutinized periodically in reports it has to provide for the Regional Director's Annual Report, in submissions to the Regional Committee, and contributions to the consecutive WHO general programme of work. The Fellowships Officers meetings themselves provide a further important mechanism for assessing and improving the details of the programme. Managerial surveys of the fellowships unit have taken place in 1982 and 1988.

Dr Piga went on to discuss the outcome of the current evaluation processes carried out in EURO. The recent managerial report showed that the fellowships unit is now working better than before. Programme monitoring has shown there is a network of constant supervision and communication to support fellowship holders through their training so as to maximize the chances of success, and that the programme is now becoming more coordinated with HFA policy, particularly as more countries sign collaborative agreements and fellowships become a part of these. Impact assessment, although an important task in fellowships evaluation, is often difficult and methods are lacking. In EURO the fellowships evaluation report is used for this, and initial analysis has shown all fellowships to have been successful. The few adverse criticisms have related to administrative arrangements and stipend entitlements; all produced favourable technical comments. With regard to cost-efficiency, EURO have so far not developed indicators to analyse the comparative cost-effectiveness of different training options relevant to fellowships. Nevertheless cost considerations are beginning to influence selection of courses, countries of study, duration of fellowships, etc.

Within the frame of Resolution EB71.R6 fellowships should only be requested when there are clearly defined objectives with a positive benefit for HFA; where a fellowship is the most appropriate means of achieving the objectives and when appropriate employment of the fellow on return home is assured. Evaluation of the impact and relevance of EURO fellowships is perhaps different and less difficult than the other regions. EURO fellowships tend to be short, and over half the Member States have signed or are in the process of signing collaborative agreements with WHO. This means that the fellowships included in these agreements have specific and well-defined objectives relevant to HFA and hence it should be easier to judge them objectively. It is more difficult to evaluate the relevance of fellowships to HFA in countries without a collaborative agreement as these are often used for specific matters covering gaps, rather than for fundamental and important policy subjects.

Due to their good level of development and health manpower training facilities, European Member States are more providers than receivers of training. It is therefore important to consider ways that EURO can participate with other regions to help them in their own evaluation of fellows who have studied in Europe. In principle the responsibility for evaluation would lie with the sending regional office, but there should be an input from EURO and the receiving countries. EURO would welcome feedback on the impact assessment of the sending country, as this could be of use in planning future fellowships. It is easy to detect failures but more difficult to classify and weigh success, and this is often the case in assessing the impact of a fellowship or the comparative efficiency of the training mechanisms.

Dr Piga concluded with reference to the report needed for the Executive Board in 1991, suggesting that some common norms might be determined to harmonize the reports from the different regions. He posed a number of questions which could be addressed in preparing such a report, and which sought ways of a more indepth evaluation of the fellowships programme.

The participants noted the importance of Dr Piga's paper but there was concern about reliance upon subjective appraisals. Tools for evaluation are lacking, and hence a real objective assessment is very difficult. On the one hand there was unease that the results might appear too successful as fellows were themselves interested to suggest the fellowship had been successful and would not be too critical; on the other it was pointed out that if the selection procedures are carefully followed, fellows would be prime candidates and hence a successful outcome was to be expected, both to the benefit of the fellow him/herself and his/her country. Certain intuitions of a successful fellowship cannot easily be put down on paper, and there is some danger in relying totally on written reports, possibly limited to concrete periods of time, to evaluate practical skills and new attitudes which would influence the behaviour of the fellow throughout all his/her life.

7. Statements by WHO Regional Fellowships Officers

(i) African Region

Dr Eben-Moussi thanked the German Democratic Republic and the European Regional Office for giving AFRO the opportunity to participate in the meeting and to discuss problems affecting their various countries. He also thanked the fellowships officers of the receiving countries for their comprehensive and flexible advice about the placement of fellows. Although fellowships are a costly investment, they are important and should continue to be a major WHO responsibility, particularly for developing countries. Whilst admitting that the planning and utilization of fellowships at country level is not entirely satisfactory, he stated that AFRO is trying to optimise its resources, and in particular is trying to give greater emphasis to training at institutions within the Region, even when under pressure by governments for placement outside.

AFRO found great interest in the topics under discussion which focussed attention on many areas of direct interest to the Region. Administrative aspects that cause problems are incomplete fellowship application forms which can lead to misunderstandings by the host country and result in incorrect placement, and complications can arise when there are direct communications between prospective fellows and various institutions in the host country. He referred to the well-known communication difficulties between the African countries which make requests for further information slow, and asked receiving countries to be patient.

The evaluation process is an attempt to increase the relevance of fellowships and to ensure they are cost-effective. There are still problems with selecting candidates and some unsuitable candidates are still being put forward. The duration of training or of any extension cannot be initiated or recommended by the fellowship holders themselves, and host countries are asked to forward only justifiable requests for further training periods to the Regional Office. Because of the problems of communication, these should be forwarded early, and if there is no reply in due course, it should be assumed that the host government has not approved them.

The need for more collaboration between sending countries, WHO regional offices, and receiving countries was emphasized in order to help ensure that studies abroad are relevant and to secure smoother administration of the programme.

(ii) Eastern Mediterranean Region

Dr Moustafa thanked EURO for his invitation and said that as about 35% of the fellowships awarded by EMRO are for study in Europe, it is very important to be given the opportunity for an exchange of views with the European fellowships officers. EMRO covers 24 countries, which vary widely in size, economies, populations and demographics. In some countries there is a shortage of medical manpower whilst others have an excess. Fellowships provide an extensive programme both in numbers (612 in 1988) and as a percentage of the total budget. EMRO now trains about 50% of its own fellows within the Region, trying first to make placements in the fellows' own country (internal fellowship). There are now considerable financial implications, as in recent years there has been a greater rise in the cost of the fellowships programme than in other programmes. Hence a full evaluation of the programme is becoming increasingly important. The evaluation system used in recent years is difficult for government officials and fellows to complete and so response is poor. A new and simpler form is now being introduced and it is hoped that a much better response would result.

There are differences in the health problems between countries within the Region but 26% of all fellowships are still in the field of communicable diseases, which are still a major problem in some countries of the Region. Public health administration and hospital administration account for about 11%. There is now a leadership training programme, funded by the fellowships programme, in which 10% of all fellowship budgets is put to training leaders. The training is usually in EMRO office for periods of about 6-7 months.

Problems faced by EMRO include particularly the escalating costs of fellowships, both inside and outside the Region. It was noted that Western European countries are charging increasingly high fees, not only for university study, but even for short attachments. Fellows from within the Region often complain that European stipend rates are too low. Linguistic proficiency still remains a problem, and although checks are made, and fellows are advised to improve this before undertaking their fellowship, the Region is unable to finance prolonged language training abroad. Appropriate placements are not usually a problem unless very specialized training is sought. Training is usually very good, and the Region is developing good relations with many European institutions.

The Region is now placing great emphasis upon proper evaluation of the programme, particularly with regard to its cost-effectiveness.

8. Cooperation with other organizations

(i) Presentation by Council of Europe

Mrs S. Boulajoun outlined the similarities between the individual medical fellowships programme operated within the 23 Member States of the Council of Europe and the WHO programme. Fellowships result in benefit to the individual concerned, but indirectly lead to a general improvement in the service provided, and also to harmonization between Member States. The scheme operates within a modest budget of one million French francs, but nevertheless was able to provide around 130 fellowships for a total of about 85 months. The Council also has an evaluation scheme which is carried out by the Fellowship Selection Committee and is based upon fellows' detailed reports of the studies carried out. Dr Piga has attended this Committee as WHO observer. The aims of the evaluation are to monitor the evolution of the fellowships programme and suggest improvements, where necessary, thus ensuring benefits to the individual holders, and also to disseminate knowledge to colleagues. The possibility of being able to publish a limited number of reports of exceptional interest has been raised, and the Council is trying to ensure that candidates can pass on the acquired information.

There is also a coordinated fellowships programme which enables specialist health personnel from different countries to participate in studies and research of common interest on subjects chosen by the Council of Europe's Health Committee. Recent topics have included Emergency Medical Services, and currently Health Manpower Planning.

The Council also runs training courses in blood transfusion, and in histocompatibility for all Member States, and is about to launch a training course in Emergency Medical Services for health personnel in Turkey, which, if successful, can be repeated in other countries in subsequent years.

Mrs Boulajoun stressed the excellent collaboration between the fellowships programmes of the Council of Europe and the Regional Office for Europe, which has allowed coordination of certain criteria, exchange of information and experience and which is very much appreciated by the Council of Europe.

(ii) Presentation by UNESCO

Mr Aboutalybov stated it was the first time he attended a WHO Fellowships Officers meeting and agreed with other contributors on the importance of training and fellowships. His own organization has various sector programmes for science, education and cultural topics. As yet there is no close relationship in this field with WHO, but Dr Piga has also recently attended a meeting with fellows held at UNESCO and it is hoped that this initial exchange will lead to a fruitful collaboration and sharing of ideas in the future.

9. Forty years of WHO fellowships in Europe

Dr D.A. Orlov reviewed the evolution of the fellowships programme in Europe from its inception in 1947, when the programme helped to reestablish the health services of war-damaged European countries. The subsequent period was concerned with supporting WHO programmes in Europe and the training of medical staff specifically to treat disease. More recently the Alma Ata Conference and Health for All have developed interests in a wider variety of health problems, in health promotion and basic aspects of planning and management. This has led to a consequent diversification of the types of fellowships awarded, and the groups of health professionals receiving them.

Europe has played a most important role over the years in training fellows from other regions with over 50% of the total number of fellows throughout the world receiving training in Europe. This level is now declining, in part due to escalating costs but also because other regions are now becoming more self-sufficient with regard to training.

With regard to the future, fellowships in Europe should become a means for both promoting and attaining Health for All, with close attention to cost-effectiveness and to the selection of appropriate topics for study. There should be closer collaboration with other European agencies involved in health manpower training programmes to provide the most effective ways of training national health personnel in the different aspects of Health for All.

Dr Orlov's paper is attached as Appendix II to this report.

10. Alternative ways of training WHO fellows in Europe

Dr (Mrs) Lilli Weibel spoke of the training facilities available in France and outlined more generally how alternatives might be achieved. Fellows wishing to undergo basic training have to conform with the same regulations as French students in order to obtain their qualifications, and there is no allowance made for foreign students, either in terms of the high entry requirements (for which preparatory study is often necessary) or in the syllabus which is based upon the French Health Care system and is not adapted to any specific needs of the sending country. There are also regulations to allow foreign physicians and pharmacists to enter training at a postgraduate level, but as there is no entrance examination candidates are numerous, and whilst it is easy to provide good theoretical training, it is often more difficult to ensure good practical training for each fellow. The absence of

any entrance examination in such cases often leads to extended periods of study in order to reach the necessary standard to obtain the qualification. There are a large number of courses available for physicians, nurses and other health professionals leading to a university diploma. Further training, without a specific qualification, is provided by institutions to suit the requirements of individuals or national health authorities.

Analysis of the current training methods led to a number of conclusions to be borne in mind when considering alternative forms of training. It is important to maintain a good relationship between the host and sending countries, and for teachers in the host country to have a reasonable understanding of the economic, social and cultural problems of the fellows' country. The needs of the health manpower plan of the sending country shall be clearly understood when fixing a training programme, and the identification of training requirements shall be very detailed and accurate. Candidates should only be selected if their basic education and linguistic abilities are suitable to allow them to fully participate in, and benefit from the training.

There should be greater involvement of the local health authorities of the host country in the arrangement of fellowships, with collaboration at national and local levels; the national level having the overall responsibility for the fellowship, but relying to a greater extent upon local expertise for arranging the actual training/teaching programme. Collaboration should also exist between institutions of the host and sending countries and it should be possible for these to devise suitable training programmes based upon the needs of the sending institution. Such shared experience would allow for understanding of different health care systems, provide the opportunity for continuing collaboration, and allow an evaluation of the relevance of the educational programmes for the sending country.

Further training activities should be intensified and diversified with both host and sending countries involved. It might be possible for some modules of a programme to be taught in the fellows' country and some in the host country. When a training programme is common to several countries of a region, teaching professionals from both the host and the different sending countries could all participate. It would first be necessary to establish the demand for such programmes which would be based upon the needs of participating countries. Such professional relationships should be based upon institutional networks bringing technical and educational knowledge, and such networks should be international and interregional.

Other methods of alternative training, which would also depend upon the cooperation of professional networks, could include "far-distance learning" packages, audiovisual materials and micro-computers.

11. Group discussions

There were two topics for group discussion: one on ways of improving the overall cost-effectiveness of the fellowships scheme, and the other on the evaluation of fellowships. The participants were allocated to four groups and the discussions took place with chairman and rapporteur in each group.

(i) To improve overall cost-effectiveness of the WHO fellowships programme

As well as the obvious direct costs of fellowships mention was made to the indirect costs borne by the national health authorities in the administration of the scheme. Instances adding to these costs were given as late applications and delayed responses which increase last-minute telexes and telephone calls, cancellation of programmes already arranged and last-minute requests to change dates of the study programme.

The discussions principally dealt with the direct costs of fellowships and produced the following recommendations on how to improve the overall cost-effectiveness of the WHO fellowships programme:

- Careful selection of the most appropriate candidates and ensuring suitable placements constitute a pre-requisite for achieving the optimal use of resources. This is vital where a country concentrates the majority of its allocation in one fellowship.
- WHO Regional Offices should check before forwarding FAFs that they contain sufficient information about the objectives, the type of training required and the experience to be gained, to allow suitable placements to be made according to the needs of the sending countries.
- When a specific institute is identified by a fellow, reasons should be given in order that the host country can ensure that it is the most appropriate placement available. Fellows should be prepared to accept alternative placements where equal opportunities for training could be provided at a lesser cost.
- In order not to waste precious resources and to ensure the maximum benefit from a fellowship, a candidate should have the necessary linguistic abilities for the study in question. Higher standards would be expected from those fellows seeking academic qualifications or wishing to take clinical responsibilities, but some discretion could be exercised in the case of study programmes which are less demanding in linguistic terms. This may be particularly relevant for short-term fellowships where little improvement can take place during the study period and where no sufficient linguistic support can be provided.

- The EURO fellowships unit should obtain and keep up-to-date information on curricula, on requirements for pre- and post-graduate education and on professional qualifications, in the field of health services, since they may be relevant to the effectiveness of the fellowships programme.
- Because of their great importance for reaching the targets of HFA, fellowships should be taken into consideration when preparing the medium-term programmes. Such fellowships are particularly likely to provide useful results.
- Close collaboration between the WHO/EURO fellowships unit and other international European organizations is recommended to improve the outcome of their respective programmes. In this sense the good relations with the Council of Europe were noted.
- Requests for extensions should be fully justified and supported by the training institution and the fellowships officer of the host countries. Special attention should be given to cases where it is essential to grant an extension so that the full benefit of the fellowship can be achieved.
- Non-planned expensive training activities, particularly when outside the host country, should require special justification, but in general are to be discouraged.
- When possible, the cheapest form of travel should be used. In some cases travel expenses are covered by national sources.

(ii) Evaluation of fellowships

This was considered both with regard to the evaluation of EURO-sponsored fellows and also with the evaluation of fellows sponsored by other regions but being trained in Europe. Two groups addressed each issue. They felt that whereas EURO had full responsibility for the evaluation of the former, there could only be a contribution to the evaluation of fellowships from other regions. The groups produced the following recommendations:

(a) For evaluation of EURO sponsored fellows

- Emphasis is placed upon the termination of studies report in the evaluation of a fellowship. Member States should ensure that fellows return these reports within two months of completion of the fellowship. They should also forward their own comments upon the use the fellow has made of the acquired experiences, one year after his return. Nevertheless failure to provide a report should not be taken to mean the fellowship has been unsuccessful.

- Fellows should also be encouraged to produce technical reports that could be used to spread their acquired knowledge. The best of such reports should be considered for publication in full or in summarized form by WHO or the Member States and reports of merit should be acknowledged with a letter of commendation by WHO.
 - Fellows should also be prepared to participate in lectures and seminars to disseminate their acquired knowledge. It may on occasion be appropriate and beneficial if a fellow is prepared to give a lecture in the host country during the fellowship.
 - The fellowship application form should include the following question: "Please specify how your proposed study project will contribute to the achievement of HFA"? The fellow's response should be used as a basis for subsequent monitoring of the results of the fellowship.
 - When submitting the evaluation after the first year, Member States should indicate whether the fellow has maintained contact with professionals and institutions in the host country and whether further exchange of information has continued. Such dialogues are to be encouraged.
 - Evaluation should also take into account the level of satisfaction expressed by the host country if this can easily be obtained.
 - Courses widely used by WHO fellows should be evaluated, and this should take into account both the suitability of the course for fellows' needs and the suitability of fellows to participate in a course.
 - The suitability of computer programmes for evaluation purposes was recognized in the interest of harmonizing the procedures carried out by the fellowships unit of interested Member States and WHO. This requires some uniformity of coding systems used, and compatibility of equipment and programmes.
 - Although fellowships included in medium-term programmes would be expected to have a high chance of success, the normal procedures of evaluation should apply to them in order to fulfil the requirements of Resolution EB71.R6.
- (b) For evaluation of fellows sponsored by other regions but being trained in Europe
- Good cooperation between WHO regions is important for the evaluation of non-EURO fellows training in Europe.

- The European contribution to such procedures will include both pre-study evaluation and monitoring of the study period, but the final evaluation of the overall usefulness and impact of the fellowship must be left to the sending country. It will be important for EURO and the host country to know both the expectations of a fellowship and the result of the final evaluation of the training in order to make suitable adjustments to future programmes, where necessary.
- It is important to clarify the sending countries' expectation of a particular fellowship, in case a fellow's personal interests or ambitions lead him to deviate from the areas of study for which the fellowship was granted, or to concentrate mainly upon gaining extra qualifications rather than to follow practical training more useful for the health care needs of the sending country.
- There should be some consensus about methods of evaluation between the six Regional Offices of WHO in order to prepare the evaluation report which has to be submitted to the Executive Board of WHO by 1991.
- WHO should be asked to support research programmes on evaluation, where some ex-fellows should contribute with their own experience.

12. Conclusions

(i) It was unanimously agreed that the fellowships programme continues to have an important role in the WHO/EURO Region. It allows for the exchange of experience and intellectual capacities to meet the requirements of the common goal of HFA, as well as being a useful method for the training of new leaders required to implement the strategy. It should allow for the exchange of new methods and knowledge concerning Member States' HFA policies and targets. The programme is essential for the development of the health manpower needed, both in the health sector and in other sectors relevant for health. In these contexts the programme should receive increased support. Careful evaluation and attention to cost-effectiveness should ensure optimal use of the available resources.

(ii) Collaboration between different WHO Regional Offices should ensure the best results in the development of health manpower in the other regions as well as in Europe. In this area the European Regional Office will continue to play an important role in training fellows from other regions. The outcome of evaluations from the regions should be made available to EURO and the hosting countries. Only through close collaboration between EURO and national health administrations are these aims possible.

ANNEX 1

FORTY YEARS OF THE WHO FELLOWSHIPS PROGRAMME IN EUROPE

by

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One of the ways in which WHO, as directing and coordinating authority in international health work, seeks to achieve its constitutional aims is through the fellowships programme. This programme enables health personnel to travel abroad for training and studies in health matters which are not available in their own country or, when appropriate, to attend courses in their home country.

In Europe, the fellowships programme commenced during the period of the Interim Commission of WHO. In 1947, fellowships were awarded to Austria, Czechoslovakia, Finland, Greece, Italy, Poland and Yugoslavia. In 1948, the fellowships programme still remained concentrated mainly on war-damaged countries which had previously received UNRRA aid and, in addition, Hungary participated. By 1949, the fellowships programme began to become more generalized with the participation of Albania, Belgium, Bulgaria, France, the Netherlands, Norway and Sweden. Thereafter, the programme extended rapidly and in 1988, the fortieth anniversary of the Organization, the WHO fellowships programme had, from its inception, awarded approximately 100.000 fellowships, of which about 16.000 were to nationals of Member States of the WHO European Region. The total number of placements arranged was more than 120.000, due to the fact that some of the awards included more than one placement.

Of the total number of placements from all over the World, more than 50.000 were arranged in European Member States.

During the forty years under consideration three main periods can be identified :

- Firstly, when the programme helped in the reestablishment of the health services of the war-damaged countries;

- secondly, when it focused on support to the WHO programmes in Europe and, at the same time, provided training in European Member States to fellows from the newly independent nations;

- thirdly, starting in 1978 with the Alma-Ata Conference, when the programme was directed to support the national health programmes and plans in the frame of the Health for All policies.

At the beginning, in 1947, a relatively high number of European fellows went to study outside Europe, but soon efforts were made by Member State Governments and WHO to use the existing training facilities in Europe to the greatest possible extent as can be seen from the following data:

European fellows studying outside Europe

1947	- 45% of all fellows	61
1949	- 21% of all fellows	25
1952	- 14% of all fellows	90
1954	- 9.5% of all fellows	33

In Graph 1 the total number of awards versus the awards to European fellows can be followed during the years. It is clear that since the early seventies there has been a diminishing trend in the number of fellowships awarded to the European Member States.

This is explained by the world economic crisis of the seventies and the fact that Europe, compared with the other WHO regions, is a well-developed region with good training facilities.

Looking at the global number of placements and comparing them with those in the European Region (Graph 2), it can be seen that, on a global scale, our Region is much more a provider of training and expertise than a receiver (for example, in 1987, 130 awards were granted to European fellows and 853 fellows from the other WHO regions were placed in Europe).

Nevertheless, during the last years under consideration, both the number of awards and the number of placements has diminished due to the following reasons:

- the trend to provide training in the region to which the fellow belongs, in order to facilitate the application of the acquired knowledge;
- the economic situation which has made it necessary to reduce expenses, with a more restrictive cost/efficiency weighing of the existing possibilities;
- the increasing cost of the fellowships due, not only to the increased cost of transport and tuition, but also largely to the increased fees in many countries and institutions.

Graph 3 shows the proportion of the fellowships awarded to females both at global level and in Europe, with a positive trend during the years. Graph 4 shows the average duration of the placements in Europe, which remains relatively stable.

Table 1 gives both the data corresponding to European fellows and non-European fellows studying in Europe. Looking at it, one must consider the fact that the awards to European fellows are usually of short duration for specific and very concrete purposes whereas those to other regions include a big proportion of specialization and training courses of long duration.

It can be said that, during the forty years of WHO's existence, the fellowships programme has contributed towards:

- creating joint efforts at international level in order to solve or relieve major health problems;
- supporting developing countries in coping with their own needs;
- sharing experience and know-how in aspects from health promotion to health technologies;
- supporting Member States in the implementation of their own health policies;
- reinforcing the understanding and friendship between people and nations.

This report of the forty years of WHO fellowships would be incomplete without a short analysis of the present situation and, above all, without a prospective of what the future of the programme should be.

The present situation shall be analysed from 1977 with the adoption of Health for All as the main social aim for Governments and WHO, followed in 1978 by the Alma-Ata Declaration.

Since then the fellowships have become a tool for the attainment of Health for All goals for the year 2000, especially in Europe, where in 1980 a common health policy was formulated, followed in 1984 by the adoption by the Regional Committee of the 38 Regional Targets for Health for All.

From being mainly illness-oriented, the fellowships awarded in Europe now began to focus more on the wide variety of health problems, the promotion of health and the basic aspects of planning and management. Simultaneously, fellowships which previously had mainly been awarded to medical doctors, were now being awarded to nurses, health workers, sociologists, economists, engineers, health planners and managers.

The fellowship effectiveness has been increased as can be seen from the use made of the acquired training once the fellows are back home.

As for the future, we should endeavour to make the WHO fellowships programme more effective. For this reason it is very important that national health authorities only use the fellowships programme in cases where other training possibilities are limited.

Many European countries have rather broad bilateral co-operation in the field of health. A fairly wide programme of co-operation in this area exists in COMECON and the Council of Europe. Within the framework of this co-operation there are some health manpower training programmes. All these programmes, including the WHO fellowships programme, should be inter-connected in order to avail of the most effective ways of training in different aspects of Health for All, such as, health promotion, public health, health planning and management, etc.

For the successful implementation of this co-operation the functions of the national selection committees should be broader so that these committees can become coordinating bodies for all international programmes with national health manpower development plans.

There is no doubt that the positive changes which we presently experience in the East-West relations will be followed by an increasing number of professional exchanges between the countries of our Region. The WHO fellowships programme is expected to play a rather significant role in facilitating these contacts.

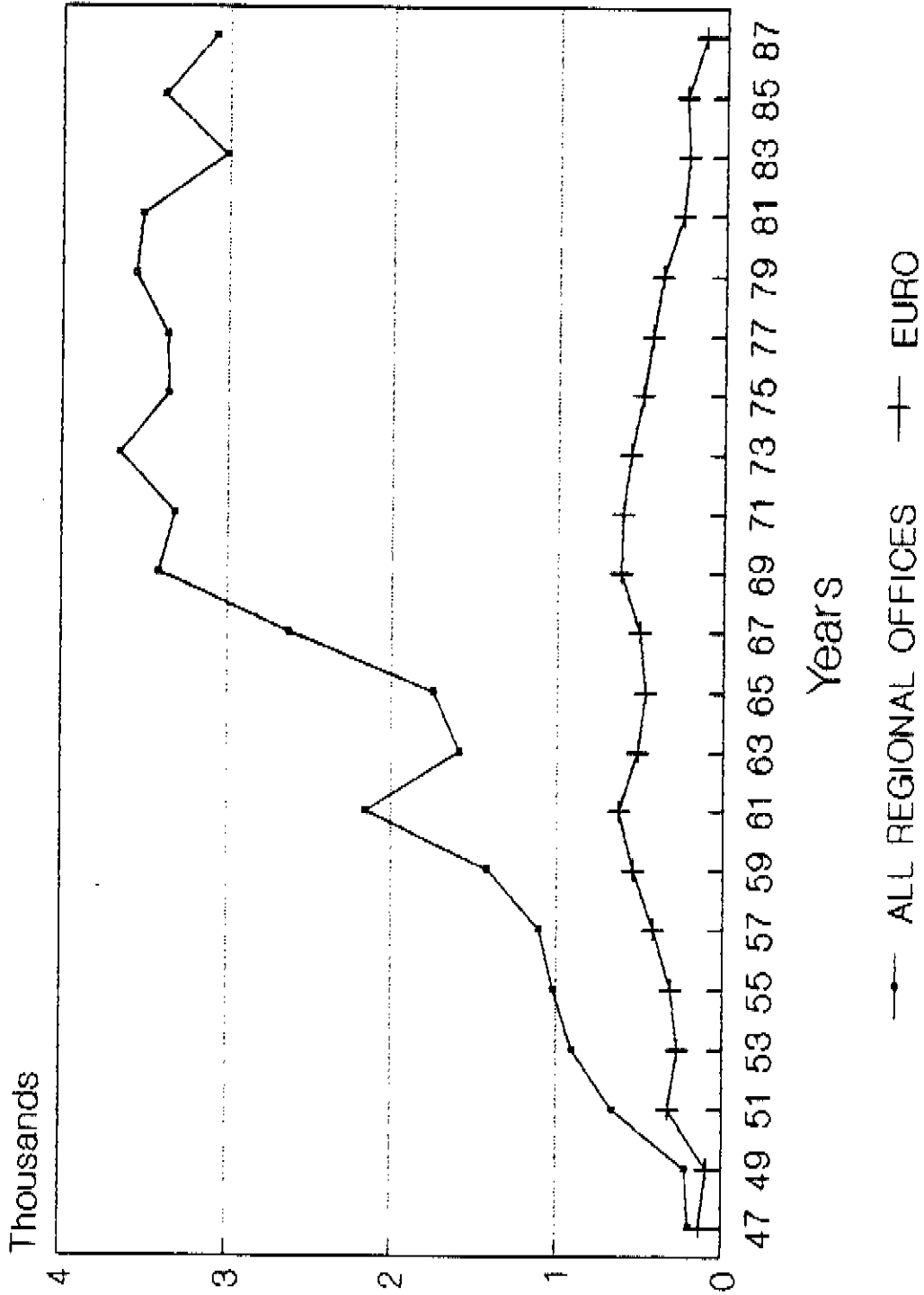
It is proposed to continue the periodic consultations of the National Fellowships Officers with WHO but with more emphasis on the coordination of the use of different ways of training national health personnel.

In conclusion it should be stressed that the European countries contribute immensely to the implementation of the WHO fellowships programme. During the forty years half of the fellows from all over the world passed through European training institutions, including universities, scientific institutes, hospitals, primary health care centres, etc. In the decade of the sixties 24% of the scholarships were awarded to European Member State countries, but in 1987 the European fellowships only amounted to 4% of the entire number. This diminishing trend is clearly shown in Graph 1.

We have tried to explain the reasons for this process. At the same time we understand our responsibility for the implementation of the WHO strategy and in this process the fellowships programme should serve as part of the overall health manpower development programme to promote the achievement of Health for All by the year 2000.

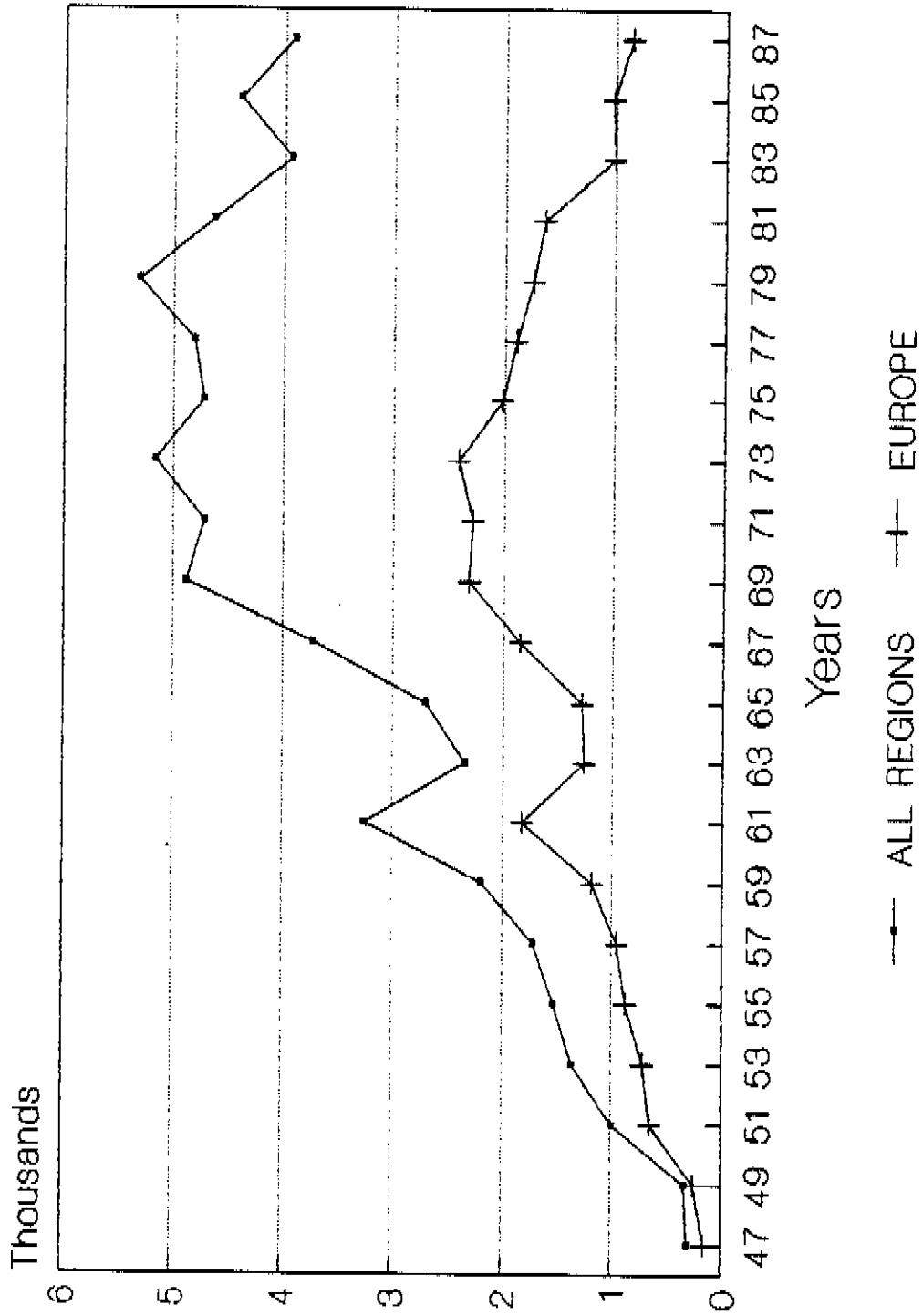
GRAPH 1

NUMBER OF AWARDS GRANTED 1947 TO 1987



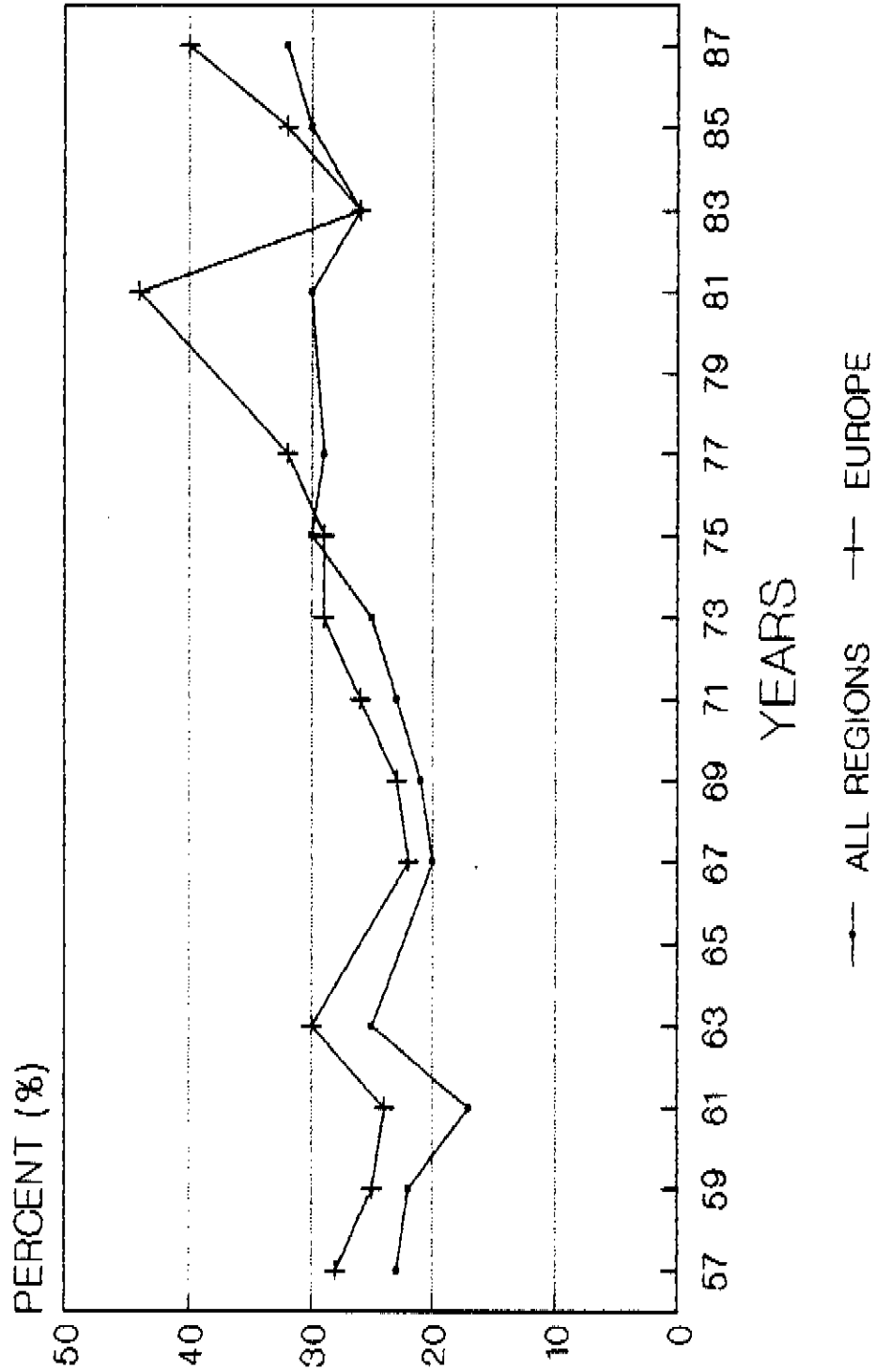
NUMBER OF PLACEMENTS 1947 TO 1987

GRAPH 2



PROPORTION OF AWARDS TO WOMEN AT WHO GLOBAL LEVEL AND FOR WHO/EURO FELLOWS 1957 TO 1987

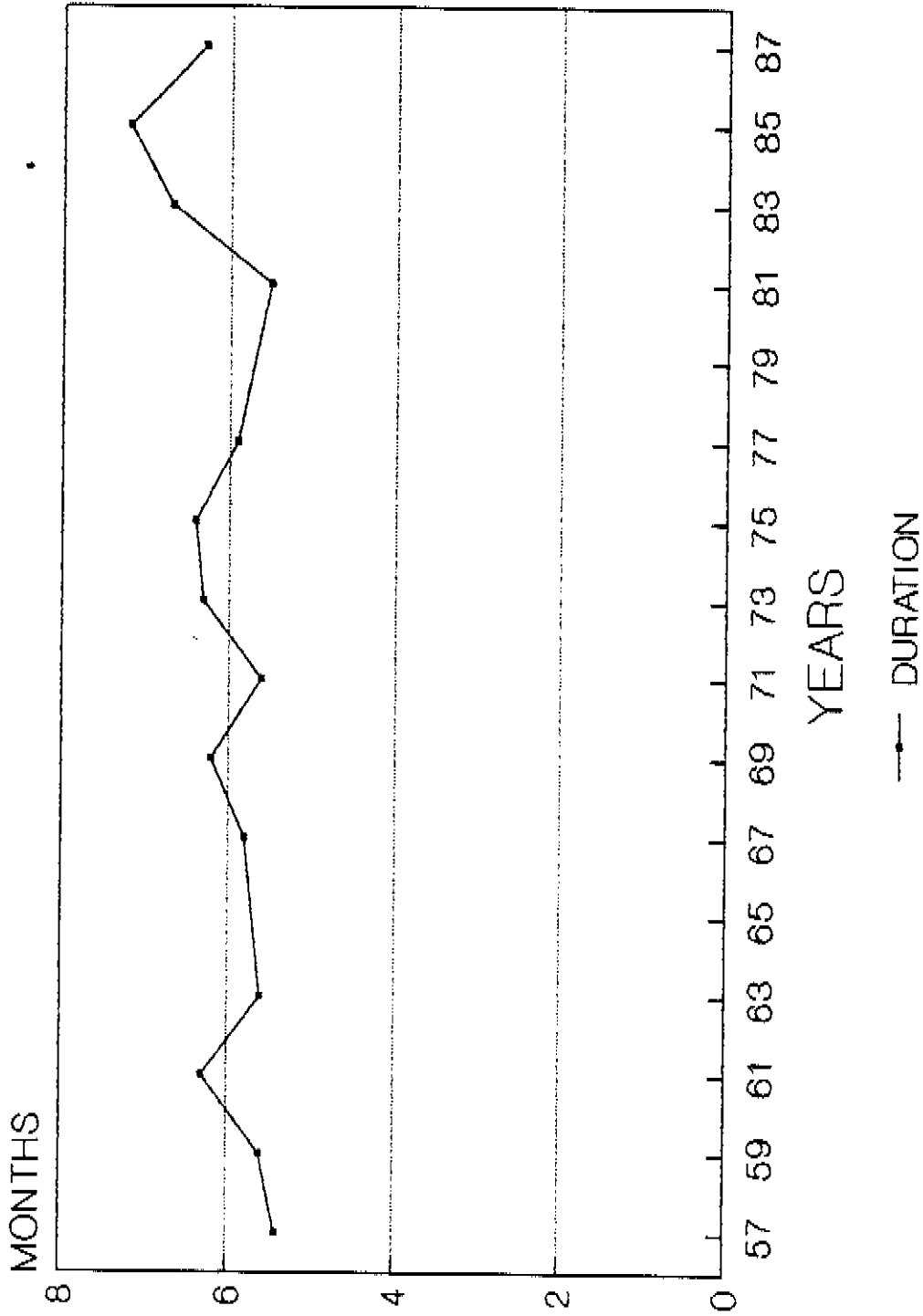
GRAPH 3



figures not available for 65 & 79

AVERAGE DURATION OF PLACEMENTS IN EUROPE 1957 TO 1987

GRAPH 4



figures not available for 65 & 79

TABLE 1

YEAR	NUMBER OF AWARDS GRANTED			NUMBER OF FELLOWS RECEIVED		
	NO. CTR	TOTAL	EUROPE	NO. CTR	TOTAL	EUROPE
1947	10	199	137		(308)	159
1948	11	228	142		(342)	191
1949	25	224	96		(336)	251
1950	65	396	214		(594)	427
1951	32	662	326		(993)	648
1952	107	1143	581		(1714)	1080
1953	(106)	904	274		(1356)	715
1954	105	716	264		(1074)	695
1955	(109)	1019	313		(1528)	868
1956	117	883	320	83	1461	821
1957	112	1106	420	84	1719	949
1958	123	1339	488	81	1975	972
1959	112	(1420)	545	89	2202	1180
1960	122	1006	465	83	1593	977
1961	145	2157	631	92	3253	1828
1962	117	1752	460	94	2698	1653
1963	147	1591	517	84	2350	1255
1964	153	2407	543	90	3179	1700
1965	(155)	1749	471	(91)	(2710)	1279
1966	159	2576	537	93	3636	1804
1967	154	2634	509	101	3720	1848
1968	152	3154	638	105	4596	2248
1969	162	3411	622	101	4881	2325

Table 1 (contd.)

YEAR	NUMBER OF AWARDS GRANTED			NUMBER OF FELLOWS RECEIVED		
	NO.OF CTR	TOTAL	EUROPE	NO.OF CTR	TOTAL	EUROPE
1970	158	3830	564	107	5464	2503
1971	157	3317	611	101	4715	2285
1972	167	3754	573	107	5291	2457
1973	159	3647	568	105	5165	2417
1974	166	3712	427	112	5141	1901
1975	166	3356	493	105	4725	2026
1976	164	2754	376	106	4103	1773
1977	172	3363	438	114	4811	1892
1978	171	3289	352	117	4846	1659
1979	(160)	3556	381	(117)	5311	1737
1980	(165)	3576	401	(117)	5396	1758
1981	(159)	3518	258	(117)	4633	1640
1982	155	2947	235	103	4076	1196
1983	176	3020	226	108	3932	1007
1984	158	3181	255	108	4145	1146
1985	162	3385	240	117	4399	1023
1986	174	3049	223	116	4704	1152
1987	170	3080	130	122	3909	853
TOTAL:		93010	16264		132984	59140

Numbers in brackets are estimated only.

ANNEX 2

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