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EUR/ICP/HMD 158(S)
6352B
ORIGINAL: ENGLISH

SUMMARY REPORT

International Consultation on Education Policy
for Health for All

Barcelona
14-17 November 1990



1991

EUR/HFA target 36

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TARGET 36

**PLANNING, EDUCATION AND USE
OF HEALTH PERSONNEL
FOR HEALTH FOR ALL**

Index:

HEALTH OCCUPATIONS - education
EDUCATION, MEDICAL - trends
HEALTH POLICY
HEALTH FOR ALL
EUR

ABSTRACT

The education and training of health personnel should reflect the evolution of health care concepts and policies, so that health personnel can better meet people's needs for care. The WHO Regional Office for Europe is preparing a policy on redirecting the education of health personnel towards health for all, and held a consultation to review the most recent draft of a document on this policy. The participants decided that the balance and substance of the document were correct and agreed on the rather minor changes in length and tone that were needed to make the document an attractive tool for Member States. The participants also recommended action for WHO, Member States and nongovernmental organizations to take in implementing the education policy.

Introduction

In 1987, the Regional Committee for Europe made a resolution (EUR/RC37/R7) that reflected a growing recognition by Member States that health personnel development is not sufficiently in line with health care needs. This means that the education and training of health personnel should reflect the evolution of health care concepts and policies in countries. To help countries achieve this goal, the WHO Regional Office for Europe decided to prepare a document on the training of health personnel in line with health for all.

A draft of this document on education policy was prepared after the International Consultation on Health Manpower Education for Health for All, held in Venice in December 1989. This document was subsequently amended following consultation with numerous organizations and individuals in Europe, in the Regional Office, and a Consultation of WHO Collaborating Centres in Europe on Health Manpower Development for HFA, held in Rome in September 1990.

As the next part of the preparation process, the International Consultation on Education Policy for Health for All was convened in November 1990 in cooperation with the Ministry of Health of Spain, and was hosted by the Institute of Health Studies in Barcelona. There were 21 participants from 15 countries, 4 resource people, 3 observers and 4 Regional Office staff. Although the participants represented a wide range of professions and disciplines in the health sector, all worked in the field of human resources for health in their countries at either ministries of health or training institutions.

Discussion

The draft of the education policy document was sent to the participants prior to the Consultation to facilitate discussion. At the Consultation, the general setting for the education policy was provided by an account of the development of the health for all strategy, and the consequent writing of the European targets for health for all and the policies on research and on information. A summary of the various consultations and meetings that had been held in the previous 18 months, notably those in Venice and Rome, gave the background to the development of the education policy in the current draft. In addition, some suggestions for revision made after discussions in the Regional Office were described.

One day of the Consultation was devoted to the detailed consideration of the education policy and its planned implementation. The participants worked on the document in three small groups. Each focused on a separate section (on facilitating health for all through education and training, prerequisites for reorientation, and alternative strategies for implementation), and then discussed the implementation of the policy in general. The participants agreed that no major amendments were required and reached consensus on the details of the changes that were thought necessary.

There was unanimous support for reducing the length of the document, thus increasing its acceptability to its primary target audience: health and education administrators at the national level. It was assumed that the education policy document would be followed by a series of documents dealing with various professions and groups, and aimed at everyone responsible for the education and training related to health in various fields.

As to the draft document, negative or defensive statements needed to be replaced by positive statements or examples of successful practice. It should be stressed that the required changes in the practice of health professionals can grow gradually from current practices. Some new skills will be needed but some health professionals already use many others.

In addition, the space allocated to the various categories of health professional in the document needs to be better balanced. The statement on the "Lisbon Initiative" should be seen as relevant to all the health professions, not just to medicine. The introductory statements on health for all need to be expanded for the benefit of people to whom it is unfamiliar, and the relevance of education strategies to health for all should be stressed. Finally, the document should include a statement recognizing the differences between the 31 Member States and pointing out that no single solution is advocated.

Recommendations

General

1. As the general balance and substance of the draft education policy document are appropriate to its purpose, the next stage of the consultation process should begin.
2. Within traditional constraints, WHO should consider taking a leadership role in facilitating the implementation of the education policy, which is justified by its importance to the attainment of the objectives of primary health care and health for all.
3. Whenever possible, WHO should facilitate the holding of national workshops and seminars as part of the implementation of the education policy by providing funds and resource people.

Member States

4. Because implementation of an education policy requires long-term planning, the planning process should begin as soon as possible and should culminate in the issuance of national education policy statements at country workshops and seminars.
5. Governments should establish close collaboration with health workers' professional associations, nongovernmental organizations, universities and other training institutions to establish priorities for change for both single professions and groups of professions.
6. Detailed attention should be paid to the establishment of links between sectors, and the subsequent development of structures and mechanisms that enable continuous dialogue to take place.

Universities

7. Educational programmes and activities that promote teamwork between professions should be investigated and developed.

8. Educational programmes and activities should be developed in training institutions to equip health professionals with the knowledge, skills and attitudes they need to lead the multiprofessional intersectoral teams needed for the attainment of health for all.

Nongovernmental organizations

9. All nongovernmental organizations in the health sector at the international and national levels should follow the example given by such organizations as the Association of Medical Deans in Europe, the Association for Medical Education in Europe, the Association of Schools of Public Health in the European Region and the European Network for the Development of Multiprofessional Education in Health Sciences and others in the active roles they played in the development of the education policy and in the plans for implementation.

10. The transfer of national experiences to other settings should play a prominent part in the planning of education activities.

11. Nongovernmental organizations should give priority to acting directly or as advisory or resource bodies to assist developments in countries.