

Sixth Meeting of National Fellowships  
Officers of the European Region

Berlin, 17-21 April 1989

ICP/HMD 153/8  
30 March 1989  
0143y  
ORIGINAL: ENGLISH

FORTY YEARS OF THE WHO FELLOWSHIPS PROGRAMME IN EUROPE

by  
Dr D.A. Orlov  
Chief, Department of International Scientific Relations  
USSR Academy of Medical Sciences, Moscow

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;

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization Regional Office for Europe. Authors alone are responsible for views expressed in signed articles.

Dieses Dokument erscheint nicht als formelle Veröffentlichung. Es darf nur mit Genehmigung des Regionalbüros für Europa der Weltgesundheitsorganisation besprochen, in Kurzfassung gebracht oder zitiert werden. Beiträge, die mit Namensunterschrift erscheinen, geben ausschliesslich die Meinung des Autors wieder.

Ce document ne constitue par une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation du Bureau régional de l'Europe de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

Настоящий документ не является официальной публикацией. Не разрешается рецензировать, аннотировать или цитировать этот документ без согласия Европейского регионального бюро Всемирной организации здравоохранения. Вся ответственность за взгляды, выраженные в подписанных авторами статьях, несут сами авторы.

- 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 the graph in Annex I, 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 (Annex II), 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.

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

Annex V 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.

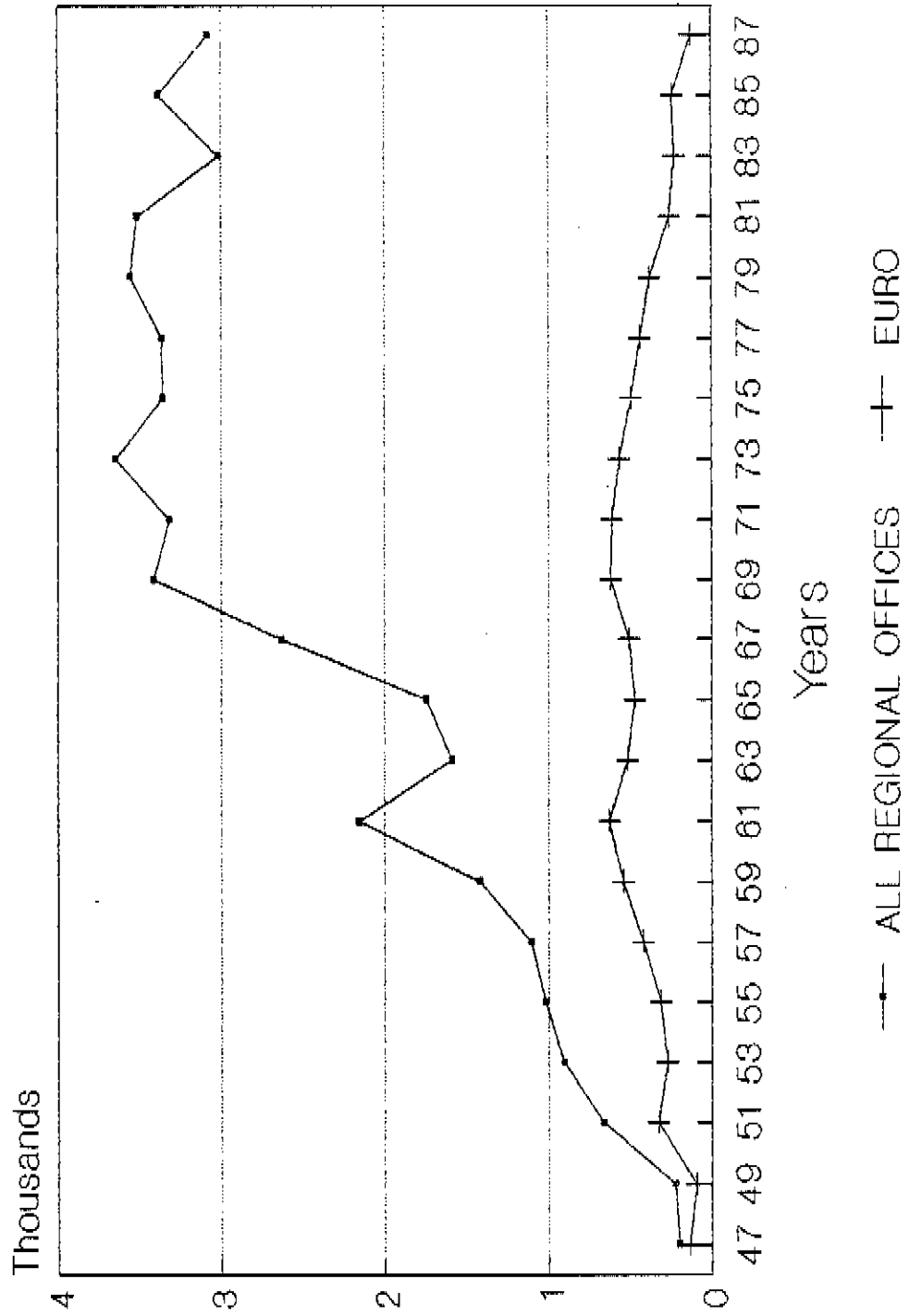
There is no doubt that the positive changes which we presently experience in the East-West relations will be followed by an increasing number of professional exchanges between the countries of our region. The WHO fellowships programme is expected to play a rather significant role in facilitating these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

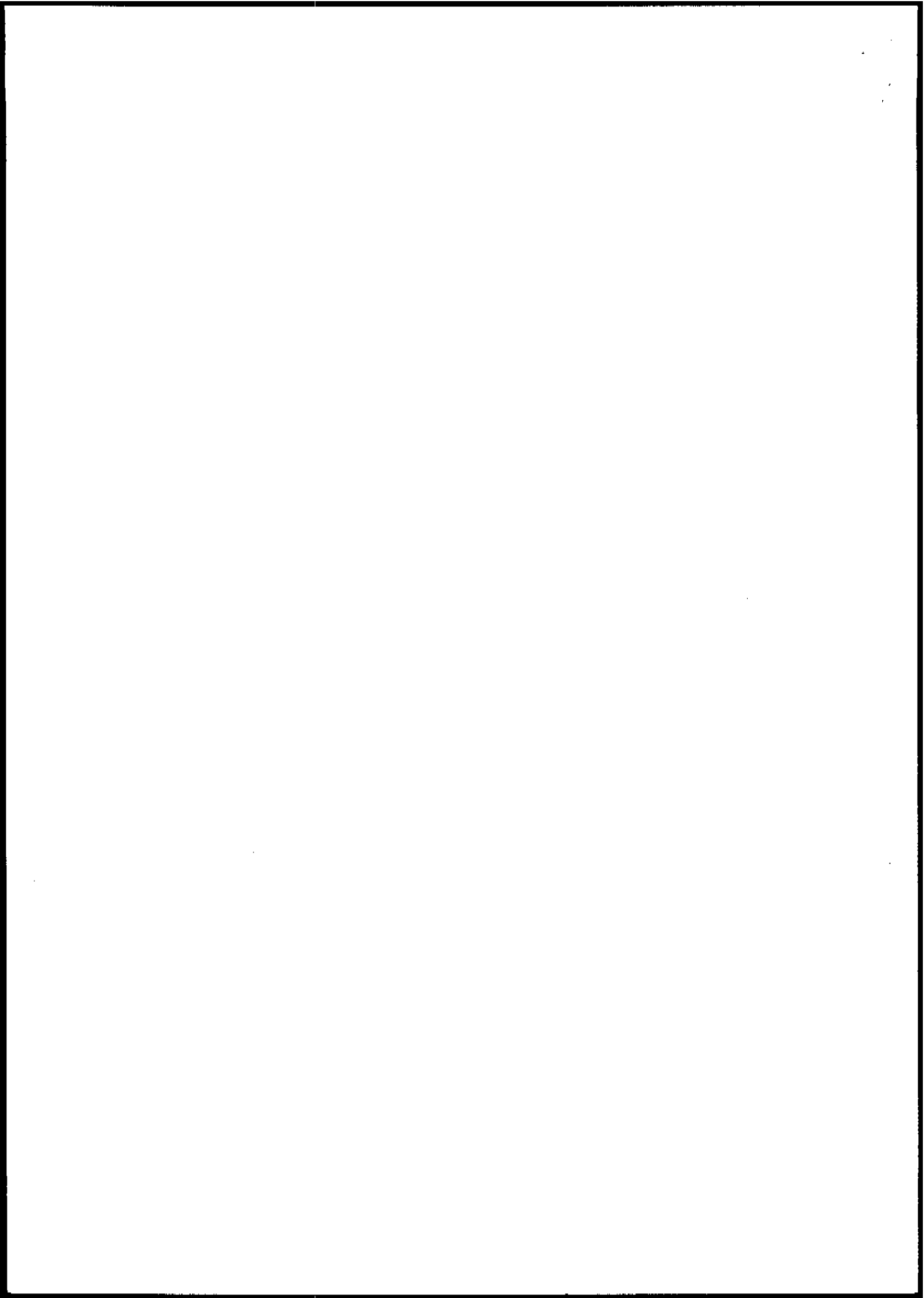
It is proposed to continue the periodic consultations of the National Fellowships Officers with WHO but with more emphasis on the coordination of the use of different ways of training national health personnel.

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 Annex I.

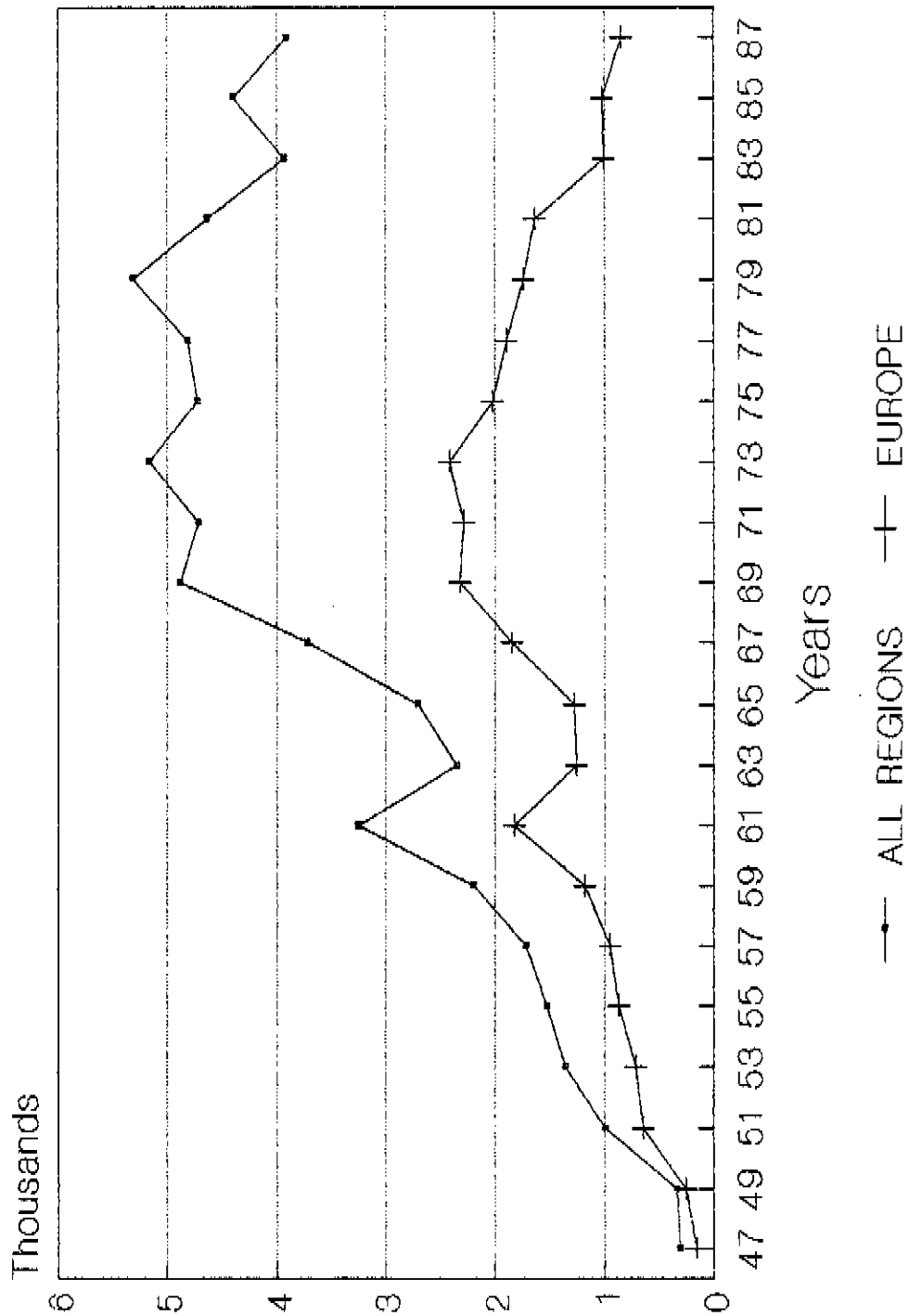
We have tried to explain the reasons for this process. At the same time we understand our responsibility for the implementation of the WHO strategy and in this process the fellowships programme should serve as part of the overall health manpower development programme to promote the achievement of Health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

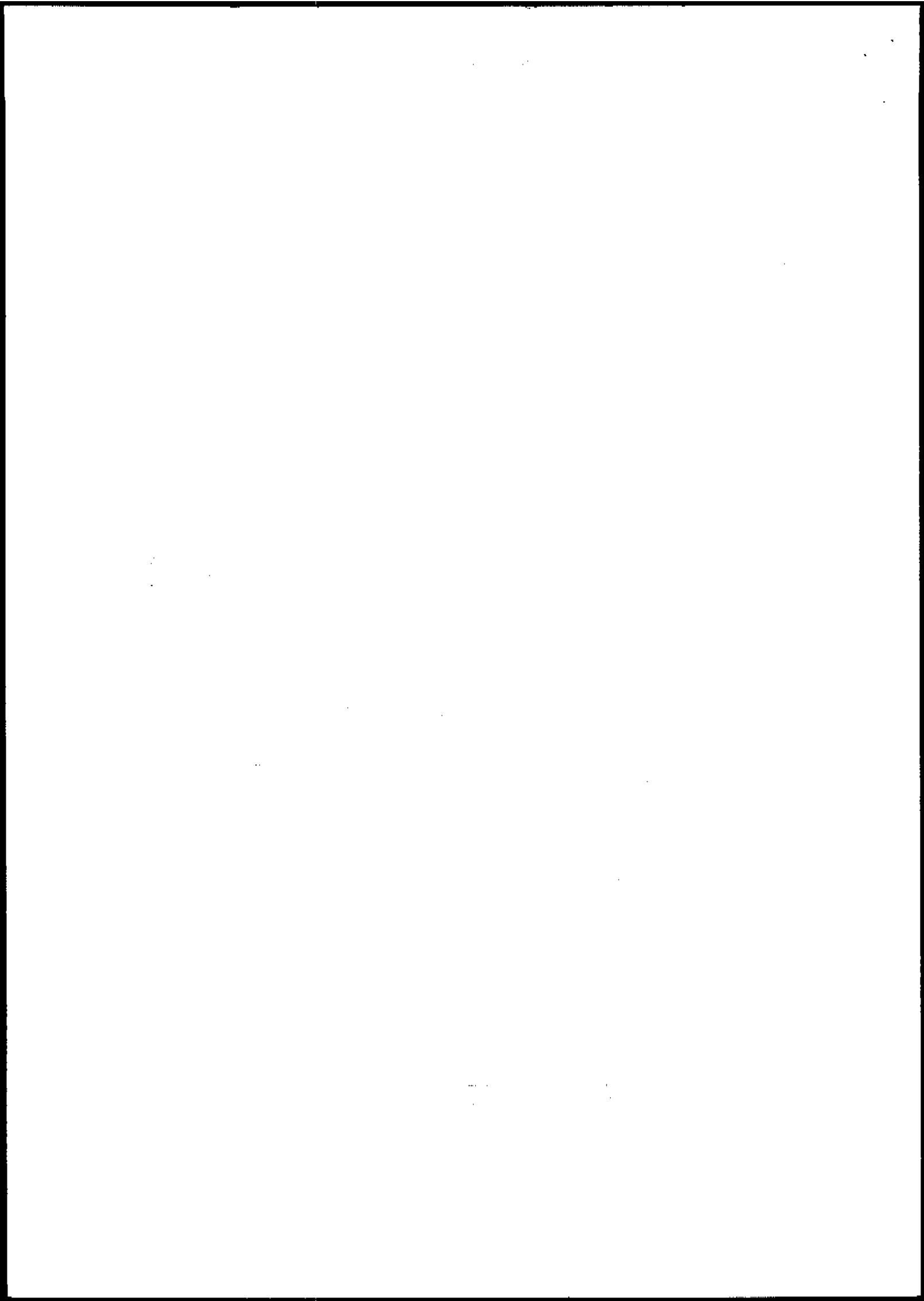
# NUMBER OF AWARDS GRANTED 1947 TO 1987



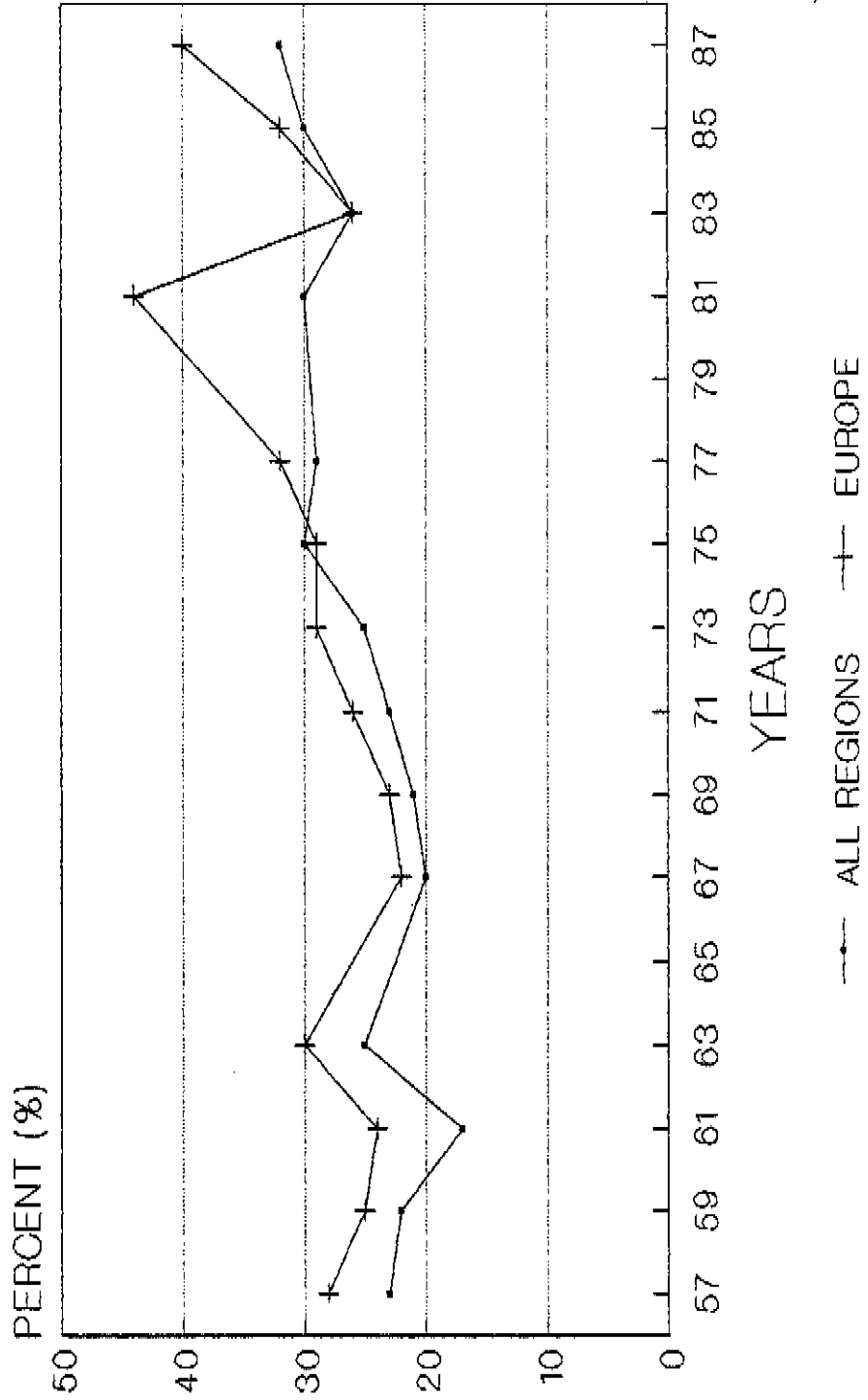


# NUMBER OF PLACEMENTS 1947 TO 1987

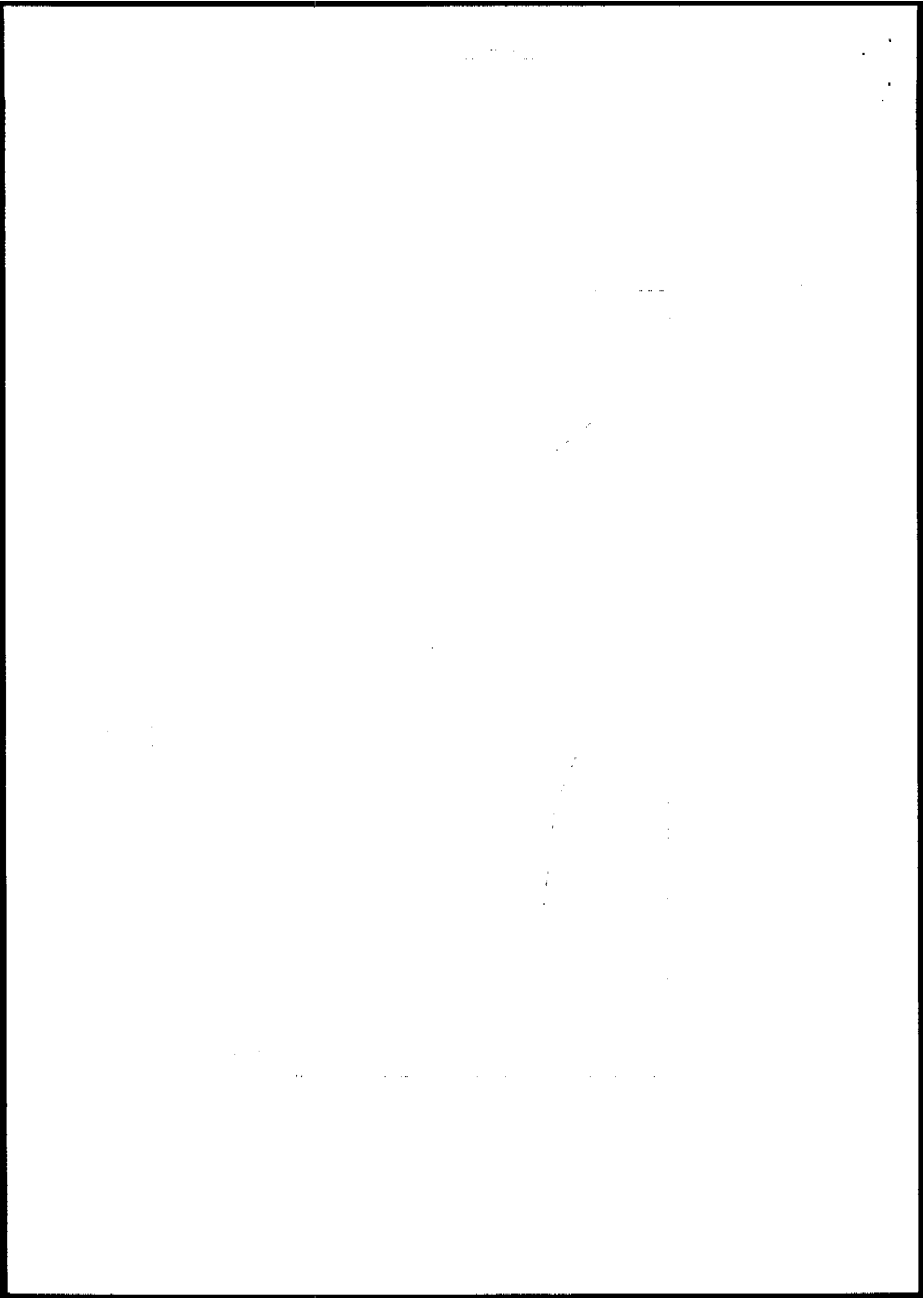




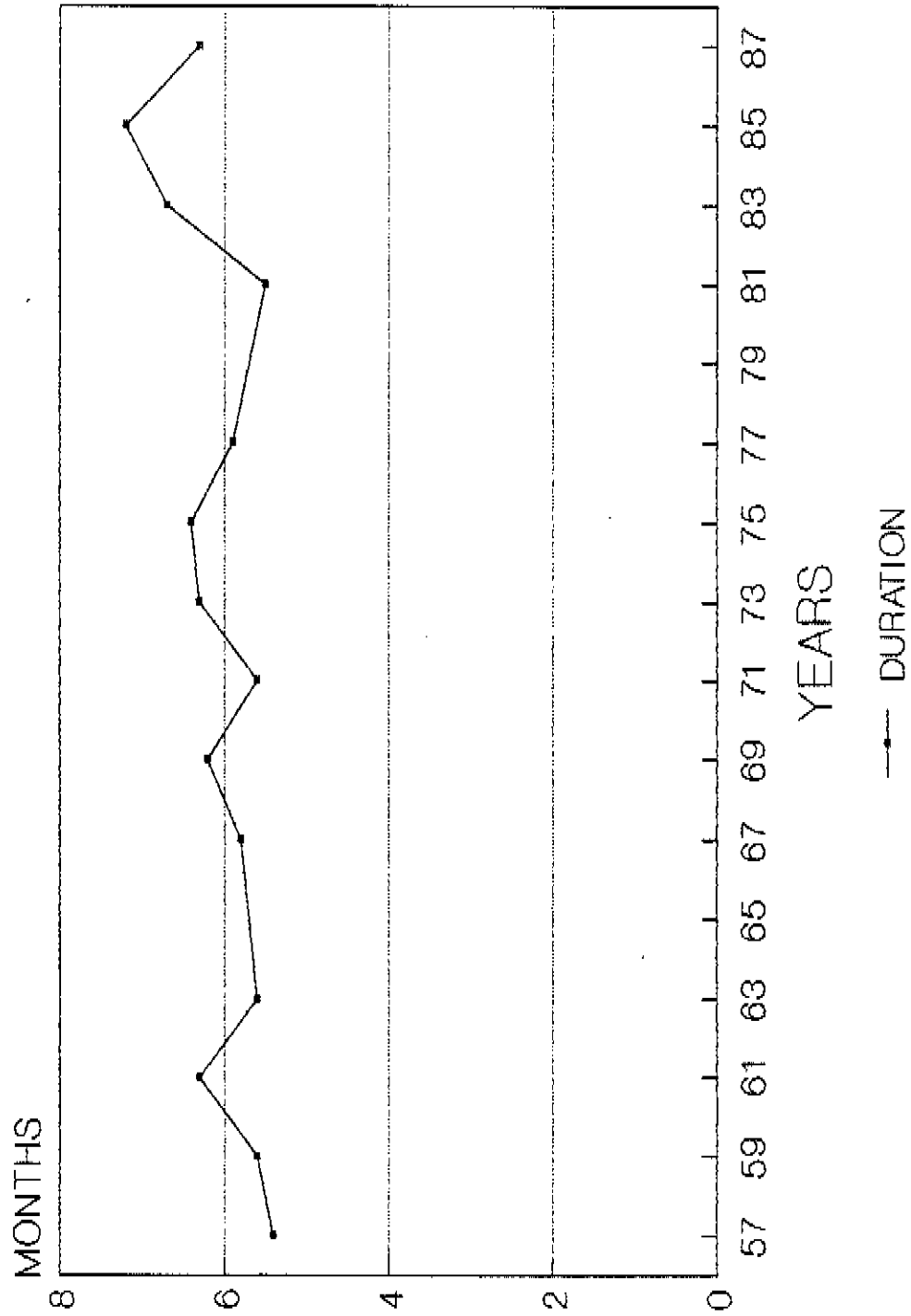
# PROPORTION OF AWARDS TO WOMEN AT WHO GLOBAL LEVEL AND FOR WHO/EURO FELLOWS 1957 TO 1987



figures not available for 65 & 79



# AVERAGE DURATION OF PLACEMENTS IN EUROPE 1957 TO 1987



figures not available for 65 & 79



## ANNEX V

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

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
<b>TOTAL:</b>		<b>93010</b>	<b>16264</b>		<b>132984</b>	<b>59140</b>

Numbers in brackets are estimated only.