



WHO

REGIONAL OFFICE FOR EUROPE

WHO FELLOWSHIP POLICIES

Report on a Meeting of National
Counterparts

San Marino
25-27 May 1995



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DEVELOPING HUMAN RESOURCES FOR HEALTH

By the year 2000, education and training of health and other personnel in all Member States should actively contribute to the achievement of health for all.

ABSTRACT

The meeting brought together, for the first time since the political and geographical changes in Europe, the National Fellowship Counterparts of the WHO European Member States to discuss aspects of the Fellowships programme and to establish and reinforce the necessary areas of collaboration between them and the WHO/EURO Fellowship unit. The main objectives of the meeting were: to obtain overviews of the situation in the Member States regarding training needs for nationals and training possibilities which can be afforded; to sound out new initiatives and ideas to improve the input of the WHO Fellowships programme and its efficiency in the development of human resources in health in the Member States; and to make the conclusions and recommendations of the meeting known to those working at national health administration level, WHO liaison offices, WHO headquarters and WHO regional offices.

Keywords

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Introduction

The meeting was organized by the World Health Organization, Regional Office for Europe, in close collaboration with and supported by the Government of San Marino.

The purpose of the meeting was to bring together for the first time since the political and geographical changes in Europe, the National Fellowship Counterparts of the Member States of the European Region of the World Health Organization to discuss aspects of the Fellowships programme and to establish and reinforce the necessary areas of collaboration between the WHO/EURO Fellowship unit and the National Fellowship Counterparts.

Reason for meeting

Such periodic meetings are needed to provide briefing for the new Counterparts, to provide an opportunity for discussion of policy matters and an exchange of views and opinions. The stated reasons for the meeting were:

- to establish contacts between all National Fellowship Counterparts in the Region and specifically to brief newly appointed National Fellowship Counterparts from the Western European countries (some new appointments) and especially from the countries of Central and Eastern Europe (CCEE) and the Newly Independent States (NIS) (where almost all are relatively new) on Fellowship matters and on the work of the Office as a whole;
- to discuss alternative ways of funding the Fellowships programme;
- to exchange views and opinions, harmonize procedures to coordinate mechanisms of work and collaboration.

Purpose of the meeting:

- to obtain overviews of the actual situation in the Member States regarding training needs for nationals and training possibilities which can be afforded;
- to sound out new initiatives and ideas to further improve the input of the WHO Fellowships programme and its efficiency in the development of health manpower in the Member States;
- to make the conclusions and recommendations of the meeting known to those working at national health administration level, WHO Liaison Officers and at WHO Headquarters and to WHO Regional Offices.

Membership

The meeting was attended by National Counterparts on WHO Fellowship Policies from 34 Member States, together with staff from the Regional Offices for Africa, the Eastern Mediterranean, Europe and South East Asia as well as the Department for Development Support and Management Services (DDSMS), United Nations, Geneva Office. The List of Participants is attached as Appendix 2.

Opening speech

The meeting was opened by Dr Santé Canducci, Minister of Health and Social Security of the Republic of San Marino, who welcomed the delegates on behalf of the Government of San Marino. He spoke of the history of his country - the oldest Republic in the world - and described the geography and demography of the Republic. He expressed his good wishes for a pleasant stay in San Marino and for a successful outcome of the meeting.

Regional Director's reply

Dr J.E. Asvall, Regional Director of the WHO Regional Office for Europe of the World Health Organization, on behalf of the delegates and WHO thanked the Minister and his government for their warm welcome and for their generosity and collaboration in hosting this important meeting. He spoke of the importance of the Fellowships programme, a fact that was not always acknowledged by all Member States. He referred to the changes in global affairs since the last meeting of the Fellowship Officers in East Berlin in 1989 and of the need to develop people through the Fellowships programme.

Education is a creative process and new methods of teaching are required to train health professionals in all countries. There is a need for careful selection of both people and training programmes. The trend at present is towards the selection of more senior people who can lead and develop health services rather than undergraduate training.

In conclusion he welcomed delegates old and new, and expressed the view that the meeting would develop useful guidelines for the direction of the Fellowships programme in the European Region.

Election of officers

Ms Monique A.C.M. Middelhoff was elected Chairman;
Dr Bozidar Gavazzi was elected Vice-Chairman;
Ms Denise Dennehy was appointed Rapporteur.

WHO's Health for All Policy

Dr Asvall began by reminding the delegates that the Health for All concept which was agreed at the Alma Ata Conference in 1979, and looked towards the year 2000, had established the HFA policy and that this had developed into a movement that was recognized worldwide.

It was now necessary to further develop and apply indicators to monitor progress in attaining the HFA targets agreed in the WHO regional policy and at country level.

When indicators are applied, the degree of improvements achieved can be seen and so the need, if any, for further change can be readily assessed.

This method of health planning in identifying clear targets and monitoring achievements by the use of indicators is a change from other more haphazard types of planning.

The HFA strategy must involve other government departments - not just health, non-governmental organizations, the private and independent health sector and, most importantly, people - the general public.

Methods of communicating HFA policies to all these groups must be improved. The message must be clear and simple and delivered with vision and direction.

Health for All by the year 2000 - is a target date - but the European Region has developed a system of rolling targets so there are many dates set. The policy based on scientific fact can never be out of date. It is also kept up-to-date on the basis of wide consultation regionally, and by continuous monitoring of health strategies in all Member States and the collection of information.

WHO's Global Fellowship Policies and the future development

Dr Eric Goon spoke of the scale of the global Fellowships programme stating that this is a bridge to international relationships and understanding and that this bridge should be strengthened. There is now a tendency to award shorter fellowships than were customary some years ago. Short-term fellowships of under one month rather than the traditional 6/12-month award are more difficult to evaluate and give rise to concern that this is not the best method of administering the Fellowships programme. The increase in short-term awards occurs in three Regions - AFRO, SEARO, and EMRO. It is not evident in EURO which in any case has a comparatively small allocation of fellowships. The main field of study is in health service management with a decreasing emphasis on clinical studies. But in spite of Resolution EB87.R23 the number of women awarded fellowships is not increasing. At a recent meeting of the Executive Board it was proposed that the Fellowships programme be reduced, but there was resistance to this proposal from many of the Executive Board members. A special sub-committee of the Executive Board has undertaken a review of the programme and it has drawn up a list of indicators to be developed as tools to evaluate and justify the Fellowships programme. The need to link the Fellowships programme with the countries' Health for All programme and targets was stressed.

In January 1997 a further report will be submitted to the Executive Board and this report will include a newly developed evaluation tool to be used globally in assessing the Fellowships programme.

General United Nations Fellowship Policies

Mr Michael Zinovieff spoke of the fellowship activities and policies of other UN agencies and of the increasing trend towards capacity building workshops and seminars in the area of training and fellowships management. This, he said, occurs as a consequence of the current national execution of projects.

The UN Department for Development Support and Management Services (DDSMS) based in Geneva acts as liaison office which deals with technical co-operation in the UN network which includes fellowships programmes. The number of awards granted has declined both in terms of funds available and in the duration of the fellowships. In this analysis two UN agencies, the WHO and the Atomic Energy Agency are exceptions. The ability of WHO to work through an established network of National Health Ministries in the administration of the Fellowships programme is seen as a great advantage. Other UN agencies are required to use many differing commercial in-country systems in awarding and placement procedures. The decline in the number of awards in other UN agencies was stated to be from 5000 in 1990 to 2500 in 1994, this estimate is on a global basis.

It is considered that because many countries have now decided to directly administer their Fellowships programme, costs have increased as has the incidence of unplanned training. At a meeting recently it was shown that the nationally executed programmes were not so successful but there was some reluctance to admit this fact.

At this meeting some points were identified which define the areas where UN agencies can provide a better service in the administration of a fellowships programme. Included in this definition are:

- quality of service
- knowledge of the best placement for the required training
- a well established and satisfactory payment system.

A common booklet setting out the points is being prepared by the UN/DDSMS and will be made available to all interested UN agencies.

Country presentations

Four countries - Albania, France, Turkey and the United Kingdom - made presentations of fellowship activities and procedures within their national systems.

ALBANIA as a sending country - following the establishment of a new democratic society, the health care system has been restructured and renewed. The National Policy for Health has focused on Primary Health Care as a cost-effective way of achieving the Health for All targets.

Priority will be given to:

- improvement of the curriculum for health professionals' education
- retraining of existing personnel
- creating a legal base for continuing education and registration of health professionals.

The country's national training needs have therefore been identified in the following areas:

- management of health services and human resources
- health economy
- public health
- postgraduate studies in nursing - nurse teachers and nurse managers
- development of other health personnel such as radiographers and physiotherapists.

In the administration of the Fellowships programme some problems have been encountered such as

- inappropriate country for training
- period of training in care of Aids of insufficient length
- knowledge gain during fellowship cannot be applied or passed on as sometimes fellows change jobs on return.

To overcome these problems the Ministry of Health has now established a monitoring procedure which is applied when fellows return to take up a post in the national health system.

FRANCE - as a receiving country the problems in administering the Fellowships programme were encountered in the processing of placement. The need for early notification with correctly completed application forms was emphasised. Difficulties were also experienced when no advance payment of stipend was made by the sending country. The national fellowship office in the Ministry of Health does not have a facility for arranging accommodation for students, late requests for such assistance present major difficulties. At times the fellows' language ability, in spite of the presentation of a certificate, proves inadequate for the study purposes for which the fellowship was granted. Requests to the Regions for an extension of fellowship are not dealt with promptly and early warning should be given if no extension is to be permitted. Some fellows do not return home on completion of their studies. They will often contact the national fellowship office some years later requesting a return ticket. These requests should be, and usually are, granted by the WHO Regional Office concerned.

In conclusion it was stated that on arrival in France all fellows, unless on short-term programmes, are required to visit the Ministry of Health in Paris for briefing and discussion of the study programme. The need for a good evaluation tool to assess the Fellowships programme globally and regionally was endorsed.

TURKEY - it was reported that a Fellowships programme, funded by the World Bank, has been set up in Turkey. The aim of this programme is to improve the country's Primary Health Care services, and the priorities for the project have been identified by the Ministry of Health and other national authorities.

The programme, which started in 1992, has a budget of US\$800,000 and is jointly administered by the Ministry of Health and the WHO/EURO Fellowships unit. Fellows are selected by interview where the language proficiency is tested. From 125 candidates 50 fellowships were awarded.

To date the follow-up interviews and written reports have demonstrated that the objectives of the project have been met and that the programme has been very successful.

The Turkish delegate expressed the thanks to the WHO Regional Office for Europe and the receiving countries for their co-operation in this project.

UNITED KINGDOM - the number of fellowship applications to the United Kingdom has declined since 1991. Numbers received in 1991 were 430 - in 1994 235 only.

The pattern of processing these applications remains unchanged from former years and the problems encountered are similar to those outlined by the delegate from France. Direct contact from the fellow and/or sending country to the host institution creates problems. Unless the established regional network is used, difficulties, delays and, on occasions, loss of placement may occur. Without clearly stated objectives for all fellowships it is difficult to ensure a correct placement and a satisfactory outcome for the fellows' studies.

The majority of fellowships within the UK have a successful outcome, indeed many fellows achieve passes with distinction. Therefore the Fellowships programme is considered to be successful and of benefit to all concerned including the fellow, the host institute, the receiving country and the WHO Fellowships programme.

However, in the present financial climate, there is a need to take a fresh look at the Fellowships programme so as to ensure that appropriate use is being made of the facilities and funds allocated for this purpose.

In accordance with the Executive Board's decision it is agreed that there is a need to evaluate the programme so that any changes can be based on proper data and clearly defined objectives.

WHO Fellowships in Europe

Dr Ormsby spoke of the Fellowships programme under the following headings:

- who receives fellows
- where do they come from
- what do they study

Over the past four years there have been many changes in all these categories. In 1990 most of the fellowships (two thirds) were awarded to nationals from the Western part of the Region, in 1994 all fellowships were awarded to nationals from other parts of the Region and mostly from Central Europe. In general there has been a decline in the number of fellowship placements within the Region during this period.

The number of countries of placement within the Region has also decreased from 35 to 21.

The three countries receiving most fellows are the United Kingdom, France and the Netherlands. In 1994 80% of European fellows were placed within the Region (85% in 1990).

The subjects of study and the allocation by professional grouping has also changed. In 1994 one quarter of fellowships were awarded for the study of public health administration/management/planning, one quarter for the study of communicable diseases including Aids and the remainder for the study of specialized clinical medicine. In the same year no fellowships were awarded to nurses or midwives or pharmacists within the European Region. There has been an increase in the number of fellowships awarded to health service administrators.

The proportion of the regional budget allocated to the Fellowships programme has also decreased and the difference has not been made up from other sources.

In the light of the current situation there is an even greater need to consider carefully the selection of fellows and to ensure that the study programme requested has been assessed in relation to national development plans and based on Health for All strategies.

In selecting candidates for fellowships, consideration should be given to senior personnel who can function as decision-makers in the health system. When resource mobilisation is being considered, sources such as the World Bank, UNDP and other UN agencies, and the EU programmes such as TACIS, TEMPUS and PHARE should be taken into account.

The importance of knowing the outcome of a fellowship and hence the need for monitoring and evaluating the whole programme was again stressed. Consideration could be given to areas where fellowships could link with country medium-term programmes and with other training initiatives.

Statements by the WHO Regional Fellowships Officers

African Region

Dr Sanneh, on behalf of the African Region, thanked the Government of San Marino and the European Regional Office for the opportunity to participate in the meeting. She also expressed her thanks to the Fellowship unit in EURO and to all the national fellowship counterparts and host institutions in Europe for their assistance in the placement of the 30% of fellows from the African Region who travel to Europe for their studies.

The WHO Fellowships programme has played a very important role in the development of human resources for health programmes in the African Region. One of the main tasks of WHO representatives is to assist Ministries of Health in prioritising needs for training. Many countries in the Region are still developing frameworks for activities in the health sector, and it is agreed that the Fellowships programme can assist in setting up mechanisms and managerial tools. Evaluation, though difficult, is an integral part of this process.

Planning fellowships at national level is done on a biennial basis which was started in 1991 and evaluated in 1993. The results of this exercise were incorporated into the system which will next be evaluated in 1996.

It is expected that the use of this planning system will increase compliance with the Health for All strategy and, by the imposition of a deadline for applications, will solve current problems caused by late submission of files.

In conclusion Dr Sanneh stated that although there were many problems relating to communications within her Region and between her Region and EURO, every effort was being made to improve the situation. She considered understanding on all sides would facilitate collaboration between country and Regional Offices.

Eastern Mediterranean Region

In her opening remarks Ms Gebril took the opportunity to thank the Government of San Marino for hosting the meeting and the Regional Office for Europe for inviting EMRO to send a representative to attend.

Ms Gebril went on to say that in EMRO the Fellowships programme is considered to be one of the most important activities of the Regional Office. Over the years it has given a large number of national health personnel the opportunity to upgrade their knowledge and skills in a variety of areas of concern to their health authorities.

The priority topic for studies is public health, and fellowships usually form part of a country project which Ministries of Health plan in line with their own priorities.

It was pointed out that a continuing problem in the placement of fellows from this Region is proficiency in the English language. Assessing and preparing the fellow for study abroad and for certification of his/her language ability occupies a great deal of time and effort on the part of all concerned.

Finally Ms Gebril stated that an overall assessment of the outcome of a fellow's study visit/training was very much appreciated as such reports greatly assist the Regional Office in the evaluation of the Fellowships programme.

South East Asian Region

Dr Samdup pointed out that the Fellowships programme in his Region continued to make a substantial contribution to the human resource for health plans developed by Member States. It has also enabled health personnel in these countries to acquire updated knowledge and skills and to keep abreast of the latest technical know-how in specific health and health-related fields.

Between 1991 and 1993 public health and communicable diseases accounted for 57% of the fellowships awarded - clinical sciences 12% - other health-related fields 31%. During the biennium 1992/93 out of the 1610 fellowships planned, 1525 were awarded. 723 (47%) were based in the Region. 802 (53%) were based outside the Region, of which 280 were placed in the European Region.

In the current biennium a total of 1669 fellowships are planned. Most countries in the Region send fellows on short-term study tours because there are adequate facilities for long-term courses available within their own education systems.

Reference was made to the Region's computerised Fellowship Monitoring and Information system (FEMMIS) . It was pointed out that this system, in co-ordination with the Regional Office Local Area Network (LAN), provides information on many aspects of the Fellowships programme. Further developments are being processed in collaboration with other WHO Regional Offices.

In conclusion Dr Samdup mentioned some issues or problems relating to the placement of SEARO fellows in the European Region:

- English language ability
- short notice of placement
- direct contact with host
- rescheduling /cancellation of fellowship.

Management of the Fellowships Programme

In her opening remarks Ms Pelle explained that a fellowships programme was common to most UN agencies. WHO follows the same rules and procedures that apply for fellowships through the whole UN system. Fellows of all agencies have the same rights, receive the same allowances and have the same duties in regard to their fellowship.

The Fellowships programme is one of the oldest programmes of the WHO. When it was first established it was organized on a global basis, but was later decentralized to be managed by the six WHO Regional Offices. The purpose of fellowships and of Research Training Grants (RTG) is to develop national health manpower within the health systems of Member States. The programme supports developing countries in meeting their particular needs. In the European Region at present assistance is given to the countries of Central and Eastern Europe (CCEE) and the Newly Independent States (NIS) in restructuring their national health services.

It was pointed out that because of the expense of the programme great care should be taken in the selection of subjects of study and of candidates. The External Audit of the programme, which was presented at the 47th World Health Assembly, reported that in 1992/93 some US\$ 41 million were spent on fellowships worldwide. Approximately half of this sum was spent on fellowships in Europe.

Ms Pelle went on to say that because of lack of funds only a very limited number of European candidates could be awarded fellowships. However, as will be noted from the previous paragraph, EURO receives the most fellows for placement at study institutions.

The efficient management of such a programme requires the co-operation and collaboration of all those involved: the fellow, the sending country, the Regional Offices and the host country. Each individual and unit has responsibilities aimed at optimising the value of the fellowship to the fellow and to the sending national health system.

Working groups

The participants split into four working groups on two occasions during the meeting. The outcome of the discussions were fed back by the chairmen and rapporteurs into one report which was then presented as a whole to the meeting.

During the first session the topics discussed were:

- voluntary donations
- self-funding
- fund-raising activities
- how to make fellowships cheaper
- other suggestions on this theme.

Report back

The funding of the Fellowships programme was considered under four headings:

- the role of WHO
- the role of the National Counterparts
- an overview of costs
- other ideas

Role of WHO

- Fellowships are considered to be of more value to sending countries if they are integrated with established or developing country projects. There is also a need to coordinate Health for All strategies and targets into the fellowship objectives. WHO should be more proactive in bringing this to the attention of the Member States.

- The Regional Offices are identified as the best site for the establishment and maintenance of a fellowship database to include information about training courses and institutions as well as WHO collaborating centres.
- WHO should be proactive in negotiating discounts on fees for fellowship placements.
- Channels of communication/negotiation with the European Union, the Council of Europe and the World Bank should be developed and improved.
- Consideration should be given to the reintroduction of fellowships for receiving countries in the European Region.

Role of National Counterparts

- Coordination and administration of the Fellowships programme from the Ministry of Health through the national health and education systems.
- Seek local sponsors to assist in funding fellowships.
- National fellowship offices share costs with WHO by acting as their agents in carrying out the Fellowships programme.
Should endeavour to maintain and in some cases perhaps increase staff in order to ensure efficient administration of the programme.
However, in the light of staff cuts within most civil service systems, this will be difficult to achieve.

Overview of costs

The costs of a fellowship are approximately allocated as follows:

Stipend between	40-80%
Fees between	20-50%
Travel between	6-10%
Support services between	3-5%.

- Voluntary donations can be sought from the private sector and consideration be given to coordinating projects with funding from EU, programmes such as PHARE, TACIS, ERASMUS, TEMPUS.
- Advantages in marketing and public relations terms could be pointed out to firms such as pharmaceutical and health/medical supplies companies.
- Self-funding could be suggested to fellows with just tuition fees or travel costs being met by the WHO budget.

- WHO could learn from the fund-raising activities of other agencies such as UNICEF and UNESCO.
- To make fellowships cheaper stipend could be reviewed so as to link them with the cost of living in all countries and ways of finding cheaper living accommodation for fellows should be sought.
- At all levels of training - from initial or basic courses to the attainment of highly specialized skills - the use of fellowships was identified as a means of assisting Member States in achieving the objectives of national development plans for health and human resources. Fellowships could be awarded for studies at home base or in a host country, dependent on the training required.

In the general discussion following the presentation of this group work report, it was pointed out that the European Region's Fellowship unit has a database on fellowships. Regular information from National Fellowship Counterparts will be needed for continual updating of the database.

The meeting was also told that the WHO Headquarters is producing a Public Health Training Directory on electronic mail.

It was also explained that all stipends within the UN system are agreed globally and are based on international civil service country surveys. The maximum rate is offered but an ad hoc rate can be established. If the resident stipend rate is considered excessive or not sufficient, the relevant information should be sent to the UN.

Second session

The four groups discussed the management of the Fellowships programme using the following headings:

- How to select subject of study and the candidate?
- Are we too bureaucratic?
- Improvements/simplifications at
 - - sending level
 - - WHO level
 - - receiving country level.
- Evaluation
 - - should we evaluate?
 - - who should take the lead?
 - - what should be evaluated?
 - - how to evaluate?

At the completion of the discussions, the four outcomes were again combined by the chairmen and rapporteurs and one report was presented to the whole meeting.

The Fellowships Information Booklet was used by the groups as a guide and reference point:

- The subject of study has to be selected on the basis of country need. The selection criteria differ from country to country and it is felt that criteria for selection set out in the Booklet need to be clarified. In selecting a study subject the candidate and/or the national health administration should link with the HFA strategy and targets.
- The selection of candidates should be based on agreed criteria among which are professional ability and experience, language ability, clearly stated objectives for the undertaking and outcome of studies.
- The system for processing a fellowship from the time the application form is received to the Letter of Award is being issued was found to vary a great deal between regions in particular. One delaying factor agreed by all participants is an incomplete or incorrectly filled in application form without clearly stated objectives. The process should be completed within four months, and more detailed information to this effect could be included in the Fellowships Information Booklet.
- A clear definition of the duties and responsibilities of national counterparts was considered to be one way of improving the management of fellowships.
- The importance of evaluation of the programme so as to make improvements and account for the resources involved was emphasized. Everyone should be involved in the process of evaluation - i.e. Regional Offices, sending and receiving countries, host institutions and the fellows. The Regional Office should be responsible for instigating the evaluation process and the national counterparts could also introduce a reporting system on progress and outcome of a fellowship while it is in progress. In this they will need to co-operate closely with the fellow and his/her supervisor. There is a need to develop an evaluation procedure, acceptable in all Regions and Member States, so that the Fellowships programme can be assessed and measured for successful outcomes in a uniform way and on a global basis.

Conclusions and recommendations

After considering the conclusions of the two sessions of group work together with points made in plenary and in general question and answer sessions, the meeting agreed on the recommendations as set out in Appendix 1.

Closing of the meeting

In closing the meeting, Ms Pelle, on behalf of the WHO Regional Office for Europe, thanked the Government of San Marino for hosting the meeting and extending such gracious hospitality to all the participants.

Thanks were also expressed to the Chair and Vice-Chair and to all who by their participation had made the meeting so successful.

A later compilation of the evaluation forms completed by 88% of the participants demonstrated that it was agreed that by attending this meeting a great deal of knowledge and improvement on expertise, both short- and long-term, was the outcome perceived by delegates.

Appendix 1

RECOMMENDATIONS

(As agreed during the closing session of the meeting)

1. WHO/EURO Fellowships unit is willing to act as agent in the management and administration of fellowships in the health field that are funded by WHO and by sources other than WHO.

Countries are invited to consider the comparative advantages of this proposal.

Governments should consider the cultural and social benefits of the WHO Fellowships programme and the links and bridges it creates in the international context, and therefore provide appropriate support for the National Fellowship Office.

2. There should be stricter screening of the national fellowship candidates by WHO and the WHO Representatives. National Fellowship Officers in sending countries should ensure that all information is available for correct placement.

WHO to be more proactive in referring back to the sending country in cases of insufficient provision of information. The views of EURO Regional Advisers on fellowship applications should be shared with the host country.

Member States and WHO are urged to fully implement existing fellowship regulations and so close the gaps which have been identified in the WHO External Audit report. It is, however, necessary for the Regional Offices and the host country to have some flexibility in relation to the particular situation of the sending countries in this respect.

3. All fellowship applications should link the field of study to HFA strategies and the national health priorities.

Expected results of study and the links to the HFA strategy in the country to be a part of fellowship applications.

Where appropriate, a national selection committee should be established to check on the validity and relevance of study.

Evaluation is considered essential and WHO should take the lead in setting up mechanisms for this purpose, including the impact of training. Fellowship Officers should put in place effective reporting systems so as to ensure competent evaluation of programmes.

4. In order to improve the efficiency of the management of the Fellowships programme, host countries are invited to provide WHO with clear information about:

- Language proficiency requirements
- Medical certificate requirements
- Professional qualification registration to ensure that the professional qualifications of candidatures are recognized in the host country.

5. Due to changes in priority in the WHO overall budget, there is a need for Member States and WHO to seek other sources of funding for the Fellowship programme.

It is therefore recommended that:

- a. WHO should ensure the integration of fellowships in medium-term programmes of collaboration with countries.
- b. Member States should be proactive in seeking sponsors for fellows, in establishing mechanisms for cost sharing, in setting up networks, and in envisaging other cost-benefit training solutions. For example, lecturers are considered to be, in certain instances, a cost-effective mechanism for on the spot group training, and the title of the Fellowships programme should be changed to its earlier title of WHO Fellowships and Lecturer Programme to reflect this mechanism for capacity building.

6. WHO should improve the information in, and access to, the EURO database on centres of excellence for training and include the WHO Collaborating Centres. Improved exchange of information on courses available should be included in the database, including an evaluation of the validity of the course to the fellow. A mechanism for regular exchange of information to be set up.

7. WHO and National Fellowship Officers should negotiate with training institutions for discounts on fees for fellows.

8. WHO should continue its endeavours to improve liaison with other governmental and non-governmental organizations, including the Council of Europe, World Bank and the European Union.

9. The Regional Office for Europe should rediscuss with its Member States, through its governing bodies, the reinstatement of a Regular Budget allocation, for fellowships, for non-EUROHEALTH countries.

10. The EURO Fellowship unit should bring the results of the meeting to the attention of the Regional Director to consider discussion on it at a Regional Committee. Fellowship Officers participating at the meeting should also bring the report to the attention of their Ministers of Health.

11. There was a need for exchange of information and experience and meetings of WHO Fellowship Officers should take place at regular intervals.

Appendix 2

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