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SECOND MEETING ON TRAINING IN REPRODUCTIVE HEALTH FOR CCEE/NIS

Report on a WHO Meeting

Copenhagen, Denmark
17-18 October 1996

TARGET 16

HEALTHY LIVING

By the year 2000, there should be continuous efforts in all Member States to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour.

ABSTRACT

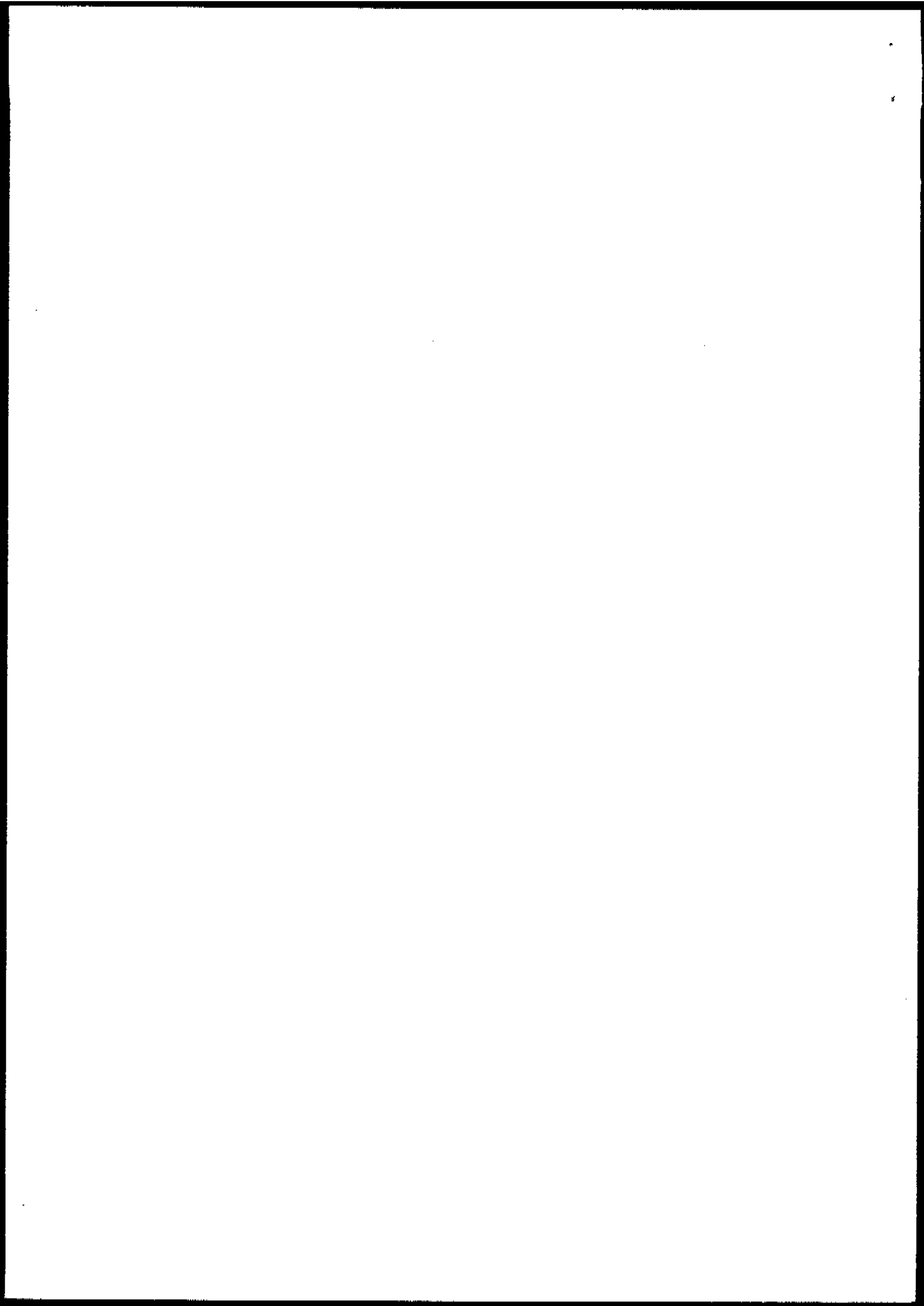
European public health training programmes increasingly offer courses in reproductive health to participants from the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former USSR. The WHO Regional Office for Europe convened a second meeting of institutions and organizations offering such courses. After an overview of the changes in reproductive health in the CCEE and NIS (including the epidemiology of sexually transmitted diseases and HIV/AIDS) and a summary of the relevant activities in Europe since the previous meeting, the participants presented their training programmes and discussed training objectives and implementation for the future. They recommended the continued coordination of training activities, the facilitation of twinning arrangements, and the establishment of a Scientific Advisory Group on Training in Reproductive Health to assist the Regional Office in responding to needs in the CCEE and NIS. The members of the Group will share the functions of the clearing-house recommended at the previous meeting.

Keywords

FAMILY PLANNING
REPRODUCTION
PROGRAM EVALUATION
EDUCATION
CCEE
NIS

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INTRODUCTION

During the past few years the need to improve reproductive health care in the countries of central and eastern Europe (CCEE) and the newly independent states of the former USSR (NIS) has become evident to many international organizations, nongovernmental organizations, universities and schools of public health.

To address this need, the training activities of schools of public health in Europe have increasingly been directed at postgraduate students and professionals from CCEE/NIS. This has applied particularly to training in the areas of reproductive health and family planning. The emergence of many varied training programmes was an impetus to gather together representatives of many varied training institutions.

In order to better coordinate and cooperate in these efforts, a meeting on Training in Reproductive Health for CCEE/NIS was organized by the WHO Regional Office for Europe in June 1995 for representatives of European public health and other institutions offering courses in reproductive health. A follow-up meeting was organized in October 1996 with participation of course directors/coordinators from the University Medical School of Debrecen (Hungary), The Baltic International School of Public Health (Sweden), the Netherlands School of Public Health, the University of Geneva (Switzerland), the University of Uppsala, the Centre International de l'Enfance (France), and representatives of the International Planned Parenthood Federation (IPPF), the Danish Family Planning Association and WHO (headquarters). The Institute of Population studies (Exeter, United Kingdom), the London School of Hygiene and Tropical Medicine, and the German Agency for Technical Cooperation were unable to attend this meeting.

The background documents and the participants are listed in Annexes 1 and 2 respectively. Dr. V. Odling and Dr. I. Batár co-chaired the meeting while Mr. H. Rolink served as rapporteur.

The scope and purpose of the meeting were to:

- follow the recommendations of the last meeting in having annual reviews of training in Reproductive Health for CCEE/NIS;
- review progress on the Clearing House Project;
- report on courses held since last meeting;
- discuss aspects of reproductive health not covered by existing courses;

- discuss recruitment of participants and evaluation of the impact of courses in CCEE/NIS; and
- discuss new developments and cooperation between institutions.

Apart from the report of the last meeting (published in all 4 official languages and distributed to the ministries of health of the 50 Member States) a number of recent documents were distributed among the participants, the most relevant from a training perspective were: the recommendations of the Sinaia Meeting; Women's Health Highlights for Europe; and Health Issues in the Beijing Declaration.

PRESENTATIONS

Priority areas mentioned during the last meeting were: contraceptive supplies, gynaecological equipment, training in quality of care in abortion services, pre- and post-abortion counselling, IEC programmes and data processing and analysis. Priority in IEC programmes should particularly be given to: Mass media programmes; Client information materials; Sex education curricula; and Counselling skills training. On the service delivery side, additional efforts are required to make services available and accessible for adolescents.

In addition, the following fields require appropriate attention:

- management and logistics training;
- curriculum revision training;
- training in developing integrated services for reproductive health; and
- situation analysis in reproductive health.

REPRODUCTIVE HEALTH IN CCEE/NIS IN 1995/1996

Since the last meeting no new national data sets have become available. Nevertheless the following trends were observed.

The Cairo and Beijing conferences have increased the awareness among donors of the needs in sexual and reproductive health. Commitments have been translated in investments in training and equipment. The Nordic countries are particularly active in the Baltic States; Italy is providing assistance in the form of emergency relief; Germany is active in the Central Asian Republics and Kazakhstan, where training activities are also

being conducted by a number of American agencies with the financial assistance of USAID. UNFPA has recently opened (regional) country offices in Albania and Romania, and has a regional office in Tashkent (Uzbekistan).

CCEE/NIS countries, on their part, are increasingly developing national reproductive health policies and programmes. The number of NGOs active in the field of Reproductive Health has also increased in many countries. Youth groups active in and youth interventions in reproductive health are growing, but still insufficient to address the needs among this target audience.

A lot has been done in training health professionals in CCEE/NIS in reproductive health, both in courses held internationally, as well as in countries. I hope that this meeting will help us to review where we stand with respect to unfulfilled training needs.

Training courses offered during 1995/1996 included:

- the third NSPH course in sexual and reproductive health and family planning;
- district training in the Central Asian Republics;
- the second Reproductive Health Care course of the Baltic International School of Public Health;
- the Brimhealth Course on Reproductive Health Policies; and
- the IPPF/GTZ course on Reproductive Health Management (Cambridge).

In-country training activities were conducted with the financial assistance of UNFPA, WHO, ODA, GTZ in, among others, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan; Italy and UNFPA-funded projects in Georgia and Armenia; UNFPA-funded training in Bosnia/Herzegovina; UNFPA/WHO-assisted ongoing training in Albania, Moldova, Romania. Through the Phare-programme of the European Union training activities are being implemented in Bulgaria, while IPPF/ODA conducted a specific programme for mass media specialists in Bulgaria.

Overall, the positive effect of activities in this area seems to have been an increased awareness among women about contraceptives, which have, generally speaking, become more available, although not necessarily more affordable.

Some negative developments should also be mentioned. For the health system in general, there seems to exist a privatized health system within the formal health system (black market) which, to a certain extent, is politically sanctioned. Due to the non-availability of some resources and (refresher) training opportunities, medical skills are lost ('deskilling'). This results, for example, in an increase in unsafe abortions. If

provisions are made for the procurement of equipment in projects or programmes, generally the technologically most advanced equipment is purchased without considering the appropriateness or cost-effectiveness.

In some countries the incidence of illegal abortion is increasing due to, either restrictive legislation, or (religious) opposition against family planning. The same appears to be true for so called pre-clinical/mini-abortions (menstrual regulation), although here the reasons appear to be economic.

It was mentioned that abortion is regarded as a major problem in CCEE/NIS by the international donor community. However, for political reasons, little is done to address the problem directly through projects or programmes of the donors concerned.

PRESENTATION OF TRAINING COURSES

As mentioned above, a number of training activities were undertaken in 1995/1996. Training courses implemented, i.e. since last year's meeting are listed below.

1. Training courses in Reproductive Health/Family Planning for Service Providers from Countries with Economies in Transition (Debrecen, Hungary)

The four-year project, started in 1995, makes a provision for seven general basic courses in reproductive health and family planning (four weeks) and four advanced (practical) courses (five months). Target beneficiaries are middle-level health professionals.

The first advanced course was completed recently, while the first basic course started in 21 October 1996.

2. Programme of Advanced Training in Reproductive Health in Romania

In 1993 WHO established the Scientific Working Group (SWG) on Reproductive Health Research in Eastern Europe. As part of this initiative a joint project was developed between the Universities of Geneva and Targa Mures (Romania). Briefly the objectives are: to provide advanced training in reproductive health for obstetrics and gynaecology specialist; the development of training materials; and strengthening training and research capabilities of participating university centres.

3. Family Planning Association of Denmark

The Danish FPA undertook some training activities in Lithuania, after a number of Lithuanian health professionals received training from the University of Karlskrona and the Netherlands School of Public Health.

The training focused on counselling (the role of the counsellors and contraceptive counselling).

4. Centre International de l'Enfance (CIE)

The centre offers a course on maternal and child health for between 25 and 30 participants, mostly decision/policy-makers from developing countries. The course is not designed to transfer practical skills but aimed more at policy, planning etc., using the District Team Problem Solving Approach, as documented and recommended by WHO.

5. University of Uppsala

The university will conduct the seventh international course on maternal health care (funded by SIDA). The scope of the three week course has been widened to family planning and sexual and reproductive health and now also includes sessions on domestic violence.

The course organizers discussed common difficulties and exchanged experiences to overcome these obstacles. The discussion focused on issues which were also raised in the first meeting. The continued existence of these, largely organizational, difficulties underlines the urgency to establish a clearing house.

REVIEW OF THE RECOMMENDATIONS OF LAST YEAR'S MEETING

1. Need for a concerted effort to provide training in reproductive health in CCEE/NIS

As customary, the report of the meeting was distributed to the ministries of health of all Member States (50) by WHO. The response, despite the wide distribution, was disappointing. It was suggested for dissemination of future reports to more explicitly solicit a reaction, whereby existing in-country contacts of the institutions could be utilized for follow-up with relevant agencies.

2. Twinning arrangements

(see point 3/4 Clearing House Project)

3/4. Clearing House Project

The discussions during the meeting focused either directly on the clearing house project or were connected with tasks of the proposed clearing house. Therefore the main

findings/conclusions of the meeting are summarized under the relevant task as described last year.

Unfortunately, despite positive reactions, WHO/Europe has not been successful in raising the necessary funds for the clearing house which was proposed to be established by the last meeting – neither from multi nor from bilateral donors. WHO/Europe will continue to promote the clearing house project and secure funding for the project. Meanwhile, it was agreed the involved agencies should strive to reach the goals of the clearing house with available resources. Hereto (some of) the perceived tasks will be divided between the current members of the working group in collaboration with the WHO/EURO office.

The tasks of the clearing house were identified to be the following.

A. To facilitate and coordinate training needs assessments for CCEE/NIS

WHO/Europe identified the following unmet training needs in CCEE/NIS:

- *clinical*: counselling, abortion, norplant implantation and voluntary surgical sterilisation;
- *policy*: reproductive health policy development, translation of policy into action and cross-sectoral cooperation;
- *research and data processing*: training on appropriate research methodology, use of data as feedback on goals and targets and interpretation of data trends;
- *management, logistics*: management training, logistics training and out-reach training.

In terms of training needs assessments, a wealth of information is already available (WHO, UNFPA and IPPF). In this area, the lack of coordination is also clearly felt. It was suggested to, as far as possible, collect relevant documents and collate and synthesize this information based on the requirements of the working group. However, this task is considerable and might be beyond the tasks that can be achieved with the limited available resources.

Furthermore, it was remarked that these training needs assessments generally lack an overall long-term perspective and subsequent training strategy, while in addition the needs are not '(operational) level specific'. This essential information need should be gathered in any training needs assessment undertaken by the working group. The methodology for the training needs assessment should preferably be participatory and interactive. Within this perspective, the meeting also discussed aspects of reproductive health currently not addressed by existing courses,

i.e. courses represented in the meeting. A number of considerations were raised in connection with such an assessment, such as strategic considerations (standard), training beneficiaries (target audiences) of the training courses, type of training (in-country, regional or international) and implementation of the training.

Based on the joint experience of WHO/Europe and the Centre International de l'Enfance (CIE) in Bulgaria, it was proposed that CIE will adapt the questionnaire used to assess training needs in Bulgaria for distribution among a number of selected countries (Bulgaria, Estonia, Hungary, Kyrgyzstan, Romania, Ukraine and 2-4 additional countries).

Several suggestions were made to locate the required human resources to compile and disseminate the gathered information. The most feasible solution appears to be to recruit a student to accomplish this tasks (thesis). It was emphasized that proper attention should be paid to the 'packaging' of the questionnaire. It was suggested to present the questionnaire as a follow-up of the ICPD recommendations.

B. To create a database of existing training curricula and institutions

Similarly a standardized form will be developed to gather information on existing courses in reproductive health and institutions. This form will be designed by the WHO/CCRHR of the University of Geneva. Participating institutions will subsequently be requested to prepare an inventory of ongoing training programmes in the area of reproductive health in their respective country for trainees from CCEE/NIS.

C. To create a database of trainees

Apart from a register of persons trained by the different institutions, this database should be designed in such a manner that it can be used for follow up of training activities, provide the framework for a network of trainees and guarantee a certain quality of the individuals included. Ultimately the database should also provide information on the national training capacity in specific areas. Hereby previous TOT training conducted by IPPF and the national FPAs could function as a starting point.

The meeting realizes that this database, for the time being, will exclude qualified professionals who have not attended one of the training courses included in the database mentioned under point B above. The Netherlands School of Public Health will design a standardized form which will form the basis for this database. For both bases the starting date was fixed at 1 January 1990. It was agreed that the databases should be used in such a manner that preferably local capacity should be utilized to

address the training needs identified under point A above. In a broader sense, it was recommended to compile a roster of skilled trainers in reproductive health.

WHO and IPPF offered their assistance through their representation in the countries concerned, i.e. liaison offices and FPAs, in collecting this information.

D. Promote twinning arrangements between centres (hospitals, universities) in eastern and western Europe and in country consultancies

It is the experience of most participants that this is a difficult task. Nevertheless, some members of the working group have established a twinning arrangement, notably the Danish Family Planning Association with the Lithuanian FPA and the University of Geneva and Targu Mures (Romania)

E. Follow up on training in countries

As mentioned above, the University of Karlskrona/Danish Family Planning Association conducted, in collaboration with the Postgraduate Institute of Teachers (Vilnius), an in-country training in Lithuania on contraception, abortion and STDs.

The Netherlands School of Public Health conducted a follow-up meeting in Latvia (Riga) for course participants from the Baltic States. The main objectives of this meeting was to assess the relevance of the course for the participants. Most importantly for the organizers, apart from a transfer of knowledge, former participants reported a change of attitude toward stronger client-orientedness and felt more confident in coping with the issues concerned. In addition the contact with persons from other countries, who work in the same field, was highly appreciated to share experiences and build a network (broadening the horizon). An important general conclusion was that the combination of acquiring new knowledge, learning new skills, working on attitudes and strengthening of motivation was felt to be the essential characteristic of the course.

F. Promote training courses

On request, WHO/Europe provided information on training courses offered in reproductive health care.

G. Raise funds to cover future training needs

Despite numerous bilateral initiatives, international donor support to CCEE/NIS for reproductive health initiatives, remains limited.

RECOMMENDATIONS

1. WHO/Europe in consultation and collaboration with the members of the working group will further pursue the funding of the clearing house project.
2. Pending the funding of the clearing house project, it is recommended that the members of the working group will assume certain tasks as described in the report of the first meeting.
3. To formalize this collaboration, it was recommended to institute a working group under the umbrella of WHO/Europe.
4. The working group underscores the importance of training for representatives of the different media in CCEE/NIS to create a broader support and awareness among the population at large for reproductive health issues.

Next meeting of the Working Group:

Thursday, 31 July 1997
(prior to FIGO-meeting 3-8 August 1997)

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Training in sexual and reproductive health*

QUESTIONNAIRE

(To be completed by Health and/or Health-related professionals working in/for training institutions involved in the training in Sexual and/or Reproductive Health).

1. Identification

- Training institution :.....
 - name :
.....
 - Address :
.....
.....
.....
 - Tél :
.....
 - Fax :
.....
 - E.Mail :
.....
- Questionnaire completed by :
 - Name :.....
 - Title and present function :.....
.....

* Sexual and Reproductive Health includes Family Planning and STD/AIDS prevention

2. Roles and responsibilities of the various categories of personnel in Sexual and Reproductive Health in your country/region :

Activities in the field of Sexual and Reproductive Health (SRH)	Doctors		Midwives Nurses	Others (specify)
	General Practitioners	Gynaecologists Obstetricians		
Prescription of contraceptives (general).....				
Prescription of the pill.....				
Distribution (renewal) of the pill.....				
I.U.D insertion.....				
I.U.D removal.....				
Surgical methods.....				
Termination of pregnancy.....				
Sexual problems.....				
STD/AIDS prevention.....				
STD treatment.....				
Infertility problems.....				
Information in SRH (groups).....				
Counselling in SRH (individual).....				
Record - keeping.....				
Others (specify).....				

3. Basic training in Sexual and Reproductive Health in your institution

3.1 Training of students of medicine (pre-graduate) (if relevant)

Total duration of the curriculum :

Topics* (What)	Which year in the curriculum (When)	Number of hours/days (How much)		Educational method(s) used (How)	Departments(s) or Person(s) in charge (trainers) (Who)
		Theoretical	Practical		
• Contraceptive techniques					
- general					
- oral contraception					
- I.U.D					
- surgical methods					
- other methods					
• Termination of pregnancy (abortion)					
• Infertility/sterility					
• STD/AIDS					
• Sexology					
• Psycholog. aspects of FP					
• Demograph. aspects of FP					
• Counselling techniques (individual)					
• Information - education of the public (groups)					
• Legislative aspects of FP/SRH					
• Management of SRH activities					
• Others (specify)					
.....					
.....					
.....					
TOTAL number of hours/ days during the studies (in the curriculum)					

* Can you specify whether some topics are optional ?

3.2 *Training of doctors specializing in gynaecology/obstetrics (post-graduate) (if relevant)*

Total duration of the curriculum :

Topics* (What)	Which year in the curriculum (When)	Number of hours/days (How much)		Educational method(s) used (How)	Departments(s) or Person(s) in charge (trainers) (Who)
		Theoretical	Practical		
• Contraceptive techniques					
- general.....					
- oral contraception.....					
- I.U.D.....					
- surgical methods.....					
- other methods.....					
• Termination of pregnancy (abortion).....					
• Infertility/sterility.....					
• STD/AIDS.....					
• Sexology.....					
• Psycholog. aspects of FP.....					
• Demograph. aspects of FP.....					
• Counselling techniques (individual).....					
• Information - education of the public (groups).....					
• Legislative aspects of FP/SRH.....					
• Management of SRH activities.....					
• Others (specify).....					
.....					
.....					
.....					
TOTAL number of hours/ days during the studies (in the curriculum).....					

* Can you specify whether some topics are optional ?

3.3 Training of midwives/nurses (if relevant)

Total duration of the curriculum :

Topics* (What)	Which year in the curriculum (When)	Number of hours/days (How much)		Educational method(s) used (How)	Departments(s) or Person(s) in charge (trainers) (Who)
		Theoretical	Practical		
• Contraceptive techniques					
- general.....					
- oral contraception					
- I.U.D					
- surgical methods.....					
- other methods					
• Termination of pregnancy (abortion).....					
• Infertility/sterility					
• STD/AIDS					
• Sexology					
• Psycholog. aspects of FP.....					
• Demograph. aspects of FP					
• Counselling techniques (individual)					
• Information - education of the public (groups)					
• Legislative aspects of FP/SRH					
• Management of SRH activities					
• Others (specify).....					
.....					
.....					
.....					
TOTAL number of hours/ days during the studies (in the curriculum)					

* Can you specify whether some topics are optional ?

4. Continuing education/refresher courses in sexual and reproductive health

Categories of Health Professionals	Content of the training (topics)	Duration	Educational methods	
			Theoretical	Practical

5. Additional information concerning the Training in Sexual and Reproductive Health (SRH) in your institution.

Could you join to this questionnaire information and if possible some examples of educational materials in SRH produced and/or used in your institution :

- Educational objectives :

- Educational methods :

- Evaluation methods :

6. Other departments/institutions involved in the training in sexual and reproductive health

As far as you know, are other departments or institutions (including NGOs) of your country/region involved in the training in Sexual and Reproductive Health (pre-graduate, post-graduate or continuing) within or outside your training institution?

YES

NO

Could you specify which departments/institutions (with address) and the content of their training activities in sexual and reproductive health?

7. Suggestions

What do you think should be improved in the training in Sexual and Reproductive Health in your institution ?

*Annex 2***PARTICIPANTS****Temporary Advisers**

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