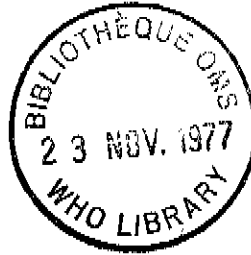




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INDEX

ASSISTANCE FOR TRAINING IN ANTIMALARIA ACTIVITIES AT NATIONAL
AND INTERNATIONAL LEVELS : SITUATION, NEEDS AND FUTURE POLICY.¹

In several Resolutions passed at recent World Health Assemblies, the member states of WHO have stressed that the number and the qualifications of the health workers at present available for antimalaria activities are in no way sufficient to change the present unfavourable malaria situation in the world and that greatest emphasis should be put on the training of antimalaria personnel at all levels. That is mainly the task of the countries affected, but all countries are called upon to cooperate in this humanitarian endeavour.

Malaria training centres

In the era of malaria eradication euphoria several excellent WHO Malaria Eradication Training Centres (METC) were established in endemic areas, which trained a number of outstanding malariologists and other experienced staff of various categories necessary for eradication and control campaigns. When many governments lost faith in time-limited malaria eradication programmes, and no careers were available any more for a great number of narrowly trained malariologists and malaria staff, the number of trainees in the METCs decreased to such a level that cost benefit of these courses became negative. Many of those already trained went to other fields of activity. The METCs were converted into WHO Training Centres for Health Personnel with varying curricula and courses under the responsibility of the Regional Offices of WHO, they were closed down or became national malaria training centres with limited responsibilities and funds.

These centres represent excellent opportunities for reviving or extending training activities in the field of malaria with national, bilateral and multilateral assistance. Thus national centres of excellence, training sub-professional malaria health workers can be developed to become regional and international centres for training professional staff as well. As most countries favour the combined, comprehensive and integrated approach in the control of malaria, the training in these centres should be specific and specialized on the one hand, but also broad with regard to the control of other vector-borne diseases and public health problems on the other.

International Masters degree in Public Health Courses with emphasis on malaria and other parasitic diseases

In order to overcome the growing shortage of executive professionals with skills and knowledge - inter alia - to plan, implement, manage and evaluate control programmes against malaria and other parasitic diseases of public health importance, WHO has helped to organize international MPH Courses with emphasis on malaria and other parasitic diseases in the developing countries where these diseases are endemic. The first Course of this kind (in the English language) was organized at the School of Public Health, University of Teheran, from August 1975 to December 1976 with twenty participants from several WHO Regions. The second Course will be held from August 1977 to December 1978.

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A similar MPH Course in Spanish was organized at the School of Public Health, Mexico City, lasting from February 1976 to December 1976. This Course will be followed up by a second one this year. An MPH Course in francophone Africa is in preparation.

Other academic centres in developing countries will follow this example to organize MPH Courses. These centres need bilateral and multilateral assistance. This assistance might be in the form of training and laboratory equipment, teaching aids, textbooks, secondment of teachers, transport, but also in the form of fellowships for participants from developing and developed countries.

Assistance to short courses, seminars and workshops

In addition to the above-mentioned long lasting general courses, a number of short courses, workshops and seminars on specific problems in malariology should be organized for various categories of health workers (specialists, physicians, medical students, laboratory technicians, medical assistants, primary health workers, administrators, sanitary engineers, sanitarians, maybe even school teachers, etc.) working at the central, intermediate or peripheral level who, although possessing the necessary basic qualifications, may need this additional training to refresh their knowledge or to become acquainted with modern methods in the study, diagnosis, treatment and control of malaria.

Such courses have to be organized at national, regional and interregional levels with the possibility of international participation.

Here is one example: the WHO Regional Office for the Western Pacific, in co-sponsorship with the Ministry of Health of Malaysia, organized a Regional Course on Current Trends and Advances in the Operation and Assessment of Antimalaria Programmes in the Institute of Public Health, Kuala Lumpur, from 6 - 30 July 1976 for senior professional staff (16 participants and 1 observer) assigned to antimalaria programmes or having an anti-malaria component in their public health functions. The objective was to bring the participants up-to-date on current trends and advances in the execution and assessment of antimalaria activities.

In the Final Report of this Course the following short courses were recommended as regional group educational activities:

- a) annual seminar of two weeks' duration for general health services staff to be run by specialists in both malaria and public health
- b) annual course (duration of 10 working days) for development officers, district commissioners, public works officers, school superintendents, agricultural expansion officers, tourist department officers, etc., to deal mostly with the hazards and costs of malaria infection as well as personal and community protection against the disease.
- c) a regular course in malariology for professional personnel (duration 3 months) given to all members of the malaria triad of public health officers, entomologists and engineers
- d) workshops (duration 10 working days) in the fields of bioenvironmental control of malaria; epidemiology of disappearing malaria; parasitology (drug resistance; serodiagnostic methods); integrated vector control systems.

USAID should sponsor the organization of such short courses, seminars and workshops in endemic countries with the possibility of international participation.

Responsibility of governments and institutions in developed countries (including fellowship policy)

There are excellent institutions in the USA which have trained outstanding malariologists and which have established links and field stations in developing countries in order to overcome their own lack of appropriate practical demonstration and training areas. These centres should be assisted to intensify their responsibilities for training national and foreign health manpower who know how to control malaria or conduct malaria research, taking into consideration the specific socio-economic conditions of the developing countries, and to orient their teaching to forming community oriented leaders of a health team.

These centres should get financial assistance in order to second teachers of excellence to centres in the developing world, develop teaching aids and manuals (like CDC Atlanta) and help to carry out malaria research in the countries affected.

Every health project in a developing country which is assisted or performed by a developed country should contain a training component, because that is the only guarantee for a "multiplier" effect and continuation, after foreign aid is withdrawn. It goes without saying that all such projects should be coordinated with the country health programme and also with WHO on the central, regional and national levels. The WHO Representative has an important function to fulfil in this respect.

More than hitherto undergraduate and postgraduate medical training in the academic centres of the USA should also consider the teaching and training in the epidemiology of tropical diseases including malaria. The USA have achieved such a satisfactory coverage of their population with medical care that the time is ripe to interest more young physicians in the diseases of the developing world, and by appealing to the challenging health tasks to revert the current negative trend of lesser and lesser applications for public health careers.

The high expenses of training a malariologist from a developing country in the USA may only be justified if there is really no possibility for his training in his or her own country or region; if his or her training leads to a "multiplier" effect with regard to important position, research or training others when back in his country of origin and if by bilateral agreement it is guaranteed that after his studies he will return to his home country where a career is open to him in which he will utilize the knowledge and skills gained. Awards should only be given to studies which are of high public health relevance to the country concerned, and not only physicians should be considered, but also public health administrators and managers, teachers of health personnel, sanitary engineers, etc.

Responsibilities of governments and institutions in developing countries

The subject of malaria in its epidemiological, parasitological, clinical and public health aspects has to be reflected in the undergraduate and postgraduate curricula of training centres in the developing world according to its significance in the country. Curricula which are imitations of famous models in industrialized countries must inevitably lead to frustration, brain-drain and medical coverage only of the well-to-do élite of the country concerned. In several training centres in developing countries, radical rethinking and reorientation of the training programme must take place throwing overboard traditional teaching methods and super-sophisticated overload. The concept of the community oriented health team with an epidemiologically trained physician as a leader should be in the centre of the training activities (as for example in CUSS, Yaoundé, Cameroon). For that purpose ways and means have to be found to train a great number of primary health workers and medical assistants also in basic epidemiological knowledge and skills with regard to malaria, because they are an integral part of this community oriented health team.

Hospitals and national medical societies must also take over certain basic, postgraduate and continuous training responsibilities.

Bilateral assistance in the field of training for antimalaria activities should be a stimulant for country health programming with regard to exact planning of number and qualifications of health manpower necessary for malaria control and should put its main stress on the development of primary health care (for example, equipment for training centres of primary health workers).

Special Programme for Research and Training in Tropical Diseases

The Special Programme for Research and Training in Tropical Diseases has two main aims: (1) to develop new and better tools for the diagnosis and control of the six major tropical diseases selected (malaria, schistosomiasis, trypanosomiasis, filariasis, including onchocerciasis, leishmaniasis and leprosy). (2) to help developing countries to achieve self-reliance in research and training with regard to these tropical diseases.

At present the Special Programme restricts itself intentionally mainly to research training. The Research Capability Strengthening Working Group of the TDR Programme which will meet in November this year will discuss whether other training functions will have to be supported by the Special Programme. The TDR Programme calls upon all developed countries with potentialities to help to achieve its specific aims and objectives as well as to strengthen the medical research and training institutions in the developing countries.

Conclusion

The present malaria situation in the world may only be improved if in the countries affected the political decision makers, the health workers and the general public take appropriate action. The necessary knowledge and skills for this action can only be provided by adequate information and training. This is the responsibility of the national governments of the countries affected, but all countries which are committed to international health like the USA should cooperate in this global endeavour.

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