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HEALTH MANPOWER IN AFRICAN COUNTRIES
IN THE WHO EASTERN MEDITERRANEAN REGION.

(Prepared by the WHO Eastern Mediterranean
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INTRODUCTION

The assistance of the World Health Organization to the African Governments of the Eastern Mediterranean Region in Medical Education continues to be an important cornerstone in the overall education and training programme which aims at the strengthening and improving of the standards of teaching in health medical and related professions. These countries are Ethiopia, Lybia, Tunisia, Somalia, Sudan and U.A.R.

The health needs in these countries and also the development of their health services vary greatly but there are certain areas where common objectives could be aimed at. These are in the fields of training of the necessary health manpower which could meet the priority needs of the general health services.

The key personnel in all these countries' health programmes, are the physician, the nurse, the public health nurse, the sanitary engineer, the sanitarian, the dentist, the pharmacist and laboratory and X-ray specialists.

In countries where there is a critical shortage and maldistribution of professional health personnel, the Governments found it necessary to train auxiliary personnel to assist them in providing adequate service for the greater number of their population.

The WHO programme of assistance has laid stress on the development of manpower and will continue to do so for a number of years to come, to help these countries to meet the challenge of time in the medical and health problems which emerge from the rapidly changing socio-economic pattern in them.

Quantitative Aspects

In these countries there are ten schools of medicine, one school of public health and thirteen schools for nurses training, both basic and post-basic.

The standard intake to medical schools varies widely in the countries having medical schools in relation to the number of schools in the country, available facilities and teaching staff. Figures between twenty to 2,000 are known.

As regards schools for auxiliary training, practically every country has one or more such schools.

Out of the six African countries in this Region four countries have medical schools varying in number from one to seven. Of these four schools have been established during the period 1961 - 1967. One country is at present exploring possibilities of establishing a medical school.

There is a very wide variation in the physician/population ratio in these countries. At best there are countries with figures such as 1/2270 or 1/3160 while at the other end of the scale there are figures like 1/30000 or 1/72000. The regional mode is something like 1/45000. However, in some countries there has been a steady and heartening progress in this respect. This can be illustrated by the following figures. In one country between 1956 and 1961 the physician/population ratio improved from 1/117000 to 1/91000 and it has improved further since then.

It is to be noted that these figures represent the trend in a great majority of these countries. While these reflect great credit on the Governments concerned, the Organization has also played its part in the form of assistance and support to the various medical schools and training institutions.

Nurses training also received considerable attention and during the past ten years the organization has assisted ten basic three-year (diploma) Schools of Nursing in these countries. Post-basic nursing has also been assisted by WHO.

In a few countries WHO assisted in establishing and operating the first organized courses for auxiliary nurses. This has been done sometimes in the context of Maternal and Child Health Programmes and sometimes in connection with Rural or Basic Health Services. The training is applied to the present needs of the country and is essentially practical.

For the nurse/population ratio, the available figures from the year 1966 illustrate the nursing situation in these countries. Taking together qualified nurses and midwives, the nurse and midwife ^{nm}/population ratio at its best is 1/3388 while at the other end of the scale figures are more

difficult to assess, but figures of 1/8426 can be found. The situation is even worse in two or three countries where there are virtually no fully trained nurses of professional standard. However, the mode for the region is around 1^m/11,000 population. Unfortunately it is not possible now to give comparable figures which would show the improvement over a space of years.

In point of fact the actual situation is less serious than the above figures indicate because in the nursing field all countries have trained a large number of nursing auxiliaries of various types.

For dentist/population ratio, there is also wide variation in the various countries. At best there is one country with figures such as 1/23497 while in other countries there are also figures such as 1/48000 and 1/86000 and 1/1462000. The ideal ratio for this Region is 1/3000.

The expansion of health services in many countries has made it essential to train more numerous and diversified health manpower at all levels for staffing purposes. To meet this rising need, training facilities are being developed and provided either in individual countries or on an inter-country programme. At the same time utmost use is being made of WHO fellowships for post-graduate specialization in various medical and health fields.

Qualitative

The attention given to medical education has been maintained at a high level. In view of the rapidly changing socio-economic pattern in many countries, the standards and magnitude of medical care have to keep pace with the progress achieved.

Several countries are finding out that the undergraduate training of physicians abroad is not likely to meet fully the medical manpower needs. Further, the disadvantages of training medical doctors abroad are being increasingly realized by Governments and the merits of training doctors in their own circumstances are being more and more recognized with the ultimate aim of creating a cadre of physicians orientated to the nature and needs of the national health programme and prevailing public health problems.

As a solution to the problem of shortage of professional health personnel, large numbers of auxiliary personnel are made use of as technical aids to the professional staff allowing the latter to devote more time to matters requiring professional skill and judgement. It is to be noted that in the training programmes clear distinction is made between the professional and the auxiliary. Emphasis is now being placed on evaluation studies pertaining to the training programme in operation for health auxiliaries in the different countries of the Region. It is expected that more studies of the kind will be conducted in the light of which policies regarding training and utilization of this category of personnel will have to be reviewed and probably revised.

Assistance by the World Health Organization

Through the stimulation and assistance by WHO, the production of plans for orderly economic and social development including health has become accepted government policy in most countries of the Region. Some have prepared long-term prospective plans while others have developed short-term periodic plans. It can be said that the planning process and preparation of periodic plans have become integral parts of normal government activities in ways which vary with the administrative practices of each government.

WHO assistance has also been provided, upon request, to some countries which planned establishment of new medical schools. This was provided in terms of consultative groups for exploring these possibilities. For the newly established schools, assistance was provided in terms of consultants and professional staff, fellowships for preparation of counterpart teachers, and teaching supplies and equipment.

Assistance to existing medical schools was provided in terms of professors covering various disciplines, teaching supplies, equipment and fellowships.

In addition, a revolving fund has been made use of for obtaining teaching supplies and equipment on reimbursible basis in local currency.

The award of fellowships to prepare teaching staff abroad continues to receive high priority. Assistance was also given to strengthening of teaching in social and preventive medicine in medical schools.

Conferences and Special Group Educational Meetings

The Eastern Mediterranean Regional Office has convened the following special educational meeting of groups of medical educators, health officials and consultants to consider the general aspects of medical education in the Region and to make recommendations regarding measures which it may take to be of further assistance in the future, in which some of the above six Member States were represented.

1. First Eastern Mediterranean Regional Conference on Medical Education, Teheran, 16 to 20 October 1962.
2. Special Group Meeting on Medical Education, Alexandria, 16 to 20 December 1963.
3. Group Meeting on Medical Research in EMR, Alexandria, 22 to 26 February 1966.
4. Special Group Meeting on Medical Education, Baghdad, 18 to 24 November 1967.
5. An Interim Organizing Committee Meeting emerging from the Baghdad Meeting for the Establishment of an Association of Medical Schools in the Middle East, Alexandria, 24 to 26 June 1968.

As a result of the above meetings, many valuable observations and considerable factual data have been made available on medical education in these countries. These studies have provided essential background information and have greatly facilitated the task of reviewing recent developments in Medical Education. Yet another meeting is planned to be held in Khartoum from 9 to 13 December 1968 for the follow-up results of previous meetings.

Facilities were also made for the planning stage of the establishment of an Association of Medical Schools in the Middle East as requested by the participants.

Plans are underway for pharmaceutical and also dental educational meetings in which some of these countries will participate.

Exchange of professors among medical schools located within the EMR has been established as an Inter-country project and will go into effect as from 1969 to allow closer collaboration and contact among medical educators in the Region. WHO will play its catalytic role in facilitating these professional contacts and will also meet travel expenses and per diem in respect of the teaching staff making use of this facility.

Another facet of WHO assistance which may be of help to medical education is the provision for training and preparation of librarians and also for text books and periodicals.

Efforts will be made for the establishment of a modern information centre at the Regional Office in Alexandria.

Orientation for the future

With the development and expansion of existing medical schools and expected establishment of new ones in future, the requirement in health manpower will be progressively increasing. This necessitates corresponding increase in the number of national doctors to reach the quantitative mode of the Region in the physician/population ratio and to cope with the training and health work. Attention is, therefore, being given to the adaptation of the teaching programmes for national personnel in these countries to include training at the post-graduate level for basic science teachers and investigators, for clinical teachers and specialists and for careers in public health and community medicine.

Training at the undergraduate and post-graduate levels is usually best offered at the same institutions and every medical school must attempt to provide both kinds of training whenever possible. Post-graduate education in these countries continued to be a focus of attention for encouragement and survey of its facilities with a view to recommend standards and full utilization. In recognition of the advantages derived from training under conditions similar to those existing in the students' own countries, there has been a tendency to assist post-graduate training facilities at inter-country level in various disciplines of Medicine. These post-graduate institutes will help to adapt the methods of application of technology to the situation in the countries where it is applied.