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**THE EIGHTH REGIONAL MEETING OF
NATIONAL FELLOWSHIPS OFFICERS**

Abu Dhabi, United Arab Emirates, 22-25 November 1987

(Ref. Meeting EM/NAT.FEL.OFF.MTG/9)



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN
1988

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1. INTRODUCTION

The Eighth Regional Meeting of National Fellowships Officers was held in Abu Dhabi, United Arab Emirates, from 22 to 25 November 1987. It brought together twenty-five participants from the Member States of the Eastern Mediterranean Region, one resource person and six staff members of WHO (Annex 1).

At the inaugural session Mr Eid Khamis Al Muhairy, Director, Foreign Health Relations Department, Ministry of Public Health, UAE, introduced H.E. Mr Hamad Abdul Rahman Al Madfaa, Minister of Health, who inaugurated the meeting and addressed the participants and guests. In his speech Dr Al Madfaa stressed the importance of national health personnel qualifying in their own countries. They were the pillars of the health services and deserved first priority in provision of resources and facilities for training. Adequate planning was needed to increase effectiveness, especially in the educational environment, but also in health manpower development, co-operation and co-ordination, implementation, methodologies and strategies, follow-up and evaluation. Much could be achieved through collaboration with WHO and utilization of its continued effort to improve and implement policies and health manpower development plans within countries and to establish the principle of study and research as basis for health development.

Dr O.I.H. Omer, Director, Health Manpower Development, WHO EMRO, read out a message from Dr Hussein A. Gezairy, Regional Director of the Eastern Mediterranean Region of WHO. Dr Gezairy's message focused on the proper use of fellowships as one component of health manpower and health systems development. He stressed the importance of monitoring and evaluation of fellowships since they are a costly part of manpower development; about 13% (US\$7 million) of the regular budget was allocated for fellowships for the biennium 1986/87. Manpower development of the post-basic type can be undertaken in a number of ways, for example by setting up a national training course or workshop, granting a fellowship, or bringing in a consultant as a trainer. The consultant might be able to train two or more persons on-the-job, in the country, more "appropriately" and for the same cost as one person sent outside for similar, but perhaps less relevant, training. He added that Member States must themselves weigh up which type of activity would give them better value for money, remembering that each situation has to be taken on its merits. Dr Gezairy also drew attention to the Health for All leadership activities for which some of the Regional fellowship allocation is being used. Groups of very senior officials have visited Thailand and Indonesia where community involvement and the basic minimum needs approach in health as part of overall socio-economic development has been successfully applied to promoting Health For All. It is hoped such approaches will be considered and appropriately incorporated in the health development plans of the Region, according to the socio-economic, cultural and religious context. Another innovative undertaking in health manpower development that is being introduced is the recruitment of nationals to serve with WHO within a carefully designed attachment programme to get on-the-job training in international health

work. For this purpose some 10% of the country fellowship allocations are being set aside.

Dr Gezairy reminded delegates that, in accordance with the resolution EB71.R6, an evaluation of the impact of fellowships activities had to be submitted by the Director-General. Countries should submit their contributions early in 1990 so that the Regional Statement might be sent to Headquarters in time. In relation to this issue, the meeting at hand would be a good opportunity to decide on how rigid a format of questions can be applied for the various countries, and how much flexibility can be permitted. Dr Gezairy concluded by wishing the participants a successful meeting.

After a short break the following officers were elected:

Chairman: Mr Eid Khamis Al Muhairy, Director, Foreign Health Relations Department, Ministry of Health, UAE.
Vice-chairman: Dr Mahmoud El Shahid, Director, Planning, Training and Research, Ministry of Health, Jordan.
Rapporteur: Mr Hashim El Kindy, Director of Education and Training, Ministry of Health, Oman.

The Agenda was then adopted (Annex 2).

Dr Omer presented an introductory statement to the meeting. He highlighted the connection between socio-economic and health manpower planning, production and utilization, as related to primary health care. Health manpower policies and plans, deficiencies in education and training, further development of health personnel and health manpower management were explained in further detail.

The Chairman opened the floor for discussion and several points were raised and discussed, highlighting and stressing the importance of planning health manpower and reasons for the lack of policies in some ministries of health, lack of coordination between health services and educational institutions and the Iranian experience in unifying the two under one ministry. Some countries cited their own experience in tackling some of the problems mentioned. The importance of having teaching/learning materials in the national language was made clear. There was also mention of the gap between policy-setting and implementation of such. The importance of reliable information for proper planning was stressed. It was also mentioned that recognition of local training and qualifications is necessary to strengthen and support local educational institutions.

Dr Abdel Salam presented the statement on WHO fellowships policy. It covered:

- (a) Executive Board Resolution EB71.R6, January 1983;
- (b) National Fellowships Officers Meeting recommendations and follow-up, Islamabad, 1985; 1
- (c) Regional Committee resolutions, Kuwait, October 1986;
- (d) 40th World Health Assembly resolutions 1987; and
- (e) WHO criteria for selection of fellowships.

1. National Fellowships Officers Meeting, Islamabad, Pakistan, November 1985, unpublished report WHO-EM/FEL.MTG/10-E, EMRO, Alexandria (1986).

2. SITUATION ANALYSIS OF FELLOWSHIPS IN EMR

Guidelines for the presentation of situation analyses for individual countries were given by Dr Omer. These included:

- (a) Methods of administration
 - methods of selection;
 - selection procedures;
 - relevance to national HFA;
- (b) Problems
 - travel arrangements;
 - financial arrangements (stipend, allowances, living costs and facilities);
 - training problems (relevance, field of training and experience, language problems);
- (c) Internal fellowships
 - training institutions;
 - nationals as temporary advisers or facilitators;
 - per diem or stipend;
 - health teaching/learning materials;
 - other methods of training;
- (d) Evaluation of fellowships
 - six monthly report;
 - final report;
 - utilization report;
 - impact.

Summary of country presentations

In presenting their country statements delegates explained methods used in their own countries for the selection of applicants for fellowships. Many of the points mentioned and discussed were similar to those raised in the previous meeting (Islamabad, 1985). Most of the problems highlighted by the delegates covered more or less identical areas. The following were common major problems.

- English language assessment and proficiency requirements are too high which results in many good candidates losing fellowships.
- There are often delays in arranging placement for a fellow.
- Not enough time is given to the country for sending fellows once final placement has been arranged.
- WHO policy favours short-term fellowships; because the courses are short, some countries have difficulties in selecting applicants for these courses as fellows generally prefer longer courses which lead to a recognized qualification.
- WHO provides inadequate information about arranged study/training programmes.
- The stipend paid by WHO for some countries is not adequate.

- Most fellowship recruitment is through advertising; this was felt to be too passive a method.
- Any change in the duration or area of study must go back to the selection committee in some countries.
- WHO sometimes does not inform the government of the balance of funds remaining in the country fellowship allocation.
- Special country needs are not given enough consideration, particularly in the clinical fields.
- Placement procedures following application are too long.
- Most fellows want to go to UK or USA making recruitment to other countries difficult.
- Where there is no WHO Representative, countries may face difficulties in dealing with fellowships.
- Difficulties of placement in some countries of the Region lead to the loss of allocated funds.
- Although priority for fellowships is in PHC, a reasonable percentage should be allocated to clinical fields and training in sophisticated technologies where necessary.
- When information is provided about training available it is not always clear whether it is theoretical or practical.
- Short training courses in UK are generally too theoretical, more practice is required. Training in UK in the form of clinical attachments does not allow the fellow to participate in the management of patients.
- EMRO policy is inconsistent and unclear; sometimes fellows are accepted and other times they are refused, sometimes without explanation.
- There is often no acknowledgement of receipt of fellowship application forms from EMRO until very late when it becomes difficult to nominate another candidate if the first is refused or unavailable.
- Inside the country long procedures to release the candidates for training may lead to loss of the chance.

At the end of the discussions of the country presentations Dr Omer commented that he considered the country presentations as the most important component of the programme. He responded to the points raised in the presentations:

Language The standard of language proficiency (especially English) is determined by the receiving countries and is not a WHO criterion or condition.

Communication gap between the sending countries, WHO and receiving countries The Joint Programme Review Missions detail the areas of collaboration in conformity with resolutions and policies adopted by the World Health Assembly, Executive Board or Regional Committee. This provides ample time for country requirements to be submitted before each biennium begins. If these are sent by countries in time, much delay is avoided. Therefore fellowship application forms should be submitted early and National Fellowships Officers must revise them carefully and ensure that they are correctly filled in before submission to the Regional Office. They must ensure too that all criteria are fulfilled including age limit, and provide options for placement, not specify just one place. If Governments or candidates have obtained provisional acceptance and if an acceptance letter is attached to the forms the procedures will be shortened. Visas and regulations are country requirements. Host countries sometimes do not respond to communications for up to 2 years for various reasons, including political factors, and it must be realized by the sending countries that this is beyond the control of WHO.

Unspent country allocations WHO funds are the collective ownership of all countries of the world who are members of WHO. Unspent funds go back at the end of the biennium to the pool. Any programme which can be implemented up until December 31st, including fellowships, will be funded to the extent possible. A six-monthly computer printout of budget and expenditure is sent to countries.

Stipends These are established for the United Nations system as a whole according to the country. Long-term fellows may bring up difficulties in the six-monthly report. Stipends are reconsidered only when a number of fellows complain and adequate information is received to justify alteration.

Qualifications Courses organized by WHO can only grant a certificate of attendance. WHO is not allowed to grant qualifications.

Criteria for fellowships WHO as an organization belongs to the countries and it is the countries who agree on resolutions and criteria through the World Health Assembly and Regional Committee. The Regional Office must apply these criteria until they are changed by the countries through the governing bodies.

Internal fellowships This is an area of priority and aims at both strengthening of national institutions and all-round benefit to the country. This particularly applies to relevance of training programmes to national health problems and priorities and avoids the problems of training outside the country.

Clinical and speciality training This will only be considered on a case by case and country by country basis, whenever absolutely necessary.

Changing the field of training When this is requested by a candidate the Government will be consulted informing them of the situation and that WHO does not generally support change of field of study.

Information A Regional directory of education and training programmes for health personnel, brochures and other information are sent to all countries but the countries must also build up their own information system about different training programmes available. WHO will support as much as possible in this respect.

3. PRESENTATIONS FROM SEARO, EURO and DHSS

A. South-East Asia Regional Office (SEARO)

Dr Harsono gave a presentation on behalf of SEARO both as a sending and receiving region. As a sending region the main problems relate to language, especially English and Russian. This has become acute recently. SEARO has now contracted with an institute in UK for an English language instructional package which is under trial in three South-East Asian countries to improve competency before the fellows start training. Regarding its capacity as a host region, Dr Harsono clarified certain aspects of fellowships including placement in SEAR countries, major causes of delay, admission requirements for the post-basic B.Sc. nursing course at the College of Nursing, Fort Bangalore (as an example), placement distribution of EMR fellows in 1986/87 and a status report of fellows from different countries of EMR seeking placement in SEAR.

B. European Regional Office (EURO)

Mrs Pelle started by saying that EURO had many more problems than had been stated at this meeting. The main feature in EURO is computerization which is used to gather information on available courses. She mentioned a number of problems commonly encountered by EURO.

- Delays are often caused by incomplete filling of fellowship application forms.
- Photographs should be recent and clear as this may help to identify a fellow if met on arrival.
- Language proficiency in general (although mainly English) has to be adequate so that a fellow can benefit from the studies/training.
- Inadequacy of stipend is a matter that is being looked into seriously and it is hoped that a solution will be reached soon.
- It usually takes six months for a fellowship to be arranged.
- Summer months are not suitable for study visits.
- The family should not accompany a fellow unless he has the means to support them financially and they are properly looked after - the fellow will have little time to spare for family problems during his/her study time.

C. Department of Health and Social Security (DHSS), United Kingdom

Ms Dennehy reported that academic institutions in UK are developing courses for overseas students based on PHC. Information about these courses is available. She went on to highlight the problems of the receiving country from the DHSS point of view.

- Families: fellows must come on their own; if accompanied by families, especially children, they may face difficulties and get distracted from their studies. It is important that fellows be briefed on this problem before commencing the fellowship.
- Stipend: this is considered quite adequate for single student status although London and other big cities may be problematic.
- Reception is possible when accurate information is given but only at Heathrow Airport.
- The criteria on English language proficiency are set by the educational authorities. This problem is continually discussed and solutions are sought. A 2-4 week orientation course including language is organized in many British universities and distance learning packages for self-learning at home are also available but language courses in the UK, although efficient, are very expensive.
- It is most important to give information on precise job duties and responsibilities of fellows in their countries.
- All fellows are briefed on arrival and the whole programme is discussed with them and communication is established in person. Fellows are advised on how to live in Britain.
- Course fees are fixed by the universities and are increasing; DHSS can do nothing about this.
- Nursing Council registration is necessary for clinical nursing practice and midwifery.

In the discussion that followed the problem of training paramedicals and technical personnel for higher degrees was brought up, especially regarding recognition of their basic qualifications. The meeting was informed that this was the responsibility of another department in the UK Government.

Linkage of national institutions in EMR countries with British institutions was discussed as a means for exchange of experience and teachers, and organization of courses in EMR countries to build up and strengthen the institutions in the Eastern Mediterranean Region.

Dr Omer summarized the facts concerning fellowships, noting in particular that tuition and registration fees are increasing in Europe and USA, while in UK training outside London is easier; linkage between institutions is an important means of exchange. Finally he pointed out

that extension of stay may be legitimate for the purpose of completing the original course of study but not to start something else.

A general discussion followed in which the following points were raised:

- Requests for detailed medical reports from WHO should be reconsidered and minimal requirements asked for.
- Requests for a certificate of freedom from AIDS is a receiving country prerogative although not recommended procedure by WHO.
- The usefulness, duration and type of study tours and desirability of restricting them to one country should be addressed.
- In special cases WHO may agree to sponsor training in language proficiency.

4. WHO FELLOWSHIPS PROCEDURES AND RESOURCES

(a) Identification of types of fellowships

This was presented by Mrs S. Gebril. Fellowships are usually awarded for one of several purposes:

Training	to acquire a certain technique through attachment to one or several institutions, from several weeks up to one year.
Study visit	to learn and observe what others do and how they do it, through visits to one or several institutions from two to several weeks.
Orientation	giving experienced health workers insight into the working practices of a project/unit, from two to several weeks.
Group training	through courses organized or assisted by WHO for which, generally, a number of countries are invited to propose candidates, usually from two to twelve weeks, occasionally longer.

In order to plan the fellowship for the right type of study, fellowship application forms should provide detailed information for WHO to assess the needs and to propose a programme meeting the candidate's expectations.

The blue fellowship application forms (first two pages and endorsement sheet) should only be completed if a candidate is proposed for a group educational activity (meetings, conferences, workshops, short courses of up to two months, organized or assisted by WHO) whereas for all regular fellowships, short or long, the usual four pages of the white fellowship application forms must be filled in.

(b) Selection, placement and available resources

Dr Abdel Salam introduced this subject bringing to the notice of the participants the following points:

- Recommendations 7-14, inclusive, of the previous National Fellowships Officers Meeting, Islamabad, on selection of fellows and the follow-up reported by EMRO have not received due attention. Countries should implement the recommendations agreed upon in the last meeting.
- Fellowships Officers should keep members in the selection committees well informed of WHO policies and procedures.
- Priority should be given to training of all categories of health workers and of other supporting sectors especially in subjects relating to HFA programmes.
- Emphasis must be given to training programmes which take place in a country and specifically in the districts rather than in the capitals.
- Training must also be encouraged in other countries of the Region because of the similarity of conditions.
- Available resources: encouragement must be given to strengthening the national capabilities for training using the available resources.
- Continuing education: most countries have agreed to establish a department of continuing education but insufficient information is available as to the kind of responsibilities allocated to this department and courses that are undertaken.
- Collection of information between different countries needs to be properly coordinated and promotion of balanced health manpower needs to be emphasized.
- Information and communication between the countries is necessary for the purpose of establishing a data and information bank.
- Teaching/learning materials should be prepared and distributed for proper usage. All countries are encouraged to produce their own teaching/learning materials.

During discussions the question of the age limit for short visits and training was raised. It was felt that WHO should be flexible in certain cases for applicants who are 55 and above and who are proposed for training programmes lasting for a few weeks.

(c) Fellowships procedures

An account was given by Mrs S. Gebril of the details of the procedures required in the Regional Office from the time an fellowship application form is received, until the fellowship is awarded, and regarding subsequent reporting, during and after the fellowship. In order to minimize the delay, properly completed fellowship application forms of suitable candidates who are proficient in the proposed language of study, who are not over 55 years of age and who have at least two years'

experience in the proposed field of study are most important for WHO to process the requests. In view of the lengthy procedures of all involved (sending Government, Regional Office and hosts), it is in the interests of everybody to speed up matters. WHO keeps the countries informed of developments with regard to their fellowship requests and mainly uses telex communications to save time. Special mention was also made of the monitoring and evaluation process. In addition to reporting during the fellowship, a fellow, once back home, must submit his final report and the ministry of health should ensure that the utilization report is forwarded to the Regional Office in good time.

5. PLANNING AND EVALUATION OF FELLOWSHIPS

The Chairman introduced the subject of evaluation, its importance and future impact on programming. Two different examples of evaluation were presented for Somalia and Egypt.

(a) Financial audit report on Somalia

The report on Somalia was summarized by Dr Abdel Salam and particular attention paid to the section on fellowships and training. The discussion that followed concentrated on the importance of evaluation and the various methods and tools that may be used. The criteria of objectivity, validity, reliability and practicability should be taken into consideration. Financial auditing is just one method. The Somali audit highlighted the following issues:

- WHO resources were thinly spread over too many programmes and mainly at central level.
- There was a big problem concerning fellows not returning home. This was discussed at some length.
- The Joint Programme Review Mission which followed the audit had found it extremely useful in programming the country projects in Somalia. As a result a new policy and orientation had been adopted concentrating on one region of the country and emphasizing the development of district health systems.
- It was evident from the audit report that training in management was lacking and hence needed to be strengthened.

(b) Evaluation of WHO fellowships in Egypt

A paper was presented by Dr Abdel Rehim on the evaluation which had been carried out in Egypt in collaboration with EMRO for the 1984/85 biennium. The presentation covered the objectives, methods, results and conclusions of the study. The evaluation had been conducted by means of questionnaires submitted to 26 supervisors.

The participants were critical of the excessive number of questions which had not been answered by the supervisors. It was assumed that some of the supervisors did not have enough knowledge of the fellows who were being evaluated. Because of this, and because of its importance, the participants felt that a study of this nature, should be prepared and implemented carefully in order to give it reliability and credibility.

It was suggested that the formulation of the questionnaires should be such that the questions being asked are clearly defined and "no reply" should not be an adequate or possible answer. All participants agreed that this was a useful experience and should be attempted by other countries after setting of the questions in a manner which would produce positive responses.

6. GROUP WORK AND REPORTING

The country groups were assigned several tasks: evaluation of their own country situations, problems and constraints; means of utilizing fellowship allocations and whether internal fellowships were preferable to external fellowships; and country responsibilities and possible action in evaluation of fellowships.

The groups formulated their findings and recommendations and presented them in plenary. Summaries, conclusions and provisional recommendations were formulated. The meeting then approved the final recommendations.

7. RECOMMENDATIONS

Administrative

1. Countries which have not already done so are to be encouraged and supported to formulate health manpower policies and plans.
2. Countries are urged to prepare a long-term programme appropriate to their needs for the utilization of their fellowships.
3. Countries are urged to improve their nomination and selection mechanisms, according to the well-defined criteria already set which are derived from HFA and PHC policies.
4. Countries are encouraged to establish direct links with recognized institutions to expedite placement.
5. Fellowships Officers are urged to revise and ensure proper completion of fellowship application forms before submission to the Regional Office.
6. Fellowships Officers are to be included in the membership of the selection committees, preferably as secretaries.
7. The Regional Office is requested to continue to seek improvements and keep countries informed about the status of fellowships and progress in placement and to provide full details on course content and programme arrangements.
8. The Regional Office is requested to give fellows sufficient notice and adequate time to finalize all formalities and travel arrangements and to send the letter of award as soon as possible.
9. The Regional Office is urged to be more flexible within the limits of its regulations to approve special requests for fellowships in fields which are deficient and urgently required in some countries.

10. WHO should appoint WHO Representatives as soon as possible to the countries that request such an appointment.
11. Receiving countries are urged to expedite formalities and communications for fellowships from EMRO as soon as possible.

Financial

12. WHO is requested to allow countries to utilize the balance of fellowship funds for the purpose of strengthening their national institutions.
13. The Regional Office is requested to submit financial statements or balance of expenditure statements on a three to six-monthly basis to all the countries.

Technical

14. Countries are encouraged to utilize their fellowship funds for local group training and internal fellowships and to resort to external fellowships only when necessary.
15. WHO is urged to support the countries in organizing continuing education programmes and to assist in the strengthening of their national institutions.
16. Countries and WHO are requested to plan and implement appropriate and variant methods of evaluation of WHO collaborative health manpower development and its impact on the national health development.
17. WHO is requested to set up a working group to establish a unified system of fellowships evaluation.
18. Countries are urged to follow up on and improve fellows' reports.
19. Countries are encouraged to utilize part of their fellowship funds to conduct an evaluation study on the impact of fellowships and training programmes.
20. Countries request WHO to discuss with the institutions concerned the possibility of making English language tests more flexible with regard to the standard of proficiency required.
21. Countries request WHO to explore the possibility of developing a distance learning package to be used by countries to improve the English language proficiency of those health personnel who are being considered for fellowships abroad.
22. WHO is requested to assist Member States to identify and produce health teaching/learning materials in national languages.

ACKNOWLEDGEMENTS

At the closing session the participants expressed their gratitude to the Ministry of Health, UAE, for the excellent arrangements and for having hosted the meeting. Dr Omer, on behalf of the Regional Director, thanked the Government of UAE for making the meeting possible. He also thanked Mr Eid Khamis Al Muhairy for the warm welcome and reception extended to all participants and for placing all the facilities at the disposal of the meeting. Telegrams were sent to H.R.H. Sheikh Zayed Ben Sultan Al-Nahyan, Head of State and H.E. The Minister of Health in the name of the participants and the WHO Secretariat expressing their thanks and appreciation.

Annex 1

LIST OF PARTICIPANTS

AFGHANISTAN	Mr M. Zahir Fellowships Officer Ministry of Public Health <u>Kabul</u>
BAHRAIN	Mr Ismail Akbari Chief, Arab, International and Public Relations Ministry of Health <u>Manama</u> Mr Riad Dhaif Head of Paramedical and Administration Training Ministry of Health <u>Manama</u>
CYPRUS *	
DEMOCRATIC YEMEN	Mr Abdul Aziz Abdul Rahman Al Sakkaf Director, Fellowships Unit Ministry of Health <u>Aden</u>
DJIBOUTI *	
EGYPT	Dr Mohamed Sobhi Abdel Rehim Director-General General Administration for Health Manpower Development Ministry of Health <u>Cairo</u>
IRAN (ISLAMIC REPUBLIC OF)	Mr Nezameddin Hajabedini Fellowships Officer Ministry of Health and Medical Education <u>Teheran</u>
IRAQ	Dr Alim Hassoun Deputy Director-General International Health Affairs Ministry of Health <u>Baghdad</u>

* Did not attend.

JORDAN
Dr Mahmoud El Shahid
Director, Planning, Training
and Research
Ministry of Health
Amman

KUWAIT
Mr Marcello Raffaele Padovani
International Health Relations
Officer
Ministry of Public Health
Kuwait

Mr Jamal Hamad Al-Mejaimi
International Health Relations
Officer
Ministry of Public Health
Kuwait

LEBANON
Mr George Malouf
Head, International Health
Relations Department
Ministry of Health
Beirut

LIBYAN ARAB JAMAHIRIYA
Mr Habib Ismail Tamer
Director-General, Department
of Health Planning and Health
Manpower Development
General People's Committee for Health
Tripoli

MOROCCO
Dr Abderrazak Cherkaoui
Medecin Chef de la Division de la
Formation des Cadres Techniques
Ministere de la Sante Publique
Rabat

OMAN
Mr Hashim M.S. Al Kindy
Director of Education and Training
Ministry of Health
Muscat

PAKISTAN
Dr Fahim Arshad Malik
Assistant Director-General
(International Health)
Ministry of Health, Special Education
and Social Welfare
Islamabad

QATAR
Mr Hamoud Al Marri
Director of Personnel Department
Hamad Hospital
Doha

SAUDI ARABIA
Dr Saleh Al Tuweijri
Director-General of Training
and Fellowships Unit
Ministry of Public Health
Riyad

SOMALIA
Dr Ali Abdulle Mohamoud
Director, Department of Planning and
Training
Ministry of Health
Mogadishu

SUDAN
Dr Zoheir Ali Nur
Director-General
International Health Department
Ministry of Health
Khartoum

SYRIAN ARAB REPUBLIC
Dr Walid Haj Hussein
Director, International Relations
Ministry of Health
Damascus

TUNISIA *

UNITED ARAB EMIRATES
Mr Eid Khamis Al Muhairy
Director, Foreign Health Relations
Department
Ministry of Health
Abu Dhabi
Dr Abdul Gaffar Mohammed Abdul Gafoor
Director of Primary Health Care
and School Health Services
Ministry of Health
Abu Dhabi

YEMEN
Mr Khaled Al Sakkaf
Director of International Health
Relations
Ministry of Health
Sana'a
Mr Abdel Fattah Hamed
Director of Health Manpower
Development
Ministry of Health
Sana'a

* Did not attend.

Other UN Agencies

UNITED NATIONS RELIEF AND WORKS
AGENCY FOR PALESTINE REFUGEES
IN THE NEAR EAST (UNRWA)

Adib J.S. Jabra
Deputy Director of Health
and Chief Nutrition and Supplementary
Feeding Division
Vienna
AUSTRIA

Resource Person

Ms Denise Dennehy
Nursing Officer
International Health Division
Department of Health and Social
Security
London
UNITED KINGDOM

WHO Secretariat

Dr O.I.H. Omer	Director, Health Manpower Development and Secretary of the Meeting	WHO Regional Office for the Eastern Mediterranean
Dr A.R. Abdel Salam	STC, Health Personnel Education	WHO Regional Office for the Eastern Mediterranean
Mrs E. Pelle	Administrative Officer, Fellowships	WHO Regional Office for Europe
Dr Topo Harsono	Regional Adviser, Health Manpower Development	WHO Regional Office for South-East Asia
Mrs S. Gebril	Administrative Officer, Fellowships Unit	WHO Regional Office for the Eastern Mediterranean
Mrs L. Morcos	Administrative Assistant, Fellowships Unit	WHO Regional Office for the Eastern Mediterranean
Mrs V. Farag	Secretary	WHO Regional Office for the Eastern Mediterranean

Annex 2

AGENDA

1. Opening of the Meeting
2. Election of Officers
3. Introductory Statement
4. Fellowships Policy, EB71.R6
5. Country presentations
 - survey of national capabilities for local training
 - survey of intercountry and regional resources for fellowship placement
6. Identification of major problems in fellowships
Planning - Implementation - Evaluation
7. Some issues in manpower development
 - 7.1 Audit report - a case presentation
 - 7.2 Evaluation of WHO fellowship programme - discussion on need and methods
 - 7.3 Plans for fellowships (1988 - 89)
8. Recommendations
9. Closing session