

# **INNOVATIVE TRACKS AT ESTABLISHED INSTITUTIONS FOR THE EDUCATION OF HEALTH PERSONNEL**

**An experimental approach to change  
relevant to health needs**



**artin Kantrowitz**

**Arthur Kaufman**

**Stewart Mennin**

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WORLD HEALTH ORGANIZATION, GENEVA

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# Foreword—World Health Organization

The World Health Organization (WHO) is an intergovernmental organization with, at present, 166 Member States. Its constitutional objective is “the attainment by all peoples of the highest possible level of health” (1) and its supreme governing body, the World Health Assembly, resolved in May 1977 that “the main social target of governments and WHO in the coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life” (2). This is popularly known as “Health for All” (HFA). Then, in 1978, the Alma Ata Conference on Primary Health Care (PHC) declared PHC to be the key to the achievement of HFA.

WHO is thus deeply concerned with the problems of “health”, but what does it have to do with “education”? It is clear that the optimal use of the right kind of trained personnel is a most important component in the fight for health, and thus in the movement for HFA. Hence the Organization’s long-standing interest in human resources development in general and especially in education and training of health personnel. For a long time the major emphasis of this programme was on promoting the production of more health personnel, especially of physicians. However, time has shown that although this drive for quantity has been successful, and in some cases even too successful leading to overproduction of certain categories of health personnel, the relevance of the personnel trained to the health needs and demands of the population has often been far from satisfactory. The emphasis of the programme has therefore slowly shifted (3) to the promotion of improved training of health workers to ensure the increased relevance of such training to national health priorities, that is to say to HFA through PHC.

There are relatively few training institutions where there is a clearly demonstrated concern with this aspect of “quality” of the training programme, or where it is well understood that “one is excellent only if one is relevant” and that “the highest standard in medical education for any country is that which is most responsive to local need” (4). Yet these few institutions, whose main characteristic is that their training programmes are community-oriented and use the community, in addition to hospitals, as a major learning environment, were convened by WHO to a meeting in 1979. They decided to form a Network of Community-Oriented Educational Institutions for Health Sciences. The Network has since grown in strength and number. But just as the founding members were all newly established institutions, those which have since joined

are also mostly new. Institutions with conventional training programmes seem to find it most difficult to move away from the well-known hospital-based, exclusively patient-oriented pattern. The notable exceptions, which so far only seem to reinforce the rule, are those institutions, a mere handful, which decided to allow the development of an additional, alternative programme. These are called “experimental”, “parallel”, or “alternative” “tracks” and often serve as a community-oriented “option” within the framework of an otherwise traditional institution. These “tracks” thus represent the hope for change of these older, established institutions in the direction of relevance to HFA through PHC.

WHO looks on these “tracks” as representing the germs of the future which, if they do well in fertile ground, can grow, blossom, and bear fruit not only in the form of graduates who are able and willing to serve society according to its needs, but also by influencing their institutional environment towards change.

The writer has had the privilege of visiting several of these “track” programmes and is convinced that at present this is the best, if not the only way, to promote change in established institutions towards HFA through PHC. There is clearly a need to make these programmes and their valuable experiences widely known and so help others who want to change to get started, avoid pitfalls and proceed more safely and rapidly. Hence the idea of a conference attended by such schools and of a publication of their pooled wisdom was attractive. This report, by sincerely analyzing experiences, successes and less successful approaches, may provide not only the vitally necessary stimulus for change but also those most useful “hints” which will help those who decide to start moving on this so difficult path.

WHO will always be interested in stimulating change, and in collaborating with those who are involved in changing the education of health personnel to promote the relevance of graduates’ service to Health for All through Primary Health Care.

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