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SPECIAL COURSES FOR NATIONAL STAFF WITH HIGHER ADMINISTRATIVE RESPONSIBILITIES IN THE HEALTH SERVICES

Report of a WHO Study Group

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WORLD HEALTH ORGANIZATION

GENEVA

1965

WHO STUDY GROUP ON SPECIAL COURSES FOR NATIONAL STAFF
WITH HIGHER ADMINISTRATIVE RESPONSIBILITIES IN THE HEALTH
SERVICES

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SPECIAL COURSES FOR NATIONAL STAFF WITH HIGHER ADMINISTRATIVE RESPONSIBILITIES IN THE HEALTH SERVICES

Report of a WHO Study Group

The WHO Study Group on Special Courses for National Staff with Higher Administrative Responsibilities in the Health Services met in Geneva from 1 to 7 December 1964. Sir Samuel Manuwa was elected Chairman, Dr P. D. Martínez Vice-Chairman, and Dr A. J. Rhodes Rapporteur.

The meeting was opened by Dr F. Grundy, Assistant Director-General, on behalf of the Director-General. Dr Grundy drew attention to the terms of reference of the Group as quoted below and went on to indicate that they comprised two distinct topics.

The first related to the difficulties of persons who are invited to assume positions of high responsibility in national administrations but who have had no previous training in public health. These persons are aware that a public health training would be valuable for them but they have not the time to pursue systematic academic courses.

The second topic related to persons who have had the customary post-graduate training in public health but who need advanced or more specialized training. Some of them wish to have supplementary training in such fields as planning and the evaluation of health services, whereas others require training in more specialized fields, such as maternal and child health, advanced epidemiology, public health statistics, and the organization and administration of medical care services.

The questions on which the opinion of the Group was invited included the types of course or training needed, their length, their relationship to qualifying for an advanced public health degree or qualification and, finally, whether such programmes are needed to prepare top-level national health administrators and, if so, what form they should take.

1. INTRODUCTION

The terms of reference of the Study Group, as formulated by the WHO Executive Board, were as follows :

“ to examine the need for, and the type of, courses for national staff with higher administrative responsibilities in the health services, particularly in the developing countries, who would benefit from further training especially in the planning and evaluation of health services.”¹

It was realized that the problem for discussion was twofold :

(1) Training of those with postgraduate public health qualification and experience to prepare them better for higher responsibilities. Training in long-term planning and in evaluation techniques seems particularly appropriate. In what circumstances the training should be carried out as *ad hoc* short courses and when as part of academic training leading to a higher diploma or degree in public health, for instance a doctorate in public health, are matters for consideration. It may be mentioned that some schools of public health are already experimenting with a two months' course in public health planning, with WHO assistance.

(2) Training, or information, for those with higher public health responsibilities, who have not had any prior formal qualification in public health. One possibility is that of organizing a travelling seminar, which would permit a series of visits with topical presentations and discussions covering key concepts and methods of public health organization.

In considering the second of these items, it is obviously important to explore training, or the imparting of information, by methods other than the customary academic year of full-time study in a school of public health. It may be observed that it would be preferable for those who could absent themselves for a year to take a regular basic course in public health leading to the Master of Public Health (M.P.H.), Diploma in Public Health (D.P.H.) or equivalent qualification. Others, however, would not be able to absent themselves for so long, or for other reasons might not be suitable candidates for an academic course.

For the purposes of the Study Group, the following description, not intended to be comprehensive, of “ national staff with higher administrative responsibilities in the health services ” was found to be useful.

The type of senior administrative personnel that the Study Group had in mind to receive training are persons who are entrusted with high-level administrative responsibilities, and who themselves now administer or may

¹ *Off. Rec. Wld Hlth Org.*, 1963, **125**, 48.

be called upon to administer the general public health services or a specialized section of such services, or who officially advise or may be called upon to advise the authority that administers those services on the formulation of health policy.

Examples of the functions of such persons include :

- (1) advising on the formulation of health policy and the drafting of health legislation and regulations ;
- (2) co-operating with governmental and other agencies concerned with various aspects of socio-economic development ;
- (3) advising on large-scale planning and on the establishment of priorities ;
- (4) co-ordinating and evaluating health programmes ;
- (5) providing over-all supervision and leadership in implementation of programmes ;
- (6) advising on the staffing of health services, on manpower requirements, and on the education of public health personnel ;
- (7) administering research in public health (including operational research).

The Study Group discussed the possibility of identifying the titles of officers who could be regarded as having "higher administrative responsibilities". In view of the wide divergence in terminology, even among countries with a common background of health administration, it was decided not to pursue this attempt, but rather to concentrate on describing the functions such senior personnel perform, as referred to above.

Persons charged with higher administrative responsibilities may include those with or without qualifications in the medical and other health professions. The Study Group decided to direct its attention chiefly to the training of physicians, but it considered also the training of others concerned. In view of the important part played by experienced administrators who are not medically qualified, it was felt that they should, whenever possible, be included in training programmes. Since hospitals play an important role, not only in diagnostic and curative medicine but also in prevention and rehabilitation, it is important that those responsible for their administration should also be included in the training programmes.

It was realized that the type of training offered would have to be on an individual basis, taking account of many variables including qualifications and experience, present and future responsibilities, time available, language facility, age, and so forth. The inclusion of individuals with varied experience has considerable advantages and should be taken into account when participants are selected.

It was suggested that ministers of health and others in similar positions might wish to avail themselves of organized courses of short duration, and

that attendance at such courses should be facilitated as being in the best interest of effective direction of the health services of the country concerned.

It was pointed out that there is some urgency in establishing a policy for the training of senior health administrators in all countries and especially in the developing countries. These courses should no longer be regarded as of an *ad hoc* character. They should be formally planned and organized. Some of the reasons for urgency include the following :

(1) Deficiency in many countries of a national staff of well-trained health administrators.

(2) Appointment to senior posts in the public health services of physicians whose background is in clinical or laboratory medicine and who wish to have more knowledge of public health work and to understand the attitudes and share the objectives of public health workers.

(3) A tendency to transfer well-trained senior personnel rather frequently to new and apparently more urgent tasks, sometimes even before the original assignment has been satisfactorily completed or arrangements have been made to find a suitable successor.

(4) Shortage, in many parts of the world, of schools of public health and similar institutions.

2. HEALTH SERVICES ADMINISTRATION AS A CAREER

In most countries, developed as well as developing, there is at present a shortage of well-trained senior health services administrators. The Study Group considered some of the basic causes of this unsatisfactory state of affairs.

Perhaps one reason is the relative lack of attention paid in some medical schools to the possibility of a challenging career in public health, including the specialty of health services administration. Understandably, the medical student is often dazzled by the glamour of modern curative medicine and the techniques of operative surgery. It could be emphasized that it is much more rewarding and often more difficult to prevent disease than to treat it.

The real challenge to health workers today is the provision of adequate health services, in order to bring the benefits of modern medicine and surgery to all those who need them, wherever they may be, and it is the function of the specialist physician in health services administration to organize and co-ordinate such services. Attempts should be made particularly in courses on social and preventive medicine, to explain to medical students the role of the specialist in health services administration. Medical schools have a substantial contribution to make in this field.

Another reason for the lack of well-trained national health services administrators lies in the curricula of schools of public health which offer the M.P.H., D.P.H. or equivalent basic qualification. Until recently, with some exceptions, schools concentrated on teaching public health administration in a form more suited to the local health officer than to officers with responsibility for national health policy.

Schools of public health have now incorporated, in their basic M.P.H.-D.P.H. curricula, information about the over-all planning and co-ordination of health services and are taking into consideration the patterns of health services in countries other than their own. Some schools of public health do, in fact, offer advanced programmes of training in the field of health services administration, beyond the basic level.

The Study Group was of the opinion that health services administration must be regarded as a specialty in the general area of public health: a substantial body of knowledge is available in the form of published literature, a distinctive research methodology has been developed, and in every sense it is an academic discipline in its own right.

In years to come, it is to graduates of courses in public health that countries must look when filling senior posts, and especially to those that have had additional training in health services administration. A "cadre" of persons with advanced training should be built up in all countries, and a career service should be available. At the moment, it may seem impractical in some developing countries to send staff, who can ill be spared, for training lasting for one or more years, yet this is the soundest policy to pursue and the one from which the most permanent rewards will eventually be reaped. A person with advanced training in health services administration will also be able to make a substantial contribution, at least part-time, in a medical school or other teaching establishment where he can himself train others.

The Study Group, although recommending the introduction of various types of short course to correct to some extent the present shortage of trained health services administrators, is in favour of sending as many persons as possible to schools of public health or other institutions that offer a suitable formal advanced course of instruction in health services administration. The Group is well aware of the objections that may be raised in some countries to the recommendation that such advanced training is desirable. As already mentioned, many schools of public health, even in their basic one-year M.P.H.-D.P.H. course, now pay considerable attention to those concepts of national health planning, co-ordination and evaluation so important to health services administrators.

3. TRAINING PROGRAMMES FOR PERSONS WITH HIGHER ADMINISTRATIVE RESPONSIBILITIES

3.1 Levels of training

The various types of training proposed for persons with, or expected to assume, higher administrative responsibilities in the health services may be regarded as representing different levels of educational preparation after the initial university or professional qualification.

The first, or basic, level of preparation is given in the M.P.H.-D.P.H. course, preferably by a curriculum stressing the modern concepts of health planning, co-ordination, and evaluation, as well as the newer subject of "health services administration" offered as an extension of the traditional courses in "public health administration".

The second or advanced level includes two-year M.P.H. courses, allowing for specialization in the second year: courses leading to a master's degree following a preliminary D.P.H. course; and research programmes directed towards the degrees of Doctor of Public Health, or Doctor of Philosophy and requiring at least two years beyond the basic-level course.

For those persons who, for various reasons, cannot undertake a full academic training, some other types of programme should be available. These training opportunities are by no means equivalent to full academic training; they may be in the nature of orientation courses or — for those who have had basic training — refresher courses.

Examples of various types of course are shown in Annexes 1-5.

3.2 Content of training opportunities

A description of the content of a course of study, regardless of the subject matter, can be presented only by listing the topics or sub-topics of which that subject is comprised. This provides an indication of the breadth of coverage, but is not a measure of the depth of treatment.

One of the difficulties is the inadequacy of nomenclature in describing content. For example, a person may study "physiology" during his school days, thus learning in an elementary fashion the functions of various organs and systems. Then in secondary school or college, he may cover the same material in greater depth and with a new orientation, again under the title of "physiology", and finally, if he takes up medicine, he studies the same subject in even greater depth. The point is that the word "physiology" does not give the whole picture.

Similarly, in considering the subjects of public health, one must refer to more than just "epidemiology" or "sanitation" in presenting a description of a particular course of study. It is clear that a general course of study,

regardless of its length, must comprehend a certain standard breadth. The difference between a regular course and a short course or seminar lies therefore in the depth of treatment of the several parts.

A short outline of what might be considered public health content in training programmes of various lengths is presented :

(1) *Historical development and philosophical concepts*

- (a) evolution of public health knowledge and practices ;
- (b) public health principles.

(2) *Scientific and technical subjects*

- (a) public health problems (environmental, social, health, etc.) ;
- (b) health statistics, statistical and epidemiological methods ;
- (c) public health practice (implementation of public health programmes) ;
- (d) behavioural sciences in public health ;
- (e) research in public health.

(3) *Administration*

- (a) planning of public health services ;
- (b) public health organization ;
- (c) evaluation of public health services ;
- (d) economic aspects of health and disease ;
- (e) public administration and political science.

3.3 Comments on content of training

These comments represent an expansion of the outline presented in section 3.2.

Aspects that are often overlooked and not accorded the value they deserve are historical development and philosophical concept. An understanding of the beginnings of public health in response to community needs, often of a " crisis " character, remains one of the essential elements in the comprehension of modern public health. This is especially important in the case of a country or region that now faces problems under circumstances of social and economic development similar to those prevailing in other places a half century ago. This historical approach emphasizes the advantages to be gained from proper planning.

The essence of a curriculum is, of course, instruction in the theory and practice of the profession, interlaced with (if not preceded by) a thorough treatment of the sciences basic to that profession. Without the latter, there evolves an empiric type of worker who applies a standard solution to a given problem, just as an empiric physician treats a particular symptom

with the remedy prescribed for it in his own set of notes. In a short course, a student may not acquire the scientific knowledge required in each instance, but he must at least be made aware that basic sciences exist and that his work depends on them.

As most of the candidates considered by the Study Group are medical, it might be profitable to build public health knowledge along lines that they already know. For example, one may speak of public health problems as though they are community signs and symptoms, likening them to the manifestations of disease in an individual patient. Physical diagnosis in a patient may be likened to the examination of a population group through the use of epidemiological and statistical methods. Therapy in community terms is equivalent to the content of public health practice, i.e., the implementation of public health programmes. Psychosomatic medicine, which considers the emotional side of a patient, finds its counterpart in the behavioural sciences, which examine the community from the anthropological and sociological viewpoints. Research, of course, is applicable in both areas.

In public health, the principal instrument that a director needs in order to carry out his task is the trained public health worker, though sometimes reliance must be placed on partly-trained or untrained personnel. In any case, the organization of a staff, the assignment of duties, supervision, and evaluation, among other elements of administration, must all be based on sound and realistic planning. Material resources, as well as availability of personnel, must be estimated and mobilized, within the governmental framework and socio-cultural environment that exist in any one place.

In the past, some persons have claimed that "administrators are born" and that administration cannot be taught, but this concept has already been proved to be inaccurate. While the personality of a prospective administrator is undoubtedly one factor in determining his capability in this field, all individuals may profit from instruction in the principles and practice of administration and may thereby acquire some insights into the operation of a complex organizational structure.

3.4 Courses and other training opportunities

The Study Group considered that the courses and other opportunities for training, suitable for persons with higher administrative responsibilities in the health services, could be grouped as follows :

- (1) *Regular full-length academic courses*, basic or advanced, leading to diplomas or degrees and lasting at least one academic year.
- (2) *Short courses*, not leading to a diploma or degree, and lasting, for example, about 8 weeks. These would generally be of either the orientation or the refresher type, depending on the background of the participants. As

mentioned earlier, orientation courses would be for those without basic training in public health ; refresher courses, on the other hand, are given to those who have had basic training. The term "staff college" was used by some members to mean an intensive course for high-level executives, which might include didactic instruction, problem solving and discussion.

(3) *Seminars* in which, with the help of discussion leaders, participants review the state of development of a particular topic, exchanging personal knowledge and experience.

(4) *Travelling seminars*, in which small groups of participants, accompanied by one or more consultants, carry out a schedule of visits and engage in a series of topical presentations and discussions with the local officials and consultants.

(5) *Fellowships*, offered to individuals, teams or groups, for training specially designed to meet individual needs.

The courses and training opportunities mentioned above may be provided inside or outside the country of origin.¹

4. TRAINING OF PERSONS WITHOUT FORMAL EDUCATION IN PUBLIC HEALTH

4.1 The need

It was noted that many physicians now filling top-level positions in public health administration have received no academic education in public health. Most of these persons have good clinical or laboratory experience and some have experience in posts where both clinical and preventive work is performed. In some countries, senior posts are held by persons who are not qualified in any of the health professions but who are competent administrators.

The Study Group has already expressed the view that whenever possible suitably qualified candidates should take regular public health courses in schools of public health or similar institutions. It realizes, however, that for the majority of senior persons who lack formal education in public health it will be necessary to provide an alternative shorter form of training as listed in section 3.4.

4.2 Orientation courses

The Study Group recommends as the best alternative, in most instances, a short intensive type of orientation course for high-level executives.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1959, **159**.

A course of this type could be provided by schools of public health, special institutes, and in some instances by departments of preventive medicine in medical schools. Orientation courses should be developed as rapidly as possible in many parts of the world, with the co-operation of governments, foundations and international agencies. The provision of this type of training might well be an important function of new schools of public health, in addition to the provision of regular courses at the M.P.H.-D.P.H. level.

The Study Group believes that orientation courses should be made available to health administrators both with or without qualifications in one of the health professions. An optimal group would consist of 10-20 students, attending a course of about 8 weeks in length. There is little doubt that the learning experience will be much greater if the course can be held in a residential environment, where staff and students can mingle.

The Study Group is well aware that this will be a difficult course to teach. The students will be senior people and deserve the most experienced teachers available.

To give continuity and purpose, it is recommended that the course be directed by a full-time member of the staff of the teaching institution. It will be desirable to bring in a number of experts, including senior public health administrators of the area, as lecturers and discussion leaders. The full-time director of the course must, however, exercise some control over visiting staff and evaluate their contributions in order that the students receive the maximum benefit.

Finally, it is suggested that participants be away from their home city for such a course, otherwise they are likely to be interrupted and will be unable to devote the necessary effort and concentration demanded.

4.3 Content of orientation course

Teaching staff in charge of these courses should draw up their own detailed curricula. These would have to be somewhat flexible and depend on the experience of the students and the variety of educational disciplines represented. For general guidance, however, it is suggested that the following major categories of subjects be included :

(1) *Public health history, principles and philosophy*

This may be the most important part of the course and every effort must be made to acquaint the students, in an interesting way, with the scope of modern public health as it has evolved in different parts of the world. Students knowing the stage that public health has reached in their own countries, and with a knowledge of the history of public health in other countries, should be able to forecast future problems.

(2) *The influence of the environment*

It is important to acquaint those who have not had formal public health training with the multitude of factors—physical, chemical, biological, and microbiological—that affect the environment of man and thus his health. Students from developing countries will appreciate that increasing industrialization, so necessary for economic progress, brings many additional public health problems with it. In general, this course should present the ecological viewpoint.

(3) *Socio-economic factors*

An attempt should be made to introduce the students to the basic concepts of the social sciences that concern themselves with man living in communities, especially sociology, psychology, and political science. In many of the developing countries, it will be desirable to explain the basic demography of the area and to discuss modern approaches to the “population explosion”.

(4) *The epidemiological method*

Physicians and others without basic training in public health are unlikely to be familiar with the standard tools of public health administration—epidemiology, vital statistics, and statistical methods. It is unlikely that much can be learned in detail in such a short course about these important subjects, but the senior administrator can at least be made aware of their scope and potentialities, so that he will know how to make the best use of experts in these fields.

(5) *Public health administration*

This part of the course should focus on modern concepts of planning, implementation, co-ordination, and evaluation. The importance of health education techniques will require some emphasis, especially for physicians trained in the more personal approach to individual patients.

4.4 Other opportunities for training

Not all senior personnel in need of further training may be able to take a course as described above. It is therefore suggested that training of the seminar or travelling seminar type be made available as an alternative. These opportunities could be combined in various ways.

The Study Group believes it to be important to adhere to the following points in arranging seminars for groups:

(1) Groups should preferably be between 4 and 20 in number; a qualified public health expert should be designated as leader. It is helpful

to appoint a rapporteur from among the participants for each major portion of the seminar to make a suitable record of the proceedings ; when necessary, an interpreter should accompany the group.

(2) The host institution should be fully informed of the objectives of the seminar, as well as the background and special interests of the members, so that it can arrange a suitable programme.

(3) As far as possible, the programme in the host institution should be an educational experience and not merely an opportunity to observe. Accordingly, the visitors should participate in discussions and should themselves take an active part in the presentations.

(4) The host institutions should provide, in advance if possible, all necessary documentation about the programmes to be discussed in a form that can be quickly understood.

(5) Field visits should be made only to demonstrate some activity that cannot be adequately described at the host institution. Consideration could be given to including a visit to a public health centre practising modern administration and conducting operational research. To make such a visit an effective teaching experience, additional staff may have to be provided.

(6) At the conclusion of the seminar, each participant should prepare an appraisal of the programme.

A travelling seminar usually involves visits to other countries, but programmes in different areas of the same country may also be quite rewarding. Because of the expense of moving a group from place to place, the planners of the travelling seminar should be convinced that this type of programme offers a definite educational advantage over the others mentioned.

4.5 Training for senior personnel in specialized fields of public health

Some senior staff in specialized fields, well trained in their own disciplines, may have no formal training in the wider field of public health. Such persons may have qualities that justify promotion to posts involving much wider administrative responsibilities. Accordingly, orientation courses and travelling seminars should include senior persons from specialized fields, as, for example, diagnostic laboratories, hospital administration, maternal and child health, nursing, nutrition, occupational health and tuberculosis.

The need for this type of training would be reduced if all basic courses leading to diplomas or master's degrees in specialized fields of public health were made up in large part of "core" subjects, including public health administration, epidemiology, health statistics, environmental health and

microbiology.¹ The Study Group expressed the hope that this would be realized in the future.

The question was raised of the training of persons without medical qualification, for example, hospital administrators. It was agreed that, to the extent that it may be possible, such persons would also benefit from attending the special short courses of orientation. As to appropriate technical training, the Group recognized that it could not adequately discuss this question, but that it is a matter worthy of special consideration by WHO.

5. TRAINING OF PERSONS WITH FORMAL EDUCATION IN PUBLIC HEALTH

There is undoubtedly a need for the continuing education of senior public health administrators. A programme organized for this purpose can be regarded partly as a refresher course covering recent advances, and partly as an extension into fields developed since the participant completed his basic public health course.

This type of programme is offered by some schools of public health and similar institutions. Courses can quite readily be prepared for health administrators of a country or group of countries with similar problems. Few institutions can provide a suitable course for persons from different countries because of the mass of data and first-hand experience required.

An alternative approach has been followed in India, where a special institute run on "staff college" lines (see section 3.4 (2)), has been established for the training of those with higher responsibilities in the health services (see Annex 5).

The Group was also informed about the systems of continuous post-graduate training that exist in some other countries. For instance, in the USSR all high-level public health administrators, including the ministers of health, are required to take advanced courses in public health administration lasting from 2 weeks to 2 or 3 months, depending on previous training and the functions performed.

The content of this type of course should be weighted in favour of administration, and should include discussions on subjects such as the relationship of economic growth to expenditure on health; budgeting; provision and training of health personnel; planning; evaluation; and public health research. Members of other professions interested in planning and development, such as economists, should meet and discuss mutual problems with the participants.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1961, 216, 17.

The Study Group realizes that different patterns may have to be established in various parts of the world in view of local needs and circumstances. It believes, however, that in most countries the first choice for the establishment of such intensive courses is a school of public health that has already demonstrated its ability to provide advanced training at a level above that of the basic M.P.H.-D.P.H. course. Such a school must be in close touch with a large administrative jurisdiction to provide the necessary material for teaching and research.

Favourable reference has already been made to short courses for persons with basic training in public health. The Study Group believes, however, that every effort should be made to develop a cadre of senior public health administrators with advanced regular training beyond the M.P.H.-D.P.H. level. Advanced training is most logically given to likely candidates for promotion a few years after their basic course, and before they are posted to a position of higher responsibility. Much less dislocation of a service will be caused if prospective candidates for higher posts are selected fairly early in their careers. This approach is an essential part of staff development in a regular career service in public health and is an example of sound planning.

In addition to schools of public health and similar institutions, many of the larger health agencies provide in-service courses for their own employees to inform them about the purpose, policies and methods of their own organization. The Study Group noted that courses of this type are offered in Geneva to senior professional staff of WHO (see Annex 6).

6. NEED FOR ADDITIONAL PUBLIC HEALTH EDUCATIONAL FACILITIES

The Study Group examined a number of questions on training and came to the conclusion that the general principles of public health planning should be applied more effectively than at present to the field of education and training in public health.

It is evident, for example, that the problems posed by the absence of basic public health training of senior public health administrators in many countries can be solved only by a concerted attack. This will call for substantial initial and continuing support by national governments, international agencies and private foundations. The following facilities will either have to be provided *de novo* or will have to be strengthened, in order to improve the level of knowledge of senior public health administrators.

(1) Establishment of new schools of public health or similar institutions in regions where there are no schools or too few schools, to provide basic

M.P.H.-D.P.H. training, short courses as described above, and advanced level training in health services administration.

(2) Strengthening of schools of public health and similar institutions that are competent to expand their programmes for advanced degrees and to offer short courses. This strengthening will be best secured by appointing additional full-time staff and by providing a specialized library in health services administration.

(3) Provision of fellowships to selected faculty members of educational institutions to enable them to visit other countries, especially those from which their institute commonly receives students.

(4) Provision of special consultants to educational institutions to assist in developing new teaching programmes.

(5) Preparation, for teaching purposes, of a series of case studies in various aspects of public health administration and problems in different countries. Agencies engaged in international health work should be good sources for such case studies.

(6) Exploration of the possibility of the preparation and use, in public health administration, of modern teaching and communication aids, such as film strips, programmed instruction, videotapes, etc.

(7) Provision of fellowships for students.

CONCLUSIONS

The Group's conclusions may be summarized as follows :

(1) Health service administration is a distinct specialty, and persons holding responsible administrative posts in national health services should preferably have had basic training in public health as represented by the M.P.H.-D.P.H. qualification. Also, advanced training, including programmes leading to doctoral degrees, is desirable in order to provide a cadre of highly trained health service administrators.

(2) However, it must be recognized that at the present time basic and advanced training is lacking in many national health services and other training opportunities are urgently needed. They include short courses, seminars, travelling seminars, fellowships and combinations of these. A determination of the type of training opportunity most suitable in any particular circumstance should depend upon an analysis and evaluation of the manpower resources and health needs in a country, and should take into consideration : (a) responsibilities held by the persons in question ; (b) their previous training and experience ; (c) the place where courses may be held ; (d) the length of time available.

(3) Training opportunities may be sponsored by the government itself, by a foundation, by an international organization, or by other interested agencies. Instructional resources may be drawn from schools of public health, medical schools and other university units, from government departments and non-governmental agencies, and from any other suitable places, both within and without the country concerned.

(4) The content of any proposed course should be outlined during its planning stages and should be pertinent to the needs and objectives of the country. Exposure to "public health attitudes" and attention to modern concepts of administration, particularly planning and evaluation, should take precedence over concentration on scientific and technical subjects.

(5) For persons who have undergone previous training and who have acquired considerable experience in public health, refresher courses should be provided.

(6) Intensive courses may be developed for mixed groups of senior officials with varying experience and with or without previous formal training.

(7) While medical graduates have constituted the predominant professional category considered here, other health administrators, both with and without prior qualifications in one of the health professions, are also important. Further study of suitable courses for the training of such persons would be valuable.

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Annex 1

AN EXAMPLE OF A SPECIAL EVENING COURSE FOR NATIONAL STAFF WITH HIGHER ADMINISTRATIVE RESPONSIBILITIES IN THE HEALTH SERVICES, ORGANIZED AT THE ANDRIJA STAMPAR SCHOOL OF PUBLIC HEALTH, MEDICAL FACULTY, UNIVERSITY OF ZAGREB

In the academic year 1963-64 the Andrija Stampar School of Public Health introduced into its training programme a special course in public health for leading public health administrators of the Republic of Croatia and of the City of Zagreb. In accordance with Yugoslav educational regulations, the course enables the candidates to qualify in the field of public health on a basic and advanced level.

1. Needs calling for the organization of the course

In the last few years significant changes have occurred in the Yugoslav public health services, which are consequently now responsible for providing complete health protection to the people. These changes have confronted public health administrators with tasks and problems for which they were inadequately prepared. In addition, the leading positions in public health administration were held by young physicians, full of energy and progressive ideas, but handicapped by lack of adequate knowledge and experience in public health administration. These factors indicated the need for an organized training of health officials with higher administrative responsibilities.

The Andrija Stampar School of Public Health organizes regular courses in public health lasting two semesters and leading to a certificate or diploma in public health. If a candidate continues his studies and prepares a written thesis, he may qualify for the degree of Master of Public Health or Doctor of Science in Public Health. The leading public health administrators of the Republic of Croatia and the City of Zagreb were not able to leave their regular duties to join these courses. For this reason, it was agreed that a special evening course, analogous in content and level to the corresponding regular courses, should be organized, enabling these people to acquire the same qualifications and the same academic degrees as if they had attended the regular courses.

2. The course

This special course lasts three semesters. The first of these courses started on 15 October 1963 and is still in progress at the time of writing. It will be completed on 31 January 1965. The weekly programme includes eight hours of lectures, seminars, and practical laboratory work. Special attention is paid to the active participation of the students, which is achieved by a system of discussions, presentation of the students' own experience, and similar methods. In connexion with in-service practice, the candidates prepare written reports on specific problems encountered in their practice. Travelling seminars have also proved a very useful training method: they acquaint the candidates with the situation in the field, and enable them to discuss with health officers the local health problems and difficulties.

During their studies, the candidates take only one examination, in statistical methods. At the end of the course they sit for the final examination.

3. Participants

The course is attended by 18 students, all of whom have the Doctor of Medicine degree (M.D.) and at least 10 years of field practice. There are also specialist-clinicians among them (4 internists, 1 otorhinolaryngologist, 1 phthisiologist). The participants may be classified according to the positions they hold as follows:

High officials of the Secretariat of Public Health, including the Secretaries of the Republic of Croatia and City of Zagreb	5
High officials of the Social Health Insurance	2
Directors of Zagreb hospitals	3
Directors of Zagreb health centres	8

4. Experience and prospects

Although the course has not yet been completed, the progress made so far and the experience gained promise very good final results. Only a few weeks were needed for the participants to develop a corporate spirit: by accepting the same ideas and the same language, by active collaboration in training, and by exceptional discipline, they greatly speeded up the teaching programme and overcame all the difficulties inherent in work of this kind. The teachers have been given an opportunity to learn something new from the students, who talk sincerely and openly about their experiences and their difficulties in everyday practice. This point needs particular emphasis in evaluating the results obtained in this special course in public health for the leaders of the public health services of the Republic of Croatia and the City of Zagreb.

Annex 2**TWO PROGRAMMES IN THE SCHOOL OF HYGIENE,
UNIVERSITY OF TORONTO****I. FORMAL ADVANCED GRADUATE WORK IN PUBLIC HEALTH
ADMINISTRATION AND HEALTH SERVICES ADMINISTRATION¹**

The School of Hygiene, University of Toronto, offers programmes of course work and research leading to the degrees of Master of Arts (M.A.) and Doctor of Philosophy (Ph.D.). These courses are available to students with adequate basic preparation, as for example completion of the Diploma in Public Health (D.P.H.) course.

These programmes place a major emphasis upon completion of a project in the selected field of study and submission of a thesis. In the University of Toronto a research project must be included in all Master's programmes in the sciences.

The M.A. can be completed in 12-18 months of full-time study by candidates who have taken a diploma course first. The Ph.D. programme is usually not started until the M.A. programme is completed, and requires a minimum of two additional years.

Course work and facilities for research are provided in :

Public health—public health administration, medical care administration, health services administration, preventive and social medicine.

Epidemiology and biometrics—epidemiology, medical statistics.

The following seminar types of course are available in the broad field of Health Services Administration :

- (1) health service systems in selected countries ;
- (2) the provision of health services ;
- (3) economics and financing of health services ;
- (4) evaluation of health services.

Research will usually be undertaken on data related to the health problems of the student's own locality, or use will be made of the extensive data available in various governmental and other agencies in Canada. These may be helpful in studying administrative problems in the following programmes :

¹ Rhodes, A. G. (1964) *Canad. J. publ. Hlth*, 55, 435-444.

- (a) compulsory hospital insurance ;
- (b) public health administration at the regional (provincial) level ;
- (c) prepaid medical care plans ;
- (d) morbidity and mortality data, both general and relating to specific disease entities ;
- (e) occupational diseases.

II. ADVANCED INSTRUCTION IN HEALTH SERVICES ADMINISTRATION

A tentative outline for a short intensive "staff college" course for Canada

It seems obvious that there is a need for some type of structured programme that can be offered to persons who have advanced to senior posts in health service organizations in Canada. This feeling of need grows out of a concern about the increasing complexity of health services, the problems inherent in increasing fractionation and specialization, and the increasing emphasis on organized programmes for delivery of services.

It is believed that a wide range of persons would be interested in a programme that deals with current needs and possible solutions ; included would be persons from the public service, hospitals, voluntary agencies, and the health professions. Many of the applicants would have completed basic academic work in their area of interest, such as public health, hospital administration, or public health nursing. Almost all those interested in this type of course would hold positions of responsibility in health service organizations.

The device we suggest for meeting this apparent need is an intensive course of two (or possibly three) months' duration which would focus on the major issues in health service administration. Each course would be limited to 12 to 14 students.

Such a course would involve considerable time and expense for production and preparation. "Outside" experts would be used for specialized help in certain areas.

The following is a preliminary outline of the areas that might be covered :

(1) *The economics and financing of health services*

- (a) A survey of the relationship of economic growth and productive capacity to expenditure on health care.
- (b) Techniques of budget preparation and analysis.
- (c) Relationships between treasury budgets and health services budgets in government at national, provincial and local levels.
- (d) The extent and potential of voluntary and private expenditures on health care.

(2) *The provision of health personnel*

- (a) Problems of staffing—current and projected.
- (b) The effects of specialization and techniques of co-ordination.
- (c) A review of educational and training methods for health personnel physicians, administrators, nurses, technologists, etc.
- (d) Recruitment of health personnel.
- (e) Changes in responsibilities of health personnel—delegation of duties, problems of supervision.

(3) *The evaluation of health services*

- (a) An examination of methods that can be used to evaluate effectiveness of health services—extent of coverage, choice of benefits under insurance, unmet need and demand.
- (b) The measurement of quality of care.
- (c) Research methods, including at least some instruction in the role of operations research, work-study methods, etc.

(4) *Political science and public administration*

- (a) A brief review of the current theories in political science and public administration and general administrative theory.
- (b) An examination of forms of public administration, centralization, decentralization, line agency or commission type management, etc.
- (c) Personnel management theory and practice.

(5) *Planning techniques*

- (a) The role of short- and long-range planning for health services.
- (b) An examination of the issues related to co-ordination and integration of health services.
- (c) Examples of planning.

Note : The above general topics are not meant to be all-inclusive, but rather to demonstrate the general areas in which profitable study could be undertaken. Ample time would be provided for reading and discussion. A minimum of the lecture method of teaching would be used. Such lectures as would be given would be for the purpose of focusing attention on the issue rather than on trying to convey dogmatic answers to emerging problems. Some case-studies would be used.

Annex 3

**TRAINING IN PUBLIC HEALTH IN MEXICO
UNDER THE MINISTRY OF HEALTH AND WELFARE**

Physicians (as well as dentists and veterinarians) and some engineers, anthropologists, biologists and psychologists may be candidates for this training, but no person is admitted without a university degree.

1. Formal training

(a) *First year, full-time.* Up to 60 students (including 15 foreign students) are admitted each year for the Diploma of Public Health and Medical Administration. The course emphasizes social sciences and administration, with a high proportion of field studies, and includes a period of 6-7 weeks of field work by groups of 6-8 students, in different parts of the country.

(b) *Second year, full-time.* For professionals with a Diploma of Public Health and Medical Administration, up to 10 students.

Emphasis is on academic studies of a specialty in public health (in accordance with the individual interest of the student). Teaching and research principles are obligatory for all. This course is an indispensable prerequisite for those wishing to proceed to the residency in public health.

(c) *Third year.* Residency in public health, in accordance with the specialty selected. Minimum one year. After the final examination and individual thesis, a Diploma as specialist is awarded.

(d) *Doctorate.* For the degree of Doctor in Public Health, besides the 3 years previously mentioned, a thesis is required (formal research in a period not to exceed 2 years after finishing the 3 years of previous training) and a public degree examination.

2. Field training

A course of 4 months, full-time, for professionals with a university degree (doctors, dentists, veterinarians, engineers), places emphasis on general principles of public health and on field experience.

An attendance certificate is given.

3. Brief courses (called monograph courses)

These courses last from 2 to 3 weeks and are directed at holders of a public health diploma, the purpose of the courses being to review the advances in a specific field of public health.

4. In-service training

Training is for various periods of time and is adapted to the needs of the individual.

Annex 4

PROGRAMME FOR SENIOR HEALTH PLANNERS — DIVISION OF INTERNATIONAL HEALTH, SCHOOL OF HYGIENE AND PUBLIC HEALTH, THE JOHNS HOPKINS UNIVERSITY

Principles of national health planning

The systematization of long-range health planning promises to be one of the great public health advances of the present decade. Health planning is, however, not new, as public health administration has always required that someone develop documentation in order to justify financial support. The present changes in both orientation and methodology are being forced on health workers by development economists and economic planners who increasingly control the distribution of national and international funds. Their insistence on a better analytical framework, the inclusion of variables dealing with economic and social constraints and, especially, a clear definition of priorities require that new approaches be evolved.

Most developing countries are building their future on national development plans scaled to 5-7 year periods. The data going into these plans are, in general, rough approximations, and the projections tend to be even more hazardous estimates. The intrinsic weaknesses of the data are only partly camouflaged by elaborate statistical manipulations. In spite of present deficiencies, however, these projections provide an initial basis for national planning and are a great improvement on the intuitive approaches of the past.

Because of a long and scientifically oriented tradition in vital statistics, the health components of most national development plans have had a better start than some of the other sectors of the economy. A basic conflict has developed, however, between the essentially humanistic motivation and individualistic ethics of most members of the medical profession and the development economists who think primarily in terms of cost benefit analysis relative to other investment possibilities and who determine priorities in relation to the total needs of society.

To bridge the communication gap and to develop the new approaches and knowledge, a changed outlook is needed among health administrators. Rather than to encourage the development of a new specialty of health planning, the aim should be to inculcate this outlook during the training of all health administrators. The men who are highest in the administrative hierarchy are most in need of this new training because their academic education did not include these recently developed aspects of administration and they are most directly responsible for long-range planning.

Much has been learned from the recent efforts of health administrators and national planners to work together. In various parts of the world, specific efforts have been made to systematize planning so that it will be something more than a shopping list of wants. Each such effort leads to an advance, if dogmatism about the universal applicability of any one methodology can be avoided. There is much to be learned from comparative evaluations of planning experiences. National efforts at macro-planning and local intensive micro-planning analyses both need to be studied in order to clarify principles and to learn the particular conditions under which each approach can be appropriately used.

The Johns Hopkins programme

On the general philosophy expressed above, the Johns Hopkins programme has been developed with certain definite assumptions and objectives.

A. Assumptions

(1) Health planning is not a separate discipline. It is an interdisciplinary effort that should underlie all public health work, and should particularly draw on the knowledge and skills of economists and other development experts.

(2) There is as yet no clear-cut methodology of health planning. There are many approaches in both macro- and micro-planning, with local conditions and needs largely determining the appropriateness of the particular techniques to be selected.

(3) Developing a "plan" should not be viewed as a single event. Planning is a dynamic process in which there is a sequence of steps: (a) development of the most realistic plan possible on the basis of available data for a reasonable period — i.e., 5 years; (b) incorporation into the implementation of the plan a feedback mechanism for gathering new basic data and evaluating achievements with continuing analyses to be carried out by a planning group who are detached from day-to-day operations; (c) progressive revision of plan priorities, targets and investments on an annual

or biannual basis to utilize accumulated experience in directing future planning.

(4) Effective administrative action in modern society requires both theoretical and practical understanding of social and political determinants and the relation of health planning to the total development process.

(5) Understanding of the planning process can best be accomplished by the case method of teaching.

(6) Optimum intellectual stimulation and learning is obtained by bringing together a selected group of high-level and experienced individuals and giving them opportunity for an intensive and thorough discussion of the basic and difficult questions that underlie their day-to-day decisions, but for which they do not normally have time. Adequate time in a stimulating atmosphere, with sufficient library and expert consultant resources, is the key to such an experience.

B. *Specific objectives*

(1) To provide health workers with a broad understanding of economics terminology and a general acquaintance with the use to be made of the skills and knowledge of economists.

(2) To study the principles of planning through analysis of a series of case studies of national and local health plans with sufficient time for depth discussion.

(3) To provide opportunity for individuals to work out in detail a particular planning problem having practical relevance to their own future work.

(4) To give opportunity for individuals to expand their background in particular areas of the basic sciences of health.

(5) To provide contact with experts in the political and social science fields who can provide insight into the problems of implementing plans for the development of health services.

C. *Seminar sequence*

(1) *Principles of planning* — A series of case studies of health planning efforts in various parts of the world, the studies being worked up and presented by the participants in the programme.

(2) *Health and economic development* — A practical survey of the whole field of economics, with sufficient exposure to methods to permit members of the group to work comfortably with economists.

(3) *Social and political determinants of international health* — Experts from relevant behavioural disciplines present critical analyses of practical problems that have been met in the development process.

(4) *Participant projects* — Members of the group bring questions and data for intensive study, with opportunity to consult experts and library sources in trying to develop plans or work out approaches to planning. Opportunities are also provided to obtain the reactions of the whole group in seminar presentations of their ideas.

(5) Background courses are also available in areas such as the following : (a) population growth — interrelations, problems and policies ; (b) epidemiology of infectious disease — mass survey methods.

D. *Duration of seminar*

The whole of this programme is concentrated into a period of two months. For senior international health administrators, one of the principal benefits of the seminar is obviously the building of friendships and international contacts that permit a fruitful continuing exchange of experiences.

The Senior Planners' Programme is conducted each year during the fourth quarter of the regular academic year — April and May. This group is limited to approximately 10.

Annex 5

THE NATIONAL INSTITUTE OF HEALTH ADMINISTRATION AND EDUCATION, NEW DELHI, INDIA

India's expanding public health programmes require an increasing number of physicians to administer to the needs of the nation's health. With rapid expansion, individuals are called upon to undertake leadership for health programmes serving millions of people. In some cases these individuals have not the requisite experience or background for administrative responsibilities.

India has only one trained public health physician per 450 000 population. In the last 15 years about 500 physicians have obtained basic training in public health practice. Of the 80 places available for a Diploma in Public Health or equivalent diploma, about 65 places are in one major institute in Calcutta.

In view of the need for a rapid expansion of facilities for basic training in public health, and for special courses for those with higher administrative

responsibilities, it was felt that the existing institute with its specific and expanding training responsibilities could not undertake additional responsibilities.

A new institute, the National Institute of Health Administration and Education, has now been started, with a grant from the Ford Foundation, to train those with higher administrative responsibilities.

Simultaneously, the Government is establishing an All-India cadre of medical officers, comprising senior officers from all the states in the Central Government Services. The need for a permanent establishment to train these physicians for their administrative responsibilities will be met by the National Institute.

During 1964, the Institute has held eight seminars for senior administrative officers. Officers from almost every state in the country attended. Subjects of the seminars included planning and evaluation for the fourth five-year plan, hospital administration, training of staff for the intensive health and family planning scheme (see below). Seminars were also organized for two groups of senior physicians from one state in the country, which had revised its administrative pattern of health administration at the district level.

About 130 senior medical officials and senior administrators, including engineers, deputy and assistant secretaries of health departments, heads of training institutes from the states, have attended these courses.

The Institute is preparing for a two-month staff-college type of course, starting in January 1965. The number of participants is expected to be around 20. They have been selected from officers in charge of district health services, teachers of preventive and social medicine at medical colleges, and assistant and deputy directors of health services.

Allotment of training time will be :

	<i>Hours</i>	<i>Percentages</i>
Syndicates (group problem solving)	58.5	32
Field observation	21	11
Case studies	15	8
Field study	25.5	14
Seminars (lecture discussion)	66	35
	186	100

The Institute as planned will be organized in two main divisions :

(a) Division of Training and Research.

(b) Division for the Development of the Intensive Health and Family Planning Scheme.

It is planned to have at least 200 more places for D.P.H. training in the country. A senior officer will be appointed to study and develop training facilities leading to a D.P.H. at selected institutions, and also the training content of courses for paramedical and auxiliary health workers.

Division of training and research

For the present, the main activities of the Division will be the planning and conducting of :

- (1) special courses and seminars ;
- (2) staff-college types of training course.

When the Institute is fully staffed, it is planned to undertake doctorate training for selected officers.

Division for the development of the intensive health and family planning scheme

The Institute will be connected with the development of a district in each state of the country. The district forms an adequate unit to demonstrate effectively the organization of a sound and effective comprehensive health programme.

The administrative unit comprising a district has been selected as the basic unit for development and operational research because :

(1) The officers in charge of health and medical care programmes in the district are those from whom the All-India Health and Medical Services cadre are recruited.

(2) The districts form the basic level from which participants for training at the National Institute are selected.

(3) A district provides an adequate field for operational research in patterns of health service organization.

(4) The district is the operational centre from which health services and national health programmes are directed.

It is intended to locate a small unit of staff from the National Institute in selected states to assist state directorates to develop these programmes, and to obtain material for case studies for presentation to the participants at the course of the National Institute.

States are required to strengthen " planning and evaluation " units in their administrative health offices, and to designate a senior officer to take responsibility for the programme at the state level. States will also undertake to (a) continue to meet existing financial expenditure ; (b) allot resources for the development programmes of the district ; (c) take over the financial commitments after five years of intensified work. The additional financial resources required for intensified development will be met from Central Government resources.

Annex 6**THE STAFF TRAINING PROGRAMME OF WHO**

Since October 1962 the World Health Organization has operated a training programme at headquarters, for its own technical and professional staff. This programme has as its main objectives the development of the potentialities of the human resources of WHO and the use of training as an instrument in carrying out the policies and programmes of the Organization. The programme is under the direction of a senior medical officer.

Four courses have been held for WHO representatives (chiefs of mission), and more than 50 such officers have participated. These courses have usually lasted six weeks and each included twelve or more participants. They have been collective studies and dialogue exercises in which the staff of headquarters and outside lecturers made presentations which formed the bases for discussions. Since the participants were experienced international public health officers, the consequent exchange of views and cross-fertilization of ideas in the groups were prominent features of the courses.

Course content included study of the policies and programmes of the Organization as determined by the World Health Assembly and the WHO Executive Board and their application to countries requesting WHO assistance. Part of the course, intended as a "refresher", consisted of the presentation by headquarters staff of new developments and future trends in the technical fields with which WHO is concerned. The economics of health, social administration, demography, sociology, and other behavioural sciences in relation to health were also considered. Generally the courses were oriented to the consideration of national health problems, and problem solving and case studies relating to such matters were important factors in the exercises.

Courses are now being held for senior regional office staffs. The number of participants is similar to that for the WHO representatives' courses. These courses have a regional orientation, and are concerned with regional programming, aspects of national health planning, communications, co-ordination of services and the development of education and training programmes. In addition, studies on social and economic development and the place of health in the framework of regional and national development programmes, case studies and a general "refresher" technical review are included.

Short induction courses for newly-recruited staff, either for those taking up positions at headquarters or for special groups, are also a part of the programme.

**WORLD HEALTH ORGANIZATION
TECHNICAL REPORT SERIES**

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			s.d.	\$	Sw. fr.
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