

# Report of the Regional Consultation on Management of Fellowship Programme

Bangkok, Thailand, 8-10 February 2011



**World Health  
Organization**

Regional Office for South-East Asia

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## 1. Introduction and background

Fellowship programme management faces problems at various stages starting from initiation to evaluation. Some of these include improper planning and budgeting of fellowships in country workplans and delays in selection and nomination of candidates including submission of Fellowship Application Forms (FAFs) to the Regional Office. The FAFs are not properly filled in with learning objectives and choice of appropriate institutions and countries.

Effective coordination among the different stakeholders i.e. government, WHO country office, technical units and the Education and Training Support (ETS) Unit in SEARO is essential from the planning stage to final implementation, for the success of the fellowship programme. WHO needs to play a greater role in the training programmes designed by host institutions, particularly in the tailor-made training programmes designed for fellows from our Region.

The mechanism to follow up and evaluate the fellows through instruments like the Fellowship Termination of Studies Report (FTSR) & Utilization of Fellows' Services Report (UoFSR) had not been properly designed in terms of reliability and validity. Moreover, such instruments are not being sent in time for monitoring.

Country offices need to follow up on FTSRs and UoFSRs and share feedback information from WHO-SEARO on these trimesterial, semesterial and confidential reports with the government. The follow-up mechanism with the training institutions in the countries should be reviewed which needs closer collaboration and coordination.

To enable smooth implementation of fellowships from the selection stage to nominations, timely release of fellows and adequate follow-up of reports from fellows, Member States may be in need of guidance and advocacy from the Regional Office about these aspects and procedures.

There should be closer collaboration between WHO-SEARO, WHO country office focal points and institutions regarding negotiating fee structure and better response system at every stage of financial arrangement/claim settlements etc.

The ETS and other technical units in SEARO have roles with regard to deciding on learning objectives, designing the training programme and selection of right institutions. Fellows also need to be monitored and evaluated. The existing monitoring and evaluation tools need to be reviewed, revised and developed.

The regional consultation aimed to discuss the strengths and weaknesses of fellowship management programme at every step and propose ways for greater coordination amongst all stakeholders to ultimately improve the system through quality management of fellowships.

## **2. Objectives**

### **General objective**

The general objective of the meeting was to achieve improvement in fellowship management.

### **Specific objectives**

The specific objectives of the meeting were:

- To share the current practices of planning, implementation and evaluation of the fellowship programme in the Member States.
- To identify strengths and weaknesses in the existing system of management of the fellowship programme for selection process, training programme and placement strategy.
- To determine generic ways towards qualitative improvement in different stages of implementation of the fellowship programme.

The programme of the consultation and the list of participants are given in Annexes 1 and 2 respectively.

### **3. Inaugural session**

The consultation began with the welcome message (attached as Annex 3) of the WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang, which was read out by Dr Pak Tong Chol, Technical Officer, Education and Training Support, WHO Regional Office for South-East Asia.

#### **Nomination of chairperson, co-chairperson and rapporteur**

Dr Sopida Chavanichkul, Director, Bureau of International Health, Office of the Permanent Secretary, Ministry of Public Health, Thailand was elected chairperson. Mr G. Jagannath, Under Secretary (International Health), Ministry of Health and Family Welfare, India was elected co-chair. Mr K. Srinidhi, Section Officer (International Health), Ministry of Health and Family Welfare, India was elected rapporteur.

### **4. Regional overview of WHO fellowships**

Dr Muzaherul Huq, Temporary Adviser to the Regional Director, formerly Regional Fellowships Officer, WHO Regional Office for South-East Asia, gave a graphical presentation on the regional overview of WHO fellowships, which included comparative fellowships statistics of the previous three biennia, i.e. 2004-05, 2006-07 and 2008-09. The presentation included statistics relating to (i) number of FAFs received, (ii) number of awards issued; (iii) Regional Vs. Extra-Regional Fellowships; (iv) number of placements in SEAR institutes; (v) Gender trend; (vi) duration of study; (vii) fellowships awarded in clinical vs. public health disciplines; (viii) status of receipt of fellowship termination of studies report and utilization of fellows' services report.

Dr Huq also apprised the participants of the fellowship implementation status pertaining to the 2010-11 biennium.

WHO fellowships are the most effective tool/means for development and utilization of human resources for health. Through this national capacity building, health system capacity building can be achieved. National and health system capacity can be strengthened through institutional capacity building by enhancing/building the capacity of

respective faculty through effective fellowships. He emphasized the role of medical councils in respect of implementation of fellowships highlighting the strategy of Thailand which used the programme by providing long-term fellowships to build institutional capacity so that the fellows can train their own staff – which is a good strategy. He also highlighted that the maximum regional fellowships are conducted in India and Thailand as these two countries have a large number of premier training institutions.

Dr Huq highlighted the importance of fellowships in public health and said that WHO encourages fellowships in public health. He stressed the importance of monitoring and evaluating FTSRs and UoFSRs as these can highlight whether the fellows need reassessment/re-training. He emphasized the need to retain fellows in the area of training availed, utilizing their expertise achieved and not to transfer them to other areas, as the countries have provided identified training in an area and this needed to be utilized within the country itself.

Referring to the Regional Directory of Training Institutions (RDTI) developed and maintained by WHO, he said that Member States/institutions were not updating their training capacities. He added that WHO/HQ has proposed to develop a global directory for which data was being provided from RDTI. It was thus important to update this directory/their institutions and also add new institutions.

Finally, Dr Huq summed up and stressed the need for close collaboration between Member States and WHO for joint monitoring and evaluation of fellowships. He requested Member States not to seek bulk fellowships and stressed the need for Member States to explore preparing a biennial report on fellowships and their implementation in which training/fellowships provided through other donors could also be included.

## **5. Presentations and proceedings**

Participants from Member States in the Region made presentations on their health workforce training needs including local training opportunities, the mechanism followed by them in planning of fellowships, selection of candidates and finally their internal post-fellowship evaluation process including issues and challenges and recommendations/vision for improvement in the future.

## **5.1. Bangladesh**

The presentation initially focused on information on the available health personnel in the country.

Bangladesh has considerable in-country training facilities at the post-graduate level. There are about 33 post-graduate training institutions, which offer MD, MSH, M. Phil degrees. There are about 62 medical institutions at the undergraduate level, both in the public and private sector and about 6000 students graduate every year. There are about 100 seats reserved for foreign students in public medical colleges and 25% of the total seats in private colleges can be filled by foreign students.

There are two selection committees to nominate fellows at the Ministry and Directorate levels. The committees follow a set of guidelines formulated by the Ministry for selection of candidates.

Evaluation is a continuous process. Fellows are evaluated at regular intervals. The immediate supervisor and the Ministry evaluate fellows in different ways. It is needless to say that fellows must submit a report after completion of fellowship. Candidates working in rural areas are encouraged for WHO fellowships and studies in public health areas are given importance. The attitude and capacity of the candidate is also considered while nominating fellows.

Bangladesh faces a few challenges in the area of planning, proper selection and evaluation. Need assessment is very necessary to fulfill the future demand of health manpower. There is also a need for greater coordination between the Ministry and Directorate so that fellows are posted appropriately. The monitoring and evaluation process needs strengthening. There is also a need for an increase in the number of fellowships for Bangladesh including establishment of refresher training for the fellows.

## **5.2 Bhutan**

Substantial financial resource requirements and cooperation were solicited to foster development, deployment and maintenance of human resources during the 10th Five Year Plan. Resources are required to improve working

conditions, training of health workforce and redesigning of jobs in order to increase workers' satisfaction.

The Royal Institute of Health Sciences (RIHS) and the Institute of Traditional Medicine (ITM) are the two training institutes for health workers.

The award of WHO fellowship is determined by the need for capacity development of the health workers as per the Human Resource Development (HRD) Master Plan of the particular Five-Year Plan of the Ministry. Although, the HRD Master Plan was prepared for the Five-Year Plan, the need for capacity development is reviewed every year. Therefore, while preparing the WHO country workplan, the needs are discussed amongst the Policy & Planning Division and Human Resource Division of the Ministry and the Gross National Happiness Commission.

The selection of fellows is based on the Bhutan Civil Service Rules & Regulations. For long-term courses (above six months), a systematic selection process is undertaken which includes advertisement of the slot/field of study. The applicants are shortlisted based on their academic performances/marks and assessed based on their performance evaluation during two consecutive years, rural posting, academic marks, viva-voce (conducted by five panel members) seniority in service, special achievement, extra-curricular activities, etc.

Upon selection, the candidate is required to sign an undertaking, by which he/she shall return to service, else he/she will have to pay back double the amount spent on his/her studies.

For short-term courses (below 6 months), the selection is done by the Human Resource Committee of the Ministry, based on the capability requirement of the candidate to perform new/enhanced tasks.

A candidate, upon completion of the training is required to report to the Ministry immediately (for short courses) and within two weeks (for the long-term courses), along with the joining report, training report and course completion certificate.

The candidates are required to submit the certificate along with the mark sheet as soon as they receive it from the Institute in order to ensure that they have completed the programme. These documents are further authenticated by the Royal Civil Service Commission.

It was stated that candidates sponsored by WHO receive better stipend than government-sponsored candidates. Accordingly, the Government of Bhutan has requested SEARO to consider releasing WHO support for fellowships as Direct Financial Contract (DFC). The proposal was made mainly to streamline the entitlements received by the candidates sponsored by WHO and the candidates sponsored by the government. This is aimed at making the funding administration uniform as also to help in training more people with the same amount.

### **5.3 India**

The fellowship programme is based on the country's need/requirement, existing facilities and, available infrastructure. Fellowship implementation is a joint responsibility of the Ministry of Health and Family Welfare, WHO, the fellow and the institutes concerned. In view of changes in national health priorities and emergence of diseases, a review of training courses was planned which would help in improving capacity building of human resources.

India attaches importance to short-term training in various areas such as blood safety, blood banks, etc. Short-term training is also vital in the area of noncommunicable diseases.

India follows a selection procedure for identifying fellows. Out of the total slots, 60%, 35% and 5% are earmarked for states, community health services (CHS) cadre and other health institutions respectively. The selection is based on: (a) option given by applicant; (b) nominations considered based on age, eligibility and sustainability and (c) application from weaker sections – women given priority for consideration. The employer has to certify that: (a) he will relieve the candidate for the duration of training decided by WHO; (b) the employer will utilize the services of the fellow for at least one year in the area of training availed. Other relevant conditions attached with such training are adhered to by the sponsoring authority like getting enforceable bond and non-accompaniment certificate of spouse.

Feedback received from fellows in the FTSRs and UoFSRs are evaluated.

Revision of courses matching the needs of national priorities and challenges being faced was proposed. WHO was requested to develop guidelines for short-term training programmes for enhancement of skills in the regions. A review of the fellowship programme every biennium was proposed with participation of all Member States.

## **5.4 Indonesia**

The presentation focused on the progress and problems of human resource development in Indonesia. Estimates of human resource needs in hospitals as well as health centres show shortages of medical personnel and nursing staff.

Human resources for health are very critical issues related to the number, type, and distribution, and to the division of authority in the regulation of HRH. Competencies of health personnel have not been standardized because there is currently only one standard of competency for general practitioners and dentists. The legal framework with regard to the education of health workers, especially in terms of certification and accreditation needs to be strengthened. Recruitment of health personnel by region is still low due to limited members and funding.

Starting in 2005, changes were made in the medical education system based on competency. Changes in the adult education system are being developed further. Changes in education are expected to support the acceleration of the placement of doctors in various hospital services. Meeting the shortage of health personnel in the country is a continuing challenge.

Development and empowerment of human resources for health is an important element in the implementation and achievement of health development goals. Therefore, such implementation must refer to the basics of health development as stated in the National Long Term Development Plan of 2005-2025.

To achieve the vision and mission of health development, the government, in addition to its own programmes, has tried to involve professional organizations to form a professional regulatory body to prepare various regulatory requirements, determine the general competence, the procedure for determining the special competence of health personnel, as

well as determining the certification of educational institutions and professional training. Competence of health personnel should meet the international standards so that they are internationally recognized. Accreditation of health institutes should be in accordance with statutory regulations.

Health development goals will be achieved if supported by sufficient, equitably distributed and quality health workforce.

## **5.5 Maldives**

Current policy changes in the delivery of health care had led to a change in priority training needs in the Ministry of Health & Family (MoHF). Existing priority needs include public health, food and drug safety, quality of health services including health service auditing and accreditation, health law and ethics, social protection services including social insurance and safety nets, psychology, sociology and social work, drug rehabilitation services, health economics, developmental economics, health care financing, health and public policy, support network – IT, accounting etc.

Local training opportunities are mainly for clinical services. The Faculty of Health Sciences, including the central and three regional campuses cater to local training requirements relating to nursing, primary health care, laboratory technology, health service management, pharmacy assistance, counseling and social work. The Faculty of Management and Computing, Maldives College of Higher Education, Male, caters to local training needs in the area of accounting, business management, general management and information technology. Other private colleges provide diploma in nursing and general management courses.

Long-term fellowships planning is based on programme needs. It should be in the country training requirement for health and social services. The number of graduates within the health workforce is also assessed before planning a long-term fellowship.

The selection of fellows is done through announcement of award as a staff development opportunity by the Ministry of Human Resource, Youth and Sports. The MoHF sends the announcement to each department / division for more visibility. The selection is done by a “national selection committee”. If suitable candidates are not available through the selection

process, then the award is re-announced as “open school” specifying that the candidate has to work for MoHF after completion of the fellowship. The selected candidate is required to sign an undertaking depending on the number of years that the candidate is awarded a fellowship (1-2 years for 3 years and 3 years and above for 5 years). The selection process also entails job security for the selected candidate.

No specific feedback mechanism exists in the ministry for post-fellowship evaluation, but the WHO Fellowship Termination of Studies Report is utilized. Fellows are mandated to serve the sector as per the undertaking. Regular evaluation of the fellow’s retention in the service is not done. Job rotation and change of area of study by the fellows upon return is common.

The issues and challenges faced by the country include limited number of training opportunities, shortage of funding for training, limited local training opportunities, etc. Challenges relating to planning include multiple areas of need but less opportunities, difficulty in prioritizing and need for updating of existing database. Issues relating to selection of fellows include less graduates in the field to work at MoHF level, retention of existing job, retention of health workforce, career pathways etc. Challenges relating to process of implementation include retention of fellows, weak undertaking which is not legally binding, etc.

The presentation concluded by acknowledging the need to strengthen the in-country training capacity with increased focus on public health and social work. Training opportunities in regional training institutes needs to be increased to meet the country-specific needs. Further, a staff retention policy and professional development programme needs to be developed by the Ministry of Health and Family.

## **5.6 Myanmar**

Health sector development depends on the sustainable development of the health care delivery system, health manpower development and health systems management. Development of the Human Resource for Health (HRH) Programme, one of the essential programmes in the National Health Plan and Department of Medical Science in the Ministry of Health ensures training and production of human resources for health.

In planning the fellowship programme, programme managers (PM) arrange some funds for capacity building. Some of them search for suitable programmes and institutions and department-wise prioritization is made within the budget ceiling. The proposal is then submitted to the Ministry of Health (MoH) through the International Health Division (IHD) for approval. After technical consultations with the WHO counterpart, the proposal is submitted to the drafting group of the WHO biennium workplan. For selection of short-term fellows, the PM shortlists qualified candidates. With recommendation from the departmental selection committee, the MoH selects candidate/s. For selection of long-term fellows, the PM sets criteria for candidates. The Department of Medical Sciences (DMS), Ministry of Health, Myanmar announces and arranges a fellowship exam with approval from MoH. General criteria to be fulfilled are that candidates must have experience in related programme or plan to work in the programme and they must have at least two years government service.

Obligations of fellows stipulate that on completion of the study programme, they must serve the country. Candidates have to serve in government service for a certain period depending on the duration of study and type of training and have to work in a specific designation and place allocated by MoH. Immediately after return, the fellow must submit a brief report to MoH, followed by a detailed report, reviewed and evaluated by the selection committee, within one month. Sometimes re-assignment of work is done depending on the knowledge and skill acquired from the study. The fellow must submit an evaluation report after one year.

Issues and challenges identified by Myanmar included insufficient lead time for administrative procedures; cumbersome administrative formalities of the host country, fluctuations in training costs of fellowships, limited access to training links, etc. The recommendations included need for sufficient lead time for administrative procedures, advocating with stakeholders for effective and efficient capacity building, an efficient monitoring and evaluation system for utilization of fellows, and better cooperation between the Ministry of Health, WHO country office and the ETS Unit in the Regional Office.

## **5.7 Nepal**

The national health policy was formulated in 1991. The objective was to upgrade the health standards of the majority of the rural population by

extending basic primary health services up to village level and to enable them to obtain benefits of modern facilities. Human resources for health development is one of the main strategies of this policy to provide quality services. To this end, the strategy was to produce human resources in-country with private sector collaboration and with assistance from donor partners.

For short-term, in-service training, orientations and specialized training, the National Health Training Centre is performing the activities with co-operation of different partners, including WHO. The Council for Technical Education and Vocational Training is responsible for paramedics, nursing and public health human resource production. The Institute of Medicine, the B.P.Koirala Institute of Health Sciences along with other private medical colleges are conducting Bachelors /MD/MS courses in medical and nursing areas.

WHO has been providing support to produce competent and capable human resources to provide quality services. Long-term human resource planning was carried out long ago and needs revision with an estimation of the required quantity and quality of health workers in various areas.

Many partners other than WHO like the Japan International Cooperation Agency (JICA), Thailand International Development Cooperation Agency (TICA), United States Agency for International Development (USAID), Swiss Agency for Development and Cooperation (SDC) and United Nations Population Fund (UNFPA) are assisting in HRH capacity building and the Ministry of Health and Population is responsible for planning, selection of fellows and the respective donors are doing placement of the fellows in institutions on the basis of required knowledge and skill as well as competencies. With population increase and major campaigns in the health sector, there is a pressing need for qualified human resources, which calls for revision of the previous plan to cope with the recent needs. To make the best use of scarce resources, involvement of all stakeholders during the planning stage and co-operation/collaboration/co-ordination among and between the parties to improve, utilize, retain and train within home country is essential. The gaps like selection of appropriate candidates, required reporting, retaining in the area of specific training and loss of trainees from the government sector have to be addressed with clear rules/regulations with a transparent mechanism of selection and strict enforcement of rules. Frequent monitoring and performance assessment of the trainees by supervisors and regular feedback with follow-up action and

uniformity of actions in SEARO with frequent sharing of experiences among the Member States and donor parties will help in improving the efficiency of the health workforce.

## **5.8 Sri Lanka**

Health is a totally devolved subject to the provinces according to the 13<sup>th</sup> amendment to the Constitution of the Democratic Socialist Republic of Sri Lanka. The health workforce is basically attached to the central (line) ministry and the nine provincial ministries.

There are sufficient education and training facilities available for basic training of all categories of staff in the island. Many are government-assisted and there are a few private institutions also. However, facilities for post-basic and post-graduate training are confined to a few institutions with limited capacity. There are no programmes for training and skills development of health personnel in some specific areas and therefore there is a need to send fellows for teaching overseas. The training needs are identified periodically in accordance with the implementation of the Health Master Plan profiles on the basis of population needs and aspirations as identified by scientific methods through various studies and assessments, sustainable development related needs in the health sector including addition of new facilities and services, to counter the attrition of health personnel due to retirement, migration and other causes.

Local training facilities in Sri Lanka, among others, include the National Institute of Health Services which provides basic and post-basic training for public health personnel. There are regional training centres for each province which provide basic training for public health staff centres for training on physiotherapy, radiography and other areas.

The relevant director (health ministry counterpart) of the Strategic Objective along with the staff identify the needs for the forthcoming biennium according to the Health Master Plan projects or major activities to be implemented. Approval from the higher authorities - the Ministry of Health are obtained to include fellowships in the WHO workplan.

The current procedure for selection of a fellow is as follows: initially applications are invited from candidates through open advertisement within the ministerial and provincial health service institutions by the Division of International Health of the Ministry of Health. Acceptance and short-listing of relevant and suitable applications for evaluation and selection is done at

a meeting of the committee to select the fellows. The Committee comprising six members is chaired by the Director-General of Health Services. During a selection process the relevant director of the directorate also functions as a selector. The recommendation of the committee is forwarded to the Secretary, Health and to the Minister of Health for approval, followed by award of fellowship.

Post-fellowship evaluation is done upon the return of the fellow according to set criteria. After reporting to the place of work, the fellow is required to submit a report on the fellowship to the Ministry of Health for evaluation. The fellow is bonded for a period four times the duration of the fellowship to the Ministry of Health as a compulsory period of work following the fellowship.

Issues and challenges include the short timeframe available to select the fellows, non-availability of fellowships for some specific areas and non-enforcement of postfellowship evaluation process.

The recommendations include provision of sufficient time to select the fellows. Fellowships should be based on the needs of the Member State; and post-fellowship evaluation should be done by the donor in collaboration with the Ministry of Health. The training institute should provide a report on the performance of the fellow, the monitoring of the actual use in health service delivery by the fellow of the knowledge and skills developed as an outcome of the training, and the possibility of using the fellow to train others in the country.

## **5.9 Thailand**

Thailand has both short-term and long-term WHO fellowships. Since 2001, the short-term fellowships have been managed by the Bureau of International Health (BIH) whereas the long-term fellowships have been managed by the International Health Policy Programme (IHPP), a semi-autonomous programme for health policy and system research under the Bureau of Policy and Strategy, Ministry of Public Health (MoPH).

For short-term fellowships, the selection mechanism is coordinated by BIH. The fellowship focuses more on communicable diseases and less on areas related to MDGs e.g. maternal and child health and disaster management. Recommendations with regard to short-term fellowships include:

- Needs assessment
- WHO should have an annual planning for short - term training or workshops
- Resource persons should be local or regional experts
- Hands-on training experience would be most beneficial

Long-term WHO fellowships are integrated into the IHPP model on capacity building. The IHPP model is an interactive learning-by-doing model with a supportive research and policy platform. The model consists of three phases. Phase I (apprenticeship, 1-3 years) aims to ensure that young, potential research fellows (RF) with high moral commitment are ready to pursue higher education. Phase II (Ph.D/Master's fellowship) is to ensure that the RF are trained in areas that are relevant to the country's need. Phase III (post-doctoral fellowship) aims to ensure that the RF can use their expertise to serve the country's research needs, by ensuring an enabling environment, eg., incentives, career path and academic integrity.

An evaluation of the management of long-term WHO fellowships showed that of the 36 WHO long-term fellowship grants approved in the 10-year period since 1998, there was zero international brain drain after Ph.D or master degrees. All fellows returned upon graduation to serve mostly in MoPH and in a few universities. Recipients of WHO long-term fellowships are not only involved in health policy development at national and international levels, but also contribute to strengthening health system and policy research capacity.

### ***Strengths***

- WHO long-term fellowships are integrated into the capacity building model of IHPP which has a policy "ring-side" position with MoPH and various sources of funding, domestic and international.
- Research partnership and network serve as an enabling environment for capacity building.
- Full support by the WHO Country Office and their involvement in the selection committee.

### Weaknesses

- The WHO fellowship budget is vulnerable to cuts.
- Small budget results in a very limited number of WHO fellowships.
- IHPP model is a time-consuming process, though results are rewarding.
- Institutional capacity is still a challenging issue.

Recommendations for long-term fellowships:

Key capacity development	National partners	WHO and other funding agencies
<b>Technical capacity</b>	<ul style="list-style-type: none"> <li>- Ensure policy relevance and address national priority.</li> <li>- Transparent recruitment of talented, young researchers.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to support long-term fellowships.</li> </ul>
<b>Influencing policy</b>	<ul style="list-style-type: none"> <li>- Effective interface between research and policy decisions.</li> </ul>	<ul style="list-style-type: none"> <li>- Disseminate cross-country experiences for international audience.</li> </ul>
<b>Networking</b>	<ul style="list-style-type: none"> <li>- Effective networks and partners: national, regional, international.</li> </ul>	<ul style="list-style-type: none"> <li>- Encourage north-south or south-south partnership.</li> <li>- Support research partnership focusing on capacity building.</li> </ul>
<b>Institutionalizing and sustaining capacity</b>	<ul style="list-style-type: none"> <li>- Demonstrate long-term commitment.</li> <li>- Focus on individual and institutional capacity.</li> </ul>	<ul style="list-style-type: none"> <li>- Long-term funding commitment, programme grants and institutional grants.</li> <li>- Partnering institutes with different levels of capacity.</li> <li>- Respect country ownership and priority.</li> </ul>

## **5.10 Timor-Leste**

Improving human resource capacity at the national, district, community health centre and health post levels is an urgent need of the Ministry of Health to minimize or rectify problems of maldistribution, skill-mix imbalances, internal and international brain-drain and low motivation levels. Pre-service and In-service training, recruitment and deployment systems, performance management systems, job description, payroll systems, and career development systems need to be strengthened at the system level, particularly at the National Directorate of Human Resource (NDHR). There is an array of low-cost and practical mechanisms such as clear job description, supportive regular supervision as well as defined levels of authority, roles and responsibilities and regular feedback on performance to improve human resources.

In order to address these issues, the Ministry of Health, Timor-Leste, proposes to consider the following five major areas:

- (1) Workforce training, focusing on initial and ongoing assessment of the need and demand for health workers and related deployment issues.
- (2) Pre-service education, in-service education and continuing professional development, i.e. continuing education and in-service training of the various occupational groups within the health workforce, and reviewing their licensing, re-certification and regulation requirements.
- (3) Personnel management and direction of human resources in the public sector in terms of performance standards and assessment, orientation/induction, enabling working environment/condition of work based on job analysis and job description, remuneration and motivation/incentives and career pathways.
- (4) Adequate number of managers and appropriate competencies to respond the process of decentralization and/or municipalities at district levels.
- (5) Developing systems and standards of occupational health and safety and ensuring the regulation of these systems and standards nationally.

To achieve overall objectives such as, increasing accessibility to health care, improving quality of care and improving management, 10 strategies have been identified to respond to the challenges of HR for health:

- (1) Strengthen human resource planning to reduce mal-distribution of the numbers and types of workforce through identification of posts and the reallocation of staff. District health services and community health centres should be based on rolling out Basic Services Package (BSP) in all districts.
- (2) Introduce a broad-based incentive scheme to assist in appropriate deployment of qualified staff across the health sector.
- (3) Increase the number of skilled midwives and nurses through enhanced pre-service (establishment of the School of Nurses and Midwives under National University of Timor-Leste (UNTL) and in-service (through the Institute of Health Sciences) training opportunities through continuing professional development and through improved supervision and control measures at work.
- (4) Strengthen the capacity of doctors, nurses, midwives and other allied health professionals in community-based work.
- (5) Strengthen health services management by providing adequate number of managers, creating appropriate competencies, establishing functional support and creating an enabling working environment.
- (6) Strengthen the skills, know-how and attitudes of managers at all tiers of the health system.
- (7) Develop and maintain a National Human Resources Database (as part of wider HMIS) for legislative, regulatory and quality assurance purposes.
- (8) Strengthen and enhance the capacity of managers and appropriate competencies to respond to the process of decentralization of municipalities.
- (9) Enhance the management and technical skills and competencies of all MoPH workers through comprehensive quality training, education, retention and support measures.

- (10) Establish the Health Research Centre under the Ministry of Health to enhance and strengthen capacity building in human resource through research on public health, clinical and health sciences and socio economic parameters.

In conclusion, the aim should be “ensuring the right staff are in the right place, in the right number, at the right time, with the right skills, attitudes and behaviours” and according to the principles of nationalism, professionalism and human dedication to meet national health status improvement targets (Ministry of Health, Timor-Leste, September 2007: p. 141).

## **6. Current practices of fellowship management and study tours**

Ms. Renu Sharma, National Professional Officer (Fellowships), in her presentation on current practices of fellowship management highlighted the actions undertaken by various stakeholders at various points of time. She explained the WHO policy on eligibility of fellowships and the importance it carries from WHO’s point of view. Her presentation focussed on the various conditions that the nominated fellow must meet so as to be eligible for a WHO fellowship.

Fellowships should essentially be oriented towards country capacity building in priority areas; more so due to the limited funds available. This involves knowledge of the health workforce (HWF) situation in one’s country, the disease burden and the availability or non-availability of specific category of HWF, specialists, etc. to deal with the situation. To make optimum use of the WHO fellowship programme, countries should ensure that fellowship planning is done with sound knowledge and evidence of the health workforce scenario and its priorities and with an overall HRH perspective.

From the operational point of view, there was a need for clear identification of the field of study, duration, number of persons, whether regional or extra-regional fellowships, etc. at the time of making provisions in the country workplan. There were instances where a lump sum provision was made for fellowships without any clue of the requirements. This

hinders the ability of ETS Unit to plan and organize effective training programmes with host institutions.

There have also been instances of inadequate funding which could be avoided to a large extent by focusing and adhering to the cost averages that the Regional Office provides at the time of workplan preparation.

Similarly, countries should be clear whether they intend to support a fellowship or a study tour. There is a difference in both. She made a specific presentation on study tours highlighting the difference between a fellowship and a study tour.

She emphasized that WHO, in this Region, accords high priority to supporting Member States in strengthening their public health infrastructure and workforce. In this regard, WHO advocates the development of more and more public health professionals and thus the emphasis on supporting more training and studies related to public health disciplines. This may be in the area of preventive and social medicine, community health or community medicine. Specific public health areas include maternal and child health, disease prevention and control, nutrition and environmental health including water and sanitation.

Priority should be given to studies in regional training institutes. This leads to cost savings and more adapted training programmes; the content of studies in the Region is often more appropriate to the fellows' needs. It also supports networking with regional and national training providers with the potential of positive effects on other WHO programmes. Such fellowships also contribute to strengthening regional training centres.

WHO places considerable importance on the selection of the right candidate for fellowships. The WHO Manual stipulates selection of a fellow for award of WHO fellowships through a transparent and objective mechanism, i.e. through establishment of a selection committee at the country level.

Member States were requested to ensure that specifics of the WHO Manual with regard to the selection committee, as detailed below, need to be met within their own selection committees, which will go a long way in improving transparency and objectivity of the selection process.

- Selections should be made through an established Selection Committee set up by the national health administration (NHA) in consultation with the WHO country representative.
- The committee should comprise of representatives of NHA, the national body concerned with education of medical and health personnel and the appropriate professional group, if applicable.
- A representative of WHO serves the committee in an *advisory capacity* with no voting right.
- The committee should have between three and five voting members.
- The committee should consider the applicants' educational qualifications, experience in the subject to be studied, language qualifications, health and proposed duration of studies.
- The committee should complete the Fellowship Application Endorsement sheet in respect of each candidate being nominated for a fellowship.

The attention of the Member States was also drawn to the various conditions that must be met by the nominated candidate/s so as to be eligible for a WHO fellowship.

WHO fellowships are granted only to persons:

- Who are engaged in medical or health work in their national health administration (NHA) and whose applications are supported by their NHA.
- For whom the NHA is prepared to certify that, if a fellowship is granted, full use will be made of the fellow's services in the field covered by the fellowship.
- Who have not less than two years' experience in the subject they wish to study.
- Who have exhausted the opportunities available in their own countries for studying that subject.
- Who undertake in writing to continue in, or place their services at the disposal of the NHA immediately after their fellowship for

specified minimum periods in relation to the duration of the fellowship granted as follows:

- One year of service for fellowships of less than six months.
  - Two years of service for fellowships of six months to two years.
  - Three years of service for fellowships of more than two years.
- Who are in good health and normally are not over 55 years of age if the retiring age is 60 or above, nor over 50 if the retiring age is below 60.

The selection committee should pay due attention to these requirements at the time of inviting applications for WHO fellowships including also at the time of nominating candidates for WHO fellowship. These conditions have been put in place after considering several factors that influence the training programme. Adherence to these conditions is important so that the fellow and the national health administration both gain optimally from the fellowship programme.

Referring to the 'Utilization of Fellows' Service Report' (UoFSR), Ms Sharma said that in addition to assessing the contribution made by the fellow after return from fellowship, the report also helps in knowing if the fellow, indeed, continued serving with the national health administration, as per the undertaking given by him/her. The poor rate of submission of UoFSRs, however, hinder WHO's ability to know if this requirement is being met by the fellows.

Referring to the retirement age, it was highlighted that the retiring age in most SEAR countries is 60 and thus it was important that the nominated fellows should not be over 55. The justification for this age stipulation was quite obvious as WHO desires that the fellows benefiting from the fellowship study must contribute to their respective NHAs for a reasonable period after return from fellowship.

ETS unit participates in the peer review meetings held in the Regional Office for finalization of workplans and provides its inputs, as required. ETS unit and WHO country offices closely monitor the workplans throughout the biennium to ensure that Fellowship Application Forms are received against fellowship provisions made in the workplan. Similarly, ETS unit also follow-up with countries, through WHO country offices for early receipt of

nominations. Fellowship focal points in the Member States must ensure that their NHAs embark on the process of selection through advertisement, etc., as early as possible so that ETS unit is able to implement requests from all countries well in time before the end of the biennium.

The ETS unit maintains a website, which provides updates on fellowships and Letters of Awards issued, information on training programmes proposed to be held in the Region and outside during the biennium, forms for use by fellows, etc. This is accessible to all.

There are other databases that the ETS unit uses for fellowship processing and management. The Fellowship Management System is where important data from FAF is recorded for use throughout the study and thereafter for review of the fellowship programme. Most formal communications, viz. Fellowship Placement Request (FPR), Letter of Award (LOA), etc. are issued through this database.

ETS unit also has an e-document management system for storage and retrieval of information relating to fellowships during a given biennium. This database also helps in generation of various reports required for studying the trend of fellowships.

The Regional Directory of Training Institutions (RDTI) is updated periodically based on information received from training institutions. ETS unit and technical units use the directory for identifying suitable host institutions for placement of fellows.

### ***Study tours***

Depending on the area of study, the concerned technical units are responsible for processing of study tour requests, whereas fellowship requests are processed exclusively by ETS unit in SEARO.

A study tour is more of an observation visit or a fact-finding mission, awarded only to senior health officials, to study local problems and methods to deal with them. A fellowship, on the other hand, is for formal training on fulfilment of specific learning objectives, development of knowledge, skill, competency, etc. All study tour programmes are tailor made, whereas fellowships can also be for structured courses leading to a certificate/diploma, awarded to health personnel of all categories.

Other differences include different application forms, duration, selection mechanism, designation, payment, etc. Study tour participants are paid a higher subsistence allowance, i.e. the “After 60 Days Rate” of the standard per diem, whereas fellows are paid a stipend.

No specific database is used for registration of study tours nor is there any reporting system for study tours. ETS unit, however, compiles information on study tours handled by various technical units during the biennium, so as to report to senior management. SEARO handles nearly 80-100 study tour requests every biennium.

ETS unit had engaged a Temporary International Professional (TIP) in 2010 to review the study tour programmes processed during 2006–2007 and 2008–2009. The TIP acknowledged that study tours are one of the means to strengthen the leaders, administrators, faculty and officials in leading positions in national health care services. It helps in learning through collaborative, shared experiential approach, establishing networks and developing multi-professional learning experiences with team building.

The rate of receipt of post-study tour reports, is however, very poor and needs to be looked into. Further, there needs to be better gender balance. The TIP recommended streamlining and strengthening of the existing study tour processing mechanism to establish better value for money.

ETS unit is looking into the recommendations of the TIP and necessary improvements will be made.

## **7. Tailor-made short-term fellowships**

Tailor-made short-term fellowships are training programmes specifically organized by host institutions at the behest of WHO, taking into account the fellow’s specific requirement, background and study objectives. Such training is often of short duration, ranging between 1-8 weeks.

### ***Benefits***

- Helps in enhancement of competencies, knowledge and skill of the fellow taking into account the candidate’s qualifications, experience and prior knowledge on the subject.

- Helps in identifying the priorities in health care issues and need for support services in health care of the nation concerned.
- Helps in identification of experts in places of study in the related fields for training purposes.

### ***Objectives***

- Tailor-made, suiting the training need of the fellow
- Objectively structured
- Competency-based
- Performance-based
- Formative and summative assessments system.

### ***Role of Member States***

- Member States, in consultation with WHO country counterparts, assist in development of country workplans for all activities including fellowships. Provision for fellowships must include areas of study, duration, number of persons, regional or extra-regional, etc. Member States must ensure that fellowships are oriented towards country capacity building in priority areas. In addition to ensuring nomination of the right candidate through an established and transparent selection committee, it must also ensure that nominations are forwarded to WHO well in time together with duly completed FAFs and the Fellowship Application Endorsement Sheet.

### ***Role of technical units in SEARO***

Technical units review the workplans of countries for linkages between fellowships and study tour components. They review the contents of FAFs, especially the technical part regarding relevance and appropriate field and duration of study, learning objectives, etc. Technical units assist in identification of potential training institutions and assist in finalization of the training curriculum. They also assess and evaluate the outcome of training on the basis of reports submitted by fellows and the national health administration.

### ***Role of ETS unit in SEARO***

The ETS unit reviews FAFs for completeness and adherence to WHO Manual provisions. It contacts/visits potential institutes locally for fellowship placements, including assessment of their training capacity. The unit regularly monitors the training programme, including making administrative and travel arrangements including issuance of LOAs and payment of entitlements. The unit also negotiates the training fee payable to training institutes, including following-up with fellows for end-of-fellowship reports.

## **8. Performance evaluation of fellows**

Performance evaluation of fellows is essential to assess the fulfillment of specific learning objectives set prior to commencement of fellowship training. It helps in assessment of relevant knowledge and skills gained by fellows during their training in addition to post-fellowship activities undertaken by fellows towards strengthening of health systems and delivery of health care services. Performance evaluation helps assess the evidence of positive contribution to work by the fellow. This is done through (i) review of fellows' and/or others' reports about enhanced capacity and contribution with concrete and verifiable examples (changes in behaviour or performance that could be reasonably attributed to the learning experience offered by the fellowship, (ii) continuing professional and personal development, and contribution to others' learning (dissemination); (iii) increasing productivity.

Evidence of positive development in performance of the fellow can be assessed through (i) examples of new programme or innovative ways of working (including new technologies) that lead to more effective performance; (ii) bridging operational gaps; (iii) strengthened professional networks.

Improvement in performance leading to enhanced services and benefits provided to the community can be assessed through evidence concerning benefits to the target community and through contribution to attainment of development goals including MDGs. This will help to determine the effectiveness and outcomes of the fellowship programme in the context of national capacity building.

### ***Fellowship Termination of Studies Report (FTSR)***

Within one month of the end of their fellowship, fellows are required to submit a Termination of Studies Report. In addition to information regarding the administrative aspects of the fellowships, the report also includes information that facilitates performance evaluation of fellows, viz.:

- New knowledge acquired by the fellow.
- New skills and improved performance or approaches familiarized by the fellow.
- Changes/improvements proposed to be implemented by the fellow in his place of work using the knowledge and skills gained.
- Specific areas on which the fellow proposes to impart training to his colleagues.

### ***Utilization of Fellows' Services Report (UoFSR)***

For all fellowships lasting three months or more, a report on the Utilization of Fellows' Services must be completed by the fellow and the national health administration 12 months after the end of the fellowship. For fellowships lasting six months or more an additional utilization report is due after 24 months; for fellowships of more than two years duration, a further utilization report is due after 36 months.

This report includes factual information on direct contributions made by the fellow after return from the fellowship, in particular information on:

- Dissemination of knowledge gained by informing others (conferences, articles, committees, etc.).
- Training of other personnel (in-service and/or formal teaching).
- New methods introduced for improvement or expansion of existing services.
- New services established, not previously available in the community or institution.
- Research conducted (field, clinic, laboratory, administrative).

## **9. Fellowships in WPRO – experiences and lessons learnt**

Ms Elvie M. Arciaga, National Professional Officer, WHO Western Pacific Region made a presentation on the procedures followed by their Regional Office in processing of WHO fellowships. The presentation included fellowships and study tour statistics of their member countries for the period 2009–2010. Ms Arciaga also shared their experiences including lessons learnt following the roll-out of the Global Management System, and concerns in relation to systematic evaluation of fellows, ad hoc stipend and other entitlements, as well as challenges faced by them in placing Fellows in areas under any UN security phase.

She said continuous efforts are made to improve the processes, collaboration and communications and this included strengthening country office capacity and monitoring, reporting and evaluation mechanisms. She mentioned that the Regional Office encourages local fellowships by empowering or improving local institutions. Ms Arciaga also highlighted the need for generation of improved fellowship reports from GSM so as to facilitate reporting, etc.

## **10. Conclusion and recommendations**

The participants worked in two groups to deliberate on the various issues and challenges confronting the fellowship management programme with a view to propose recommendations for improvement: A summary of the recommendations arising out of the group work is given below:

### ***Recommendations for Member States***

- Proper selection process with selection criteria.
- Planning fellowship on priority needs assessment.
- Regular updating of the information in the Regional Directory of Training Institutions (RDTI) while encouraging institutes to get enlisted.

- Establish mechanism for post-training performance evaluation adapting SEARO tools.
- Establish and develop HR database.

***Recommendations for WHO Country Offices***

- Facilitate and support Member States in fellowship planning.
- Facilitate and support development of HR database.
- Facilitate and support performance evaluation.

***Recommendations for WHO Regional Office***

- Conduct post-training performance evaluation in three countries of the Region with the maximum number of fellowships by the end of next biennium.
- Work closely with country offices and Member States to ensure that RDTI is updated regularly.
- Organize a meeting of WHO Country Office fellowship focal points to introduce the revised fellowship manual by end of each biennium.
- Organize a regional meeting to review the fellowship programme and its management once in a biennium.

***Closing session***

In his closing remarks, Dr Pak Tong Chol thanked the participants for their active participation and for their contribution in arriving at a sound set of recommendations for effective management of the fellowship programme, both at the country and Regional Office levels. He sought the cooperation of the country participants in implementing the recommendations at country level in collaboration with the WHO country offices and SEARO.

## **Annex 1**

### **Agenda**

- (1) Inauguration
- (2) Background and Objectives
- (3) Regional Overview of WHO Fellowship
- (4) Country Reports on existing practices
- (5) Current practices of fellowship management and roles of Technical Units, WHO Country Offices and HRH unit.
- (6) Tailor made short-term fellowships, its design and collaborative role of HRH, technical units and training institutions
- (7) Performance evaluation of fellows – introduction of evaluation tool
- (8) Experiences and Lessons Learnt – Other Regions (WPRO)
- (9) Issues and challenges in effective management of fellowship for quality training
- (10) Issues related to implementation of study tours
- (11) Conclusion and recommendations
- (12) Closing Session

## Annex 2

### List of participants

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### **Annex 3**

## **Message from Dr Samlee Plianbangchang Regional Director, WHO South-East Asia Region**

Distinguished participants, ladies and gentlemen,

I welcome you to the Regional Consultation on Management of Fellowship Programme.

Educating and training health professionals is one of WHO's major strategies for improving health care through strengthening of country capacity. Training and skill building form an essential component of health manpower development, which plays a pivotal role for effective functioning of the health system.

WHO's Fellowship programme over the decades has provided valuable training and experience to health personnel of countries in this Region. Fellowship opportunities have facilitated international understanding and communication and strengthened collaborative endeavours. Fellowships have broadened the outlook of fellows towards new approaches to solving health problems, clarified their role as change agents in their countries and supported their participation in international settings. It has significantly influenced the professional and personal growth of the fellows.

Training through Fellowships has been a useful mechanism in the South-East Asia Region for the development of skills and knowledge among fellows. While WHO essentially facilitates the arrangements of the fellowship through placement in the right institutions, the Government concerned is responsible for selection of the trainee and field of study. Currently, the selection practices vary from country to country. The selection of the right candidate through a mechanism with the right criteria is of paramount importance, especially since the utilization of the skills and knowledge gained in the training is key to the country's capacity building. It is important to coordinate the selection with the priority health programmes, with emphasis on public health-related areas. Therefore, it is important that selections are done in a transparent manner at the country level with a National Fellowship Selection Committee in place, and with the

WHO Representative or his representative as a member during selection. On average, around 15% of the activity budget of the countries are spent on fellowships/training in each biennium. To make it worthwhile, it is imperative to get the right candidate who will contribute to capacity building of health systems.

The WHO Fellowship programme focuses on the training needs of Member States and arranges, through collaboration with training institutions across the world, suitable study/training programmes based on the varying requirements of the health personnel in the South-East Asia Region. The WHO Regional Office for South-East Asia awards and administers around 1000 fellowships each biennium.

During the last biennium, a large number of Fellowships were awarded towards the goal of institutional and country capacity building in public health.

It cannot be denied that the fellowship programme management also faces problems at various stages, from initiation to evaluation. Some of these include improper planning and budgeting of fellowships in country workplans, and delays in selection, nomination and submission of Fellowship Application Forms to the Regional Office. The forms are sometimes not properly filled in with learning objectives, which hinders WHO's ability to make a suitable placement for the fellow. Some of these issues will be discussed at length during the course of this consultation.

There is also a need to focus on the use of WHO Fellowship resources so that their impact and usefulness are felt. We should make optimal use of training resources in countries, in particular the WHO Collaborating Centres in the Region. Training of more female candidates should be encouraged. Similarly, we should continue to focus on training more health professionals in public health disciplines.

It is important to strengthen the impact and evaluation process by intensifying submission of Fellowship Termination of Studies Reports and Utilization of Fellows' Services Reports. The cooperation of Member States is needed in this regard. It is hoped that this meeting will take forward this agenda.

I wish you fruitful deliberations and an enjoyable stay in Bangkok.

Fellowship programme management faces problems at various stages starting from initiation to evaluation. Effective coordination among the different stakeholders i.e. the Member States, WHO Country Offices, technical units and the Education and Training Support (ETS) Unit in SEARO is important right from the planning stage to the final implementation, for the success of the fellowship programme.

A regional consultation on management of fellowship programme was held at Bangkok, Thailand, during 8-10 February 2011, which was attended by fellowships focal points from Member States in the Region. The principal objective of the consultation was to improve management of the fellowship programme.

The regional consultation discussed fellowship management practices including its strengths and weaknesses and proposed ways for improving coordination amongst all stakeholders for ultimate improvement of the system through quality management of fellowships.

The report summarizes presentations made by participants from the Education and Training Support Unit, WHO-SEARO and the Member States on their existing fellowships management practices. The report also includes recommendations for Member States, WHO Country Offices and SEARO for overall improvement of fellowship management.



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