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WHO FELLOWSHIPS

Fellowships play a major role in WHO's support for human resources for health in the Region. However, to ensure the effective implementation of the fellowships programme at country level, it is essential that the programme be continuously evaluated. Training of personnel must be in line with national requirements.

This document presents an overview of the evaluations of the fellowship programme that have been carried out. It includes evaluations and actions carried out in response to issues raised by the Regional Committee and those that form part of the Regional Office's continuous evaluation of the programme.

1. INTRODUCTION

Under its Constitution, WHO is required: to assist in the strengthening of health services;¹ to promote co-operation among scientific and professional groups which contribute to the advancement of health;² and to promote improved standards of teaching and training in the health, medical and related professions.³

One of the ways in which WHO seeks to achieve these aims is through its programme of fellowships. This programme enables health workers to go abroad for training and study in health-related areas which are not available in their own country, or, when appropriate, to attend courses in their own country. Fellowships are an important resource used by countries to meet demands for well educated health workforces for evolving national health delivery systems.

The key issue in reviewing the fellowship programme is to determine whether it has contributed to the implementation of an overall health workforce plan aimed at meeting the needs of the health system. Since fellowships are only one of the approaches used to achieve the objectives of human resources for health programmes, this is not an easy question to answer. Their impact will often be affected by changes in the health systems of the country, which will dictate how fully health workers utilize their new skills, knowledge and attitudes.

The Regional Committee has adopted the following resolutions concerning the programme of fellowships: WPR/RC13.R2, WPR/RC21.R6, WPR/RC22.R11, WPR/RC28.R16, WPR/RC30.R17, WPR/RC32.R13, and WPR/RC40/R9. Requests contained in these resolutions and action taken to respond to them are described below.

¹ Article 2 (c).

² Article 2 (j).

³ Article 2 (o).

2. REGIONAL COMMITTEE RESOLUTIONS ON FELLOWSHIPS

2.1 WPR/RC13.R2, September 1962

This resolution requested the Regional Director “to prepare a consolidated statement [of suitable training programmes within the Region] for distribution to Member governments in the Region.”

A list of medical, nursing and other health training institutions in the Western Pacific Region was compiled and distributed to WHO country offices. In addition, support was given to improve the quality of training institutions.

2.2 WPR/RC21.R6, September 1970

The twenty-first session of the Regional Committee decided through this resolution “to place on the agenda of the twenty-second session of the Committee an item on the “WHO Fellowship Programme, with particular reference to the problems of receiving and sending countries”.”

Document WPR/RC22/5 was submitted to the twenty-second session of the Regional Committee in September 1971. The report contained a summary of the administration and award of a fellowship and the difficulties encountered by the Organization in the implementation of the fellowship programme. The major problem of sending countries was the short notice given to fellows regarding confirmation of their placement and the time when they should depart for the fellowship. Receiving countries, on the other hand, reported that the short notice given in arranging a programme was their primary constraint.

2.3 WPR/RC22.R11, September 1971

Following discussion of document WPR/RC22/5, by this resolution the twenty-second session of the Regional Committee requested the Regional Director: “(1) with the assistance of information provided by Member governments, to compile a registry of training courses available for health personnel in the Western Pacific Region; (2) to transmit copies of this resolution to other Regional Offices for their information.”

A Registry of Training Courses Available for Health Personnel in the Western Pacific Region was therefore compiled and distributed to all countries in the Region. It has since been renamed the Registry of Training Institutions Available for Health Personnel in the Western Pacific Region. The tenth edition was published in September 1995 in both hard copy and diskette. A new edition is now being prepared which will be available on the Internet.

2.4 WPR/RC28.R16, September 1977

This resolution requested the Regional Director: “to convene a meeting at a suitable time and place in 1978 or early 1979 to discuss the scope of concerted regional cooperation in these aspects of health manpower development [i.e. the fellowships programme], to be attended by senior representatives from Member States, with decision-making powers within their national health administrations.”

A Conference on Regional Cooperation in the WHO Fellowship Programme was held in February 1979. During the conference, the WHO fellowship programme was reviewed and procedural improvements recommended. The recommendations of the conference and a report on the fellowship programme were submitted to the thirtieth session of the Regional Committee in 1979, as document WPR/RC30/16.

2.5 WPR/RC30.R17, October 1979

Following a review of document WPR/RC30/16, the thirtieth session of the Regional Committee adopted this resolution, which requested the Regional Director: “to continue evaluation of the fellowship programme, particularly of the utilization of former fellows on return to their home countries.”

A report was prepared (document WPR/RC32/12) and submitted to the thirty-second session of the Regional Committee. The report listed the technical and administrative steps taken from May 1979 to May 1981 to improve the efficiency and effectiveness of the programme.

In early 1981, a review of a sample of former fellows was made to determine how many had returned home and how their training was being utilized. Of the 134 respondents, 83% (111) had returned to their countries of origin and were still there in 1981; 11% (15) had either returned and left again or never returned; 6% (8) did not answer the question.

2.6 WPR/RC32.R13, September 1981

This resolution requested the Regional Director: “to continue to cooperate with Member States in implementing, evaluating and improving the fellowship programme.”

A Meeting of the National Fellowship Officers of the WHO Western Pacific Region was convened in October 1983 to review specific actions in relation to the recommendations made by the conference held in 1979. The meeting also reviewed the problems encountered by sending and receiving countries in relation to planning, implementing and monitoring the fellowship programme.

Further Meetings of the National Fellowship Officers were convened in June 1989, August 1994 and November 1997.

The Meeting of the National Fellowship Officers held in June 1989 reviewed evaluations that had been carried out in 1987 and 1989, adding observations by receiving countries.

2.7 WPR/RC40/R.9, September 1989

A regional evaluation study was carried out in 1987 which analysed the fellowships programme from the point of view of the sending governments. Another regional evaluation study in 1989 viewed the programme from the point of view of the individual participants. The results of both evaluation studies were presented to the fortieth session of the Regional Committee as document WPR/RC40/9.

Following a review of this document, the Regional Committee adopted resolution WPR/RC40.R9 which requested the Regional Director: “(1) to cooperate with Member States in strengthening their technical and managerial capabilities for dealing with national fellowship programmes; (2) to revise WHO’s fellowship management process with a view to increasing its relevance, efficiency and impact; (3) to develop and test, in cooperation with Member States, Headquarters and other regional offices, a system of evaluation to provide reliable and timely

information on all practical aspects of the programme; (4) to establish or improve communication systems linking the sending and receiving institutions, WHO and the fellow.”

Following the adoption of this resolution, governments were encouraged to set up selection committees to ensure that appropriate candidates were selected and clear objectives were stated in the Fellowship Application Forms. They were also asked to ensure that a fellowship officer was appointed to deal with fellowships matters. The Fellowship Unit at the Regional Office then endeavoured to match the objectives with the correct programme.

The Fellowship Application Form (FAF) and the Fellowship Booklet were revised. The revised version of the FAF was completed in 1994, and the revised Fellowship Booklet was finalized in 1996.

2.8 General

Other actions taken to implement the resolutions and to improve the efficiency and effectiveness of the fellowship programme have included the following:

- Technical analysis of where to send fellows for training has been carried out, emphasizing training within the Region, if appropriate. Over the last 20 years, about 66% of fellows have been trained within the Region.

- A Rapid Follow-Up Study which keeps track of the retention and effectiveness of fellows has been instituted. This study was initially developed in 1991 to cover the bienniums 1986–1987 and 1988–1989. Subsequent studies were carried out in 1993 (for the 1990–1991 biennium), 1995 (for the 1992–1993 biennium) and 1996 (for the 1994–1995 biennium). Results of these studies are contained in Annex 1. Another study is being carried out for the biennium 1996–1997.

- Meetings of the National Fellowship Officers have been convened regularly. The last meeting was held in November 1997. These meetings ensure dialogue continues among WHO, sending countries and receiving countries. The recommendations of the meetings enable timely interventions to improve the outcome of fellowships.

- A review of fellowship procedures has resulted in new ways of processing fellowships. A revised computer-assisted program for monitoring, implementing and recording fellowships has been developed. This new system will enable up-to-date data and analysis to be carried out and used as feedback for sending and receiving countries and areas of the Region. The role of WHO

Representatives and Country Liaison Officers in the selection of fellows has also been reviewed and revised. Placements in appropriate countries are being monitored in accordance with resolution WPR/RC30.R17. A study has been carried out to determine which countries in the Region have health workforce development plans. Following a recommendation by the internal auditor, close monitoring of the receipt of termination of studies reports and utilization of services reports is being carried out.

– Fellowships are reviewed annually by the Joint Coordination Meeting with China. This enables the Organization to implement smoothly the various fellowship provisions in China's budget.

3. CONSTRAINTS

Receiving countries

A common comment from receiving countries is that the objectives of fellowships are often not clearly indicated. Meetings of the National Fellowship Officers have stressed that the most important point with any statement of objective is that it must be capable of measurement. This means that the desired outcome(s) from the fellowship must be stated in such a way as to be capable of independent and objective review. The revised Fellowship Application Form addresses this issue; however, not all candidates have been able to provide clear statements of measurable objectives.

When dealing with last-minute requests, there is usually no time to check on the suitability of candidates for the proposed institutes. This can lead to mutual disappointment for both fellow and host. At least three months are required to prepare a suitable programme.

Fellows

In order to get the most out of a training programme, a fellow should be competent in the language of study. In many cases, the fellow will be part of a large group of students and personal tuition is not always possible. If the fellow's fluency is not at the same level as other students, he or she runs the risk of failing the course. Similar difficulties arise where fellows are on study tours. While most hosts will make allowances for language difficulties, there is a limit to the time and effort they are prepared to contribute. Unfortunately, not all fellows have access to an internationally

recognized language test, such as the Michigan English Language Battery Assessment (MELAB), the Test of English as a Foreign Language (TOEFL) or the British Council English Test.

Three main categories of reports are required from fellows, which are designed to assist the purpose of evaluation. These are the six-month report (Form WHO 54), the termination of studies report (Form WHO 635) which all fellows must provide to the Regional Office within two months of completing studies and the utilization of services report (Form WHO 55) which is required 12 months after fellows return to duties. Unfortunately, many fellows neglect to submit these reports. This leads to follow-up activity at the Regional Office and the field offices of WHO. The need to revise Form WHO 635 to provide measurable qualitative data will be raised by the Regional Adviser for Human Resources for Health at a global meeting on fellowships in October 1998.

Tuition fees

Increasing tuition fees and the imposition of fees by some countries for hosting or arranging programmes are putting a strain on WHO's limited resources. In many cases host institutions have to apply or increase tuition fees to recover costs which are no longer covered by government support or subsidy.

4. EVALUATION

Evaluation should be a continuous process and should involve both individual Member States and the Regional Office. At the local level the focus should be on the extent to which the fellowships are integrated into the objectives of the health development plan and on the level of knowledge transferred once fellows return to duties.

An impact study (Annex 2) of the fellowships in the Communication, Leadership and Management Programme, which is held in the Regional Office, has been completed. The results are being studied to assess the impact of the programme on country health services and WHO priority programmes. A similar study is being considered for the entire fellowship programme to assess the usefulness, impact and cost-effectiveness of fellowships.

DATA COMPILED FROM RAPID FOLLOW-UP STUDIES

Table 1. WHO fellows from the Western Pacific Region who returned to the country of origin 1986–1989, 1990–1991, 1992–1993 and 1994–1995

In/out of country	1986–1989		1990–1991		1992–1993		1994–1995	
	No.	%	No.	%	No.	%	No.	%
In country	1 684	76.4	950	80.6	629	77.8	671	84.2
Out of country	160	7.3	82	7.0	30	3.7	42	5.3
Retired/resigned	115	5.2	33	2.8	30	3.7	8	1.0
Died	18	0.8	6	0.5	1	0.1	3	0.4
On training	74	3.4	39	3.3	57	7.0	57	7.2
Not implemented			10	0.8	0	0	10	1.3
Not known	152	6.9	58	5.0	62	7.7	5	0.6
TOTAL	2 203	100.0	1 178	100.0	809	100.0	796	100.0

Table 2. WHO fellows from the Western Pacific Region on study tours who returned to the country of origin 1992–1993 and 1994–1995

In/out of country	1992–1993		1994–1995	
	No.	%	No.	%
In country	193	89.0	369	94.6
Out of country	1	0.5	4	1.0
Retired/resigned	12	5.5	14	3.6
Died	2	0.9	0	0.0
On training	2	0.9	0	0.0
Not known	7	3.2	3	0.8
TOTAL	217	100.0	390	100.0

Annex 1

Table 3. WHO fellows from the Western Pacific Region who returned to the same institution 1986–1989, 1990–1991, 1992–1993 and 1994–1995

Institution	1986–1989		1990–1991		1992–1993		1994–1995	
	No.	%	No.	%	No.	%	No.	%
Same institution	1 424	64.6	896	76.1	602	74.5	649	81.4
Different institution	158	7.2	135	11.5	51	6.3	64	8.1
Retired/resigned	115	5.2	33	2.8	30	3.7	8	1.0
Died	18	0.8	6	0.5	1	0.1	3	0.4
On training	74	3.4	39	3.3	57	7.0	57	7.2
Not implemented			10	0.8	0	0	10	1.3
Not known	414	18.8	59	5.0	68	8.4	5	0.6
TOTAL	2 203	100.0	1 178	100.0	809	100.0	796	100.0

Table 4. WHO fellows from the Western Pacific Region on study tours who returned to the same institution 1992–1993 and 1994–1995

Institution	1992–1993		1994–1995	
	No.	%	No.	%
Same institution	165	76.0	324	83.0
Different institution	23	10.7	21	5.4
Retired/resigned	12	5.5	14	3.6
Died	2	0.9	0	0.0
On training	2	0.9	0	0.0
Not known	13	6.0	31	8.0
TOTAL	217	100.0	390	100.0

**Table 5. WHO fellows from the Western Pacific Region
who remained in the same field of study
1986–1989, 1990–1991, 1992–1993 and 1994–1995**

Field	1986–1989		1990–1991		1992–1993		1994–1995	
	No.	%	No.	%	No.	%	No.	%
Same field	1 477	67.0	904	76.7	598	74.0	655	82.2
Different field	128	5.8	128	10.9	55	6.8	58	7.3
Retired/resigned	115	5.2	33	2.8	30	3.7	8	1.0
Died	18	0.8	6	0.5	1	0.1	3	0.4
On training	74	3.4	39	3.3	57	7.0	57	7.2
Not implemented			10	0.8	0	0	10	1.3
Not known	391	17.7	58	5.0	68	8.4	5	0.6
TOTAL	2 203	100.0	1 178	100.0	809	100.0	796	100.0

**Table 6. WHO fellows from the Western Pacific Region on
study tours who remained in the same field of study
1992–1993 and 1994–1995**

Field	1992–1993		1994–1995	
	No.	%	No.	%
Same field	153	70.6	327	83.8
Different field	39	18.0	18	4.6
Retired/resigned	12	5.5	14	3.6
Died	2	0.9	0	0
On training	2	0.9	0	0
Not known	9	4.1	311	8.0
TOTAL	217	100.0	390	100.0

Annex 1

**Table 7. WHO fellows from the Western Pacific Region
who were promoted after the fellowships
1986–1989, 1990–1991, 1992–1993 and 1994–1995**

Promotion	1986–1989		1990–1991		1992–1993		1994–1995	
	No.	%	No.	%	No.	%	No.	%
Promoted	542	24.6	469	39.8	166	20.5	115	14.4
Not promoted	1 044	47.4	478	40.6	341	42.3	556	69.8
Out of country			82	7.0	30	3.7	42	5.3
Retired/resigned	115	5.2	33	2.8	30	3.7	8	1.0
Died	18	0.8	6	0.5	1	0.1	3	0.4
On training	74	3.4	39	3.3	57	7.0	57	7.2
Not implemented			10	0.8	0	0	10	1.3
Not known	410	18.6	61	5.2	184	22.7	5	0.6
TOTAL	2 203	100.0	1 178	100.0	809	100.0	796	100.0

**Table 8. WHO fellows from the Western Pacific Region on
study tours who were promoted after the study tours
1992–1993 and 1994–1995**

Promotion	1992–1993		1994–1995	
	No.	%	No.	%
Promoted	33	15.2	39	10.0
Not promoted	93	42.9	302	77.4
Out of country	1	0.5	3	0.8
Retired/resigned	12	5.5	14	3.6
Died	2	0.9	0	0
On training	2	0.9	0	0
Not known	74	34.1	32	8.2
TOTAL	217	100.0	390	100.0

**IMPACT STUDY OF THE COMMUNICATION LEADERSHIP AND
MANAGEMENT PROGRAMME
Executive Summary**

Background

The Learning Centre at the Regional Office for the Western Pacific Region was established in 1986 to provide English language communication and management and leadership training to participants from Member States. Since its inauguration, 276 fellows from eight countries and areas: (Cambodia, China, Japan, the Lao People's Democratic Republic, Republic of Korea, Macao, Mongolia and Viet Nam) have completed the programme. In 1994, the management and leadership component was strengthened, and the Learning Centre programme was reorganized into two modules. Module A provides intensive English language training and Module B provides intensive training in management and leadership as well as continued training in high-level English communication.

Formal study

Informal reports by WHO staff and consultants have indicated that graduates of the programme have assumed positions enabling them to become vital links between their countries and WHO. However, the Regional Director has authorized a formal study of the Learning Centre to determine more scientifically the impact of the programme on the career advancement, use of English, and professional development of the graduates. The data collected came from three sources: (1) returned questionnaires, (2) focus groups, and (3) individual interviews, thus enabling the use of both quantitative and qualitative modes of inquiry. Of the 276 questionnaires sent out, 119 (43%) were returned. Of these, 39 fellows, or 33% of the respondents, participated in focus groups or individual interviews.

Annex 2

Findings

A significant number of graduates, 74% of the respondents, were promoted or were given enhanced responsibilities after their training. The movement usually was to a department or bureau dealing with international affairs and thus involved the use of English in their work. Other benefits of the Learning Centre programme included an increased awareness of the importance of communicating with colleagues from other countries and sharing experiences with each other on issues of mutual concern. Several fellows maintained professional contact after leaving Manila and were able to use these contacts to initiate collaborative projects or exchange information of mutual interest and benefit.

Additionally, fellows reported increased participation at in-country or international conferences as participants, interpreters, and presenters. Finally, the vast majority of the fellows who completed Module B declared that the training assisted them in understanding the relationship between leadership and their potential role as change-agents.

A review of evaluation procedures will be continued and the rapid follow-up study expanded to include qualitative in addition to the quantitative data. The forms being used to monitor the progress, completion and utilization of fellows' services will be reviewed .

More cooperation and dialogue will be fostered among fellows, sending and receiving countries and WHO. WHO acts as coordinator to link the various parties involved in the fellowship programme. The next Meeting of the National Fellowship Officers will assist in this purpose. This meeting should also focus on the options for collaboration to improve the quality and coordination of fellowship implementation.