

WHO Training Fellowships: Need for a New Strategy

(Godlee F. *WHO fellowships-What do they achieve? Br Med J* 1995, 310:110-112)

Training health professionals is one of the WHO's major strategies for improving health care in the developing world. This communication analyzes the utility and shortcomings of the strategies for allocation of the WHO training fellowships.

Training few individuals without providing continuing financial and moral support of appropriate working facilities when they get back home, often culminating into brain-drain, has been the major drawback of these training fellowships. The contents of the training, are often didactic rather than practical and therefore, of limited utility in enhancing the clinical skills of the trainees or improving primary health care facilities in the developing world, being mostly irrelevant to their needs.

Politics at the national and even at the WHO level often plays a crucial role in allocation of fellowships in terms of individuals, specialities and institutes. This frequently results in awards of fellowships to some individuals several times or allocation of the fellowships to individuals past the age of 50 years, which limits the time in which the benefits obtained from the fellowships may be applied.

The present strategy has most unfavorable financial implications for the developing countries. Although believed to be funded by the WHO, the expenses incurred on training are recovered from the membership fees of the developing

countries. Therefore, *the fellowships actually provide an indirect route for outflow of money from the developing countries to the developed countries.*

Comments

From the foregoing, it is obvious that serious rethinking is imperative to ensure that the WHO fellowships serve the purpose that they are intended for and do not merely serve as a conduit for funneling of valuable funds of the developing countries to the industrialized nations.

A drastic remedy can be termination of any further allocation of fellowships and utilizing the funds, thus saved, for improving the existing primary health care delivery system. Alternatively, one could consider developing "Centers of Excellence" intended primarily for training and operational research, at selected institutions within the developing countries, for which help may initially (or as and when necessary) be sought from the more experienced developed nations. It is logical that the "best" solutions to the problems peculiar to our setting have to be sought by us only. Such "Centers of Excellence" could organize and orient the training in a more practical and sustainable manner, best suited to the needs of the disease endemic countries, realizing the constraints inherent to the poor countries. In the interim, till the present policy of allocation of fellowships continues, introduction of some element of transparency and objectivity in the selection procedure is inescapable.

Vyom Aggarwal,

*Senior Resident, Department of Pediatrics,
Maulana Azad Medical College,
New Delhi 110 002.*