

Training medical personnel: HELP and SOS courses

by Dr. Pierre Perrin

1. The need for training

The early 1980s marked a turning point for humanitarian aid. During those years most of the major emergency relief agencies became aware that steps were needed to heighten the efficiency of their assistance to disaster victims.

New policies were therefore introduced to:

- promote preventive measures,
- codify assessment methods,
- standardize medicines and equipment,
- rationalize intervention criteria, and
- improve coordination among humanitarian organizations.

These policies could not be fully effective unless special training was given to the personnel in charge of putting them into practice. In 1985 the ICRC Medical Division therefore began organizing courses to:

- 1. train experienced medical personnel for emergency interventions by the ICRC and other relief organizations in disaster situations;*
- 2. develop a common approach allowing better programme coordination between the various humanitarian organizations involved;*
- 3. define the conditions and skills required to extend immediate assistance projects and adapt them to situations requiring medium- and long-term planning.*

It was with these objectives in mind that the ICRC, the World Health Organization (WHO) and the Faculty of Medicine of Geneva University decided to organize a course specifically for senior medical personnel.

The first HELP¹ course was held in June 1986.

2. Participants

Course participants are selected according to three main criteria:

- professional experience in emergencies;
- a diploma in one of several specialized medical subjects;
- the explicit desire to continue work in the humanitarian field.

For pedagogical reasons² no more than 25 participants are admitted to the course, which is held on an annual basis in order to satisfy the great demand³ and always takes place at the same time of year in Geneva (June-July).

After the first four courses it became evident that the geographical distribution of participants was very uneven. This was attributable to several factors, mainly the working language (English) and the cost. To remedy the situation the ICRC decided to offer the same course in Spanish and French and help participants obtain scholarships so as to enable a wider range of applicants to attend, in particular medical personnel from the National Red Cross and Red Crescent Societies of developing countries.

The ICRC organized a first course in Spanish, called SOS⁴, in 1990 in close cooperation with the Pan-American Health Organization (PAHO)⁵, which generously provided scholarships for 24 participants. An SOS⁶ course in French will be held in September 1991 in Brussels to train French-speaking medical personnel, in particular from West Africa, eastern Europe and South-East Asia.

¹ Health Emergencies in Large Populations.

² The course is taught on an interactive basis, i.e. with a high level of student participation.

³ On average 70 applications yearly in the first four years.

⁴ Salud en Operaciones de Socorro.

⁵ WHO regional office for the Americas.

⁶ Santé dans les Opérations de Secours.

The first SOS course in Spanish helped to achieve a more balanced geographical distribution of participants, as can be seen in *Table 1*.

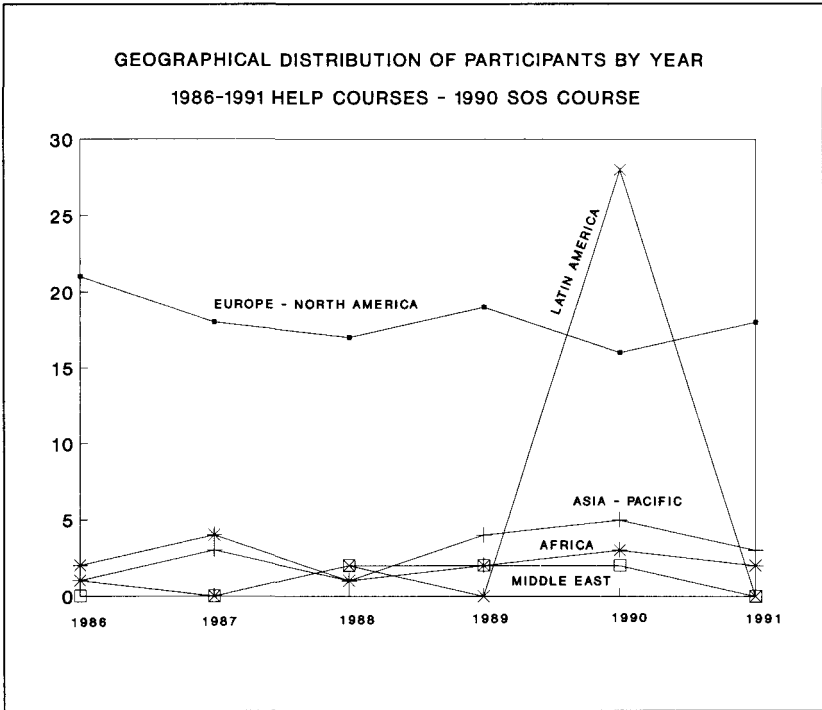


Table 1

A total of 177 people from 55 countries took part in HELP/SOS courses from 1986 to 1991.

The typical HELP course participant was male (66%)⁷, 38 years of age and had considerable professional experience, including on average four humanitarian aid missions.

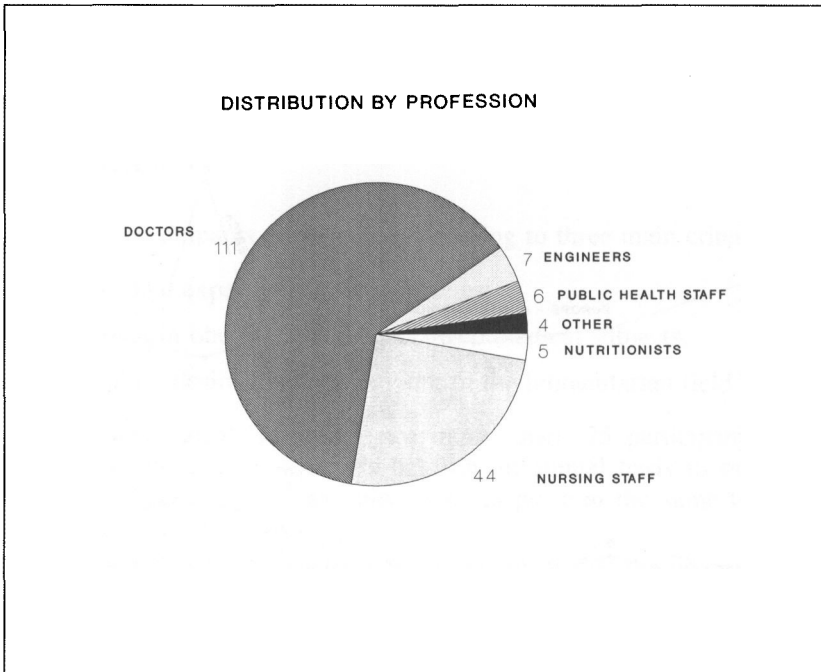
The distribution by profession, which can be seen in *Graph 1* (p. 508) to be very uneven, shows a large majority of doctors (62%).⁸

In their assessments, participants indicated that they would prefer applicants without any medical training to be excluded from the course.

⁷ For the first time there were more female than male participants in the 1991 HELP course.

⁸ More nursing staff than doctors attended the 1991 HELP course.

One of the course's main objectives is to prepare participants to work with members of other organizations.



Graph 1

Of the 177 participants shown in *Graph 2* (p. 509), nearly one half (48%) worked within the Red Cross and Red Crescent Movement (ICRC, League and National Societies).

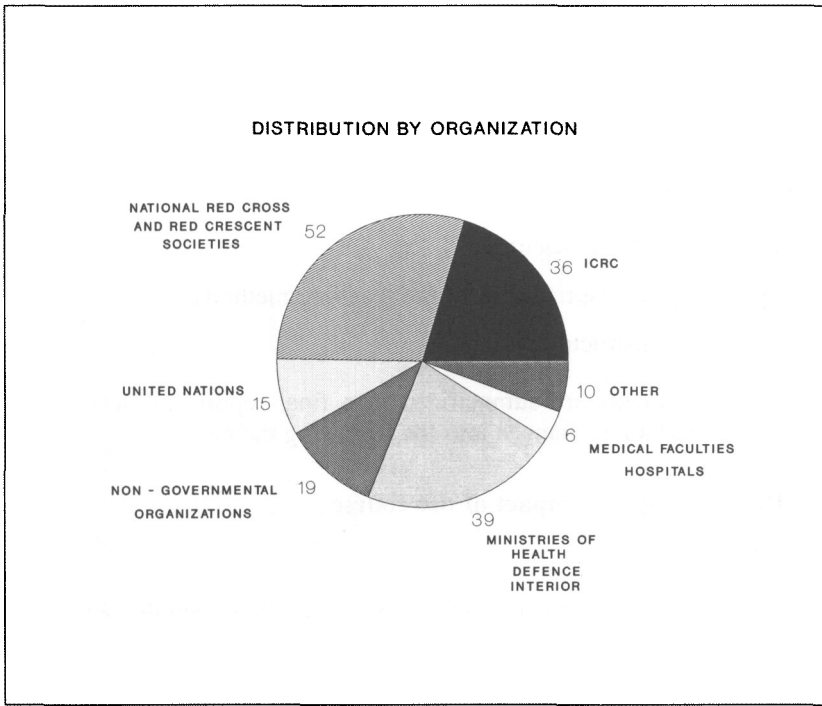
The majority of participants from ministries were sent by WHO and PAHO.

Permanent WHO, UNHCR and UNICEF staff also took part in the courses.

3. Course contents

For practical reasons the course has been divided into units corresponding to the following major fields of emergency activity:

- planning;
- food and nutrition;



Graph 2

- environmental health;
- communicable diseases;
- organization of health services;
- epidemiology;
- learning methods;
- international humanitarian law.

Additional course units on more specific subjects were later introduced, for example surgical *triage* (a practical exercise), relations with the media and development.

The contents of some course units have been modified over the years to keep pace with technical progress. To take a striking example, WHO experts taking part in the course have helped to update the teaching in the unit on communicable diseases of methods for the control of specific diseases.

4. Assessment

(a) Course assessment

Participants are invited to assess the course according to the following three criteria:

- relevance of the curriculum,
- quality and appropriateness of the teaching methods,
- skill of the instructors.

The assessments are summarized in a final report and serve as a basis for introducing changes into the following course.

(b) Determining the impact of the course

Quantitative impact:

One of the purposes of the course is to train people who will return to the field. To see whether this purpose had been achieved, a questionnaire was sent out in 1990 to all former HELP participants. Of the 42 respondents, 75% said that they had returned to the field. Among the 17 ICRC medical coordinators working throughout the world in July 1990, nine had taken part in a HELP course.

Qualitative impact:

It is very difficult to devise a method of assessment that provides an accurate answer to the question:

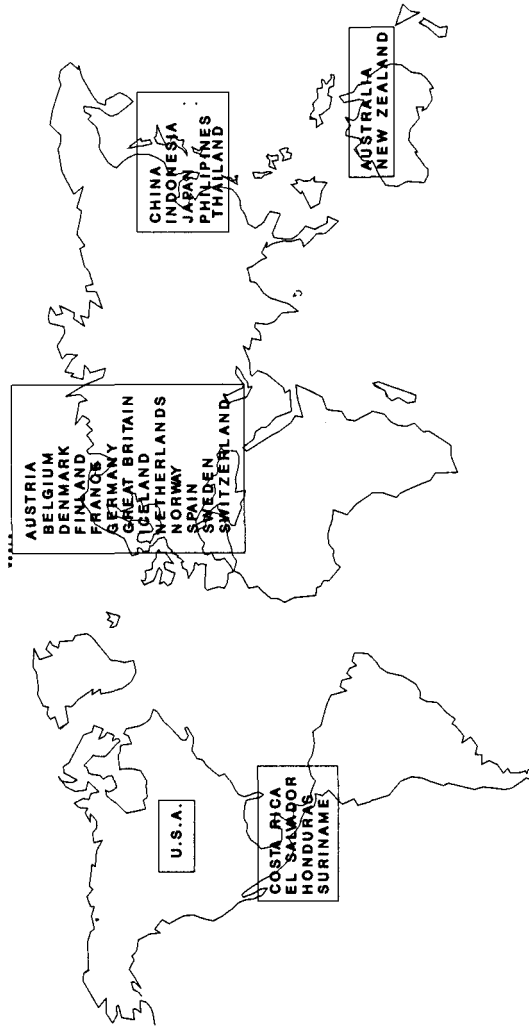
Are former HELP participants more effective in the field?

The objectives of the course are all related to developing the analytical skills necessary to handle emergencies, and to improve co-ordination and dialogue among the staff of various organizations.

Any course assessment must take into account the quality of field work. Former participants are therefore asked to write a report on a mission carried out after they have completed the course with special focus on their use of the knowledge acquired in the course.

An official diploma is issued once this report has been approved by the Faculty of Medicine. To date twelve reports have been submitted and only four diplomas awarded.

National Societies represented in HELP/SOS courses



+ 32 ICRC staff
 + 2 League staff

Table 2 — National Societies that have sent medical staff to HELP/SOS courses

5. Conclusion

The now irreversible trend towards professionalization in the humanitarian field must not be viewed as a move away from the Red Cross ideal of spontaneous humanitarian assistance.

All humanitarian assistance, no matter how spontaneous, must be effective.

Although not all National Societies have yet been able to send personnel to attend HELP/SOS courses (see *Table 2, p. 511*), the recent decentralization of the courses and their availability in three languages (English, French or Spanish) should help to remedy this shortcoming.

A special effort must be made to ensure that staff of National Red Cross and Red Crescent Societies of developing countries are able to attend these courses.

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