

BOOKS AND REVIEWS

"RESPECT FOR THE INDIVIDUAL"¹

The Hungarian Red Cross has just produced, in Hungarian, an excellent pamphlet with illustrations on the Geneva Conventions of August 12, 1949.

It deals, under five headings, with a general historical background, the wounded and sick, prisoners of war, civilians and the special responsibilities of the Red Cross as regards the Geneva Conventions. This publication of some twenty pages and which is easy to read, is the ideal material for spreading knowledge of the humanitarian texts amongst the civilian population. Sufficiently detailed to give clear information to everyone about the contents of the Conventions, it avoids the pitfalls of excessive length, and in fact it entirely fulfils the requirements imposed by the Conventions themselves, namely that the High Contracting Parties undertake to disseminate the text of these Conventions "as widely as possible". It is also interesting to see that the Hungarian Red Cross stresses the rôle of the ICRC in drawing up the Conventions and that which is assigned to it in their application.

It is to be hoped that such efforts will be continued, be given encouragement and support by public opinion, but that they will be developed by the authorities, so that gradually the objects aimed at by the promoters and signatories of the Geneva Conventions may be fully achieved.

J. de P.

World shortage of medical manpower. *WHO Chronicle, Geneva, 1965, Vol. 19, No. 2.*

The continuing shortage of physicians and other categories of health workers and the difficulties attending efforts to close the gap are stressed in six recent reports on WHO activities in various parts of the world.

¹ Published by the Hungarian Red Cross, Budapest, 1964, 23 p.

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In the African Region of WHO the efforts of national health administrations to meet the tremendous needs of their countries are hampered by limited financial resources as well as by a dearth of qualified personnel. The annual report on health work in the Region in 1963-64 adds that, while in practice the WHO projects in the Region have a sizeable training component, the efforts so far made are still far from proportionate to the actual needs, and much more must be done if the present handicap of many countries is to be overcome in the foreseeable future. Further, wide gaps still exist in primary and secondary education, seriously affecting the availability and the basic qualifications of prospective candidates for health training.

In the Region of the Americas, most countries lack adequately trained physicians and research workers in sufficient numbers to meet their needs. There are, too, extensive areas which have no permanent health services and to which access is very difficult. In general, preventive and curative services are separated and there is little or no coordination with teaching institutions. In the field of medical care there is no correlation between the activities of the Ministries of Health and those of the social security services, and in many instances institutions and services are unnecessarily duplicated.

If such duplication could be overcome, more people could be cared for with the same resources. This is a pressing need, comments the Regional Director, Dr A. Horwitz :

The existing systems are both a cause and consequence of the training of physicians and of other related professions. Although what it is hoped to obtain from education has been clearly expressed in theory, in practice it is rare for technicians in this field of knowledge to perform their task with an overall view of the problems, a grasp of their social and ecological roots, and a tendency to co-ordinate their activities so as to attain the essential aim—to prevent diseases, halt their spread, and promote health.

In South-East Asia, says the Regional Director, Dr C. Mani, in his report for 1963-64, excellent projects, launched with great zeal and financial sacrifice, founder for lack of personnel. With growing populations and ever increasing sophistication, the demand rises steadily while the supply lags far behind. The very size of the demand prevents adequate remuneration, and this in turn prevents an adequate supply. Theoretically, it would seem possible to prevent such shortages by sound planning, but planning for one sector of public activity impinges on that for others, with the result that various sectors compete with each other and all remain understaffed.

The continually increasing need for qualified doctors has been met by a wide expansion of medical schools—but without adequate teaching staffs. There were 66 medical colleges in India in 1962, 73 in 1963, and 80 in 1964, two years ahead of the date envisaged in the country's

Third Five-Year Plan (1961-66). The Central Council of Health, meeting in November 1963, recommended that during the remaining period of the Five-Year Plan emphasis should be laid by State Governments on consolidating and strengthening the colleges already in being rather than on opening new ones. It also, however, contemplated the opening of more than 20 additional medical colleges during the Fourth Five-Year Plan (1966-71) in order to achieve the target of one doctor for every 3500 inhabitants.

It is urgent and imperative, says Dr Mani's report, that the tendency towards deterioration in the quality of teaching should be checked. In addition it is urgently necessary that present teaching methods, as well as the content of courses, should be re-evaluated so as to bring them into line with advances in the developed countries. Many of the teaching methods have stood still for the last thirty years.

Some help can be given to alleviate the situation by fellowships for postgraduate training, but it is not possible to send a great many fellows abroad for further study when the strength of the existing teaching cadres is already so low. It is also very difficult to get teachers from advanced countries to come to South-East Asia for reasonably long periods—for example, two to three years—to strengthen local institutions. First, there are not enough such teachers available, and second, those who do accept such posts may lose their places on the ladder of promotion in their home countries.

One might expect a totally different picture in the European Region of WHO, yet it is the similarities to South-East Asia which compel attention. Reviewing the five years since an education and training unit was established in the Regional Office, the Director, Dr P. van de Calseyde, points out that a notable feature of the Region is the wide diversity of training facilities that it offers. Yet there continues to be a shortage of doctors and health personnel in most countries of the Region and several countries have expressed alarm at the situation. In spite of Europe's extensive medical education facilities, new approaches often meet with great obstacles and, perhaps because of its long-standing traditions in medical teaching, the changes needed to meet modern developments sometimes come rather slowly.

Nearly all medical schools in Europe are overcrowded, so that new schools need to be established or old ones enlarged. In many countries there are inadequate laboratory resources and too few lecture theatres and seminar rooms. There are often too few full-time teachers and the curriculum is usually overloaded owing to the inclusion of many new subjects and to the accumulation of new knowledge in such sciences as biochemistry. On the other hand, the teaching of social and preventive medicine is seldom adequate.

Because of the shortage of teachers in some European countries the students have to rely unduly on books, but library facilities are often

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not developed owing to the lack of trained librarians. As far as post-graduate education is concerned, a number of countries have well-planned facilities, but in the majority there is no overall plan.

Looking back over the fifteen years since the Regional Office for the Eastern Mediterranean came into being, Dr A. H. Taba, the Regional Director, points out that in the 1964 budget for the Region three times as much was set aside for the training of medical and paramedical personnel as in the 1961 budget. Out of a total of 580 projects sponsored by the Regional Office, 220 have had education and training as their chief objective. In the Region the number of medical schools has risen from 12 in 1949 to 33 in 1964, and in the past five years medical manpower has been increased by 50 %-100 %.

However, despite a greater effort to remedy the acute shortage of doctors, the challenge is far from being met and medical manpower is still critically insufficient over wide areas. The population/doctor ratio ranges from 1000 to 10 000 inhabitants per physician in countries which contain two-thirds of the Region's population, and it rises to well above 50 000 people per doctor in others.

Dr I. C. Fang, Director of the WHO Regional Office for the Western Pacific, states that the shortage of trained and qualified staff to organize, administer, and man national health services continues to be one of the main problems facing health administrators and has in many instances impeded the further progress of health programmes in the Region. It is ascribed mainly to the lack of primary and secondary school graduates from whom to recruit trainees, of health training facilities, and of teaching staff.

There are 79 medical schools in the Region graduating fully qualified doctors, and four schools producing assistant medical officers. Recruitment of faculty staff is difficult, especially for the basic sciences, and in some countries of the Region the lack of local postgraduate training facilities forces graduates to seek training abroad. The physician/population ratio varies markedly between countries—there is one doctor for 900 people in Australia and Japan, for instance, but in Cambodia only one for 40 000. Doctors, too, are unevenly distributed within countries, where they are concentrated in the urban areas.

World Health.—*World Health Organization, Geneva, March 1965.*

International co-operation in health began in the last century under pressure from dread diseases that were causing suffering and death all over the world. It is fitting, therefore, that in International Co-operation Year, 1965, World Health Day should be devoted to one of those diseases—smallpox.