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TRAINING OF AUXILIARY PERSONNEL

The shortage of auxiliary personnel is increasing as the countries of Latin America continue to expand their health programs. This development was discussed at the 50th Meeting of the Executive Committee and at the XV Meeting of the Directing Council. At these two meetings it was emphasized that the Pan American Health Organization should expand its assistance to the countries in the field of training and it was pointed out that the more advanced countries make large-scale use of auxiliary personnel under the supervision of professional personnel. In this connection, the XV Meeting of the Directing Council adopted the following resolution:

RESOLUTION XXIX

"THE DIRECTING COUNCIL,

Considering the urgent need to train a sufficient number of auxiliary workers of a caliber to meet the demands of the economic, social, and health situation in each country;

Considering the need to set up guidelines for the training of auxiliary workers and of the persons who will teach them; and

Considering the advisability of determining the types, number, and duties of auxiliary workers in relation to professional personnel and to health programs,

RESOLVES:

To instruct the Director to prepare a study on the training of auxiliary workers that may serve as the basis for discussion at a meeting of national authorities experienced or interested in the question, with the collaboration of international experts, for the purpose of presenting, for consideration by the Organization, a policy for the training of auxiliary workers based on the needs of the countries of the Americas."

The Director appointed Dr. Branko Kesić, Dean of the "Andrija Stampar" School of Public Health, Zagreb, Yugoslavia, who was to examine the background information on this matter supplied by the official agencies of the various countries, visit several of them (Brazil, El Salvador, Mexico, Peru and Venezuela), and prepare a document to serve as the basis for discussion at the meeting recommended in the resolution.

That meeting was convened by the Pan American Health Organization and the Study Group met in Mexico from 28 March to 1 April 1966.

In addition to considering the report of Dr. Kesić, entitled "Training and utilization of auxiliary public health personnel in Latin America", the above-mentioned Group made a detailed study of the Third[1] and Ninth[2] Reports of the WHO Expert Committee on the Education and Training of Professional and Auxiliary Personnel. The report of the Study Group, which is being submitted to the Council, appears as an Annex to this document.

Annex

1/ Wld. Hlth. Org. Tech. Rep. Ser., No. 109, 1956

2/ Wld. Hlth. Org. Tech. Rep. Ser. No. 212, 1961.

Rev. 1

STUDY GROUP

TRAINING OF AUXILIARY HEALTH WORKERS

MEXICO, D.F. MEXICO

March 27 to April 1st , 1966

FINAL REPORT

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau - Regional Office of the
WORLD HEALTH ORGANIZATION

STUDY GROUP

CHAIRMAN

Dr. Agustín Díaz Esparza	Director of Professional Public Health Education, Ministry of Health and Welfare. MEXICO.

GENERAL RAPPORTEUR

Dr. José Ignacio Baldó	Supervisor, Department of Chronic Diseases, Ministry of Health and Social Welfare. VENEZUELA.

PARTICIPANTS

Mrs. Ermengarda de Faria Alvim	Chief, Nursing Section, Special Public Health Service Foundation. BRAZIL.
Dr. Guillermo Raúl Jáuregui	Director General, National Medical Care and Public Health Promotion Services. ARGENTINA.
Dr. Miguel Kourany	Chief, National Public Health Laboratory Service. PANAMA.
Dr. Mario León Ugarte	Director, School of Public Health. PERU.
Dr. Conrado Ristori Costaldi	Chief, Technical Department, National Health Service. CHILE.

PAN AMERICAN SANITARY BUREAU

Mrs. Agnes W. Chagas	Regional Adviser, Nursing Education. PASB.
Dr. Carlos Díaz-Coller	Chief, Professional Education Branch. PASB.
Dr. Branko Kesić	Director, School of Public Health, University of Zagreb. YUGOSLAVIA. Consultant.
Dr. Ramiro Martínez Silva	Regional Adviser, Public Health Laboratories. PASB.
Mr. Edison Rivera Castaing	Chief-Coordinator, Office of Health Planning, Ministry of Public Health COSTA RICA. Consultant.

OBSERVERS DESIGNATED BY THE MINISTRY OF HEALTH AND WELFARE:

Miss Maria Teresa García Contreras	Chief, Nursing Promotion Program, Department of Professional Public Health Education, Ministry of Health and Welfare. MEXICO.
Dr. Luis David Marcial	Adviser, Department of Professional Public Health Education, Ministry of Health and Welfare. MEXICO.

1. GENERAL INFORMATION ON THE PROBLEM

It was considered useful to first present some general information on the problem, which concerns the great need for auxiliary personnel both in urban areas and in the vast rural expanses of Latin America which at the present time enjoy little or no health care of any kind.

1.1 Population

In 1962, in Latin American countries--comprising a vast area of 20,537,000 Km^2--there were about 215 million inhabitants (about 10 per Km^2), whereas in 1950 there were only about 162 million. This explosive population increase, amounting to about 2.8 per cent a year, is due to a very high birth rate (in most countries over 40 per 1,000 inhabitants) and the comparatively low crude death rate (about 10 in most countries). However, in spite of this rapid increase in population, the countries in Latin America are still sparsely populated.

The peoples of Latin America are very young populations, with approximately 45 per cent of the total inhabitants in the age group 0-14 years and only 2 to 4 per cent in the age group 65 years and above.

In all Latin American countries a rapid migration of the rural population to the cities is in progress. This rapid urbanization brings in its train serious social, educational, and health problems. Furthermore, the rural population lives in small settlements, scattered over very wide areas with very poor roads which deteriorate during the long wet and dry seasons.

1.2 Socio-economic Factors

The high degree of illiteracy (in some countries exceeding 50 per cent) constitutes not only a serious educational problem but also a major health problem. Among the most important social problems mention should be made of that of abandoned children, a problem that is doubtless due to the enormous number of illegitimate births, which in some areas exceed 50 per cent.

Another serious problem is that of alcoholism.

The situation reflected in the very low level of national income, ranging from US$117 to US$585 per capita, is further aggravated by the unequal distribution of national wealth. In spite of accelerated industrial development in some areas, the national economies are not in a position to provide enough new jobs to satisfy the needs of the rapidly growing population.

1.3 Health

Because of poor environmental conditions in the rural areas, infectious and parasitic diseases of the gastrointestinal tract and all forms of dysentery, as well as most tropical diseases, prevail there. Infant mortality and tuberculosis, although on the decline, continue to be serious problems. There are also serious health problems connected with rapid urbanization, as in developed countries, such as cardiovascular diseases, cancer, diabetes, and accidents.

1.4 Services

One vitally important positive factor in dealing with the above-mentioned problems is the fact that Latin American Governments act on the principle of the full responsibility of the State for the people's health.

In all Latin American countries the health services are under the authority of Ministries of Public Health and there is a pronounced tendency toward the centralization of health administration. On the other hand, in some countries attempts are being made at the state, departmental, and even district level to decentralize the health administration and transfer responsibility to the local services. Major difficulties occur when any attempt is made to unite the various agencies that provide medical and health care into a single health service.

In 1962 there were some 10,473 health centers in 17 Latin American countries. A characteristic common to them all was the relatively small number of hospital beds available, ranging from 1.8 to 6 per 1,000 population.

1.5 Health Workers

There is a shortage of fully trained health workers of all kinds in all fields; in some the shortage is so pronounced that it prevents any expansion of services. In many health services of almost all the Latin American countries there is a high percentage of auxiliary health workers without any training whatsoever, which hampers the recent attempts in certain countries to implement sound national health plans.

Another problem of major significance is the distribution of personnel. One example is that of physicians, professionals under whose supervision a considerable number of auxiliary personnel work. Although there are approximately 134,000 physicians in Latin America, or about one per 1,800 inhabitants, their distribution is very uneven, which creates an extremely unfavorable situation. Indeed, more than half of these

physicians (54 per cent) are resident in the large cities, so that the remainder (46 per cent) have to look after 79 per cent of the population (4).

It is quite clear that the training of auxiliary personnel is a major priority which must be taken into account in the health plans of most of the Latin American countries.

2. DEFINITION

An auxiliary worker is a paid member of the health team with less than full professional qualifications who has been specially trained to assume defined responsibilities under the direction and supervision of the professional worker in the same field.

Insofar as it introduces the idea of special training, this definition is considered to be more appropriate than that of the United Nations Administrative Committee on Coordination, which reads as follows (2): "The term auxiliary worker is used ... to designate a paid worker in a particular technical field with less than full professional qualifications in that field who assists and is supervised by a professional worker."

3. FUNDAMENTALS

The Study Group considered it essential to clearly set forth its point of view about the work of auxiliary personnel in the health field.

3.1 The essential framework for the use of auxiliary personnel is an organized health service which provides continuing opportunities for training, supervision, and a system for referral of cases.

The Study Group was convinced that it was advisable to have this doctrinal principle firmly laid down, since in recent years there has been a tendency, due to the extremely serious situation in the medical care field in many Latin American countries, to assume that auxiliary personnel can work independently or as substitutes. On the contrary, auxiliary personnel are part of the health team and not substitutes for other members of the team.

3.2 In view of the foregoing, it is clear that every professional health worker should be in a position to use so necessary and important a working resource. It will allow him to extend his field of action and to economize and make better use of his energies, which should be aimed at a higher level of performance. To achieve this aim the training of professional health workers beginning at the undergraduate level should include the basic components of public health subjects, in particular, health administration, epidemiology, statistics, environmental sanitation, and social sciences.

To overcome the defects of the training in these aspects received up to now by professionals health workers, it would be necessary to organize in Latin America well-planned short courses covering basic knowledge of administration and also the public health aspects of such other subjects as will be needed.

3.3 The service to be given by auxiliary workers in the health field should be permanent and comprehensive; consequently, it should comprise both preventive and curative activities.

In the case of medical care, auxiliary workers should be trained in procedures used in the treatment of easily recognized and prevalent diseases for which therapeutic measures may be used without risk until the arrival of a physician or the referral of the case to him where necessary.

3.4 When speaking of auxiliary health personnel the Study Group includes the auxiliary personnel of professional workers that concern themselves with health, other than physicians, such as dentists, nurses, pharmacists, veterinarians, statisticians, and engineers, as well as auxiliary personnel of certain medical specialities which have become differentiated, such as various types of laboratory workers and various types of rehabilitation workers.

Because of the importance of social sciences for health, mention should also be made of the auxiliary workers of various professions in this field that take part in the solution of health problems, as well as those carrying out administrative functions.

As will be seen, no mention is made of the type of health worker known as "medical assistant" which in some countries substitutes for professional health workers, since the Study Group considers that there is no place for this type of worker in Latin America.

3.5 Even if the number of professional health workers is increased, it must be understood that the training of auxiliary personnel is a continuing task and that an increasing number of auxiliary health workers will be needed, as is shown by the experience in the developed countries.

3.6 Any health program which is carried out through auxiliary personnel should include a minimum program of social action aimed at community development, and for that reason the work should be coordinated with that of the personnel of other institutions such as community development workers, home educators in rural areas, school teachers, etc., and of private agencies.

In that way efforts can be made to arouse the community and its leaders and induce them to take the necessary measures to improve their own economic and social conditions.

3.7 It should be borne in mind that the smaller the difference in the cultural patterns of auxiliary health workers and the population they serve, the greater will be the effectiveness of those workers.

Comments

Reference will be made only to those points which call for further treatment.

Since an organized health service is the sine qua non for the employment of auxiliary personnel, the most advisable scheme should be described.

In this regard, Dr. Branko Kesić, in the working document prepared for the meeting, states (1): "The health center, with its health subcenters and stations, represents, from the standpoint of health administration, the only health unit responsible for the total health of the people of a certain region. The activities of such a health center, its subcenters and stations should be based on the principles of integrated medicine. The center should approach all health problems, no matter whether they relate to the individual, the family, or the community as a whole, from the curative, preventive, and social points of view." Later on he points out the main features of these three levels, i.e., health center, health subcenter, and health station, with regard to their staff, their interrelations, and the functions of auxiliary personnel.

In the health center there will be both general and specialized professional health workers and auxiliary health workers as assistants within the working team.

In the health subcenter, which is subsidiary to the health center, there will be only general professional health workers, i.e., general practitioners and nurses, and there auxiliary personnel will make it possible to expand activities in various fields.

In the health stations, at the lower or peripheral level, there will be only auxiliary health workers with defined responsibilities for basic health care.

Dr. Kesić adds: "Such a system of health organization makes possible a continuous supervision of the work of auxiliaries and referral of cases from the lower to the higher level."

This organizational scheme has been tried out in some Latin American countries. To emphasize the interrelationship between these three levels in supervision and referral, they have been designated as primary, secondary, and tertiary networks.

General practitioners are given four months' postgraduate training, which includes basic public health subjects and the clinical subjects most needed. In this way, the needs of the intermediate level which is a health unit staffed by one or more physicians, nurses, and health auxiliaries working as a team, will be met.

It goes without saying that as Departments of Preventive and Social Medicine in Medical Schools in Latin America become better developed, general practitioners will be better equipped to supervise auxiliary health personnel at all levels.

4. TRAINING

4.1 Responsible Agency

The Study Group considered it advisable for the supervision of the training of auxiliary personnel to be the responsibility of the Ministry of Public Health in particular, through a coordinating agency representing all the public and private institutions training auxiliary personnel. This coordinating agency would be responsible for establishing standards for the functions of each type of auxiliary, admission requirements, curriculum, and duration of the training course. The Ministry of Public Health would be responsible for awarding certificates and for maintaining a register of auxiliary health personnel.

Schools of Public Health, where they exist, should be responsible for preparing the teaching staff of these courses, in collaboration with local educational institutions.

The organization of training courses for auxiliaries by Schools of Public Health and other higher educational institutions is not recommended.

4.2 The length of the training course will depend upon the nature of the service to which the auxiliary is to be assigned and the educational qualifications required of him. It is recommended that the educational requirements for the admission to training should be not less than completion of a primary school or elementary school education.

4.2.1 Regardless of the length of the training course, major emphasis should be placed on the coordination of theoretical and practical instruction in the first phase of the course. Knowledge and skills must be imparted on the principle of "learning by doing" and technical instruction must at all times be kept at the level of comprehension to be expected of persons with the required educational background.

Most of the training should be given at the place of work: hospital wards, health centers, laboratories, out-patient departments, or in the field. Classrooms and demonstrations should only be used to initiate the student into a new technique or procedure, for seminars,

group discussions, and other forms of transmitting the teacher's live word to the trainee. An intensive period of field training generally follows the theoretical and practical instruction; it consists of organized practical work carried out in the various services under the constant guidance and supervision of competent professors and instructors.

Each course should be under the direction of a professional.

The number of students in each course should not be too large. Moreover, it is recommended that the course be subdivided into small groups for demonstrations, practical work, etc., so that individual attention may be given to each student.

The courses may be given by teams of instructors who go wherever personnel is needed, or by professional health workers in charge of health services after they have received proper orientation on teaching methods.

An important aspect of training is the provision of manuals and other written material. All written material should conform to the teaching programs and be prepared in such a way as to conform to the educational level of the students and be of use to auxiliary health workers as permanent guides in their future work.

4.2.2 Whenever possible, auxiliaries in different fields should be trained together in subjects common to their respective programs so as to promote the team spirit.

Furthermore, whenever various kinds of activities within the same discipline are being carried out by different types of auxiliary personnel, every effort should be made to give them a common basic training, followed by special training as required. However, if the level of basic training is very low, then training in totally separate courses for each activity is justified.

4.3 Place of Training

4.3.1 It is advisable for auxiliaries to be trained at a place in the area in which they will work, provided that the place in question has the necessary human and material resources and the number of auxiliaries to be trained justifies it.

Another alternative is for the training to be given in a suitable urban center nearby. In the capital cities and in the larger towns it may be advisable to organize permanent courses so that auxiliaries may be trained for all the health services. If this is done, then consideration should be given to training in a single center, the practical part of the training being carried out in the various health services of the city in need of personnel.

4.3.2 Accommodations. During the courses students may be accommodated in different ways, depending on the local conditions in the country. In some cases experience has shown that it is better to allow the student to find his own accommodations and to give him the necessary funds with which to pay for them.

4.4 Refresher Courses

In addition to basic training courses, provision should be made for refresher courses to enable health personnel to keep their knowledge up to date and to learn new techniques.

5. SELECTION OF PERSONNEL

If it is to be successful, a national health plan must be supported by a broad training program, and in that program the selection of personnel is a basic consideration. Owing to the widely varying conditions in the countries of the Americas, it is clear that the problem cannot be approached on the basis of a universal formula applicable to all countries. Nevertheless, certain essential basic aspects must be taken into account.

5.1 Teaching Staff

In selecting teaching staff the following factors need to be taken into consideration:

i) Academic qualifications of the instructor. Professional qualifications.
ii) Technical competence in the subjects he teaches.
iii) Aptitude for teaching and educational training.
iv) Knowledge of the local conditions under which the student will discharge his functions.
v) For the higher-level posts, willingness to accept full-time employment.

The person teaching auxiliaries should have advanced academic qualifications in the subject he teaches. Efforts should be made to obtain the collaboration of personnel with technical qualifications in allied fields for the purpose of supplementing the training of auxiliaries.

Certain auxiliary health personnel whose experience could be put to good use in the practical training of students may be designated to assist in the teaching.

The Director of the School or the Coordinator of the course should be a professional with academic qualifications and practical field experience, and should be a full-time employee.

Certain functions may be assigned to personnel at different levels and from different fields if it is necessary for the better conduct of the course.

For the most part, teaching should be entrusted to professionals specialized in the field being taught.

The teaching staff should consist, for the most part, of full-time professionals, although there may be some part-time or occasional assistants.

The teacher should have an adequate knowledge of health conditions in the communities in which the auxiliaries will work so as be able to orient the teaching toward the solution of the problems they are likely to meet.

There should be a sufficient number of professors for the course, but the professor-student ratio will depend upon the resources available.

5.2 Student Body

As for the student body, it is not possible to lay down any general rules for the countries of the Americas. However, certain factors should be taken into consideration in selecting trainees, such as the following:

5.2.1 New Trainees

The educational requirements will vary according to conditions existing in each country. The minimum requirement should be completion of the course of primary education, whereas the maximum should not exceed two or three years of secondary education. Other requirements should include: good health and physical aptitude as confirmed by the pertinent examinations, suitable personality, social consciousness, vocation, interest in the work, and sense of responsibility.

The age of the student should be within the upper and lower limits which will be established according to such factors as the type of work, subsequent occupation, etc.

Other factors which may usefully be taken into account in selecting students are educational background, results of psychotechnical examinations, references, and personal interview.

If possible, the student should come from the place where he will subsequently work.

5.2.2 Personnel Already in Service

In selecting candidates for the courses priority should be given to untrained or partly trained personnel already in service who have the necessary background. The age requirement will be waived.

6. NUMBER OF PERSONNEL NEEDED AND UTILIZATION OF PERSONNEL

The Study Group wishes to report that it was unable to agree about the number of auxiliary personnel needed in various fields. It acknowledges that it is not advisable to try to apply ratios for professional personnel, auxiliary personnel, and population served, as has been done in developed countries in the health field. The variables which enter into the establishment of such calculations are too numerous and too complicated. To mention only a few, there is the gravity of the health problems, the degree of development of the health organization, economic and social conditions, cultural levels, distances, means of communication, etc.

Since the resolution of the XV Meeting of the Directing Council refers to this point, efforts were made to establish approximate indications, but without success.

6.1 However, it was agreed that:

6.1.1 It should be recognized that trained auxiliaries have acquired a definite and permanent position in the health team.

6.1.2 It is necessary that the countries establish the specific functions for each type of auxiliary in the health field.

6.1.3 An appropriate quantitative relationship should be established between the number of auxiliary personnel in a service or program and the number of professional personnel who can supervise them in those services or programs.

6.1.4 Although there is a close relationship between the number of auxiliaries needed and the population to be served, this factor--the number of inhabitants--should not be the only term of reference. The cultural patterns and the economic level of the communities and groups should be taken into account when determining the number of each type of trained auxiliaries required.

6.1.5 In determining the number of auxiliary personnel to be trained in any one country, it is essential to make a census of the human resources available in the health field in order to ascertain the existing shortage.

6.1.6 In the final analysis, the funds and the programs included in the national health plan in which this personnel are to be used, will determine the number and type of auxiliaries to be trained.

6.2 At the present time most or all of the countries utilize a certain number of untrained personnel, some of whom meet the necessary requirements for admission to regular training courses. In selecting persons for formal training these persons should be given priority.

It is recommended that, for the benefit of auxiliary health personnel at present employed who do not meet the requirements for formal training, the institutions employing them should organize in-service training courses.

The Study Group recognized that there were advantages in giving an auxiliary general training in his field of activity, as opposed to specialized training in a particular sector of that field. The latter type of training is only acceptable in the case of very specific short-term programs.

6.3 Legal and administrative regulations should be sufficiently flexible to allow the establishment of all types of auxiliary personnel needed for the conduct of existing programs.

Manuals should be prepared in which the functions of the auxiliary concerned should be clearly defined and delimited. These manuals should define the limits within which the auxiliary health worker will discharge his functions and should describe procedures and techniques.

Each country should determine the type of document which will certify the training received by an auxiliary health worker, as well as the procedures for the registration of such health workers.

The training received by the auxiliary health worker should be recognized by an adequate rank in the post classification plan of the service in which he will work.

7. SUPERVISION AND EVALUATION

The Study Group attributed the utmost importance to supervision and evaluation in the training of auxiliary personnel.

7.1 Supervision entails not only ascertaining, examining, and assessing the quality of a job, but also suggesting such changes or adjustments as may be necessary. It is an educational, active, and continuous process, one of constructive interrelationships. It entails guidance, orientation, and readjustment for the purpose of achieving certain objectives or fulfilling a specific purpose. It involves three elements:

i) The health institution, which has a policy aimed at achieving its objective.
ii) The immediate superior officer, who has the direct authority and responsibility over all or part of the structure of the institution.
iii) The auxiliary, who has a specific function to fulfill.

Supervision should be exercised by every individual who has a specific authority. It stimulates the technical progress of the institution, it directly links the superior to his subordinates, and it strengthens the line of authority as well as unity of purpose.

Supervision should be exercised at all levels. The essential part of the process is repeated at every level; what changes is the content represented by the application of supervision at that level. Any one level of a structure always exercises supervision over the immediately lower level.

The lower the level of the personnel, the more frequent and more meticulous supervision must be. In the case of auxiliary health workers, it must be periodic and as frequent as possible, according to existing conditions.

It is recommended that Governments provide such material and human resources as are necessary to ensure effective supervision.

7.2 Evaluation is an assessment of capacity and efficiency based on the observation of the work of the supervised auxiliary. For that purpose, systems or patterns which make an objective analysis possible must be available.

In the evaluation of formal training programs for auxiliaries it is important for members of the team responsible for the courses to make periodic visits to the trained personnel at their place of work. This will enable them to adjust the courses to actual needs.

Interviews with the superior offficers of the new auxiliary are also useful, as are surveys which may provide useful information for evaluating the training and orienting and improving future teaching plans.

Evaluation carried out by supervisors should serve as a basis for individual orientation as well as the development of in-service educational programs.

7.3 With a view to improving the quality of the work of auxiliaries, it is recommended that the countries establish incentives by offering good auxiliaries with the necessary educational qualifications an opportunity to pursue studies enabling them to become professionals.

SUMMARY AND CONCLUSIONS

1. In view of the existing demographic, socioeconomic, and health conditions in Latin America, and the status of medical care services and personnel, the training of health auxiliaries is a major priority that should be given continuing consideration in health plans.

2. A structure of organized health services affording continuous possibilities for training and supervision of personnel and for referral of cases is essential for the utilization of auxiliaries.

3. Efforts should be made to ensure that all types of professional workers collaborating in health services receive suitable training to enable them to work with auxiliary personnel.

4. The teaching should be entrusted to professionals competent in their specific field who have had training in public health and preparation for teaching. A professional should be in charge of the course. Schools of Public Health, where they exist, should be responsible for training teaching staff for the courses.

5. Regardless of the duration of courses, emphasis should be placed on in-service practice and field work, and great care should be taken to ensure that theoretical instruction is within the comprehension of the students. Training should be given in conditions as similar as possible to those in which the auxiliary is going to work, and this requirement applies both to new personnel and to untrained members of the present staff.

6. The functions of auxiliaries should be clearly defined. For this purpose manuals for use in teaching, which also delimit the sphere of action of each of its levels of training established in each field, should be prepared.

7. The selection of students is vitally important. Students should preferably come from the places in which they are going to work, and preference should be given to those with the best qualifications and a keen sense of responsibility.

8. Irrespective of the factors involved, the educational requirement for training should not be less than completion of primary schooling.

9. For the reasons given, it was not possible to reach conclusions about the number of auxiliary personnel needed.

10. The system cannot function unless there is suitable supervision, which is also necessary for evaluation.

11. Special stress is laid on the need for sufficient funds not only for training but also to cover the expenses involved in supervision and to ensure the utilization of auxiliary personnel.

12. The Study Group concluded that, in order to achieve uniform standards, all matters relating to the planning and training of auxiliary personnel should be the responsibility of the Ministry of Health, through a coordinating agency representing the various public and private institutions which train this type of personnel. The Ministry should also be responsible for the award of certificates and the registration of such personnel.

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