



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### FELLOWSHIPS PROGRAM OF THE PAN AMERICAN HEALTH ORGANIZATION

Since 1939, the Pan American Health Organization has supported health leadership development and training through its Fellowships Program. Thousands of health practitioners from the Americas have been trained in the Region and throughout the world. In addition to building skilled health workers, the Fellowships Program fosters cooperation among countries, resulting in long-term professional linkages and institutional partnerships. Such linkages encourage ongoing information exchange and training. Fellows return to their home countries to share their newly-acquired skills and serve as resources to further health development in their home countries.

From its beginnings, the Fellowships Program has been an active program, frequently utilized by PAHO countries as a source for technical development. Once a centralized program operated from the PAHO Headquarters in Washington, D.C., the Fellowships operations were decentralized in 1981. Since that time period, there has been a steady decline in the number of fellowships in the Americas, a trend which prompts further analysis of the program and its operation within the Organization.

Country health priorities have changed throughout the years, presenting new demands for health training and development. The PAHO Fellowships Program has worked to address these changing needs. This paper is being submitted to the Subcommittee on Planning and Programming for information and to elicit feedback on the Fellowships Program in order that it may better respond to the changing health priority needs of the countries.

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## **1. Introduction**

*Essential to accomplishing the aims of health sector reform are the health workers who will make it happen. PAHO therefore collaborates with the governments and educational institutions throughout the Americas to solve countries' problems with respect to shortfalls in qualified health care providers of a range of categories; deficiencies in type and level of training required; and inequitable availability of health care workers.*

*-Leading Pan American Health, 1998*

For nearly 60 years, the PAHO Fellowships Program has facilitated the international exchange of scientific knowledge and technology by supporting training programs for health practitioners from throughout the Americas. The program has served as a tool of technical cooperation to support the development of human resources in the Region. Originally, the program was used to train individuals to provide more skilled health workers and effective health leadership in the countries. While individual human resource development is still important, there is a need to shift the focus to strengthening institutions—a more viable means for reaching sustainable development.

This paper provides an overview of the Fellowships Program, a brief history, its purpose, and current day operations, including an explanation of its role within the larger WHO Fellowships framework. Also included are program statistics and a look at how gathering of fellowship data might be better utilized to gain a more accurate perspective of the program's effectiveness. Finally, we discuss Fellowships' role as a tool for capacity building and the Fellowships Program as a resource for institutional development. We also raise the issue of analyzing the current Fellowships system.

## **2. Overview of the Fellowships Program**

### **2.1 *History and Purpose of Fellowships***

Since the early years of the Pan American Sanitary Bureau (PASB), political leaders have recognized the importance of training health workers to solve their countries' health problems. With this goal in mind, the Organization initiated its Fellowship Program in 1939, awarding 22 fellowships in public health. Between 1940-1944, another 200 fellowships were awarded for the study of public health, medicine and related health sciences. The number of awards rapidly increased, reaching an average of 1,000 fellowships annually in the 1970s. Since the early 1980s when the Fellowships Program was decentralized, the number of awards within the Americas began decreasing and has steadily declined through the late 1990s, now averaging 200-300 annually. These figures

raise the question of whether the Fellowships Program is being used to its fullest potential as a tool for technical support and health development.

After the World Health Organization was founded in 1948, the Fellowships Program was soon integrated into the larger WHO Fellowships system. During its first year, the new WHO Executive Board passed a resolution designating the Fellowships Program as one of its four fundamental activities. As evidenced by this resolution and the supporting financial resources, political leaders strongly supported the need to train health workers in public health. The Fellowships Program, as defined by the World Health Organization, endeavors to achieve the goals of WHO by providing opportunities for:

- training and study in health matters which may not be available in the candidate's own country;
- the international exchange of scientific knowledge and transfer of technology;
- specialist training in the candidate's own country where suitable facilities exist.

The Fellowships Program has achieved these goals by providing opportunities for skilled physicians, scientists, nurses, health administrators, educators, researchers and other health personnel in the Americas to participate in short- and long-term study programs or training courses and workshops. The PAHO Fellowships Program serves as a tool for technical cooperation and performs an important role in promoting leadership development in health. As part of PAHO's technical cooperation efforts, Fellowships' goal is to build country and institutional capacity to educate, plan and conduct training on health and development topics.

Ideally, fellowships are linked to the country's national policies on human resources development. In fact, Fellows make a commitment in writing to continue to serve their country's national health administration for at least three years following the fellowship. Fellows return to their home institutions to share newly acquired skills and knowledge to further health development within their own countries, as determined by their countries' human resource development plans.

## **2.2 *Program Operations***

The Fellowships Office is a unit under the Human Resource Development program, Division of Health Systems and Services Development, at the Pan American Health Organization Headquarters located in Washington, D.C. The central unit is responsible for administering fellowships for those individuals coming from other WHO Regions to study in the Americas, and for those Fellows originating in the Americas and bound for the United States, Canada, or other WHO Regions.

The Fellowships Office helps countries to identify training centers or programs appropriate to the objectives of the fellowship. The Training Officer conducts research to identify the most appropriate training sites, contacts the training provider, negotiates costs, oversees logistics, monitors, and evaluates the program. To identify the most appropriate training site, the Fellowships Office has created a databank on training opportunities, primarily in the United States and Canada, and maintains a library of catalogs, bulletins, training center brochures, and relevant materials on training opportunities in specific fields.

Prior to the early 1980s, the Fellowships Office in Washington, DC, served as the central office for administering fellowships. The country offices would forward all applications to Washington for review by PAHO technical units and for placement at an appropriate training site in the Americas or in other WHO Regions. In 1981, the Fellowships Program was decentralized and subsequently, responsibility for administering fellowships within Latin America and the Caribbean was shifted to the PAHO country representatives. The central Fellowships Program in Washington, D.C. continues to administer those Fellows bound for the United States, Canada, or other WHO Regions and attempts to gather statistics on those fellowships administered directly by the country offices.

Most fellowships administered by PAHO are financed with regular budget funds from the countries. On occasion, the Organization also acts as the administrative agent for fellowships granted in whole or in part by the United Nations, its specialized agencies, and other intergovernmental or nongovernmental organizations.

### **2.3 *Current Training Activities***

The Fellowships Office manages training programs for PAHO Fellows, who are, typically, part of a PAHO project that supports the Organization's Strategic and Programmatic Orientations (SPOs). Training officers are experienced in training program management and have facilitated training activities in the United States, Canada, and Latin America. They work closely with the WHO Regional Offices to place Fellows in training programs in other Regions of the world. The Fellowships Program administers the following types of long- and short-term training activities:

#### **2.3.1 *Academic or Short-term Study Program***

Individuals or groups receive fellowships for academic or non-degree study programs. Fellows may also participate in pre-established or specially-tailored training courses or workshops offered by external institutions. These fellowships may be short- or long-term, degree or non-degree, ranging in length from two weeks to a multiple-year academic program.

### 2.3.2 *Observation Tours*

Observation tours provide participants from one or more countries the opportunity to observe successful health programs in other countries and to meet and discuss relevant health issues with experts in their field. The Fellowships Office designs the observation tour and arranges meetings/panel discussions with appropriate health organizations and professional associations. Program length ranges from one to four weeks.

### 2.3.3 *Practical Experiences*

Practical experiences allow Fellows the opportunity to work in another country on-site with a counterpart professional in their field. Duration varies depending on the field of study and the needs of the country.

### 2.3.4 *In-country Fellowships*

Individuals or groups may participate in short- or long-term training programs or courses in their home countries, where suitable training facilities exist.

In addition to the above training activities, the Fellowships Office serves as a resource for training opportunities in a variety of fields and can identify specific health training resources through its training database and other available resources.

## 2.4 ***Interrelationship with WHO Fellowships Program***

In 1948, when the World Health Organization initiated its Fellowships Program, PAHO became a part of the larger WHO fellowships process, thereby, broadening its constituency worldwide. Since that time, the Fellowships Office in Washington, DC has served a dual role -- responding to fellowship requests from the WHO Regional Offices while continuing to serve as the central Fellowships Program for countries of the Americas. The PAHO program follows the fellowships regulations as designated by WHO and staff work with WHO/Geneva on fellowship policy issues.

The PAHO Fellowships Office arranges hundreds of training programs annually for Fellows from the other WHO Regional Offices who seek to study in the Americas. In fact, Fellows from Africa and Asia have visited several Latin American and Caribbean countries through programs arranged by the Washington, D.C. Office. PAHO also works in close collaboration with the WHO Regional Offices to arrange training programs for Fellows from the Americas bound for other Regions.

Since decentralization of the PAHO fellowships system, the number of Fellows coming to the Americas from other WHO Regions represents a greater percentage of the

total fellowships statistics. The PAHO Fellowships Program participates in an arrangement of cost-sharing with the other WHO Regional Offices whereby they provide payments to PAHO to subsidize fellowships staffing and equipment needs.

### **3. Fellowships Statistics**

Over 2,300 new fellowships were administered during the last four years, with slightly more than half the Fellows coming from other WHO Regions. The tables and graph presented in this section offer a glimpse of the Fellowship Program in the Americas during this time period. Data has been included both on those fellowships originating in the Americas (PAHO fellowships) as well as those Fellows coming to the Americas from the other WHO Regions. This information has been classified according to country/Region of origin, country/Region of study, and, in the case of PAHO fellowships only, according to field of study and duration.

All numbers refer to "new" fellowships only. They do not include fellowships that were granted in previous years but extended into the reporting years, nor do they include "pending fellowships" for which arrangements may have been made in a given year but which did not start that year. The totals for tables 2 and 5 may exceed the total number of fellowships for a given year since Fellows may study in more than one country or Region.

Data for 1997 is still being compiled based upon receipt of information from the countries in the Region. Data for 1998 is not yet available.

**Table 1: PAHO Fellowships  
Number of Fellowships Awarded by Country of Origin**

<b>COUNTRY OF ORIGIN</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>TOTAL</b>
ANTIGUA AND BARBUDA	6	5	4	4	19
ARGENTINA	15	8	9	1	33
BAHAMAS	1	1	---	2	4
BARBADOS	15	9	2	6	32
BELIZE	7	---	---	---	7
BOLIVIA	9	1	---	---	10
BRAZIL	10	9	1	1	21
BRITISH TERRITORIES	10	7	9	8	34
CANADA	7	9	4	2	22
CHILE	20	21	31	36	108
COLOMBIA	5	2	2	---	9
COSTA RICA	5	5	---	1	11
CUBA	6	8	2	4	20
DOMINICA	6	6	5	4	21
DOMINICAN REPUBLIC	1	---	1	---	2
ECUADOR	1	1	---	---	2
EL SALVADOR	11	4	3	11	29
GRENADA	8	9	6	5	28
GUATEMALA	23	22	19	17	81
GUYANA	10	5	1	3	19
HAITI	1	2	7	4	14
HONDURAS	11	11	13	5	40
JAMAICA	59	70	86	68	283
MEXICO	2	5	16	3	26
NETHERLANDS ANTILLES	---	1	---	---	1
NICARAGUA	11	11	9	4	35
PANAMA	3	1	3	---	7
PARAGUAY	6	3	12	2	23
PERU	2	2	1	---	5
PUERTO RICO	---	---	3	---	3
SAINT CHRISTOPHER AND NEVIS	6	4	1	---	11
SAINT LUCIA	8	3	1	1	13
SAINT VINCENT AND THE GRENADINES	6	3	5	3	17
TRINIDAD AND TOBAGO	4	7	1	3	15
UNITED STATES OF AMERICA	8	7	3	4	22
URUGUAY	3	8	1	---	12
VENEZUELA	6	4	1	---	11
<b>TOTAL</b>	<b>312</b>	<b>274</b>	<b>262</b>	<b>202</b>	<b>1,050</b>



**Table 2: PAHO Fellowships  
Number of Fellows Received According to Country or Region of Study**

<b>COUNTRY OR REGION OF STUDY</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>TOTAL</b>
ARGENTINA	1	2	1	---	4
BARBADOS	9	7	1	2	19
BOLIVIA	---	---	9	---	9
BRAZIL	30	12	13	1	56
CANADA	3	8	5	3	19
CHILE	20	19	34	32	105
COLOMBIA	3	1	3	---	7
COSTA RICA	15	1	2	2	20
CUBA	7	12	14	3	36
DOMINICA	---	---	1	---	1
ECUADOR	---	---	1	1	2
EL SALVADOR	---	1	---	7	8
FRENCH GUIANA	2	1	---	---	3
GUATEMALA	31	35	31	27	124
JAMAICA	94	101	100	94	389
MEXICO	9	9	2	5	25
PANAMA	---	1	---	---	1
PARAGUAY	---	---	1	---	1
PERU	1	---	---	---	1
TRINIDAD AND TOBAGO	12	4	2	1	19
UNITED STATES OF AMERICA	45	23	17	10	95
URUGUAY	4	7	2	1	14
VENEZUELA	4	1	1	1	7
EMR	1	---	2	---	3
EUR	22	29	19	11	81
WPR	1	5	2	2	10
<b>TOTAL</b>	<b>314</b>	<b>279</b>	<b>263</b>	<b>203</b>	<b>1,059</b>

**Table 3: PAHO Fellowships  
Number of Fellowships Awarded by Field of Study**

<b>FIELD OF STUDY</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>TOTAL</b>
Disease prevention and control	31	10	12	2	55
Health and environment	13	26	16	2	57
Health and human development	41	32	5	26	150
Health promotion and protection	61	51	36	38	186
Health systems and services development	146	141	139	122	548
Other	20	14	8	12	54
<b>TOTAL</b>	<b>312</b>	<b>274</b>	<b>262</b>	<b>202</b>	<b>1,050</b>

Fields of study are reported according to the Technical Divisions of PAHO:

- **Disease Prevention and Control**  
Non-communicable diseases, communicable diseases, veterinary public health, aids and sexually-transmitted diseases
- **Health and Environment**  
Basic sanitation, environmental quality, occupational health
- **Health and Human Development**  
Public policy and health, health situation analysis
- **Health Promotion and Protection**  
Family health and population, mental health, food and nutrition, substance abuse and health education
- **Health Systems and Services Development**  
Organization and management of health systems and services, nursing, laboratory sciences, human resources development, essential drugs and technology, health information systems
- **Other**  
Includes clinical subspecialties, bioethics emergency medicine and the basic sciences

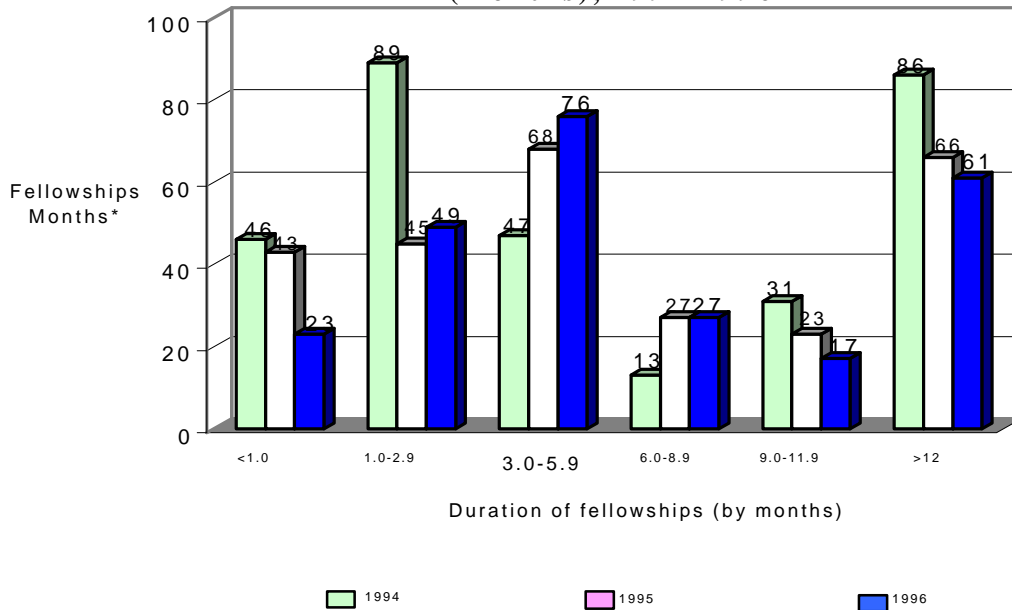
**Table 4: Number of Fellowship Arrivals in the Americas  
from Other WHO Regions**

<b>REGION OF STUDY</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>TOTAL</b>
AFR	48	44	30	21	<b>143</b>
EMR	25	27	30	22	<b>104</b>
EUR	10	---	1	---	<b>11</b>
SEAR	91	127	201	143	<b>562</b>
WPR	77	159	97	163	<b>496</b>
<b>TOTAL</b>	<b>251</b>	<b>357</b>	<b>359</b>	<b>349</b>	<b>1,316</b>

**Table 5: Number of Fellows from Other WHO Regions  
Received in the Americas**

<b>COUNTRY OF STUDY</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>TOTAL</b>
BOLIVIA	---	---	---	5	<b>5</b>
BRAZIL	19	19	14	12	<b>64</b>
CANADA	13	17	27	27	<b>84</b>
CUBA	1	1	1	1	<b>4</b>
ECUADOR	---	---	4	---	<b>4</b>
JAMAICA	---	1	---	---	<b>1</b>
UNITED STATES OF AMERICA	218	319	313	304	<b>1,154</b>
<b>TOTAL</b>	<b>251</b>	<b>357</b>	<b>359</b>	<b>349</b>	<b>1,316</b>

**Graph: PAHO Fellowships according to Duration (months), 1994-1996**



\*equals total duration of all fellowships combined

These statistics are a partial representation of the Fellowships program. Data

These statistics are a partial representation of the Fellowships Program. Data received from the Field contains information on the number of fellowships, names of institutions, and fields of study but lacks crucial components to determine the Program's success: qualitative information on the training program, post-training evaluation, and an impact analysis of the training on the home country institution or health sector. This data also does not include information on fellowships or training activities supported by PAHO technical units or external funds that are administered outside of the PAHO Fellowships system.

Fellowships is only an effective tool for health sector development if the goals and objectives of the individual or group are integrated with those designated by the health ministry's human resource development plan. This integration is vital to strengthen health institutions and build the capacity of the health sector. With the current decentralization system, there is no pre-analysis or post-evaluation mechanism to determine if this integration has occurred.

#### **4. Fellowships as a Tool for Capacity Building**

Traditionally, the Fellowships Program has focused its efforts on training individuals to build human capital. Today, there is need for a new paradigm which emphasizes the development of stronger institutions for the betterment of society. As noted in the Director's 1996 Annual Report, PAHO recognizes the need to develop social capital as well as human capital, to strengthen the relationships between people, groups, and institutions within a society. This focus on social capital development has brought new demands to which the PAHO Fellowships Program must respond. Fellowships has begun to focus efforts on building the capacity of institutions within the Americas.

During the past 60 years, the Fellowships Office has developed relationships with hundreds of health institutions around the world and can offer the resources to forge partnerships between institutions and universities, hospitals, nongovernmental organizations, international organizations and other public and private institutions involved in health training.

New methods of evaluation are essential to help PAHO determine the impact of the current Fellowships Program. Since the Fellowships framework was decentralized in 1981, there has not been an in-depth analysis of the new system, a review of operations or evaluation of its impact on institutional or human resource development in the health sector. In fact, it is difficult to determine if those training institutions selected are the most appropriate or if the fellowship training goals are relevant to country needs. Given the limited funds available for fellowships and PAHO's new focus on institutional capacity building, it is critical to determine how the Fellowships Program could better contribute to capacity building.

The global WHO Fellowships system is presently under review by WHO/Geneva. PAHO may want to consider a similar review. PAHO staff and the WHO Regional Fellowship Officers will meet in Geneva during October 1998 to discuss new information and evaluation systems for WHO Fellowships. The results of this long-term project will be shared with PAHO country representatives and may offer guidance for a more cohesive approach to the fellowships process, one that connects country training needs with fellowship training goals and ensures follow-up evaluation to determine training impact on the country's health sector.

#### **5. Conclusion**

The Organization recognizes the important role that the Fellowships Program has to play in the Region and subsequently, has supported fellowships for training to develop skilled health practitioners, effective leaders, and strong institutions in the health sector.

While training needs still exist, the numbers of fellowships in the Americas has been on the decline for the past decade.

***What is the cause for this decrease in fellowships? Are countries satisfying their training needs through alternate programs, using other PAHO technical funds or external funds?***

Within the framework of the Organization and other key national and regional institutions involved in social and health development, three changes are taking place which are likely to have a significant influence on the Fellowships Program. The first change relates to the shifting from the development of individuals to the building of institutional capacity. The critical issue consists in identifying the conditions through which the training of well-selected individuals can best contribute to the strengthening of an institution.

The second change refers to the trend toward project-based management rather than conventional programs with an historical budget. Projects usually focus on urgent, growing, significant or emerging needs and often deal with complex problems which demand innovative approaches and learning. This shift from program to project orientations comes from the need to have targeted and flexible planning, monitoring and evaluation linked to a specific health objective. The interest of Fellowships is to explore new ways through which the training of health professionals can be tied in or included as a component of a given project.

The last change has to do with the growing attention to impact and results, rather than processes. In an environment characterized by health budgets being stretched to a maximum, there is greater need for accountability and a focus on results. This would suggest the need to “target” the training of individuals to high priority health issues and policies, so that the impact of the training component could be linked to the achievement of health outcomes. Return of investment is key to determining a program’s success and the security of future financial support.

Given these changes, it is time to “rethink” or “re-envision” the Fellowships Program. There are many questions regarding the current Fellowships system and its relation to priority setting.

***How does Fellowships training fit within the development of health priorities? How can Fellowships be more linked to the Strategic and Programmatic Orientations and the health objectives formulated for the Region? Which institutions have been targeted for growth and how do these fit into Regional priorities?***

This paper is submitted to inform the Subcommittee on the Fellowships Program and its current operations. The Fellowships Program will benefit from its feedback in order to better serve the countries' health needs and more positively impact health sector development in the Americas.