

Teaching child health in the occupied Palestinian territory



Since 1999, the UK's Royal College of Paediatrics and Child Health (RCPCH) has been working to establish a sustainable teaching programme¹ in child health in the occupied Palestinian territory. The aim is to upgrade the knowledge and skills of doctors and nurses who work with children. This Series in *The Lancet* describes the serious and in some ways intractable health issues in the Palestinian territory.²⁻⁶

The RCPCH programme was conceived in 1998 by David Baum, at that time President of the RCPCH, after a request from the Palestinian Minister of Health who had been approached by Medical Aid for Palestinians⁷ following their experience in teaching child-health nurses in the territory. The original intention was to provide a basic training of paediatricians with the UK Diploma in Child Health as a model.

A needs assessment⁸ with the support of the UK's Department for International Development showed that there would be a greater effect on child health if the focus was primary care, because most children first see health professionals at this level. We recognised a considerable difference in local needs which made the UK Diploma (aimed at general practitioners in the UK) not ideal for purpose in this context.

Hence it was agreed between the partners (RCPCH, Palestinian Ministry of Health, Medical Aid for Palestinians, and the Department for International Development) that there would be an educational programme directed towards improving the quality of primary child-health care through the training of doctors and nurses from Palestinian, UN, and non-governmental organisations. An educational model was mapped out in partnership with local tutors and a course to train the trainers was provided for all of the tutors.⁹ This course has built expertise as well as friendship, and is raising the capacity for further education in the occupied Palestinian territory. Local tutors are facilitating learning rather than teaching directly.

Our intention was to offer a child-health training programme which was relevant to the needs of the child population, learner centred, and using up-to-date educational methods. Hence the teaching was designed to be multidisciplinary, problem oriented, and holistic. Educational objectives were defined with each

module delivered mainly by Palestinian professionals, so building in sustainability and local ownership. The model is modular (panel).

We did meet some challenges. An essential feature of the programme is close collaboration between the UK and the Palestinian Ministry of Health. The Ministry is in charge of primary-care services for children, runs the largest portion of primary health-care centres, and has at least one hospital in every district. Although the course is intended for primary care, it became apparent that there was a benefit to working with local paediatricians to develop the curriculum and deliver it. Collaboration with the Ministry took time to develop as Ministers changed frequently, at least five times between 1999 and 2008.

Another challenge was our conviction that nurses should be included in the programme. We saw a real need to offer training to them because most run clinics and centres alone and in isolation. Whilst this issue initially had to be left for future evaluation, our pilot work had shown that the course meets their needs and that they provide valuable contributions to the course discussion and learning.

Other challenges included adjusting the curriculum content to ensure it was relevant to local needs, facing

Published Online
March 5, 2009
DOI:10.1016/S0140-
6736(09)60104-5



Royal College of Paediatrics and Child Health

The printed journal
includes an image merely
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Panel: Modular approach of the educational model

- 11 modules, each 5 weeks, that cover topics such as chronic illness, clinical skills, disability, growth and nutrition, paediatric emergencies, child protection, and health promotion
- Each module is written by a UK tutor using relevant literature and conditions, then jointly discussed and modified, if needed, by a local tutor
- Students meet weekly to discuss questions which they had worked on during the week, and to be offered some teaching by a local paediatrician
- Website hosted by Royal College of Paediatrics and Child Health with resource materials and discussion group for students and tutors, used also for feedback
- Two monthly visits by UK tutors to meet students and participate in teaching
- Assignment at end of each module is jointly marked by UK and Palestinian tutors
- Incourse formative assessment
- Portfolio kept by each student
- Final summative assessment

the inevitable obstacles of permits for students and teachers to cross the barriers and road blocks, and helping the students to become accustomed to the use of the internet and newer educational methods.

Over the past year, the programme was extended to include the first-year paediatric-resident group in Makassed Hospital, the main teaching hospital for paediatrics in East Jerusalem. This group was introduced at the request of local paediatricians because they saw the value in providing the residents with a good grounding in community child health as well as paediatrics. A second group consisting of general practitioners and nurses continues in Ramallah with a primary-care focus.

The first group of doctors and nurses graduated at the end of 2007 at a ceremony attended by the RCPCH President.¹⁰ In future, graduates will receive the Palestinian Child Health Diploma issued by the RCPCH and recognised by the Palestinian Medical Council, and will hopefully have enhanced status in their work. We are working for sustainability under an appropriate educational institution in the occupied Palestinian territory.

The aims of the programme are to improve the quality of primary child-health care in the various sectors, and thereby to improve children's health. These are hard objectives to meet because the main

determinants of child health are poverty, violence, and stress exacerbated by the occupation. The relation between child-health services and child-health status is not direct, but we believe that it is possible to reduce the burden of disease through such a programme. However, without a political solution in the area, the long-term sustainability and benefits of such a programme are not guaranteed. We hope to measure the quality of care in the future. Feedback from participants in the first course was very positive and included quotes such as: "More attention is now paid to complaints that are not physical when attending to the child patient"; "Illnesses are now being treated more locally rather than being transferred immediately to a specialist"; and "With disabled children, Dr R now thinks firstly about how to support the parent and child".

Field visits to students at their work place in the Ramallah group are made regularly by College members during their visits. This helps provide us with an understanding of working conditions and obstacles to implementation relating to clinic supervision, teamwork, and length of time for consultations.

Inevitably, human-rights issues present in any programme that is run in an area of conflict: child health is inseparable from politics.¹¹ The current situation in the occupied Palestinian territory is damaging to child health because it impedes access and disrupts the social network which is necessary for child wellbeing, especially in the rural community. In Gaza, the situation is particularly perilous and we have no programme there at present, even though it was the initial focus for our work. We hope to start teaching in Gaza as soon as it is possible to enter and travel safely. As an organisation which sees children's rights as fundamental to child health, the RCPCH will advocate for measures that will allow children everywhere to attend school without fear, live in economic security, have access to a high standard of health care, and be free from the effects of violence.

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We thank the David Baum International Foundation and Medical Aid for Palestinians for their support. We are the organisers of the RCPCH teaching programme in the occupied Palestinian territory.

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