

I. PROJECT IDENTIFICATION

PROJECT TITLE Health Manpower Development Association of American Medical Colleges		APPENDIX ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (11p)
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY WORLDWIDE <input type="checkbox"/> REGIONAL <input checked="" type="checkbox"/> INTERREGIONAL		2. PROJECT NO. (M.O. 1025.2) 931-11-540-212
4. LIFE OF PROJECT BEGINS FY 66 ENDS FY 76		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. 1 (4/73) DATE CONTR./PASA NO.

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. * TOTAL \$ (000)	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY	584(27)	584(27)										
2. OPRN FY 73	60(30)	60(30)	34									
3. BUDGET FY 74	60(30)	60(30)	34									
4. BUDGET FY 75	60(35)	60(35)	50									
5. BUDGET FY 72												
6. BUDGET FY 73												
7. ALL SUBQ. FY												
8. GRAND TOTAL	764(122)	764(122)	118									

9. OTHER DONOR CONTRIBUTIONS

NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
* ( ) Title X Funds		

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER TA/H, James M. Lynch, M.D.	TITLE Health Advisor	DATE 3/26/73
2. CLEARANCE OFFICER TA/H, Lee M. Howard, M.D.	TITLE Director, TA/H	DATE 3/27/73

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
TA/PM	Sally Sharp		PHA/PRS	G. Coleman	
TA/PM	Frank D. Correl				
TA/PM	David G. Mathiasen				

3. APPROVAL A.A. OR OFFICE DIRECTORS  
SIGNATURE: AA/TA, S.H. Butterfield DATE:

4. APPROVAL A.A. ID (See M.O. 1025.1 VIC)  
SIGNATURE: ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT DATE:

PROJECT SUMMARY

The three year project provides for the support of a core facility, the Division of International Medical Education of the Association of American Medical Colleges in Washington, D.C., to assist AID in achieving its goals in population, nutrition and health through the provision of medical education and medical manpower. It is designed to provide technical assistance to USAIDs and LDCs, and to serve as a means of exchanging scientific medical knowledge between U.S. medical schools and LDC institutes which produce key leadership for the health professions.

The project provides for individual task orders to be financed outside the core funding by prospective users of services (USAIDs / of regional bureaus) of AAMC outside the United States. These task orders may cover such services as medical school conferences for considering the introduction of family planning curriculum in LDC medical institutions, providing medical educators to LDC institutions for technical advisory services for assisting in the leadership role of medical schools in introducing expanded health delivery systems, and the role of physicians in training auxiliary health teams to provide family planning, health and nutrition services.

This project provides for annual funding of a Task Order No. 1 which contains the specific functions required of the contractor core staff and authorizes the issuance of additional task orders to carry out specific tasks involving medical education and manpower in the population, nutrition, and health fields.

A. The Project Goal

1. Goal Statement

To extend the health service delivery system coverage through of professional leaders and health professionals training to support preventive, curative, and rehabilitative services needed by the populations of the LDCs.

2. Measurements of Goal Achievement

The appropriate measurements of achievement of the goal are:

- a) The increase in proportion of the population with access to the appropriate health, family planning and nutrition services.
- b) The change in relevance of health programs to meet country or regional specific health problems.
- c) The increased efficiency of utilization of all health sector resources.

3. Basic Assumption of Goal Achievement

- a) That societal demand for health services makes this area a universal problem to which all governments must respond in the long run.
- b) That the efficient utilization of skilled manpower is a priority in all LDCs.
- c) That socio-cultural characteristics dictate a flexible cultural specific approach to health manpower systems in the LDCs.

B. Project Purpose

To provide professional advise and technical assistance to AID/W, USAIDs, and LDCs on the medical and health manpower aspects of activities related to the key problem areas of health delivery and health planning required to implement population, health and nutrition programs. A secondary objective is to sensitize national medical leadership in LDCs to effective low-cost systems of service for health, family planning and nutrition and to gain its professional cooperation in supporting these low cost delivery systems and other health programs which are mutually recognized as priorities for development.

2. Conditions Expected at the End of the Project

- a) Since the project is predominantly a field service contract to provide services and information to missions, a condition to be expected at the end of the project is that there will no longer be a substantial demand for assistance from U.S. medical schools to achieve LDC health goals.
- b) The requirements for provision of skilled health manpower and training advisory expertise for health, nutrition, and family planning can be met by LDC institutions.
- c) LDC institutions will be capable of appropriately training students in the health sciences.
- d) Medical schools in the LDC will provide key leadership for the health professional.

3. Basic Assumptions

- a) Since physicians constitute influential block of opinion for or against public sector response relative to population, nutrition, and health, it is essential to communicate with and educate future medical leadership of LDCs.
- b) LDC medical schools respect and listen to counsel provided by U.S. medical schools. Technical assistance to medical schools and institutions through AAMC can be more persuasive than direct technical assistance to Ministries of Health. Many potential LDC leaders of health and medicine are graduates of medical schools that have been influenced by AAMA.

C. Project Outputs and Output Indicators

1. Project Outputs

- a) A summary and inventory of departments of community and public health in all AID-assisted medical schools with recommendations for strengthening future medical leadership training.
- b) Influence change in LDC direction towards AID's goals in population, nutrition and health.
- c) Response to informational requests from regional offices and missions of AID.
- d) Under separate task order, response to specific task which advances Agency goals in health delivery and health planning.

2. Output Indicators

- a) Community health teaching survey in 24 months, with recommendation for future action.
- b) Number of reports on annual regional meeting.
- c) Number of responses to advisory service requests.
- d) Number of task orders.

3. Basic Assumptions for Achieving Outputs

Medical schools within the developing countries will continue to be receptive to advice and council of the AAMC and will establish relevant departments of community medicine, with training programs focusing upon the health professional leadership and needs for support to integrated health, family planning and nutrition services necessary to expand health delivery systems for improved accessibility and utilization by large majorities of populations within the LDCs.

D. Project Inputs

1. Inputs

- a) AID/W - funding of core staff of Division of International Medical Education of the AAMC, Project monitoring.
- b) Facilities of the Division of International Medical Education, AAMC, to include library and reference services of the AAMC and its institutional resources of 114 U. S. medical school members.
- c) Part time services of two professionals and one secretary in medical education and one research analyst.
- d) Cooperating country - participant travel and costs of training in U. S. medical institution according to the needs of the health sector of the LDC.
- e) USAIDS - task order requests, funding.
- f) Regional Bureaus of AID - task order requests, funding.

2. Budget - T.O. #1 (AID/W funding)

	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>TOTAL</u>
a. Salaries and benefits (1 Director, 1 Coordinator, 1 Admin. Asst., 1 Secretary, 1 Reference Librarian-parttime)	\$54,883	\$54,883	\$56,883	\$166,649
b. Travel and Consultants	2,500	2,500	3,137	8,137
c. Supplies	2,500	2,500	2,500	7,500
d. Overhead	30,117	30,117	32,480	92,714
<b>TOTALS</b>	<b>\$90,000</b>	<b>\$90,000</b>	<b>\$95,000</b>	<b>\$275,000</b>

3. Basic Assumption

The AAMC has demonstrated its ability to make available the described facilities and to provide the proposed services and can continue to do so.

RATIONALE

1. During the two preceding decades beginning in the 1950s, the emphasis of AID in medical education had been on developing medical manpower in the IDCs. At that time, the efforts of AID went to assisting and establishing medical schools and coordinating U.S. medical schools with those of the IDCs in training medical manpower in the basic sciences and human biological problems. The AAMC, during those years, was utilized to recruit, identify and monitor the relationship of U.S. medical schools to IDC medical schools. The Division of International Medical Education (DIME) of the AAMC assisted in developing those relationships through arranging for the exchange of medical faculty and know-how with the IDCs.
2. Recent A.I.D. goal is to encourage and support programs designed to lower birth rates and to improve preventive health and nutrition care for low income groups in the developing countries. It has been recognized that medical educators and institutions have a key role in addressing these problems as they relate to the medical manpower aspects of population, nutrition and community health. In addition, these medical educators and institutions have the key role for providing the teaching of medical subjects within the departments of obstetrics, gynecology, **community** medicine and pediatrics as part of the medical aspects of family planning.

3. The leadership role of physicians and their identification with political leadership is recognized as an important method for gaining general acceptance of the Government's concern in health and medical care. The AAMC, as a primary organization representing medical education in the U.S., is a logical channel to reach potential leaders through the medical schools of the LDCs. It is expected that these medical graduates will guide the course of medical direction and public health in the future.
4. A further basis for utilizing the medical educators as a nucleus for leadership is the need to train physicians in the acceptance and use of paramedical and auxiliary teams headed by the physician. The AAMC as a link with LDC medical schools, either on a one-to-one basis or through LDC regional associations of medical schools, will assist AID Regional Bureaus (through Task Orders) and the LDC member schools of regional associations in promoting and furthering the acceptance of integrated approaches to delivery of health services.
5. The teaching of community health in medical schools as an approach to the comprehensive clinical and preventive care on a community-wide basis has been practiced in U.S. medical schools and is spreading abroad. The AAMC is active in identifying and encouraging the medical schools which have departments of community medicine. Supporting departments of community medicine will open opportunities for new and more effective application of medical manpower in solving community problems in nutrition, family planning and health.
6. The U.S. medical schools exercise widespread influence over LDC medical school graduates as attested by the thousands of LDC

participants coming to the U.S. for graduate and undergraduate medical study. The LDC medical schools accept counsel and advice from U.S. medical schools. Thus, technical advice and assistance to medical schools and institutions given through the channel of the AAMC can be far more persuasive than direct contacts with Ministries of Health.

7. The AAMC with its membership, including every U.S. medical school and their faculties, has access to a large U.S. reservoir of expert, innovative, and influential individuals. Population, nutrition and health care delivery systems are going to make slow progress if LDC medical leadership opposes change - or fails to understand it. U.S. medical personnel recruited by the AAMC can influence such change, particularly by providing technical information and knowledge to upgrade community health teaching in LDC medical schools.

Types of Assistance to be Given

1. Technical advice and counselling to <sup>LDC</sup> medical schools on organization of community health courses.
2. Advice and training of health and medical manpower role in health delivery systems for MCH, family planning and nutrition.
3. Identifying and inventorying departments of community health for training physicians and auxiliary health personnel.
4. Provision of information on training facilities in community medicine to AID, the regional bureaus, the USAIDs and the LDCs.
5. Assessment and evaluation of U.S. and LDC resources which may be applicable to LDC problems in health, family planning and nutrition.

6. Providing and organizing regional and international seminars for disseminating and utilizing experience and knowledge on problems of special interest to LDCs and AID pertaining to family planning, nutrition, and health.
7. Recruit specialized advisory personnel to assist LDCs in organizing medical manpower and manpower for health delivery systems.
8. Influence LDC medical leadership through medical establishment in utilizing medical and paramedical manpower in effective systems for the delivery of population, health and nutrition services.

E. Project Implementation

Upon approval of the project, a BOA will be issued providing the mechanism for establishing a core staff in Washington and authority to issue Task Orders. Task Order No. 1 will provide for the funding of core unit in the Division of Medical Education which will serve as the backstop for the tasks assigned to AAMC by AID for the core staff to perform. These tasks will include those items listed immediately above.

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Both BOA and Task Order 1 will cover a period of three years.  
Task Order 1 will be funded annually, subject to availability of  
funds.

TA/H:JLynch:tc:3/22/73