

70-ADD-220-81

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
TEACHING COMMUNITY MEDICINE AND PUBLIC HEALTH (HARVARD)

APPENDIX ATTACHED
 YES NO *22p*

2. PROJECT NO. (M.O. 1095.2)
431-11-540-975-73

3. RECIPIENT (specify)
 COUNTRY
 REGIONAL
 INTERNATIONAL

4. LIFE OF PROJECT
 BEGINS FY: **FY 1972**
 ENDS FY: **FY 1973**

5. SUBMISSION
 ORIGINAL _____ DATE _____
 REV. NO. _____ DATE _____
 CONTR. P.A.S.A. NO. _____

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

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. P.A.S.A. CONTR.		H. LOCAL EXCHANGE CURRENCY RATE (U.S. DOLLAR)			
		(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													
2. OPEN FY 1972	65,886	62,886					3,000						
3. BUDGET FY 1973	85,631	81,131					4,500						
4. BUDGET +1 FY													
5. BUDGET +2 FY													
6. BUDGET +3 FY													
7. ALL SUBO. FY													
8. GRAND TOTAL	151,517	144,017					7,500						

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER <i>J. Davies</i> TA/H, J. Davies, M.D.	TITLE Project Monitor	TITLE Deputy Director	DATE
2. CLEARANCE OFFICER TA/H, Lee M. Howard	<i>L. M. Howard</i>	TITLE Director	DATE 5 April 72

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
LA/DP	J. Heller (memo) /10/72		AFR/TAC	P. Lyman (See Attached Memorandum)	3/2/72
			TA/POP	W. Boynton, (memo, 1/11/72)	
			TA/PM	J. Kean/K. Levick	
SA/IR/TECH	R. Johnson (See Attached Memorandum)	3/8/72	ASIA/DP	J. Brown (memo)	2/17/72

3. APPROVAL AAS OR OFFICE DIRECTORS

SIGNATURE: *Samuel Butterfield*
 DATE: _____
 Associate Assistant Administrator, TAB

4. APPROVAL AAS ID (See M.O. 1025.1 VI C)

SIGNATURE: _____ DATE: _____
 ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

MEMORANDUM

DATE: April 17, 1972

TO: AA/TA Mr. S. H. Butterfield

FROM: TA/PM, Kenneth S. Levick *K. Levick*

SUBJECT: PROP Approval and Project Authorization Project -- Teaching Community Medicine and Public Health

In the 1971 Program Reviews, this project was proposed as a sub-activity of Project No. 212 -- Health Manpower Development (Association of American Medical Colleges). At a subsequent project review held in March 1972, it was recommended that the two activities of the project, i.e., the portion under contract with AAMC and the portion to be contracted with Harvard University, be treated as separate projects. This course of action was recommended because the Regional Bureaus, during the clearance process, provided unqualified approval of the Harvard sub-activity but were unable to provide the same for the continuation of the AAMC sub-activity. To expedite the processing of this activity, TA/PM concurred in this recommendation.

The purpose of the activity is to teach LDC personnel from health training institutions to formulate educational policy as it relates to the teaching of public health and preventive medicine and also to introduce students and educators to the process of curriculum design and evaluation and teaching methodology. A concomitant objective is the development of programmed instructional materials in curriculum design and educational methods for use by LDC health training institutions. The project will be implemented through a contract with the Harvard University School of Public Health. AID funds will provide for a core staff to implement the training program for LDC participants and to develop the programmed instructional materials. Participant costs will be funded by USAIDs and host countries.

All of the Regional Bureaus have cleared this PROP. TA/PM recommends approval of the PROP. Your signature on the attached Project Authorization will indicate your approval.

Attachment

APR 10 1972

M E M O R A N D U M

TO : TA/H, Dr. Joseph Davis
FROM : LA/DP, Jack I. Heller
SUBJECT : Harvard Health Manpower Project
REFERENCE: Heller/Davis memo dated 3/6/72

After reviewing the revised PROP, which now embodies changes suggested by this office and by LA/PCD, the Latin American Bureau recommends approval of the project.

cc: LA/PCD:JKeeve
TA/PM :KLevick

UNITED STATES GOVERNMENT

Memorandum

File AAMC ^{Johnson}

TO : TA/H, Dr. Joe H. Davis

DATE: January 10, 1972

FROM : TA/POP, Willard H. Boynton *WHB*

SUBJECT: Health Manpower Development (AAMC)

In view of the additional information you submitted in your memo of December 22, 1971, TA/POP concurs in Subproject A--Teaching of Community Medicine and Public Health.

cc: TA/POP, J. Meem

JAN 11 5 23 PM '72

TA/H



UNITED STATES GOVERNMENT

Memorandum

D Davis

TO : TA/H, Joe Davis, M.D.

DATE: March 2, 1972

THRU: AFR/DP, Mr. E.I. Donoghue

FROM : AFR/TAC, Princeton Lyman

SUBJECT: TA/H PROP - Health Manpower Development Project, Harvard University

The Africa Bureau approves the section of this PROP which concerns the Health Manpower Development activities to be provided by Harvard University. We do not see any convincing justification for AAMC monitoring of this activity and we believe AID should contract directly with the university responsible for implementing the project.

Our approval is based on our assessment of the need in Africa for medical educators who are better qualified in pedagogical methodologies and who teach preventive medicine in the framework of health delivery and health personnel systems which are appropriate for Africa. We believe that the Harvard School of Public Health has adequate resources to provide this kind of training and to develop the instructional materials described in the PROP. Another strength in the project is WHO's intention to participate in field application trials and to assume responsibility for dissemination of project results and promotion of their use.

We feel some concern that this PROP, like several other TAB PROPs which extend on-going activities, contains no evaluation of progress to date. It would be useful to the Africa Bureau to know the number of African educators who have had the Harvard training and the extent to which they are incorporating this new knowledge and skill in their own health training institutions and services.

If the AAMC contract is extended, we see that agency's role as one of stimulating African universities and governments to take advantage of the Harvard training and to use the teaching materials which the project will produce.

MAR 21 3 34 PM '72

TA/H



TA/IM, Mr. Kenneth S. Levick

March 8, 1972

SA/IR/TECH, Robert R. Johnson

TA/N PROP "Health Manpower Development (AMC)" Harvard University

Supporting Assistance concludes this project could be useful and is
able to recommend approval.

CC: TA/II, Mr. Joe Davis
PIC/SG, Mr. Arthur Handly
SA/IR/EP, Mr. C. E. Proeber
SA/IR/TECH/EMP, Mr. James Shafer

SA/IR/TECH:EOwens:cm

MAR 10 10 22 AM '72

TA/H

UNITED STATES GOVERNMENT

Memorandum

TO : TA/H, Dr. Joe Davis

DATE: February 17, 1972

FROM : ASIA/PL, James A. Brown *J. Brown*

SUBJECT: Health Manpower Project, Harvard University

REFERENCE: Your memo of February 9 and the PROP attached thereto

1. We have no objections in principle to the Harvard activity. However we place a higher priority on projects like MEDEX for training paramedics. If faced with a choice between the two activities due to budgetary limitations, we would choose MEDEX.
2. We cannot clear the PROP that you circulated on February 9, since it combines the Harvard and AAMC budgets.
3. Also we think you should clarify the statement that "the centrally funded portion of this budget will include 1/3 (one-third) Title X funds." How large is the "non-centrally funded portion"? Would other AID offices or other donors need to contribute funds in addition to the \$66,000 that the paper mentions?

Clearance: ASIA/ID, JRaber (by phone)

cc: ASIA/TECH, JBlume

FEB 17 3 32 PM '72

TA/H



UNITED STATES GOVERNMENT

Memorandum

TO : TA/H, Joe Davis, M.D.

DATE: February 23, 1972

FROM : SA/VN/ND/HA, Joseph F. Balser *JFB*

SUBJECT: Health Manpower Development Project - Harvard University

The Harvard University service contract appears practical because it recognizes the necessity of using LDC institutions in health manpower development training.

In Vietnam, health manpower development is a function of the National Institute of Public Health (NIPH). It is believed that this approach to the manpower development problem will prove to be a most valuable asset in steering the Vietnamese towards self sufficiency. Since the NIPH is a World Health Organization (WHO) project, it has at its disposal the wealth of knowledge, talent and experience available at an international level.

While the international approach to the overall problem of health manpower development is considered more closely associated with the particular manpower needs of LDCs, the Harvard University proposed project is believed to be an excellent alternative.

FEB 24 1 10 PM '72

TA/H



A. The Project Goal

1. Goal Statement

To extend the health service delivery system coverage to provide the 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 service.
- b) The change in the 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) The 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, culture-specific approach to health manpower systems in the LDCs.

B. The Project Purpose

1. Statement of the Purpose

Summary

The project proposes to:

- a) Develop competence in the formulation of educational policy with respect to the teaching of preventive medicine and public health

in the LDCs.

- b) Introduce students to the process of curriculum design and evaluation as well as to the innovative use of educational methods and media.
- c) Help students to develop patterns of self education through which they may continue to increase their competence in teaching after completion of the program.
- d) Encourage the development of positive attitudes toward teaching.

2. Conditions Expected at the End of the Project

- a) LDC health training institutions which embody the knowledge and methods necessary for the development^{of}/competence in the formulation of educational policy, preventive medicine, including family planning and nutrition, and public health curriculum design and evaluation and the innovative use of educational methods and media.
- b) Personnel engaged in teaching in health training institutions including those institutions training paramedical and auxiliary health workers who have positive attitudes toward teaching incorporating patterns of self education which allow them to increase their competence in teaching.
- c) The availability of programmed instructional material in curriculum design and educational methods capable of being utilized in LDC institutions available in Spanish as well as English, and if funds permit, in French.

3. Basic Assumptions

- a) Educational methods and techniques in the health sector are transferable to LDC institutions.
- e) *development of programmed instructional materials in curriculum design and teaching methodology.

b) Innovative educational methods which have proven useful in training in other sectors are directly applicable to health sector training situations.

c) The use of programmed instructional material in curriculum design and educational methods in LDC institutions is a feasible, efficient alternative to similar training in foreign institutions.

d) The evaluation of the accomplishment of these purposes by the listed outputs will be done in two phases, the first an internal evaluation concentrating chiefly on project outputs at the end of two years. The second evaluation will follow the field testing of the programmed instructional material and will be an external evaluation of the utility of the developed materials in actual field situations.

C. Project Outputs

<u>Outputs</u>	<u>Output Indicators</u>	<u>Target Completion Date</u>
Programmed instructional material in curriculum design and educational methods which can be utilized in LDC institutions	The development of this material covering subjects presently taught in these courses at Harvard	To be complete by April 1, 1974
Trained LDC participants in teaching methodology and curriculum content	Increasing the capacity of the training facility from 15 to 30 per year	Annual target for each of the two years of the proposed contract to be reached by Sept. 1, 1972

3. Basic Assumptions

a) A demand exists for this type of training among LDC health sector personnel (previously ascertained - a greater demand exists for the Harvard-based course than can be accommodated by the increased capacity). The World Health Organization recognizes the need for programmed instructional material in curriculum design and educational methods and has requested the contractor to develop such materials for use in LDC health sector educational institutions.

D. Project Inputs

1. Statement of Project Inputs

a) Physical facilities of the educational laboratory and related facilities of the Harvard School of Public Health.

b) The services of 1) a full time project coordinator (presently employed half time), 2) a half time secretary, 3) a reference librarian research assistance 1/2 time and 4) one teaching fellow from a developing country.

c) Other institutional and personnel resources of the Harvard School of Public Health (seminar director, guest lectures, visting scholars, etc.).

Cooperating Countries

Participant travel and costs of training at Harvard School of Public Health. **Estimated cost per participant for this 4 month course is \$3,000.**

2. Harvard Budget

	<u>Year 1</u>	<u>Year 2</u>
Salaries	36,500	47,600
Fringe benefits	5,780	7,273
Overhead	19,106	24,758
Consultants	1,500	1,500
Travel	1,500	1,500
Supplies, duplicating costs and printing	<u>1,500</u>	<u>3,000</u>
	65,886	85,631

* The budget includes 1/3 (one-third) Title X funds.

3. Basic Assumptions

a) The Harvard School of Public Health can make available the facilities and services described under project inputs. The expanded capacity of the Harvard courses brought about by the manpower inputs proposed is possible due to recently expanded educational laboratory facilities.

E. Rationale

The role of community oriented teaching programs in medical, nursing, and allied health education in LDCs has in recent years received increasing recognition. With the introduction of new patterns for the delivery of health services, including MCH, population and nutrition programs, there has emerged a greater need for the training of all health professionals in the broad field of public health preventive medicine.

In response to these national needs, teaching programs in preventive medicine and public health throughout the LDCs are expanding at both the
* Title X Funds are being used as 1/3 (one-third) of the additional training capacity/will be made available to individuals whose main area of interest is in population-related activities and one-third of the examples presented in the programmed instructional material will be in population or population related topics

graduate and post-graduate levels. It is, however, now apparent that this expansion is severely hampered by a shortage of teachers adequately trained in the disciplines of public health.

The Harvard School of Public Health has extensive experience in instruction of teaching methods to these sector personnel. They have gained this expertise during the past decade actually teaching these methods to students from the LDCs.

It is asserted that the Harvard experience and expertise can be transferred to LDC institutions through the development and use of programmed instructional material in curriculum design and teaching methods.

F. Course of Action

1. Implementation Plan

Plan of Action

To develop the increased capacity of the program, core staff will be increased, 1) providing a full time project coordinator rather than half time, 2) a secretary (half time), 3) a reference librarian research assistant (half time) and 4) one teaching fellow from a developing country.

During the first six months of 1972 information will be forwarded to A.I.D. missions and medical teaching in LDCs to inform them of the proposed course and to identify potential candidates for the training course. These candidates will be drawn from among persons occupying policy setting positions with regard to the curriculum of these institutions.

The training will take place during the fall and spring quarters at the Harvard School of Public Health. Length of course is 4 months.

This training may take place while enrolled full time (leading to a degree of MPH) or may be a special separate training program.

Programmed instructional material in curriculum design and teaching methods will be developed during the two years of the contract. The teaching fellow made available through this project proposal and the students from the LDCs will be utilized to pretest the programmed materials.

Following the development of these materials, they will be field tested and disseminated by the Harvard University personnel in cooperation with WHO and other interested multilateral, bilateral or national institutions.

2. Narrative Statement

This proposal intends to further develop the capacity of Harvard School of Public Health in training public health educators from LDCs and to extend this capacity to LDC institutions by the development of programmed instructional material. To accomplish the goals enunciated in the summary, the design of curriculum and teaching methods of the basic core of the program follows two categories of specific instructional objectives.

I. Seminars on Educational Policy

Through participation in the educational policy seminar or the related programmed instructional material the student will learn to:

A. Describe and analyze the procedures through which public health curriculum is established in schools of medicine and in training programs for auxiliary health personnel and in developing countries. In particular, they will learn to assess the patterns of interaction among the following curricular determinants:

1. The system under which medical care is delivered.
2. Social, economic, and political forces which impinge on the delivery of health services.
3. Technological developments which affect the quality and distribution of medical care.

4. Problems related to the geographic (urban/rural) distribution of health manpower.
 5. Changing patterns of morbidity and mortality.
 6. Innovations in educational technology.
 7. Administrative considerations including sources of funding and intra-institutional constraints.
- B. Formulate educational policy with respect to public health training at the graduate ^{and} ~~the~~ postgraduate levels in terms of the changing role of the physician in the medical care system. This involves the acquisition of skill in job analysis as it applies to the various health professionals whose collaboration is essential in the delivery of health services.
- C. Assess the impact of innovative trends in medical education on the teaching of public health. These include:
1. Increased emphasis on elective courses.
 2. Experiments with integrated teaching.
 3. Experiments with multi-track approaches.
- D. Identify historical and geographical sources of variability in the goals of public health training and to design curricula which reflects this variability. This includes the effects from bilateral and multi-lateral programs in the field of medical education.

II. Basic Course on Teaching Methods

During the basic course in teaching methods, Teaching Community Medicine and Public Health, the student will learn:

- A. To formulate educational goals based on analysis of the physician's functions in relation to those of other health personnel.

- B. To translate broad educational goals into specific instructional objectives expressed in behavioral terms.
- C. To characterize a range of teaching methods in terms of both theoretical and practical advantages and limitations. These methods include:
 - 1. Those requiring the active response of the learner, i.e., case methods; simulations; games and role play; small group teaching; self-instruction; open ended films.
 - 2. Those where the learner's response is more covert, .i.e., the lecture; interview techniques in using guest lecturers; audio-visual materials such as slides, films, audiotape, and videotape.
- D. To select among these methods those which are both appropriate to specific instructional objectives and which are feasible for use in developing countries.
- E. To acquire a limited increment in experience and skill in the use of these teaching methods.
- F. To construct reliable and valid evaluation instruments to measure the degree to which instructional objectives have been met.

Upon completion of these specific instructional objectives the students will be better equipped to introduce appropriate changes in curricula and improved teaching methods into the training institutions of LDCs.

PROJECT APPRAISAL REPORT (PAR)

PAGE 1

1. PROJECT NO. 931-11-540-975	2. PAR FOR PERIOD 6/30/74 TO 6/1/75	3. COUNTRY Worldwide	4. PAR SERIAL NO. 61
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Teaching Community Medicine and Public Health (Harvard)

6. PROJECT DURATION: Begins FY 74 Ends FY 76	7. DATE LATEST PROP 3/11/75	8. DATE LATEST PIP	9. DATE PRIOR PAR None
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 151,555	b. Current FY Estimated Budget: \$ 162,000	c. Estimated Budget to completion After Current FY: \$ 0
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME Harvard University - Boston	b. CONTRACT, PASA OR VOL. AG. NO. AID/csd-3613
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I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)		B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W/ MOST		
X	X	Check out schedule of AID Evaluation courses and notify Harvard.	7/1/75
	X	Get copy of short statement of Harvard Teaching Course and distribute to Ladenheim, Brackett, Heilman, etc.	7/15/75
	X	Harvard to make their work known to IERD, Regional Banks, Canadian aid groups, TA/EHR, TA/N, MEDEX and other TAB contractors.	12/31/75
	X	Revise present manual and prepare simplified version for lower level personnel.	12/31/76
	X	Develop simulations for teaching of illiterates (ex. indigenous midwives).	To be determined
X		Eliminate output indicator number 5 as being impossible to measure within time frame of contract.	8/1/75
X		AID Research Abstracts - Inclusion of Harvard Project.	10/1/75

12. REPLANNING REQUIRES	REVISOR OR NEW	<input checked="" type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PRO AC	<input type="checkbox"/> PIG/T	<input type="checkbox"/> PIG/C	<input type="checkbox"/> PIG/P	E. DATE OF MISSION REVIEW
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PROJECT MANAGER: TYPED NAME, SIGNATURE, INITIALS AND DATE Lloyd Florio, M.D. <i>Lloyd Florio</i>	MISSION DIRECTOR: TYPED NAME, SIGNATURE, INITIALS AND DATE Lee M. Howard, M.D. <i>Lee M. Howard</i>
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III. Standard/Key Questions:

A. Project Inputs

1. Are key inputs being supplied according to plan by:
(a) AID, (b) action agent, (c) cooperating countries,
(d) multilateral organizations, and/or (e) other donors?

YES

2. Are assumptions regarding the supply of inputs still valid?

YES

3. Rate performance of action agent(s) against plan:

OUTSTANDING

Comment: The program is not only on schedule, but, the product is being received with much enthusiasm. The demands for participation in the program have overtaken the budget and are overtaking the ability of the limited Harvard staff to provide the services requested. Examples are Nepal, and expressions of interest from Gabon, Jordan, Iran, Egypt and the Sudan and in the U.S. Association of Teachers of Preventive Medicine. The need in the Middle East and parts of Africa can possibly be met by AUB as a Harvard subcenter.

Even at this early point in the field testing of the project, it has become quite evident as to what revisions in the manual will be necessary, even though more time and experience will be required to refine the details of the revisions. These revisions include clarification and simplification. It is probably that another manual will need to be prepared for the use of individuals with a lower level of education and expertise.

The staff is extremely well accepted. The product is excellent and both AID/W and Harvard have badly underestimated the need and demand for this type of training.

B. Transformation of Inputs into Outputs

4. Given the answers above, i.e., progress to date in supplying inputs, changes in assumptions, etc., is the management hypothesis that the totality of the resources applied to the project will be sufficient to produce the predetermined outputs by the specified target dates still valid?

YES

5. Is the approach or course of action originally selected, i.e., project design and/or methodology, still the most appropriate?

YES

C. Project Outputs

6. List the output indicators, their planned targets, and the actual performance achieved for each during the period under review.

a. Was actual performance less than planned target?

NO

b. What changes, if any, are necessary in outputs, output indicators, target dates, and assumptions? Are they reflected in attached matrix?

YES

Comment: The output indicator originally included to the effect that the project should evaluate the service elements to access impact on improved delivery systems is unrealistic within the time frame of this contract and has therefore been eliminated in the attached matrix.

c. Do action agents reports provide adequate progress data for monitoring and analysis?

YES

D. Project Purpose

7. Give statement of purpose as currently conceived if different from attached matrix.

a. Is it same as in PROP?

YES

b. Same or consistent with contract/PASA/grant?

YES

8. List conditions which will exist when above purpose is achieved--if different from those in attached matrix--or at any other particular point in project implementation, and cite or refer to evidence to date of progress towards conditions (EOPS).

DO NOT DIFFER

9. Are critical assumptions for achieving purpose still valid?

YES

10. Is the development hypothesis that the aggregate production of outputs will lead to the creation of a set of conditions at the end of project, i.e., achievement of project purpose, still valid?

YES

Is the rationale as stated in the PROP still sound?

YES

E. Program Goal

11. Give statement or programming goal--if different from attached matrix--and/or key problem area addressed.

Is it same as in PROP?

YES

12. Does achievement of project purpose--in relation to other sector or KPA activity--still have the same priority and significance in contributing to the programming goal?

YES

Comment: If affordable health delivery systems are in fact to succeed in the LDC's, one of the most important objectives will be the training of lower level personnel to deliver such services, for any scheme based on highly trained personnel in the western sense is doomed to failure. The teaching and training of this huge cadre of deliverers of service becomes a matter of prime importance, therefore. The teachers are frequently trained and indoctrinated in western methodology and concepts and tend to teach in the patterns they have been taught. This is not only inappropriate, but, it is ineffective in the settings in which health services must be delivered. This project forces an analysis of the situation, requires a job analysis as well as a consideration of the abilities of the deliverers of service in the settings in which services will be given. Consequently, the courses taught and the practical training required will be appropriate to the conditions, diseases, finances, practicability, etc. of the particular LDC environment

13. Are assumptions for achieving goal and measures of goal achievement still valid?

YES

Are they reflected in attached matrix?

YES

- 14. If appropriate, comment on project interactions with:
 - (a) other interregional, regional or mission GTS projects;
 - (b) 211(d) institutional grants; (c) interregional or mission research projects; and (d) other U.S. Government agencies.

COMMENT: Harvard has already made certain contacts in order to "spread the gospel". Such as WHO, PAHO, SIDA (Sweden), U.S. and foreign universities (example: Beersheba and American University of Beirut and certain Latin American institutions). However, as a result of the PAR review, it is evident that much more can and should be done and some indications of further interactions are given on the face sheet.

Additional Comments not Covered in Proceeding Material:

- 1. Attitudinal development needs a more careful look. Because of the authoritarian experience of LDC teachers "human" support will be more vital than for American teachers. Some hand holding will be necessary for awhile
- 2. It is now important to take the course at Harvard before attempting to develop a program in the field. AUB has had enough experience, however, to act as a "branch" of Harvard in teaching. The requirement for prior training at Harvard will gradually disappear however.
- 3. Many translations of the material will be required, but, with the exception of spanish and french which are already underway this must be done locally.
- 4. Harvard has now developed a center for Educational Development in Health. This includes the colleges of Education, Medicine, Dentistry and Public Health. This group will enhance the program that has been developed in the School of Public Health as represented in this project.
- 5. Harvard will take all health professionals for the course in Boston including osteopaths. While the project is designed to teach teachers how to teach biological subjects (Medicine, dentistry, public health, etc.), its general principles are applicable to other disciplines.
- 6. In a seperate contract (non-AID), Dr. Segall, the Director of this program, has been working with the University in Beersheba (Israel) on a new medical curriculum involving the Harvard methodology. This needs watching, for some interesting results may be forthcoming about which it is premature to talk at present.

PAR Committee:

Harvard University

Dieter Koch-Weser, M.D.

Ramona Arnett

Hannelore Vanderschmidt, Ph.D.

Ascher J. Segall, Dr. P.H., M.D.

Agency for International Development

H. Ladenheim, PPC

G. Coleman, NESA

M. Brackett, LA

L. Florio, TA/H - Chairman

Lloyd Florio