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QUARTERLY REPORT #6  
(OCTOBER - DECEMBER 1979)  
MEDEX Phase III, Primary Health Care Systems  
Contract No. AID/DSPE-C-0006



# University of Hawaii at Manoa

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QUARTERLY REPORT #6  
(OCTOBER - DECEMBER 1979)  
MEDEX Phase III, Contract No. AID/DSPE-C-0006

## *I. Specific Services to be Provided:*

### *2.(a)(1) Exploratory briefings in LDCs; informational briefings with AID Missions and host officials:*

Ms. Norma Kehrberg consulted with HMDS for ten days during October-December to refine and further adapt the two slide/tape presentations first drafted by Ms. Kehrberg last year: 1) "MEDEX," an introduction to the MEDEX concept for use in informational briefings; and 2) "The Community Health Worker," a presentation to introduce mid-level workers (medex) to their responsibilities in relation to CHWs.

### *2.(a)(2) Exploratory briefings in LDCs; seminars for Ministry of Health officials, health planners, and other leaders within the medical community:*

Liberian Ministry of Health officials Dr. Kate Bryant (Minister of Health) and Dr. Wilfred Boayue (Chief Medical Officer) attended a Primary Health Care Seminar in Honolulu November 1.

### *2.(b) The Contractor shall draft, develop and produce training modules and related teaching materials for the following four specific categories of training:*

Mr. Kenneth W. Tull spent 24 days consulting with the HMDS, September-December, regarding materials development in international settings and technological approaches to materials development that World Neighbors has found useful. Mr. Tull's recommendations will be used in the development of all four specific categories of teaching materials (MEDEX training modules, management training materials, CHW training modules, and continuing education materials).

*2.(b)(1) MEDEX Training Modules:*

The module text was revised for Anatomy and Physiology, Physical Examination, and Causes of Disease.

Revisions of the instructor's manuals were initiated for Anatomy and Physiology, Physical Examination, Common Medical Conditions, Infectious Diseases, Family Planning, and Child Care modules. Revisions were completed for Genito-Urinary Problems, Common Skin Problems, and Respiratory System and Heart instructor's manuals. Revision continues for the Community Environmental Health, Community Family Planning, and Prenatal and Postnatal instructor's manuals.

Consultant Dr. Robert H. Johnson, from his home in Lutherville, Maryland, November 1-14, reviewed and revised patient management skills and developed the first draft of the new Patient Management Skills Module.

Dr. David E. Kuhl consulted with HMDS in Honolulu, September 17 - October 16, and compiled the first draft of the new Formulary module. This module includes side effects, indications, contraindications, and in some cases alternatives for specific drugs and formulas, and indicates storage requirements of each. (Also see Section 2.(b)(2)).

*2.(b)(2) Management Training Modules:*

Consultant Dr. David Kuhl developed a draft Drugs and Supplies management unit (a module component) that is coordinated with the Formulary module (Section 2.(b)(1)).

Mr. James Neal consulted with HMDS in Honolulu October 1 - November 30 to assist with the development of process methodology guidelines and materials on organization strengthening and management systems analysis, redesign, and implementation; and to assist with the review, evaluation, and revision of management training materials, including preparation of formats for management training units.

Core HMDS staff, consultants, and MEDEX network residents worked together to write the initial rough draft for an Operations Reference Manual, as well as revising the following management units: The Management Process, The Health Services Team, The Health Services Delivery System, Program and Team Evaluation, Planning and Scheduling Work, Supervision and Performance Evaluation, Assisting Health Team Members, Management Information, Communications, Transportation, Drug and Supplies, General Supplies, Personnel Management, Financial Management, and Facilities and Equipment.

Mr. Ernest Petrich visited the East African Management Institute, in Arusha, Tanzania, December 8-12, to review the curriculum and teaching methodology used by the EAMI and to determine the appropriateness of the EAMI as a potential site for future training of participants for the MEDEX/Lesotho program. The EAMI annually offers a six-week course in health services administration designed primarily for senior officials

of Ministries of Health. The course covers some essential subjects and uses active-learning teaching methods. There would normally be space for two people from Lesotho to attend this course (scheduled for September-October this year), but more students could be accommodated. Additionally the Institute expects to develop and conduct a new course this summer, an intensive four-week class to teach senior-level officials how to teach others in health services management. This could be an appropriate course for faculty members of the Lesotho Institute for Public Administration to attend, if they are to become involved in supervisory training for the Ministry of Health. Because of the Institute's emphasis on training only senior-level managers, rather than middle-level or technician levels, it can serve only a limited resource function for Lesotho.

Mr. Petrich was in London December 17-18, to exchange information with officials of the Appropriate Health Resources and Technologies Action Group (AHRTAG) on work being done to further the development of appropriate technology in support of management systems for primary health care, and to meet with the Director-General of the International Hospital Federation on matters related to management training.

In Geneva, December 20-21, Mr. Petrich exchanged information with World Health Organization officials on management development aspects of primary health care systems for developing countries. At WHO's request, he reviewed the first draft of a manual for management training of auxiliary health workers.

*2.(b)(3) Community Health Worker (CHW) Training Modules:*

The preliminary drafts of Family Planning I and Family Planning II were written and edited this quarter. In addition, consultant Norma Kehrberg briefly reviewed the CHW modules developed to date, and made recommendations for making them consistent with each other.

*2.(b)(4) Continuing Education Materials:*

Continuing Education Workshop Manuals were developed for the Micronesian and Pakistani continuing education workshops held in November. See Section 2.(c)(6).

*2.(c) Technical assistance and leadership in conducting training programs and project planning in LDCs:*

*2.(c)(1) Technical guidance in project design to USAID Missions and/or host governments in those LDCs where a decision has been made to pursue a MEDEX Primary Health Care program:*

Washington, D.C.

Dr. Richard Smith was in Washington, D.C., November 29-30, to meet with AID officials on program operations and with the World Bank to discuss new programs.

### Liberia

In Monrovia, Liberia, December 2-5, Dr. Smith and MEDEX network resident Dr. Robert Eelkema met with Ministry of Health officials Dr. Kate Bryant, the Minister of Health, and Dr. Wilfred Boayue, the Chief Medical Officer. The MOH requested HMDS assistance in the design of a primary health care program to provide health care delivery services to people in the rural areas of the country. Drs. Smith and Eelkema then met with USAID personnel regarding the Mission's plans for developing six major areas in health (support for basic bio-medical research, health manpower development, family and social health programs, environmental sanitation, demography, and the establishment of a School of Public Health in Monrovia). Dr. Smith wrote a draft PID for a MEDEX-type primary health care program, and incorporated into the document three of the areas of AID interest (health manpower development, family and social health, and some environmental sanitation) that could be appropriately included.

Dr. Bryant said that prior to her attendance at the International MEDEX Network conference in October (Section 2.(d)(2)) she had serious reservations about the MEDEX design approach, which she perceived to be rigid. She had been concerned that HMDS would insist, inflexibly, on certain basic elements necessary for a major primary health care undertaking. She had been particularly concerned about HMDS's emphasis on management. At the Network conference, she was able to see that there is a great deal of flexibility in the MEDEX approach. She was able to talk with participants from four MEDEX-type programs, each of which is very different from the others, but each of which has a strong common underpinning. This diverse and logical approach to primary health care was impressive to her. As a result, she stated that she has changed her stand and now actively supports moving the Liberian Ministry of Health into a MEDEX-type primary health care program. It appears that Liberia will be the next country seeking help to start a MEDEX-type program.

### Cameroon

The HMDS core staff spent the week of October 22-27 providing twelve MEDCAM Project Design consultants with an intensive orientation to the MEDEX approach and to Cameroon. The design team then went to Cameroon. Three HMDS core staff were in Yaounde as members of the MEDCAM design team.

Dr. Eugene Boostrom (November 1 - December 20) was the Chief Design Coordinator for the team. Enroute to Yaounde, Dr. Boostrom stopped in Geneva for four days to 1) obtain, from WHO sources, documents and information on Cameroon and WHO activities and plans in Cameroon, 2) obtain information about the organization of French financial and health care systems for use by the MEDCAM design team in discussions and negotiations with the Cameroon Ministry of Health, 3) obtain information regarding French and multinational companies in drug selection and procurement in Cameroon, 4) contact ORT technical personnel for information on primary health care information and study activities planned for Cameroon in 1975-1977, and 5) meet with Dr. Monekosso, former director of CUSS, to discuss the background of Cameroon PIIC and MEDCAM development implementation strategies, and to explore the future possibility of HMDS using Dr. Monekosso as a consultant.

Mr. John Rich (November 1 - December 17) was the Health Training and Curriculum Expert for the MEDCAM design team.

Ms. Marian Morgan (November 7 - December 14) was the Media Expert for the MEDCAM design team. Enroute to Yaounde, she stopped in Paris to study the organization of health systems, trends in health systems, and details of drug supply systems as these factors apply to the health system in a Francophone country. She also obtained maps of Cameroon and other information from the French National Geographic Institute.

Dr. Smith and MEDEX network resident Dr. Robert Harmon were in Yaounde December 8-13 to consult with the MEDCAM design team, and with USAID Mission and Cameroonian officials regarding the MEDCAM Project Design. Dr. Smith then stopped in Paris to talk with French and Cameroonian radio programmers regarding Cameroon.

Mr. Frank White met in Washington, D.C., November 14-15 with the AID contract officer and the Cameroon desk officer to discuss various administrative aspects of the MEDCAM design project.

#### Denmark

On December 19, Dr. Smith met with DANIDA officials in Copenhagen to discuss foreign donor investment in primary health care.

#### *2.(c)(2 & 3) Curriculum Adaptation Workshops & Teacher Training Workshops:*

None held this quarter.

#### *2.(c)(4) Management/Logistics Workshops:*

From November 19 - December 1, Mr. Petrich was in Maseru, Lesotho, to assist with the preparation for, and act as a resource person to, the first annual National Management Seminar/Workshop conducted by the MEDEX/Lesotho program, November 26-30. This Workshop involved 120 participants from all health-related sectors and represented a major step in the efforts of Lesotho's Ministry of Health to strengthen its management support systems. Based on reports generated by this Workshop, the Planning Office of the MOH is expected to prepare action plans for implementation, and to submit these recommendations to the Permanent Secretary of Health.

#### *2.(c)(5) Preceptor Deployment Workshops:*

None held this quarter.

*2.(c)(6) Continuing Education Workshops:*

A Continuing Education Seminar/Workshop was held in Ponape, Micronesia, November 14-23, for the supervisors of medex and of health assistants (see Quarterly Report #4 for a discussion of the background of this activity). The HMDS developed a manual for this workshop, which was conducted by Mx. Tom Coles, Ms. Joyce Lyons, and MEDEX Network resident Ms. Sandy Tebbens. Workshop participants developed standing orders for health problems commonly encountered by the medex and the health assistants. A second workshop has been scheduled for June 1980. After the workshop, followup site visits were made, November 24 - December 3. Mx. Coles went to Yap and Palua (Belau), Ms. Lyons to Truk, and Ms. Tebbens went to Majuro--arriving in time for the disasterous high waves that completely flooded the island, causing massive property damage!

Dr. Mona Bomgaars assisted in the preparation for and participated in the November continuing education workshop on "CHW Component of the PHC System," in Islamabad, Pakistan. The attack on the American Embassy in Islamabad occurred while Dr. Bomgaars was making follow-up field visits in the Sind. As a result, she was forced to leave the country earlier than expected, in order to reach a safe haven. (See Section *II.D.* for a discussion of the consequences of the attack on the Embassy.)

*2.(c)(7) Evaluation Workshops:*

None held this quarter.

*2.(d) Network strengthening and strategizing:*

*2.(d)(1) Mobilisation of U.S. MEDEX expertise and experience through a network organisation of U.S. universities with MEDEX experience:*

The first MEDEX network core residency month was held in Honolulu in October. Richard Blakney and Robert Harmon (MEDEX/Northwest) and Robert Eelkema and Sandy Tebben (MEDEX/North Dakota) attended. The core residency is an intensive seminar-style course designed to introduce network members to the basic information needed to develop MEDEX programs internationally. See Annex 1 for the schedule of topics discussed during the month. Six members of the U.S. MEDEX network, including the above four who had just completed the core residency month, attended the October 29-31 International MEDEX Conference as observers (Section *2.(d)(2)*).

On November 26, Dr. Smith met in Seattle with MEDEX/Northwest officers regarding MEDEX Network trainee activities.

Summary of Network Residency Activities to Date

Bonnie Bata (MEDEX/North Dakota): Observed International MEDEX Conference.

Richard Blakney (MEDEX/Northwest): Residency, August 1 - December 20. In Honolulu 3½ months, completed core, observed International MEDEX Conference. International experience in Lesotho, in August.

Robert Eelkema (MEDEX/North Dakota): Residency, October 1-27. Completed core, observed International MEDEX Conference. International experience in Liberia, December 1-9 (Section 2.(c)(1)).

Robert Harmon (MEDEX/Northwest): Residency, October 1 - December 28. In Honolulu 2½ months, completed core, observed International MEDEX Conference. International experience in Cameroon, December 6-16 (Section 2.(c)(1)).

Andrew Penman (MEDEX/Northwest): Observed International MEDEX Conference.

Sandy Tebben (MEDEX/North Dakota): Residency, October 1 - March 28. Completed core, observed International MEDEX Conference. International experience in Micronesia, November 12-30 (Section 2.(c)(6)).

*2.(d)(2) Inclusion in the network of those institutions within LDCs which will have become centers of MEDEX expertise:*

The first International MEDEX Conference was held in Honolulu October 29-31, bringing together representatives from the four presently operating MEDEX-type programs in the developing world: Micronesia, Pakistan, Lesotho, and Guyana. In addition there were participants from Liberia and the Sudan, and observers from the domestic MEDEX network. John Alden and Jean Pease from the Office of Health in DSB AID/W joined the Health Manpower Development Staff in completing the roster of attendees at this meeting. See Annex 2 for the list of participants.

This meeting was held to identify the major issues involved with the development of MEDEX-type programs. It was hoped that resolution of these issues would be discussed openly and frankly, to assist HMDS in its further development of the MEDEX technology. Each of the participants from the four international MEDEX programs were asked to arrive in Honolulu prepared to make a presentation on the present state of MEDEX primary health care programs in their countries. In addition, an "Outline of Discussion Topics" (Annex 3) was mailed to the participants in advance of the conference, so that they would be prepared to discuss these topics.

The program agenda is appended, Annex 4. After each country presentation, a list of the issues confronted by that country in primary health care was compiled and presented in summary form. A master list (Annex 5) summarizing the major issues in the development of primary health care systems was then drawn up, based on the actual experiences of the four countries. After the master list of issues and problems was prepared, the conference participants worked with each other and discussed how some of these issues were resolved or will be resolved by each of the programs.

Subsequently, the country groups met individually in small rooms. They arranged each of the problems and issues in a table that listed "Proposed Actions/Solutions" and indicated a time frame (i.e., whether or not the problem or issue: 1) has been solved, 2) is being solved, or 3) still needs to be solved -- past/present/future).

For the problems still to be solved, each country program estimated an anticipated date of resolution. It was emphasized that the participants would not be held responsible for meeting these estimated dates, that the estimations were not deadlines but just a device for continuing the stimulating discussion that had been initiated, since it will be beneficial for all involved to meet again at some later date to discuss the progress made and the reasons for success or failure in solving some of these problems.

As the conference discussions proceeded, the group began to realize that the problems they had faced or were facing in attempting to establish a primary health care program were uncannily similar, even though each country is dramatically different from the others (for instance, the countries' terrains range from mountains, to jungle, to small islands separated by open ocean, to vast roadless areas--yet, as a result, each country faces difficulties in arranging for adequate transportation and communication). This conference was a great morale booster for those who previously had felt that their problems were isolated entities, and it provided encouragement to those who had been uncertain that the problems in their country could be solved by the methodologies described at this meeting (for an example, see Section 2.(c)(1) for Dr. Bryant's response to the conference experience).

The candor of this meeting went beyond the expectations of our entire staff. This openness had not been seen by any of the professionals attending any previous meeting in the health field. Throughout the three days of the conference, the participants enthusiastically and freely shared information among themselves. The gratifyingly open discussions were facilitated by a request that the participants consider the issues from a strictly professional, rather than political, standpoint. Participants were asked to dispense with the usual formal protocol, and were assured that their statements would be held confidential. Additionally, the lively international discussions were facilitated by arranging the conference seating so that no two people from the same country were seated next to each other.

A significant result of this conference was the forging of a seminal group of primary health care professionals with front-line experience in the planning, implementation, and operation of health care delivery systems using a MEDEX-type approach. This core group of international experts has the potential of being an on-going resource to help refine the MEDEX technology. However, in order to realize this potential to its fullest, the International MEDEX Network participants must be able to reconvene on an established basis to share their continually developing knowledge of this technology. It is quite apparent that the International MEDEX Network can make an important contribution to primary health care, but only if the group can meet again to speak with truth and candor about their successes and failures, in an atmosphere of trust and mutual support. The group--along with the addition of representatives from other countries--then would be able not only to sustain their support of each other, but also to stimulate other countries who are interested but not yet committed to moving in this direction. There is much information to be gained for all of us by trying to bring this group together periodically as they develop some of the most exciting health care programs in the world.

*II.A. Travel by HMDS Personnel:*

Mr. Petrich, November 2 - December 31, to New York, Lesotho, Tanzania, London, and Geneva. See Sections *II.E.*, *2.(c)(4)*, and *2.(b)(2)*.

Mr. White, November 2-17, to New York and Washington, D.C. See Sections *II.E.* and *2.(c)(1)*.

Dr. Bomgaars, November 4-28, to Pakistan. See Section *2.(c)(6)*.

Mr. Rich, November 1 - December 17, to Yaounde, Cameroon. See Section *2.(c)(1)*.

Dr. Boostrom, November 5-8, in Geneva; November 8 - December 13 in Yaounde, Cameroon. See Section *2.(c)(1)*.

Ms. Morgan, November 7 - December 14, to Paris and Cameroon. See Section *2.(c)(1)*.

Mr. Coles, November 12 - December 1, to Ponape, Guam, Yap, and Palau. See Section *2.(c)(6)*.

Ms. Lyons, November 12-29, to Ponape and Truk. See Section *2.(c)(6)*.

Dr. Smith, November 25 - December 21, to Seattle, Washington, D.C., Liberia, Cameroon, Paris, and Copenhagen. See Section *2.(d)(1)* and *2.(c)(1)*.

*II.B. Consultants to HMDS:*

Mr. Kenneth W. Tull, in Honolulu, 24 days, from September - December. See Section *2.(b)*.

Ms. Norma J. Kehrberg, M.M., M.P.H., in Honolulu, 10 days, from October - December. See Sections *2.(a)(1)* and *2.(b)(3)*.

Dr. David E. Kuhl, Pharm.D., P.A., M.P.H., in Honolulu, September 17 - October 16. See Sections *2.(b)(1)* and *2.(b)(2)*.

Mr. James P. Neal, M.B.A., in Honolulu, October 1 - November 30. See Section *2.(b)(2)*.

Ms. Laurie L. Thompson, M.L.S., in Honolulu for 23 days during October and November. Ms. Thompson continued the work she began last summer of devising and implementing a catalog and other organizational systems for printed and audio-visual materials in the HMDS collection, and provided recommendations for the continued implementation and maintenance of the cataloging systems.

Robert H. Johnson, M.D., M.P.H., at his residence in Lutherville, Maryland, November 1-14. See Section *2.(b)(1)*.

*II.C. Visitors to HMDS:*

1. Robert Miller, the United Nation's Fund for Population Activities Bangladesh Project Director, November 19.
2. Judge Tom Berger, of Vancouver, B.C., December 12. Judge Berger is coordinating an inquiry for the Canadian government regarding the process for allowing Canadian Indians to consult and participate in their own health care. He gathered background information about the role and training of mid-level and community health workers.

*II.D. Significant Core Staff Time Devoted to Country Project Activities:*

MEDCAM Project Design

See Section 2.(c)(1).

MEDEX/Lesotho

Dr. Smith was in Maseru October 5-12 to meet with MEDEX and government officials and staff regarding program operations.

MEDEX/Pakistan

See Section 2.(c)(6) for a discussion of Dr. Bomgaars' participation in the November continuing education workshop on community health workers.

As a result of the November 21 attack on the American Embassy in Islamabad, the MEDEX/Pakistan long-term advisors were evacuated from the country. The invocation of the force majeure clause of the University of Hawaii's contract with the Government of Pakistan necessitated that senior HMDS personnel spend a substantial amount of time over the next weeks discussing future administrative alternatives with University of Hawaii officials.

*II.E. Other:*

Recruitment

In conjunction with the American Public Health Association's annual meeting in New York City, November 4-8, Mr. Petrich and Mr. White screened and interviewed employment applicants for various current and expected positions available with the international MEDEX programs.

Mr. Sunil Mehra began work with HMDS on November 19, as a Communications Development Specialist.

Other

Dr. Bomgaars lectured on malnutrition to a School of Public Health maternal and child health class, October 16.

Dr. Smith gave two lectures about primary health care (international and domestic issues) to a medical school class, November 16 and 19.

*III. Fiscal Status:*

<u>Budget Category</u>	<u>Total Awarded Yrs 01 &amp; 02</u>	<u>Previous Expenditures/ Encumberances</u>	<u>6th Quarter E&amp;E</u>	<u>Total E&amp;E To Date</u>	<u>Balance</u>
Salaries	733,115	373,163	86,375	459,538	273,577
Consultant fees	68,643	18,713	11,603	30,316	38,327
Fringe Benefits	139,989	60,838	13,011	73,849	66,140
Overhead	189,125	105,491	28,235	133,726	55,399
Office Rental	69,945	37,893	7,269	45,162	24,783
Travel & Transportation	108,014	37,969	24,814	62,783	45,231
Allowances	74,550	21,782	7,474	29,256	45,294
Other Direct Costs	96,511	58,064	8,692	66,756	29,755
Equipment, Materials, and Supplies	84,358	76,829	7,496	84,325	33
Sub-Contracts	<u>471,780</u>	<u>204,000</u>	<u>0</u>	<u>204,000</u>	<u>267,780</u>
TOTAL	2,036,030	994,742	194,969	1,189,711	846,319



WEEK II: October 8 - 12, 1979

CROSS-CULTURAL SENSITIVITY

MONDAY, Oct. 8	TUESDAY, Oct. 9	WEDNESDAY, Oct. 10	THURSDAY, Oct. 11	FRIDAY, Oct. 12
<p style="text-align: center;">H O L I D A Y</p> <p style="text-align: center;">DISCOVERER'S DAY</p>	<p style="text-align: center;">AMERICAN PEOPLES AND CULTURES</p> <p>8:30 Values Language: Ms. Marian Morgan</p> <p style="text-align: center;">DISCUSSION OF READINGS</p> <p>10:00 Nations Within Nations Dr. Dennis Ogawa Dr. Rodney N. Powell</p>	<p style="text-align: center;">WORKING IN DIFFERENT CULTURAL SETTINGS</p> <p>8:30 Discussions of Readings</p> <p style="text-align: center;">Training Needs Exercise</p> <p>10:15 Working for Change: Father Gerlock</p>	<p style="text-align: center;">TRADITIONS IN HEALTH CARE</p> <p>8:30 Our Own Traditions: Dr. Mona R. Bomgaars Mx. Tom Coles</p> <p>10:00 Discussion of Readings</p>	<p>8:30 Review of Experiences</p> <p>10:00 Health Workers Abroad: ↓ Dr. Tony Marsella</p> <p>11:00</p> <p>11:00 Lesotho 6-Mos. ↓ Report 2:00 Dave Alt</p>
	<p>12:00 LUNCH</p>	<p>12:00 LUNCH</p>	<p>12:00 LUNCH</p>	<p>12:00 LUNCH</p>
<p>TO BE SCHEDULED: Tea Ceremony - Sat., October 13 Traditional Archery: Sun., Oct. 7 KPT Samoan Visit: Mon., Oct. 9 or</p>	<p>1:00 HOW CULTURE LIMITS PERCEPTION (Video Exercise) Dr. Kenneth Sanborn</p> <p>3:00 Staff Meeting</p>	<p>1:00 Film: Doing Business in Japan ↓ 1:30 Discussion 1:45 Film: Bwana Toshi ↓ 3:45 Discussion</p> <p>9:00 a.m. - 10:00 a.m. Tues., Oct. 10 - 4:00 p.m.</p>	<p>1:00 Traditional Medicine: (China, Hawaii) Ms. Mei-Li Lo Rev. Morna Simeona</p> <p>3:00 Film: Tibetan Medicine</p> <p>4:00 Waianae Samoan Chiefs ↓ 6:00</p> <p>7:00 Koko Anzendo ↓ 8:00</p>	<p>2:00 Cultures of Academia, USAID, and International Consultants: Mr. Ernest Petrich</p> <p>3:30 Review of Week's Journals</p> <p>4:15 Introduction to WEEK III</p>

WEEK III: October 15 - 19, 1979

PRIMARY HEALTH CARE

MONDAY, Oct. 15		TUESDAY, Oct. 16		WEDNESDAY, Oct. 17		THURSDAY, Oct. 18		FRIDAY, Oct. 19	
9:15: Primary Health Care - + USA & Elsewhere: 10:45: Dr. Richard Smith and IMDS	9:30: 15-minute Reports on + PHC Readings: IMDS 11:00:	9:00: USA Helping Agencies + in International PHC: 10:15: Dr. Richard Smith and IMDS	10:30: Alma Ata Slide-Tape + Show: Dr. Richard 12:00: Smith	9:00: Evaluation Approaches + in PHC (Journal Club 10:00: Format) Discussion: Dr. Mona Bomgaars, Dr. Rodney N. Powell, Dr. Gene Boostrom	11:00: Appropriate Technology + Discussion: 12:00: Mx. Tom Coles, Dr. Mona Bomgaars	8:30: "Safe Delivery" Game: + Dr. Richard Smith 10:15:	10:30: Open End Discussion of + Mistakes Made in PHC 12:00: Programs: Dr. Richard Smith and IMDS		
11:00: Staff Meeting + 12:00:									
12:00: LUNCH	12:00: LUNCH	12:00: LUNCH	12:00: LUNCH	12:00: LUNCH	12:00: LUNCH	12:00: LUNCH	12:00: LUNCH		
1:30: Descriptions of PHC + (West, East, LDC's, & WHO Regional Reports) 4:30: assigned to individuals then reading time: Dr. Richard Smith	1:30: UNICEF Slide-Tape Show + on PHC: Dr. Richard 2:15: Smith 2:30: WHO Slide-Tape Show + on PHC: Dr. Richard 3:30: Smith	1:30: "The Barefoot Doctor" + (Diane Li Film): 2:15: Dr. Richard Smith 3:30: Implementation VTR of + Dr. N.R.E. Fendall: 4:30: Dr. Richard Smith		2:00: Implementation VTR of + Y. Mousseau-Gershman: 3:00: Dr. Richard Smith, Dr. Y. Mousseau- Gershman		2:30: Mozambique VTR + "Medicine of Libera- 3:15: tion": Dr. Richard Smith 3:30: Introduction to + WEEK IV: Mr. Ernie 4:30: Petrich			
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## PARTICIPANT LIST FOR INTERNATIONAL MEDEX CONFERENCE

29-31 October 1979

### Guyana

Dr. C. Harry  
 Director, IADB Programme  
 Ministry of Health  
 Government of Guyana  
 Georgetown

Dr. James LaRose  
 Assistant Director for Training  
 Guyana MEDEX Program  
 Ministry of Health  
 Georgetown

### Lesotho

Mrs. N. Borotho  
 Chief Planning Officer  
 Health Planning Unit  
 Ministry of Health and  
 Social Welfare  
 Maseru  
 Kingdom of Lesotho

Dr. Lester Wright  
 Chief of Party  
 MEDEX/Lesotho Program  
 Private Bag MEDEX  
 Maseru  
 Kingdom of Lesotho

### Liberia

Dr. Wilfred Boayue  
 Chief Medical Officer  
 Ministry of Health  
 Monrovia

### Liberia (con't)

Dr. Kate Bryant  
 Minister of Health  
 Ministry of Health  
 Monrovia

### Micronesia

Dr. Kiosi Aniol  
 District Director  
 Bureau of Health Services  
 Moen, Truk District

Dr. Ngas Kansou  
 Deputy Director  
 Bureau of Health Services  
 Saipan, Northern Marianas

Mx. Alex Keju  
 Continuing Education Coordinator  
 Majuro, Marshall Islands

Dr. Anthony Polloi  
 Doctor in Charge of Public Health  
 Koror, Palau Island

### Pakistan

Dr. Zafar Ahmad  
 Director of Training  
 National Basic Health Services  
 Ministry of Health  
 Islamabad

PARTICIPANT LIST FOR  
INTERNATIONAL MEDEX CONFERENCE  
29-31 October 1979

2

Pakistan (con't)

Dr. Nazir-Ul-Haque  
Director, North West Frontier Province  
Basic Health Services Cell  
Ministry of Health  
Peshawar

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Health Services Cell  
Ministry of Health  
Quetta

Dr. Nisar Ahmad Siddiqui  
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INTERNATIONAL MEDEX CONFERENCE

29-31 October 1979

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INTERNATIONAL MEDEX CONFERENCE  
October 29, 30 and 31, 1979  
Honolulu

Outline of Discussion Topics

- I. Describe the basic elements and processes of MOH planning, organization, and management and how they are functioning in the development and implementation of the primary health care system.
  - A. Share descriptions of how your country plans its MOH health services.
    - 1) Share description of the offices and processes involved in making MOH plans and operational decisions regarding the primary health care system.
      - Who makes policy decisions regarding rural health care, and on what grounds are those decisions made? Who provides the information on which the policies are based?
      - Who develops long-range plans (formally or informally) for the MOH? What processes are involved in such planning? What information is used in developing the plans? What emphases are included in such plans? How are they related to budget decisions? What is their relationship to national development plans/ planning?
      - Who develops annual plans for the MOH? How are annual plans developed? How are they related to budget decisions?
    - 2) Describe the extent to which the decisions and plans mentioned above are implemented, and discuss obstacles to their implementation and reasons for non-implementation.
    - 3) Describe any modifications of the plans or of the planning process which have taken place recently. (E.g. shifts in planning or other offices in order to strengthen planning at any level, changes in the types or quality of information used as a basis for plans, or changes in the planning procedures themselves.)
    - 4) Discuss the extent to which MOH plans and MOH planning are adequate for the development of the primary health care system.
    - 5) Discuss changes in plans and planning which might facilitate the successful development and operation of the primary health care system.

- 6) Discuss the evaluation systems used for primary health care?
- B. Share description of how your country has organized its health services delivery system.
- 1) Describe the Organization and staffing of your delivery system:
    - a) At the local village/community level
    - b) At the district/regional/provincial levels
    - c) At the central level

Describe the difficulties encountered in integrating traditional vertical programs (e.g. MCH, nutrition, family planning, environmental sanitation) into the improved rural delivery system.
- C. Share description of how you are strengthening each of the following management systems to accommodate the deployment of new mid-level and community/village health workers.
- 1) Personnel
  - 2) Finance
  - 3) Facilities and equipment
  - 4) Transportation (local, regional)
  - 5) Communications
  - 6) Supply (Drugs, Medical, Administrative)
  - 7) Health information/statistics/records.
- D. Share descriptions of your management training activities or plans for each of the following types of personnel:
- 1) Mid-level Health Workers
  - 2) Supervisors of Mid-level Health Workers (physicians and others)
  - 3) Health Services Administrators
  - 4) Management technicians (e.g. maintenance, supply, accountants, personnel.)

- II. Describe the implementation of the mid-level health workers training program.
- A. Describe the development of instructional materials.
    - 1) What process did you follow to identify the training requirements of the mid-level health worker.
    - 2) Describe the instructional materials and the instructional process used in each phase of your training program.
  - B. Share the process you used to identify candidates for the training program
    - 1) What are the selection criteria used to select the students for mid-level Health Worker Training. (Medex, Nurse Clinicians).
    - 2) What was the single most important factor criteria used for students selection. (is experience, age, residence, etc.)
    - 3) Discuss the profile of a typical trainee.
  - C. Describe the training responsibilities and experiences of of the teaching staff used in your program. Include the following:
    - 1) full-time teaching staff
    - 2) administrative and support staff
    - 3) clinical supervisors and preceptors.
  - D. Describe the actual training program design and methods.
    - 1) the length and activities of each training phase.
    - 2) a typical training activity used in each phase of training.
    - 3) the function of the trainers in each phase of training.
    - 4) the procedures used for interium and final evaluation.
- III. Describe the development of CHW Component of PHC.
- A. How and where were policies made on this component.
  - B. Share the process used to identify potential CHW's.
    - 1) What are the selection criteria used.
    - 2) Who selects the CHW and how does the process take place.
    - 3) Discuss the profile of typical CHW's.

- C. Describe CHW Training.
    - 1) What process was followed to identify the training requirements of CHW.
    - 2) Describe the instructional materials and instructional process used in training.
    - 3) Describe the tutor training given to Medex for CHW's.
  - D. Describe the support systems available to CHW's.
    - 1) What social/technical or financial support is given by:
      - a. communities
      - b. government health s
      - c. othersand how.
  - E. Describe the evaluation process used for the CHW component.
- IV. Describe the supervisory and continuing education system used to support the village level and mid-level health workers.
- A. Supervision of Mid-level and CHW.
    - 1) Who provides supervision for these workers.
    - 2) Is administrative and technical supervision provided by the same agency or individual.
    - 3) Does the supervisor of these health workers have other supervisor or administrative responsibilities.
    - 4) What is the pattern of supervision i.e. frequency, coordination with other tasks, reports, methods.
  - B. Continuing Education for Mid-level and CHW.
    - 1) Who is responsible for continuing education of these workers.
    - 2) What methods of continuing education are used? i.e. individual or group, lectures, demonstrations, newsletters, radio communications.
    - 3) How frequently does continuing education occur and how are continuing education topics selected.
    - 4) What are the most common continuing education topics.

Health Manpower Development Staff  
University of Hawaii, John A. Burns School of Medicine  
Honolulu, Hawaii

INTERNATIONAL MEDEX CONFERENCE  
October 29-31, 1979

Monday, October 29, 1979		Tuesday, October 30, 1979		Wednesday, October 31, 1979	
AM					
8:30	Opening Ceremonies	8:30	Summary of Issues: Lesotho <i>(Recorder: Dr. L. Wright)</i>	8:30	Synthesis of Major and Recurrent Issues in the Development of PHC Systems <i>(Dr. R. A. Smith)</i>
9:15	Reception - Coffee/Tea	9:00	Micronesia Presentation <i>(Dr. Ngas Kansou)</i>	9:45	Break
10:00	Introduction to Conference Proceedings <i>(Dr. R. A. Smith)</i>	10:00	Discussion	10:00	Setting the Stage for Problem Solving <i>(Dr. R. A. Smith)</i>
10:30	Guyana Presentation <i>(Drs. C. Harry and J. LaRose)</i>	10:45	Break		Small Group Work: Develop alternatives for resolution of problem issues.
11:30	Discussion	11:00	Summary of Issues: Micronesia <i>(Recorder: Mr. J. Rich)</i>		
		11:30	Pakistan Presentation <i>(Drs. Zafar Ahmad, Nazir-Ul-Haque, Zahur Ahmad Khan, Nisar Ahmad Siddiqui)</i>		
12:30	LUNCH	12:30	LUNCH	12:30	LUNCH
PM					
1:30	Summary of Issues: Guyana <i>(Recorder: Ms. J. Lyons)</i>	1:30	Discussion (Pakistan)	1:30	Presentation of alternatives for resolution of problem issues.
2:00	Lesotho Presentation <i>(Mrs. N. Borotho)</i>	3:00	Break	2:45	Break
3:00	Break	3:30	Summary of Issues: Pakistan <i>(Recorder: Dr. M. J. Porter)</i>	3:00	Wrap Up
3:15	Discussion	4:30	Transportation to HMDS office	4:30	Transportation to hotel
4:30	Transportation to hotel	5:00-6:30	Reception - HMDS office		

NOTE: All meetings will be held at the Pacific Room (2nd Floor), Jefferson Hall, East-West Center.

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## ISSUES IN THE DEVELOPMENT OF PRIMARY HEALTH CARE SYSTEMS

I. Ministry of Health: Planning,  
Organization and Management

1. Pay scales and career structures
  - a) Influence of finance ministry
  - b) Regional differences
  - c) Coordination of scale with other health care systems provider
  - d) Promotion opportunities
2. Integration of P.H.C. concept with indigenous medical system
3. Dependence upon donor support and outside technical assistance
4. Coordination of government and private sector efforts in the development & deployment of mid-level health worker (Medex, nurse clinician).
5. Integration of services presently provided by vertical or line programs and supported by the ministry of health
6. Development and acceptance of team effort among health care providers
  - Doctors, nurses, mid-level workers, public health nurses community health workers
7. Public education for maximum acceptance and utilization of mid-level health workers
8. Distribution of MOH financial resources to assure adequate funding: travel, drugs, training, personnel
9. Increase support capability of MOH to improve the following systems

9. Cont.
  - transportation
  - personnel
  - drug supply
  - communications
10. Bureaucracy's resistance to change
11. Inter-ministerial coordination of effort to provide the most effective support - ie - health, finance, education
12. Inappropriate distribution of health care facilities to adequately serve public needs
13. Inappropriate utilization of existing facilities by public
  - a) by-passing health centers
  - b) over utilization of hospitals
14. Upgrading skills and knowledge of other health providers to maximize understanding and utilization of mid-level/CH workers
15. Strengthening of MOH planning capability

## II. Implementation of Mid-Level Health Worker Training Program

1. Selection Process:
  - a) Inservice
  - b) Fresh
  - c) Entry Criteria
  - d) Deployment Considerations
2. Establish receptive framework:
  - 1) Among other workers
  - 2) Licensure
  - 3) Among physicians
3. Emigration of medex to other countries.
4. Utilization of Medex primarily as curative worker. Loss of emphasis on preventive/promotive services.
5. Abuse of Medex services by physicians.
6. Use of Medex in hospital rather than rural health facility.
7. Training curriculum content, design and methods maintain responsiveness to job requirements of Medex (C.B.T.).
8. Identification and training of capable tutors. Appropriate training for tutors.
9. Financial and housing assistance for tutors and trainees during training (transport).

II. Implementation of Mid-Level  
Health Worker Training Program

10. Preparation and administration of training unit.
11. Instruction of women in the health services.
12. Language of curriculum materials and training activities.
13. Attrition of MLHW from service:
  - a) Bonding
  - b) Other incentives
14. Certification procedures and policies:
  - a) Internal/external exams
  - b) Emigration possibilities
  - c) Evaluation of performance and cognitive ability.
15. Identification of effective range of training experiences and methods : active/experiential learning.

### III. Development of Community Health Worker Concept

1. Community support of CHWs:
  - a) Effected by regional differences
  - b) Effected by community incentives and ability to provide
  - c) Temporary assistance available through funding agencies but long-term consequences in question.
2. Selection of CHW/VHW to assure responsiveness to community needs and services.
3. Provision of appropriate training to CHW:
  - a) Location
  - b) Duration
  - c) Trainers
  - d) Training Materials
  - e) Language of training
  - f) Input from community
4. Government support of CHWs:
  - a) Does stipend from government during training imply commitment for support after training?
  - b) Does government intend to include CHW on payroll?
5. Problems of community and referrals between CHWs and immediate supervisors.
6. Supervision and evaluation of CHWs:
  - a) Next level provider
  - b) Community
  - c) Transportation of supervisors

III. Development of  
Community Health Worker Concept

7. CHW service to community:
  - a) Time limited
  - b) Responsive to community evaluation
  - c) Migration out of community
  - d) Private practice
  
8. Relationship with Traditional Practitioners:
  - a) Possible conflicts
  - b) Incorporation of Traditional Practitioner into efforts of CHW

#### IV. Supervisory and Continuing Education System

1. Supervisory links between mid-level and community level workers.
2. Who supervises Medex:
  - a) Role of training institutions
  - b) Role of Ministry
  - c) Technical/administrative variations
  - d) Cooperation between team members.
3. Economic considerations and effects of methods for skill maintenance after training:
  - a) Supervisory link
  - b) Educational methods
    - Newsletter
    - Direct Site Training
    - Radio Communication
  - c) Personnel requirements
  - d) Resource allocation  
(transportation, communication)