

AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

SEMIANNUAL REPORT
April 1, 1982 - September 30, 1982
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Accelerated Delivery Systems Support (ADSS)

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Introduction

Through the Accelerated Delivery Systems Support (ADSS) project, the American Public Health Association (APHA) is called on to help the Agency for International Development (AID) exert a leadership role in promoting and developing health delivery systems and primary health care in the developing world.

APHA's support to AID is programmed through three types of activities, along which lines this report is organized:

- providing expert consultants to advise on field assignments;
- helping to meet the information and training needs of AID field staff and host country health workers engaged in providing basic health and family planning services to the rural underserved; and
- carrying out studies and analyses on issues in the delivery of primary health care.

This report highlights the achievements of the six-month period April 1 - September 30, 1982, the sixth of six half-year periods. The ADSS project, originally scheduled to terminate at the end of September, has been extended through December 31, 1982.

In the last six months four volumes have been published in the ADSS series dealing with primary health care issues. Now standing at six titles with two more to appear during the extension period, this series is generating tremendous interest in the international health community. As more titles appear, the intent of the series is becoming more evident -- to present concise, useful information on a range of subjects relevant to implementing primary health care.

One volume published this summer analyzes 52 AID-assisted primary health care projects, identifying problem areas and making recommendations on possible adjustments in program direction to ensure greater impact. The appearance of this review is pertinent and timely, in light of AID's current formulation of a new policy and strategy for assistance endeavors.

In other information and training activities, a major conference and workshop were held, the workshop report on a third was published, two issues of the Salubritas newsletter were prepared, and four annotated checklists of materials were developed for AID field staff.

In the technical advisory services area, over 70 person-months of technical assistance were provided in the areas of health and family planning.

As the narrative and supporting documentation in the appendices of this report attest, the ADSS project has become a major vehicle for focusing on the critical problems in implementing appropriate health and family planning delivery systems and for furnishing resources useful in alleviating those problems.

A handwritten signature in black ink, appearing to read 'Susi Kessler', written in a cursive style.

Susi Kessler, M.D.
Director
International Health Programs

A. Specific Contract Activities

The purpose of the ADSS project is to reinforce and expand AID's capability to exert a leadership and supportive role in the promotion, planning, development, and evaluation of affordable health and family planning delivery systems and primary health care in most of the developing countries.

The ADSS project took effect on September 30, 1979. The project was originally envisioned to terminate after three years, on September 29, 1982; amendment 11 to the contract, dated September 22, 1982, extended the project until December 31, 1982.

Under the amendment, project requirements were also augmented and modified, providing a specific scope of work for the extension period. Appendix A of this document contains a summary of the ADSS contract outputs, listing the project requirements, the outputs implemented up to September 29, and the outputs to be completed by December 31, 1982. The contents of this report reflect the scope of work modified by amendment 11.

Services provided by APHA under the ADSS project are grouped into three categories:

- technical advisory services;
- promotional information and education;
- evaluation and special studies.

1. Technical Advisory Services

The Technical Advisory Services (TA) Unit arranges short-term rapidly responding consultant services in the fields of primary health care, family planning and population, nutrition, health services delivery, and water supply and sanitation.

Assignments

Contract requirement:

- Provide a total of up to 561 person-months of such services to AID regional programs, governments, and non-governmental organizations in developing countries, as requested through the Regional Bureaus and Technical Offices of AID. The total level of services provided is subject to the availability of funds.

During the six months covered in this report, requests for 74.7 person months of consultant services were received. A total of 62 consultants (35 for population and 27 for health) participated in 41 assignments (Table A). Of these assignments, 22 were in the population field and 19 in the health field. Since initiation of the contract, 511.0 person months of services have been rendered, 482.2 directly under the ADSS contract and 28.8 funded by other groups. A complete history of assignments carried out during this period is contained in Appendix B.

TABLE A

Person Months of Consultant Services
Under ADSS Contract

<u>SIX-MONTH PERIOD</u>	<u>HEALTH</u>	<u>POPULATION</u>	<u>TOTAL</u>
October 1, 1979 - March 31, 1980	24.2	55.7	89.9
April 1, 1980 - September 30, 1980	56.7	86.7	143.4
October 1, 1980 - March 31, 1981	29.2	48.8	78.0
April 1, 1981 - September 30, 1981	11.2	44.5	55.7
October 1, 1981 - March 31, 1982	32.2	37.1	69.3
April 1, 1982 - September 30, 1982	31.8	42.9	74.7
	<u>195.3</u>	<u>315.7</u>	<u>511.0</u>

Consultant services were requested for all regions of the developing world. The number of requests received was fairly uniform among the regions, with the Asia region requesting a somewhat higher number of assignments. Table B reflects the regional distribution of the 41 task assignments undertaken during the reporting period.

TABLE B
NUMBER OF ASSIGNMENTS BY REGION
DURING SIX-MONTH PERIOD*

	<u>POPULATION</u>	<u>HEALTH</u>	<u>REGIONAL TOTALS</u>
Latin America and The Caribbean	2	3	5
Asia	7	6	13
Africa	4	5	9
Near East	5	2	7
Inter-Regional	<u>4</u>	<u>3</u>	<u>7</u>
TOTAL	22	19	41

* Includes Postponed and Cancelled Assignments

Highlights of Selected Assignments

Evaluations of four centrally-funded population projects and eight field projects were conducted during this period. In addition, support was provided for the second phase of the Egypt Health Sector Assessment.

The four centrally-funded projects that were evaluated were: the Worldwide Contraceptive Retail Sales project conducted by the Futures Group; The Integrated Population and Development Program conducted by the Research Triangle Institute; The Bureau of the Census RSSA 4-75 Agreement; and the International Training Program in Health (INTRAH) contract conducted by the University of North Carolina Medical School.

The evaluations, in three of the instances, involved fairly extensive overseas travel. The consultants attended training workshops and met with Mission and Ministry of Health staff, as well as with recipients of the training or technical assistance provided by the contracts evaluated.

The seven field project evaluations encompassed health and population projects in four regions (Asia, Latin America,

Near East, and Africa) and included family planning, rural health, and integrated family planning/rural health projects. In addition, three assignments dealt exclusively with project redesign efforts.

Phase II of the Egypt Health Sector Assessment was formally initiated by a one-day briefing that provided the consultants an overview of the social, political, and economic conditions of Egypt and a summary of the findings of the first phase of the sector assessment. The Phase II team, headed by Dr. Julius Richmond, spent two weeks in Egypt reviewing the detailed reports of the Phase I team, meeting with USAID and Egyptian officials, and developing recommendations for the scope and emphasis of AID's health program in Egypt for the next five years.

Evaluation of TA Services

APHA routinely evaluates technical advisory services and their management through separate questionnaires sent to the consultant(s), the requesting missions, and AID/W. During this six-month period, 61 percent of the questionnaires distributed were returned, and follow-up letters were sent to non-respondents.

Results indicate that the AID field staff and Washington-based technical officers requesting these services are quite satisfied with consultant performance - 97 percent rated it in the category of very good to excellent. The consultants also received high ratings for their understanding of the scope of work and for the quality of the reports submitted.

For their part, the consultants perceive a need for more complete information on the assignment's scope of work and desire more information on consultant fee determination prior to undertaking the assignment. APHA has responded to this feedback from consultants by revising TA procedures so that consultants' fee determination occurs earlier in the assignment support process.

Registry

Contract requirement:

- Establish and maintain a registry of consultants. By end of contract, 3000 qualified consultants should be enrolled in the registry.

The APHA Consultant Registry presently contains information on 2931 health and health-related specialists. Records of training, work experience, language abilities, and other information allow APHA and AID to identify consultants tailored to the specific assignments. (See Appendices C and D.)

In its continuing recruitment process, APHA makes a concerted effort to seek out and attract the enrollment of minorities and women. Since inception of the ADSS contract, the percentage of registrants that are female has increased from 30 to 37 percent; the percentage of registrants that are minorities has risen from 20 to 26 percent.

During this period, 155 health and population-related specialists were added to the registry. Updating of consultant information and weeding of inactive candidates was continued on a regular basis.

2. Promotional Information and Education

Conferences

APHA is mandated to undertake conferences and workshops on subjects vital to the promotion, development, operation, and better understanding of primary health care and affordable health and family planning delivery systems.

a. Conferences with AID

Contract requirement:

- Conduct one conference per year (total of 3) in collaboration with AID and designed primarily to keep AID and AID contractors, field staff, and developing country participants up to date on current developments in areas of primary health care, and to provide for an exchange of information about lessons learned from AID-assisted country programs.
- Conduct an agency-wide all-regions health officers' conference.

Latin American and the Caribbean Region (LAC)

During April 18-23, 1982, APHA collaborated with the LAC Bureau in organizing and implementing a conference for LAC

health, nutrition, and population (HNP) officers at the Coolfont Conference Center in Berkeley Springs, West Virginia. In addition to HNP officers, the 68 participants included AID/W administrators and technical staff, a representative from the State Department, representatives from national and international agencies, and resource persons. A copy of the conference program is contained in Appendix E.

The objectives of the conference were:

- To identify and resolve significant and recurring operational and implementation problems experienced by HNP field officers, in order to increase the efficiency and effectiveness of LAC programs;
- To provide a forum for LAC/HNP officers to exchange experiences and information about successful innovations and approaches, as a means of facilitating coordination and consistent policy and program implementation;
- To explore and adapt alternative strategies for dealing with the most critical HNP problems presently facing the LAC region;
- To brief HNP officers regarding trends in policy and financing in the health/nutrition/population sectors and discuss implications for projects and programs; and
- To brief HNP officers about central resources available for projects and programs.

Conference evaluation questionnaires were received from 24 participants. A full outline of the responses is given in Appendix F. Most frequently highly rated by participants were the services from conference managers and the adequacy of conference facilities. Level of individual involvement and appropriateness of topics also received favorable marks by many respondents. The greatest criticism was directed at the lack of opportunity for serious debate. Participants strongly desired more time for discussions in small groups. Regarding follow-up activities, respondents seem eager for the recommendations of the conference to be presented formally to LAC Bureau management for implementation, and see great utility in future conferences along these lines.

A full report on the conference has been submitted to AID as a separate document.

Other Regions

Conferences were held for Africa-based staff and Asia-based staff in November 1981 in Lomé, Togo, and Chiang Mai, Thailand.

Agency-wide Conference

Under amendment 11 to the ADSS Contract, APHA will plan and manage an agency-wide All Regions Health Officers' Conference. It is anticipated that this conference will be held in the Washington, D.C. area during the month of December 1982, and will involve approximately 100 participants.

Preliminary steps have been taken for identifying an appropriate venue and for establishing working mechanisms with AID to develop program details, per APHA communication to ADSS Project Officer of 9/29/82.

b. Conferences with Other Donors

Contract requirement:

- Conduct one conference per year in collaboration with other donors and designed to help the health leadership in developing countries plan and extend primary health care programs.

The three conferences of this type were held during previous reporting periods. They were:

- WFPHA III International Congress on "Primary Health Care: World Strategy," February 1981, Calcutta; in conjunction with WHO and UNICEF. Hosted by the Indian Public Health Association.
- "Management for Health Development," October 1981, Lomé (Togo); in conjunction with the SHDS (Strengthening Health Delivery Systems) Project and WHO/Brazzaville.
- "Expanded Programs of Immunization and Their Integration into Primary Health Care," May 1981 (Spanish language, Quito) and September 1981 (English language, Kingston); in conjunction with PAHO/WHO.

c. Workshops

Contract requirement:

- Two workshops per year in collaboration with other donors and designed to focus on the interests, problems, and needs of developing country health personnel at the intermediate level who have operational responsibility for planning or executing primary health care programs, particularly in poor urban or rural areas.

In amendment 11 to the ADSS contract, the number of workshops mandated was reduced to five. Two workshops originally envisioned for Asia were shelved by AID due to budgetary constraints. The five workshops implemented are listed in Appendix A to this document. An additional workshop, detailed below, was undertaken on instruction from the Project Officer, with funding provided to the contract by the Africa Bureau.

Workshop on "Malaria Control in Primary Health Care in Africa"

In response to a request from the Bureau for Africa, APHA organized and managed a workshop on "Malaria Control in Primary Health Care in Africa." This activity was planned and developed in collaboration with the Bureau for Africa, the Bureau for Science and Technology/Health, and the Malaria Branch of the United States Public Health Service Centers for Disease Control.

The five-day meeting, held at the Shoreham Hotel in Washington, D.C., was attended by 53 health care specialists and malariologists. The specialists included nationals from five African nations: Ghana, Tanzania, Zambia, Kenya, and the Sudan. Other professional health care experts and malariologists working in Mali, the Sudan, Tanzania, the Congo, the Gambia, Zaire, France, and the United Kingdom also participated.

The purposes of this workshop were to:

- Review recent information regarding malaria in Africa;
- Study the status of malaria control and primary health care in Africa;
- Consider current technical information concerning methods of controlling malaria in Africa;

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

2. Promotional Information & Education

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES	
Conferences in collaboration with AID	1 per year	Year 1:														
		Year 2:														
		Year 3:		●	●					●						
Conferences in collaboration with other donors (2 language versions to 1 conference)	1 per year	Year 1:														
		Year 2:					●				●			●		
		Year 3:		●												
Workshops (one special workshop held)	5	Year 1:					●				●					
		Year 2:		●							●			●		
		Year 3:									●					

- o planned
- accomplished

9/30/82

- Generate conclusions and recommendations concerning malaria control that could be incorporated into a malaria control field manual, and;
- Obtain feedback from AID field officials and their counterparts about the contents and format for such a manual.

A copy of the full workshop program is contained in Appendix G.

The major output of the workshop will be the manual on malaria control in primary health care in Africa. The document will provide guidelines for AID's health, nutrition and population officers working in Africa.

Several versions of the manual have been reviewed by officials in the Bureau for Africa and the Bureau for Science and Technology/Health. APHA is now in the process of sending the manual for outside review and comment by technical experts and AID health officers; this group includes both conference participants and non-participants. The final version will be completed in December, 1982.

Both formal and informal evaluations suggest that the workshop achieved its objectives. As indicated in the evaluation summary in Appendix H, support services were most frequently rated excellent. Also receiving strong endorsements from participants were the selection of participants, the opportunities for contributions by all, and the coverage of subject matter. Respondents also made a series of interesting comments regarding workshop format and content. While these comments present an array of suggestions, two remarks surfaced more than twice: send background documents well before the meeting; and increase the time for small group work, even at the expense of plenary sessions, which some participants perceive as redundant.

Newsletter

Contract requirement:

- Publish 13 issues of the quarterly newsletter Salubritas;
- Distribute newsletter in quantities of 12,000 - 20,000 per issue;

- Distribute at least 75 percent of each issue to personnel in developing countries; and
- Conduct assessment of newsletter recipients.

Issues

During April 1 - September 30, 1982, two issues of Salubritas were published, as scheduled. They appeared during the normal publication months of April and July as numbers 2 and 3 of volume 6.

The April issue featured articles on designing appropriate health education illustrations (Mexico), training midwives to screen for complications of pregnancy (book excerpt), and the Red Cross Radio Prize to Promote Primary Health Care. In addition, the newsletter contained information on resources for dental care, new newsletters, training courses, and ten low-cost books.

In the July issue readers were informed about improved arm circumference tapes (Colombia), how to teach health workers to screen for respiratory problems (book excerpt), the successes and failures of a small pharmaceutical firm (Bangladesh), training sessions, conferences, 11 low-cost books, and six new newsletters.

Amendment 11 to the ADSS contract calls for an additional issue of Salubritas, completing the sixth volume with a fourth issue.

Distribution

Distribution of Salubritas as of the July 1982 edition stood at 18,029. The breakdown is as follows:

<u>By language edition:</u>	English:	10,413
	Spanish:	4,505
	French:	<u>3,111</u>
	Total:	18,029

By type of reader:

	<u>Percentage</u>
AID Missions	4%
Developing country field health personnel	29%
Public health officials of developing country governments	18%
Non-governmental agencies	10%
Multilateral/bilateral agencies	6%
Training institutes in developing countries	13%
Training institutes in US and other industrialized countries	5%
Donor agencies, voluntary health organizations in industrialized countries	5%
Others (e.g., students)	<u>10%</u>
Total	100%

By region:

	<u>Percentage</u>
U.S., Canada, & Europe	18%
Latin America & Caribbean	31%
Africa	25%
Asia & Pacific	13%
Near East	4%
Peace Corps bulk distribution	<u>9%</u>
Total	100%

Percentage going to personnel in developing countries: 82%

Appendix I details the distribution of Salubritas by region and country.

Assessment

The readers survey conducted in the fall and winter of 1981-1982 was reported on in depth in the semiannual report previous to this one. The information contained in Appendix J highlights the major finding of the assessment, which was overwhelmingly positive.

Future Funding

Acting on the decision of the AID Communications Review Board to terminate AID funding for Salubritas as of volume 6, number 4, APHA has actively been seeking other means to continue publication of the newsletter and to maintain the excellent communication network of 18,000 health workers that has been developed around the information exchange. To this end, APHA has been in contact with 52 foundations and all organizations receiving bulk subscriptions to ascertain their interest in participating in a consortium of funders for Salubritas. To date most responses from foundations have been very supportive of the concept of Salubritas and its clear measured impact, but regret that it does not fit in with their presently structured program priorities. Many bulk subscribers, however, do exhibit a willingness to underwrite their subscriptions. Appendix J contains a copy of the packet of information that has been circulated to potential funders.

The packets contain a compendium of unsolicited comments from readers on the importance of the newsletter to their work. These were derived from the Readers' Survey undertaken last year.

APHA is committed to doing its utmost to keep Salubritas from becoming extinct and will continue to pursue funding opportunities.

Information Packets

Contract requirement:

- Develop 18 information packets or annotated checklists for AID Washington and field staff. Materials selected for the packets represent recent documents and publications that enable AID staff to keep up to date on current developments in primary health care;

- Distribute packets/lists to not more than 150 AID staff; and
- Establish a follow-up system to evaluate the relevance and usefulness of packets/lists.

Annotated checklists were mailed out in June 1982 (#22), August 1982 (#23), and September 1982 (#24 and #25). Appendix K includes the four annotated checklists. The checklists for the packets sent out during the last four months are still coming in. So far the number of checklists returned for each of the packets is: 20 for #22, 22 for #23, 9 for #24, and 3 for #25.

The mailing lists for all four checklists are identical. Beginning with information packet #19, the mailing list was reduced from 113 to 74, per POCI-007. The list is comprised of 61 USAID missions, 8 AID/Washington staff, and 5 file copies for use in the APHA Resource Center. Appendix L includes a listing of the recipients.

A reader survey of packets numbers 15-21 was sent out with annotated checklist 22. The return rate for the surveys has been 16 percent - high by all standards. Appendix M is an analysis of the reader surveys.

Distribution and Information Services

Since April 1, 1982, the Resource Center has distributed the following quantities of volumes in the Primary Health Care Issues Series: 1,063 copies of "Immunizations," 560 copies of "Growth Monitoring," 1,446 copies of "Community Financing," and 866 copies of "PHC Bibliography and Resource Directory." Appendix N contains a breakdown of the distribution of the Issues Papers. A reader survey has been inserted into all the copies that have been distributed. Appendix O includes copies of the four reader surveys. To date 96 Immunizations, 95 Growth Monitoring, 20 Community Financing, and 43 PHC Bibliography and Resource Directory reader surveys have been returned. These surveys have yet to be analyzed. Appendix P is a sampling of the requests that APHA has received for the PHC Issues series.

The monograph series developed under the DEIDS project continues to generate interest. Some 40 copies of Monograph #4, Environmental Sanitation and Integrated Health Delivery Programs, were distributed. In addition, over 20 photocopies of Monographs #2 and #3 were sent to individuals in developing countries. Other requests were directed to the APHA Publications Division, which is making available at cost the second printing of the monographs.

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

2. Promotional Information & Education

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES	
<u>Salubritas</u> newsletter	4 per year	Year 1:	●			●			●			●			vol. 4	
		Year 2:	●			●			●				●			vol. 5
		Year 3:	●			●			●				●			vol. 6
Information packets	6 per year	Year 1:	●		●		●		●		●		●		# 8-13	
		Year 2:	●		●		●		●		○				#14-18	
		Year 3:	●		●		●					○		● ●●	#19-25	
		Year 1:														
		Year 2:														
		Year 3:														

- planned
- accomplished

During this six-month period the Resource Center received over 115 visitors and responded to more than 240 reference calls. Some 130 letters were sent in response to inquiries for APHA/IHP publications, reports, brochures, and health information.

An index to the collection of APHA reports in the Resource Center was compiled. The index includes a listing of the reports by country, title, author, and year of publication.

During this period the Resource Center also provided support services to the Conference Unit during the Meeting on Malaria Control in PHC in Africa, Washington, D.C., June 28 - July 2, 1982, and assisted the Evaluation and Special Studies Unit in acquiring documents and compiling the bibliographies of the Issues Papers.

3. Evaluation and Special Studies

The Evaluation and Special Studies Unit has responsibility for several related activities that review progress in implementing primary health care in the developing world and that present decision makers with information on alternative strategies for strengthening primary health care activities.

Tracking Report

Contract requirement:

- Provide overall tracking of the progress made towards improving and extending health delivery systems and primary health care in AID-assisted countries.

In September 1981 volume I of the tracking report, entitled "AID-Assisted Primary Health Care Projects: Summary Reviews," was finalized and distributed to AID Washington and USAID missions. Organized into separate sections by region, the volume summarizes 9 projects in Asia, 20 in Latin America, 18 in Africa, and 5 in the Near East, totaling 52 projects selected for review. Information on each project includes: identification information, country statistics, synopsis, background, project description, implementation experience, and a list of references.

During this reporting period the second volume of the tracking report was published under the title of "Primary Health Care: Progress and Problems. An Analysis of 52 AID-Assisted

Projects." Based on the project summaries compiled for volume I, volume II identifies areas of progress and problems encountered in the integrated health programs being carried out with AID assistance and suggests ways in which primary health care projects can be modified and improved. Recommendations center on management and support problems, cost and government financing, community financing, community participation, community health workers, preventive services, evaluation, and program design.

Some 3,000 copies of the 101-page document were printed and are now being distributed to AID/Washington, USAID missions, portions of the ADSS project primary health care master mailing list, and in response to requests received by the ADSS project officer. Members of the international health community were alerted to the publication through a press release issued by APHA in late summer, and the document will also be publicized in the October 1982 issue of Salubritas.

Global Review - Issues Papers

Contract requirement:

- Prepare and publish reviews for the global state of the art applicable to primary health care; prepare 9 "issues papers," publish 8.
- Circulate 3,000 copies of each paper.

Content

Research conducted under the global review has been published by the ADSS project under the name of the Primary Health Care Issues series. Per amendment 11 to the ADSS contract, 9 such "issues papers" were to be developed, 8 of which would be printed and distributed to target groups in the international health community.

The first issues paper, "Immunizations," was printed in September 1981, followed in October of that year with "Growth Monitoring of Preschool Children: Practical Considerations for Primary Health Care Projects." These two first issues papers were highly praised by their intended audience: program managers and decision makers who plan and implement programs around the world.

For each of the subjects under study, the series gives an overview of the work presently under way in that area and presents guidelines on how the experiences of that area can

apply to implementation of primary health care, or to the integration of those services within delivery of primary health care services.

During this reporting period, four more issues papers were published:

- Community Financing of Primary Health Care
- Using Radio for Primary Health Care
- Primary Health Care Bibliography and Resource Directory
- Primary Health Care: Progress and Problems. An Analysis of 52 AID-Assisted Projects (volume II of the "tracking report")

The final drafts of an additional two issues papers were delivered to the ADSS Project Officer by the end of the core contract period on September 29. Once approved for publication, they will be produced during the contract extension period authorized under amendment 11. Their titles are:

- Community Participation in Primary Health Care
- Health Information Systems for Primary Health Care

Distribution

As the distribution information given on page 16 of this report testifies, the Primary Health Care Issues series is meeting a critical need for clearly presented, specific information that is understandable to PHC generalists. The series has generated an overwhelming amount of interest, and has produced calls from many quarters for translations into Spanish and French, among other languages. The series is being publicized through APHA news releases, announcements in Salubritas, and exhibit booths at such meetings as the APHA Annual Meeting in Montreal (November 1982), the Society for International Development (SID) International Conference in Baltimore (July 1982), and the National Council for International Health (NCIH) Conference in Washington, D.C. (June 1982).

Special Studies/Workshops

Contract requirement:

- Conduct two workshops and technical working sessions per year - total of 6.

Special studies workshops are designed to provide a timely response to critical issues in primary health care that surface in the field or during the preparation of issues papers for the global review. The purpose of the workshops is to bring together within a short period of time the best thinking experts can provide on the particular topic in question. Special studies are original or special purpose research undertaken by APHA staff or consultants.

Amendment 11 to the ADSS contract specified a requirement of two workshops or technical sessions per year, for a total of 6 during the life of the contract. As detailed in Appendix A, all of these took place prior to the reporting period covered here.

Within this period APHA published the report on the "Scaling Up of Primary Health Care Programs" workshop that was held in December 1981 in the Coolfont Conference Center in Berkeley Springs, West Virginia. The report, of which 500 copies were printed, is entitled "Expanding Primary Health Care Projects to Programs. Report from a Workshop." The document addresses two questions: 1) Can the same activities that lead to reduced morbidity and mortality in small- to medium-sized projects be scaled up to regional and national programs? 2) What are the factors that aid or obstruct this scaling-up process?

Report chapters, which center on such basic issues as project type and strategy, organization and politics of PHC, and financing, couple introductory material with excerpts from the actual discussions.

The report is being distributed to workshop participants and others who requested it and were authorized by the ADSS project officer for receipt.

The contents of the report prepared following the ADSS project workshop on community participation, held in November 1980, have been integrated into the issues paper on community participation described in the previous section.

Data Bank

Contract requirement:

- Establish and maintain a data bank of 300 projects concerning primary health care programs in developing

countries; maintain up-to-date and readily retrievable information for each project; and disseminate information on projects.

The data bank presently contains information on 300 PHC projects; the data on these projects was updated in 1980. In June 1981, the ADSS project evaluators suggested that this activity be put on hold until the usefulness of the data bank could be determined. Information on these projects has been disseminated through the tracking report, the Primary Health Care Issues series, and the Salubritas newsletter.

Technical Reports

Three requirements under the technical reports section of the contract have been satisfied through the outputs described above. These are:

- Prepare technical reports summarizing results of special studies, expert committee meetings, etc.

Technical papers were prepared on the topics of growth monitoring (issues paper), community participation (workshop report and issues paper), implementing primary health care (draft issues paper), expanding PHC from projects to programs (workshop report), and malaria control in PHC in Africa (workshop report).

- Circulate 2,000 copies of each report.

The technical reports that are within the Primary Health Care Issues series are receiving a distribution of 3,000 copies. The workshop reports are receiving a more limited distribution, on instructions from the ADSS project officer.

- Prepare a report summarizing progress, constraints, suggested changes, and need for problem-solving research in AID-assisted countries.

This report is contained in the volume "Primary Health Care: Progress and Problems. An Analysis of 52 AID-Assisted Projects."

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

3. Evaluation & Special Studies

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES	
Tracking Report	1 4-section volume 1 analysis vol.	Year 1:													•	
		Year 2:	•	•	•											
		Year 3:												•		
Issues Papers	8 published (2 to be published during extension period)	Year 1:													•	
		Year 2:													•	
		Year 3:	•						•		•			•	•	
Workshops/ Technical Working Sessions	6	Year 1:														
		Year 2:	•	•	•								•			
		Year 3:			•	•										

o planned
• accomplished

9/30/82

B. Liaison Activities

1. World Federation of Public Health Associations (WFPHA)

APHA serves as the secretariat for the WFPHA, and is one of its founding members. The WFPHA, through a program of publications, meetings, and other related activities, enhances collaboration among national public health associations around the world in working toward improved community health and high standards for the public health professions. It is through the WFPHA, as a recognized non-governmental organization, that APHA relates officially to the World Health Organization, the United Nations Children's Fund, and other international organizations. Dr. Susi Kessler is the Federation's Executive Secretary.

In conjunction with the Annual World Health Assembly of the World Health Organization, Dr. Kessler, an official member of the WFPHA delegation to the Assembly, was in Geneva during the first two weeks of May. Her trip encompassed the following activities:

- Participation in the World Health Assembly.
- Meetings and consultations with WHO staff and consultants regarding coordination of activities of mutual interest, dissemination of ADSS contract products, information about other AID activities such as PRICOR, development of joint activities.
- Meetings and consultations regarding the forthcoming APHA/AID workshop on guidelines for integrating malaria control activities with PHC.
- Planning and management of the 16th Annual Business Meeting of the World Federation of Public Health Associations.
- Meetings with national delegates to recruit members for WFPHA, identify consultants for registry, learn about country programs and progress in PHC implementation, inform about such AID projects as PRICOR and WASH, and disseminate APHA/AID publications.
- Participation in meetings of NGOs - NGO group on PHC; NGOs in official relations with WHO.
- Planning sessions for IV WFPHA International Congress.

World Health Assembly

Following are highlights of the 1982 World Health Assembly.

- Mr. Mamadou Diop, Minister of Health of Senegal, was elected President. Mr. Diop is a doctor of law and was formerly Advocate General of the Supreme Court of Senegal, Secretary-General of the Presidency of the Republic, and Minister of Public Works, Transport and Town Planning.

In his presidential address Mr. Diop made an appeal for dialogue and cooperation. He stressed that economic development is not synonymous with good health. Regional cooperation is essential.

Vice-presidents were elected from Mexico, Pakistan, the Federal Republic of Germany, Mongolia, and Papua New Guinea.

- Professor Ali Fadl, Minister of Health of the Sudan, was elected Chairman of Committee A, which reviews technical matters before the Assembly. Mr. Narinder Vohra of India was elected Chairman of Committee B, which reviews administrative matters before the Assembly.

- Dr. Halfdan Mahler, Director-General of WHO, made the key-note speech on "Countdown for Health for All." Some main points follow.

"We have the body of knowledge to make remarkable inroads to the conquest of health if only we apply this knowledge."

WHO's 7th General Program of Work gives emphasis to building up health infrastructures based on PHC and support of the other levels of the health system. We need now to emphasize building a solid infrastructure with suitably trained health workers.

"--The clock ticks inexorably on. With 18 years to go to the year 2000, we must never stop our action and our counting until we reach the goal of that unusual social revolution for people's health...set in motion just five years ago."

- The U.N. Peace Medal was awarded to Mr. Ryoichi Sasakawa, Chairman of the Japan Shipbuilding Industry Foundation. The medal was granted for support to the humanitarian activities of the U.N. system. The JSIF has provided over \$20 million to WHO. This amount represents the largest contribution to WHO by a private organization.

Dr. Mahler emphasized that "by contributing to health the Foundation was contributing significantly to peace." The neutral ground of health must be used to promote the global development dialogue. That is a subject on which "people of the world agree across national barriers and in spite of political and ideological differences."

- The Léon Bernard Medal and Prize was awarded to Dr. Ana Aslan of Rumania for her contributions in the field of social medicine and geriatrics, in line with the World Health theme of "Add Life to Years." Dr. Aslan, now aged 80, set up the world's first geriatric institute at Bucharest, and has always been a staunch supporter of preventive methods to combat aging. She has worked with procain for rheumatoid arthritis, extending her work to explore the effects of the drug on the physical and mental improvement of the aged.

- The Shousha Medal and Prize went to Dr. Hashim Saleh El Dabbagh of Saudi Arabia for public health services, particularly related to the influx of two million pilgrims annually to Mecca.

- Richard Schweiker, Secretary of the U.S. Department of Health and Human Services, headed the U.S. delegation to the Assembly, which also included Dr. C. Everett Koop, Dr. E.N. Brandt, Dr. John H. Bryant, Dr. Jarrett Clinton, and Dr. W.E. Mayer.

Mr. Schweiker emphasized the continued commitment of the United States to WHO and to the goal of "Health for All." He reported on the progress achieved in the U.S. in immunization goals - 95 percent of children are now protected. There has been a significant reduction in the incidence of measles; only 36 cases have been reported in the last year. In that same period, one case of polio, no cases of diphtheria and twelve cases of tetanus have been reported.

Mr. Schweiker also emphasized the need for cooperative research and wide diffusion of research results.

The U.S. Agency for International Development is providing assistance in primary health care programs in 47 countries.

The U.S. is emphasizing health promotion in the area of non-communicable disease, advocating changes in lifestyle and behavior. The U.S. is thus moving from "sickness care to wellness care."

The Secretary suggested a "Global Epidemic Investigation System."

● Address by Mr. William Kerrigan, Secretary-General of the United Nations World Assembly on Aging. The Assembly will take place in Vienna from July 26 to August 6, 1982.

● Technical Discussion. The theme was "Alcohol Problems are Health Problems." There is a need for:

- national policies
- mobilization of political will
- better data and records
- regulation of global alcohol trade for health reasons
- promotion of social awareness
- creation of an international year for the promotion of healthy living. The message should be positive health rather than negative illness.

○ Action Program on Essential Drugs. This program was established by WHO in 1981 to make essential drugs for primary health care more available to developing countries. Some 70 countries have already established their lists of essential drugs.

The program has six major areas of activity.

- Development of drug policies: identifying needs, selecting drugs, estimating quantities, improving supply, ensuring appropriate usage, providing information and education, encouraging local formulation and local production when desirable, strengthening quality control, monitoring adverse reactions, advocating appropriate legislation for drug registration, quality, etc., developing manpower, stimulating multi-sectoral action, and evaluating.
- Improved procurement
- Inter-country cooperation: pool procurement, training, quality assurance, and exchange of information.
- Manpower development
- Mobilization of financial resources
- Monitoring and evaluation

The International Federation of Pharmaceutical Manufacturing Associations (IFPMA) has indicated to the WHO Executive Board that they are willing to make essential drugs available to underserved populations under favorable terms, and are eager to assist in other aspects of training and improved logistics development. A number of pilot studies are to be developed.

- Strategy for Health for All - Implementation of a Plan of Action. The plan of action presented to the Assembly lays out a series of steps and a timetable to be taken by: a) member states; b) WHO governing bodies (Assembly, Executive Board, Regional Committees); and c) the WHO Secretariat.

These steps include actions such as further refining country plans, developing indicators for monitoring, and expanding technical cooperation among developing countries (TCDC).

By 1983 countries are expected to submit progress reports, and by March 1985 they are expected to submit the first evaluation reports on the effectiveness of their strategies. In 1987 progress reports will again be prepared to assist in the preparation of the next program of work for WHO.

- Infant and Young Child Feeding. A resolution was passed reaffirming the International Code on Marketing of Breastmilk Substitutes and urging WHO to promote the Code and countries to adopt national legislation. WHO was asked to play a stronger role in monitoring and to increase its studies and data collection on related subjects.

16th Annual Business Meeting of the World Federation of Public Health Associations

The 16th annual meeting was held at the International Conference Center. In attendance were representatives from 17 countries, in addition to representatives from WHO.

Highlights of the meeting included:

- Planning for the Fourth International Congress of the WFPHA, to be held in February 1984 in Tel Aviv, Israel. The Israel Public Health Association will be the local organizers and hosts.
- Presentation of an honorary medal to the Federation by the representative of the Polish Society of Hygiene, Dr. Cezary Korczak.

- Distribution of "Message from Calcutta," the recently published report on the III International Congress.
- Consideration of the role of public health associations in monitoring the Code of Marketing of Infant Formula.
- Review and refinement of a joint proposal developed with WHO for continuing education in management.
- Presentation of a WEO study relating to psycho-social factors in occupational health and consideration of participation by WFPHA member associations.
- Review of a joint Canadian Public Health Association/Sudanese Society for Preventive and Social Medicine project on health in the work place.
- Consideration of resource mobilization for the Federation.
- Decision to increase member dues.
- Familiarization of participants with PRICOR research and funding opportunities.

The complete minutes of the WFPHA meeting are available.

Membership

The WFPHA has recently received an application for membership from the newly-formed Public Health Association of Kenya. Applications are imminent from national public health associations in Egypt and the Yemen Arab Republic. During the time of the World Health Assembly, health officials from the following countries expressed an interest in membership in the WFPHA: Uganda, Thailand, Senegal, Mali, Norway, the Netherlands, and Ethiopia.

2. Visitors and Participation in Meetings

During June 12-19, 1982, several APHA staff participated in the annual conference of the National Council for International Health. This year's theme was "Financing Health Services in Developing Countries." Dr. Wayne Stinson, principal author of the ADSS Primary Health Care Issues volume on community financing, chaired a session on this topic. The paper, along with other ADSS work products, was well publicized among conference participants through the APHA exhibit booth. Dr. Susi Kessler and Dr. Alfred Geral. are the APHA representatives to NCIH.

APHA also maintained an exhibit booth at the 25th Anniversary World Conference of the Society for International Development, which was held on the theme of "The Emerging Global Village," during July 18-22 in Baltimore, Maryland. Through the booth participants were made aware of the Primary Health Care Issues series, the consultant registry for technical advisory services, the international health periodicals Salubritas and Mothers and Children, and other resources for international health assistance available through APHA.

On April 27 APHA hosted a group of seven African health officials, who were touring the U.S. under the auspices of Crossroads Africa. The session at APHA familiarized the visitors with resources available under AID support through such projects as ADSS, WASH, and PRICOR. Guests were also interested in the domestic activities of APHA as a professional membership association.

On July 28 Dr. Susi Kessler participated in a symposium sponsored by Project HOPE on the role of nursing in primary health care.

Administrative Report

ADSS PROJECT
PIPELINE ANALYSIS OCTOBER 1, 1979 THRU SEPTEMBER 30, 1982

Item	Project Total	Information Dissemina- tion	Salubri- tas	Confer- ences	I.A. Pop	I.A. Health	T.A. Regis- try	Evalua- tion/SP Studies	Overall Project Management
BUDGET years Accumulated	7,497,476	236,476	308,370	718,158	2,243,859	1,027,089	157,626	1,476,603	1,329,295
Less Expenditures Oct. 1979-Sept. 30, 1982	8,487,891	238,730	353,814	650,314	2,446,750	1,704,725	116,509	1,563,516	1,413,533
Less: Encumbrances as of Sept. 30, 1982	400,394	-0-	-0-	26,066	232,142	130,677	-0-	11,509	-0-
BALANCE Sept. 30, 1982	(1,390,809)	(2,254)	(45,444)	41,778	(435,033)	(808,313)	41,117	(98,422)	(84,238)

Expenditures through 9/30/82	8,487,891
Encumbrances 9/30/82	<u>400,394</u>
Total	8,888,285
Estimated Contract Cost	<u>7,497,476</u>
Funds Required for Completion	1,390,809

EMPLOYEES ASSIGNED TO THE ADSS CONTRACT SEPTEMBER 30, 1982

<u>EMPLOYEE NAME</u>	<u>RESPONSIBILITY/TITLE</u>
Dr. Susi Kessler	Director
Dr. Alfred Gerald	Program Manager
Ronald Augustin	Courier/Clerk
Jenny Aung	Registry Coordinator
Alberta Brasfield	Conference Manager
Susan Brems	Program Associate
Dr. Paul Burgess	Chief, Evaluation & Special Studies
Martha De la Rosa	Senior Office Assistant
Michael Favin	Research Associate
Carollyn Gibson	Senior Office Assistant
Danielle Grant	Program Assistant
Sallie Jennings	Clerk Typist
Dr. Barry Karlin	Technical Advisory Services Manager
Susan Klinefelter	Office Assistant
Saundra Looper	Office Assistant
Maria McMurtry	Resource Center Manager
Patricia Martin	Research Assistant
Stuart Mowatt	Fiscal Manager
Edward Sabin	Research Associate
Myrna Seidman	Chief, Technical Advisory Services
Ina Selden	Editor, <u>Salubritas</u>
Sandra Singleton	Office Assistant
Dr. Wayne Stinson	Special Studies Analyst
Sonia Vargas	Office Assistant
Lisa Vest	Office Assistant
Catherine Wu	Travel and Logistics Coordinator
Catherine Young	Office Assistant

Appendix A

Summary Sheet: Status of Contract Outputs

Appendix A

Summary Sheet

Accelerated Delivery Systems Support (ADSS)
AID/DSPE-C-0053

Status of Contract Outputs*

	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs To be Completed by December 31, 1982</u>
I. Promotional Information and Education	1.1 Develop 18 information packets and/or publications selection lists	● 18 packets and publications selection lists developed and distributed;	
1.0 Packets			
	1.2 Distribute packets/ lists to not more than 150 AID staff	● List pared over course of contract from 166 to 74	
	1.3 Establish a follow-up system to evaluate the relevance and usefulness of packets/ lists	● Survey of packets distributed; tally and analysis of results of survey being finalized	
2.0 Newsletter			
	2.1 Publish 13 issues of <u>Salubritas</u> newsletter	● 12 issues published	● Publish one issue of newsletter
	2.2 Distribute newsletter in quantities of 12,000 - 20,000 per issue	● Distribution currently 18,029	

* As specified in Amendment
11, dated September 22,
1982.

3.0 Conferences and Workshops	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs to be Completed by December 31, 1982</u>
	2.3 Distribute at least 75% of each issue to personnel in developing countries	<ul style="list-style-type: none"> ● 80% of distribution is in developing countries 	
	2.4 Conduct assessment of newsletter recipients	<ul style="list-style-type: none"> ● Conducted in October 1981 	
	3.1 Conduct one conference per year (total of 3) in collaboration with AID; organize conferences on regional basis	<ul style="list-style-type: none"> ● Asia Bureau HPN Officers Conference, Chiang Mai, Thailand, November 8 -14, 1981 ● Africa Bureau HPN Officers Conference, Lome, Togo, November 15-20, 1981 ● LA/C Bureau HPN Officers Conference, Coolfont, W. Va., April 18 - 23, 1982 	
	3.2 Conduct an agency-wide all-regions health officers' conference		<ul style="list-style-type: none"> ● Conduct agency-wide health officers' conference
	3.3 Conduct five workshops in collaboration with other organizations	<ul style="list-style-type: none"> ● Inter-regional workshop on community health workers, Kingston, Jamaica, February 4-9, 1980; with WHO and UNICEF 	

Requirement

Outputs implemented

Outputs to be Completed
by December 31, 1982

3.4 Conduct one conference per year (total of 3) with other donors

- Strategies for Health for All by the Year 2000, New Delhi, India, June 24-30, 1980; with WHO and UNICEF
- Health Sector Financing, Gaborone, Botswana, October 6-17, 1980; with government of Botswana and other participating governments.
- Toward a Regional Primary Health Care Policy, Castries, St. Lucia, June 7-13, 1981; with AID, PAHO/WHO and UNICEF
- Interventions for Community Health Workers, Sousse, Tunisia, August 31-September 3, 1981; with government of Tunisia
- Malaria Control in PHC in Africa, Washington, D.C., June 28- July 2, 1982; with Centers for Disease Control*
- Primary Health Care: World Strategy, Calcutta, India February 23-26, 1981, with, World Federation of Public Health Associations, WHO and UNICEF

- This additional workshop was undertaken on instruction from the Project Officer with funding provided to the Contract by the Africa Bureau.

Requirement

Outputs implemented

Outputs to be Completed
by December 31, 1982

- Expanded Programs of Immunization and Their Integration into Primary Health Care, Quito, Ecuador (May 18-22, 1981), and Kingston, Jamaica (September 14-18, 1981); with PAHO
- Management for Health Development, Lome, Togo, October 26-30, 1981; with Strengthening Health Delivery Systems Project and WHO/Brazzaville

	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs to be Completed by December 31, 1982</u>
II. Technical Advisory Services 4.0 Services	4.0 Provide a total of up to 561 person-months of technical advisory services, subject to availability of funds	<ul style="list-style-type: none"> ● 518.5 person-months of services have been provided 	<ul style="list-style-type: none"> ● Up to 42.5 p.m. of services may be furnished, subject to availability of funds

	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs to be completed by December 31, 1982</u>
III. Evaluation and Special Studies	5.0 Provide overall tracking of progress being made towards extending HDS and PHC programs in AID-assisted countries	<ul style="list-style-type: none"> Summaries of 52 AID-assisted projects printed and distributed in four volumes (Asia, Africa, Near East, and Latin America/Caribbean), September 1981; 100 copies published 	
	5.0 Tracking		
6.0 Data Bank	6.1 Establish and maintain a data bank of 300 projects concerning primary health care programs in developing countries	<ul style="list-style-type: none"> Data bank contains information on 300 projects 	
	6.2 Maintain up-to-date and readily retrievable information for each project.	<ul style="list-style-type: none"> Data was updated in 1980 	
	6.3 Disseminate information on projects	<ul style="list-style-type: none"> Information disseminated through tracking report (5.0, AID projects), issues papers series, and newsletter 	

7.0 Issues Papers	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs to be Completed by December 31, 1982</u>
	7.1 Prepare 9 Issues Papers; publish 8	<ul style="list-style-type: none"> ● Six papers published: <ul style="list-style-type: none"> - Immunizations - Growth Monitoring - Community Financing - Bibliography and Resource Directory - Progress and Problems: An Analysis of 52 AID-assisted Projects - Using Radio for Primary Health Care ● Two papers in production <ul style="list-style-type: none"> - Community Participation (text finalized) - Health Information Systems (text finalized) ● One paper prepared but not published: <ul style="list-style-type: none"> - Implementing PHC 	● Print two papers

Requirement

Outputs implemented

Outputs to be Completed
by December 31, 1982

7.2 Circulate 3,000 copies of each paper

• Numbers of copies printed and distributed are shown below:

	Print.	Dist.
Immunizations	3,000	2,780
Growth Monit.	3,500	1,779
Comm. Financing	4,000	1,446
Bibliography & Res. Directory	3,000	866
Progress and Problems	3,000	510
Using Radio	3,000	-

• Distribute new papers and continue distribution of previously printed papers.

	<u>Requirement</u>	<u>Outputs implemented</u>	<u>Outputs to be Completed by December 31, 1982</u>
8.0 Technical Reports	8.1 Prepare technical reports summarizing results of special studies, expert committee meetings, etc.	<ul style="list-style-type: none"> ● Technical Papers prepared on: <ul style="list-style-type: none"> - Growth Monitoring - Community Participation - Implementing PHC - Expanding PHC from Projects to Programs - Malaria Control in PHC in Africa 	
	8.2 Circulate 2,000 copies of each report	<ul style="list-style-type: none"> ● Decision made to incorporate technical reports into issues papers; malaria report will receive separate distribution 	
	8.3 Reports summarizing progress, constraints, suggested changes, and need for problem-solving research in AID-assisted countries	<ul style="list-style-type: none"> ● Incorporated into an issues paper 	

	<u>Requirement</u>	<u>Outputs Implemented</u>	<u>Outputs to be Completed by December 31, 1982</u>
9.0 Workshops	9.0 Two workshops and technical working sessions per year (total of 6)	<ul style="list-style-type: none"> ● Community Participation in PHC, Washington, D.C., November 1980 ● Scaling Up of Primary Health Care Programs, Coolfont, W. Va., December 1981 ● Technical Working Session on Immunization, July 2, 1980 ● Technical Working Session on Health Information Systems, October 14, 1980 ● Technical Working Session on Training Community Health Workers, December 16, 1980 ● Technical Working Session on the Use of Radio in Primary Health Care, January 7, 1981 	

Appendix B

Technical Advisory Services for Six-Month Period

Appendix B

Technical Advisory Services for Six-Month Period

POPULATION

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Date To/From Field</u>	<u>(Estimated) Person Days</u>
*582147	Fisker, B., M.P.A. Cooke, I. Ph.D.	All Regions	(Mid-Term Evaluation of 'World-wide Contraceptive Retail Sales Program' with the Futures Group.)	6/16-8/10/82	(54)
*582148	Fabricant, S., MBA	India	(Prepare SOW for Management Needs Assessment & Develop Manpower Forecasting System for the Integrated Rural Health & Population Project.)	4/28-5/8/82	18
*582149	Felling, W.	Thailand	(Assist MOH in Installing Mini-Computers to Facilitate Processing and Identification of Commodities.)	5/1-5/15/82	(17)
582150	Saunders, L., M.A.	Kenya	"Opportunities for Private Sector Family Planning Information and Service Activities in Kenya."	6/15-7/20/82	24.5
*582151	Franks, J.	Egypt	(Provide Price Estimates for Equipment Specified by USAID/ Cairo for Galaa Hospital Project.)	5/13-8/82	(1)
*582152	Mueller, E., Ph.D. Bouvier, L., Ph.D. Baker, R., M.B.A.	All Regions	(Evaluation of the Integrated Population and Development Contract.)	5/27-6/10/82 5/27-6/9/82	(60)
*582153	Schima, M., Ed.D.	India	(Annual Review of the India Integrated Rural Health and Population Project.)	6/1-6/8/82	23.25
*582154	Carlson, B.	Barbados	"Mid-Term Evaluation of the Status, Services, and Effectiveness of the Caribbean Family Planning Project."	5/24-6/11/82	24

POPULATION

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Estimated) Person Days</u>
*582155	Lecomte, J., M.D.	Morocco	(Introduce Prevalence Programming to MOH-F.P. Activities.)	5/23-6/11/82	(27)
*582156	Mumford, S., M.D.	Sudan	(Assist Sudan Fertility Control Association in Developing Model Family Planning Clinic.)	6/5-6/15/82	(13)
*582157 (583110)	Simmons, G., Ph.D. Simmons, R., Ph.D.	Bangladesh	(Assist International Center for Diarrheal Disease Research with Operations Research Project.)	6/25-7/9/82	(20)
*582158	Wilson, S.	Indonesia	(Assist East Java Statistical Office with East Java Demographic Survey.)	6/28-8/12/82	(40)
*582159	Minkler, D., M.D. Henderson, J., Ph.D. Simmons, R., Ph.D.	Bangladesh	(Mid-term Evaluation of Bangladesh Family Planning Project.)	8/1-8/20/82	(76)
*582160	Lapham, R., Ph.D. Wells, B., Ph.D. Mott, F., Ph.D.	All Regions	(Evaluation of RSSA 4-75 with U.S. Bureau of Census.)	7/30-9/21/82	(54)
*582161	Boynton, W., M.D. Daulaire, N., M.D. Revson, J., Ph.D. Johnson, E., M.S.	All Regions	(Evaluation of the Program for International Training in Health.)	8/23-9/17/82	(90)
*582162	Murphy, E., Ph.D. Cancellier, M.P.H.	Egypt	(Provide Assistance for the Fifth Summer Workshop on Population and Environmental Education.)	7/28-8/13/82	(52)

POPULATION

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Estimated) Person Days</u>
*582163	Hyacinth, R.M.	Sudan	(Assist the Sudan Fertility Control Association in Reorganizing their Newsletter.)	Oct.-Nov.	(33)
*582164	Rizzio, M., M.S.	Egypt	(Assist the State Information Service in Designing Family Planning Education and Motivation Displays and Exhibits.)	8/5-11/15/82	(90)
*582165	Bronnenkant, P. Bronnenkant, L. Lach, J., Ph.D.	India	(Consultancy on Expansion and Improvements of Indian Contraceptive Production.)	October	(31)
*582166	Blomberg, R., Dr. Ph.	Brazil	(Explore and Design Additional Operations Research Projects with Brazilian Organizations.)	9/24-10/14/82	(20)
*582167	Fabricant, S., M.B.A.	Egypt	(Assist Representatives of Egyptian Pharmaceutical Houses to Confer with U.S. Pharmaceutical Manufacturers Regarding Transfer of Technology.)	Postponed	
*582168	Pollard, F.	Africa	(Compile information on Family Planning projects in Africa.)	9/29-12/30/82	(90)

HEALTH

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Estimated) Person Days</u>
*583102	Joseph, S., M.D. Katz, M., M.D. Lawrence, D., M.D. Richmond, J., M.D. Stevens, C., Ph.D. Dekmejian, R., Ph.D.	Egypt	(Health Sector Assessment-Phase Two.)	5/8-6/0/82	(146)
*583103	Hedgecock, D., M.P.H.	Senegal	(Design Health Component of Casamance Rural Development Project.)	5/13-6/30/82	(49)
583104	Michelson, E. Kawata, K., Dr. P.H.	All Regions	(Consultation Regarding Health Constraints of Rural Production Project.) Report Waiver	5/4/82	1
583105	Early, E., Ph.D.	Yemen	(Second Year Evaluation of Iihama Primary Health Care Project.) Report Waiver	5/17-6/7/82	20
*583106	Chaponniere, P., M.P.H.	Senegal	(Assist USAID/Dakar on Senegal Rural Health Project Evaluation.)	5/2-7/31/82	(65)
*583107	Correa, H., Ph.D.	Panama	(Review of Panama Rural Health Loan.)	6/20-7/18/82	(60)
*583108	Wertheimer, A., Ph.D.	All Regions	(Review Content of Primary Health Care Formulary.)	7/13/82	(3)
*583109	Pezzullo, S., M.P.H.	Bolivia	(Health Sector Assessment.)	7/1-10/1/82	(90)

HEALTH

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Estimated) Person Days</u>
*583110 {582157}	Simmons,R.,Ph.D. Simmons,G.,Ph.D.	Bangladesh	{Assist International Center for Diarrheal Disease Research with Operations Research Project.}	6/25-7/9/82	{20}
*583111	Geiger,J.,M.D.	All Regions	{Presentation to Current Activities in Health and Population Forum on Transferability of Acquired Management and Organizational Skills from Community Health Programs.}	9/14/82	{1}
*583112	Gilbert,L.,M.Sc.	Botswana	{Assessment and Redesign of the Botswana Health Services Development Project.}	7/8-8/4/82	{30}
*583113	Nalin,D.,M.D. Knauff,L.,M.P.H.	Burma	{Design of the Primary Health Care II Project in Burma.}	7/8-8/7/82	{46}
*583114	Nalin,D.,M.D.	Indonesia	{Review of Indonesian CCCD Diarrheal Disease Program.}	Postponed	
*583115	Rush,D.,	India	{Design Low Birth Weight Research Component of Integrated Maternal and Child Nutrition Project Paper.}	Postponed	
*583116	Sellers,S.,Ph.D.	Panama	{Final Evaluation of the Rural Health Loan.}	7/25-8/1/82	{13}
*583117	Faigenblum,J.,Ph.D. Tonon,M.,Dr.P.H.	Tanzania	{Conduct Mid-Term Evaluation of School Health Project.}	7/31-8/31/82 8/4-8/27/82	{56}

HEALTH

<u>Reference Number</u>	<u>Consultant(s)</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Estimated) Person Days</u>
*583118	Reinke, W., Ph.D.	India	{Develop Management Information System Improvement for Rural Health and Population Project.	8/8-8/25/82	{17}
*583119	Kaslow, R. Alexander, R., M.D.	India	{Develop Experimental Designs for the Epidemiological Studies and Interventions on Infection and Outcome of Pregnancy as part of MCH Project.}	Cancelled	
*583120	Over, M.	Mauritania	{Conduct Economic and Financial Analysis for Mauritania Health Sector Design.}	10/16-10/31/82	{19}

Appendix C

Representation in Consultant Registry by Expertise and
Work Experience, Cross-Referenced by Language Capability

Appendix C

Representation in Consultant Registry by
Expertise and Work Experience
Cross-Referenced by Language Capability

FIELD OF EXPERTISE	L1	L2	L3	L4	L5	L6	L7	L8	L9
010 Public Health Services	1248	358	330	91	49	49	52	13	263
* 011 Maternal & Child Health	133	56	39	12	8	6	3	1	34
020 Communicable/Trop. Disease Ctrl	337	102	85	30	13	20	18	4	94
* 021 Tropical Disease Research	16	7	8	6	1	1	1	1	5
030 Vector-Borne Disease Control	79	17	22	7	5	4	4	3	21
040 Epidemiology	400	118	108	43	19	18	19	9	94
050 Health Laboratory Sciences	82	19	14	3	3	3	1	2	21
060 Ground Water Development	122	27	32	10	5	4	3	1	26
070 Water Treatment, Distribution	47	12	13	0	0	3	2	2	15
080 Environmental Sanitation	58	13	17	3	2	3	2	2	18
* 090 Medical Care	653	183	175	50	24	20	18	9	118
* 091 Dental Health	2	1	1	1	0	0	0	0	1
* 092 Emergency/Occupational Health	8	2	3	1	1	0	0	0	0
100 Population, Family Planning	1123	317	318	83	53	46	61	17	250
110 Demography	274	71	67	18	15	11	15	5	63
120 Food And Nutrition	364	121	119	26	17	7	22	7	93
Behavioral Sciences	381	102	112	32	11	12	13	7	79
* 130 Health Education	460	123	136	32	16	16	16	9	97
140 Anthropology	191	79	81	13	12	11	11	5	57
150 Economics	209	74	66	23	14	6	7	0	44
160 Political Science	135	49	35	10	7	7	7	2	24
170 Sociology, Psychology	275	78	95	15	13	15	7	0	48
180 Computer Sciences	70	15	19	8	1	3	2	1	12
990 Other	796	219	202	60	29	16	18	11	156

EXPERIENCE

01 Administration & Management	1429	390	374	106	54	50	57	20	275
02 Statistics, Vital Data	352	88	87	25	16	12	15	3	69
*021 Health Information Systems	25	7	7	5	0	1	0	0	2
03 National Health Planning	820	249	233	62	34	34	24	10	180
04 Project Evaluation	1332	395	394	110	67	45	54	18	238
05 Operational Research	285	78	80	26	18	13	12	5	55
*051 Survey Research	98	30	35	13	6	5	6	2	20
06 Program Planning & Design	1254	358	358	92	58	42	43	16	236
07 Social, Community Analysis	173	41	50	14	9	6	10	2	30
08 Community Org. & Participation	649	167	182	33	23	24	31	8	154
09 Info., Communications Media	306	92	85	21	11	13	17	5	69
*091 Health Services Marketing	10	3	4	1	0	0	0	1	3
10 Manpower Training	919	265	242	73	36	36	37	13	212
*101 Manpower Development Planning	45	19	17	3	4	1	1	0	9
11 Clinical Services	478	146	115	41	15	10	10	9	103
12 Logistics Plng. & Mngmt.	72	18	13	5	0	2	1	1	10
*121 Equip., Transportation Mngmt.	5	2	2	2	0	1	0	0	1
13 Architecture	27	13	10	2	1	2	0	0	5
14 Cost Analysis	134	41	41	17	5	3	3	2	23
15 Rural Health Development	522	167	168	35	20	23	31	13	174
*151 Urban Health Development	25	14	10	1	2	1	0	0	6
16 Women & Health	188	70	59	12	14	11	8	3	45
99 Other	366	106	93	25	12	10	14	3	84

* Represent Areas of Fields and Experiences Added to the Modified Form.

CODE LANGUAGE

L1 ENGLISH L2 FRENCH L3 SPANISH L4 GERMAN L5 PORTUGUESE

L6 ARABIC L7 HINDI L8 ITAL L9 OTHER

Appendix D

Growth in Representation in Consultant Registry
of Minorities and Women

Appendix D

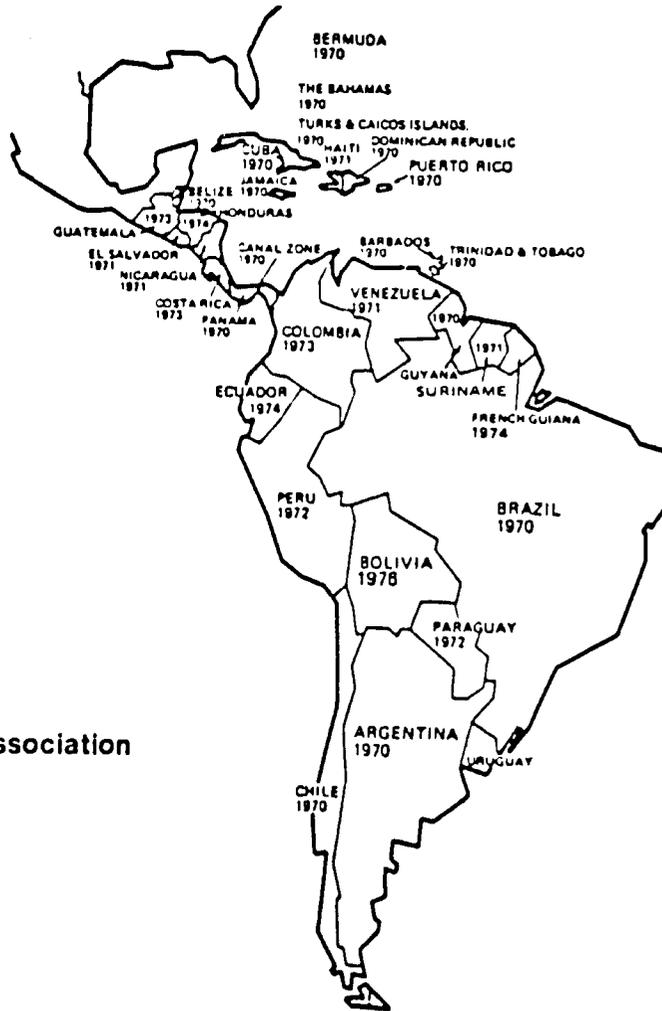
Growth in Representation in Consultant Registry
of Minorities and Women

	Number of Registrants as of 10/1/79			Number of New Registrants as of 9/30/82		
	Female	Male	Total	Female	Male	Total
American Indian.	4	2	6	0	3	3
Asian or Pacific Islander	11	42	53	36	87	123
Black/not Hispanic	44	76	120	66	134	200
Hispanic	16	54	70	33	63	96
White/not Hispanic	285	697	982	464	742	1206
Not Identified	<u>23</u>	<u>40</u>	<u>63</u>	<u>1</u>	<u>8</u>	<u>9</u>
Total:	<u>383</u> =====	<u>911</u> =====	<u>1294</u> =====	<u>600</u> =====	<u>1037</u> =====	<u>1637</u> =====
Total registrants 10/1/79		1294				
New registrants 9/30/82		<u>1637</u>				
Total in registry		<u>2931</u> =====				

Since inception of the ADSS contract (10/1/79), the percentage of registrants that are female has increased from 30% to 37%; the percentage of registrants that are minorities has risen from 20% to 26%.

Appendix E

Conference Program for Latin America/Carribean-based
Health, Population, and Nutrition Officers



**AID/LATIN AMERICA BUREAU
HEALTH, POPULATION &
NUTRITION OFFICERS
CONFERENCE**

**Coolfont, W. Virginia
April 18-23, 1982**

**Organized by the American Public Health Association
International Health Programs**

Monday, April 19, 1982 (Cont'd)

Noon

Lunch

1:15 P.M.

Nutrition Interventions

Jay Anderson, Moderator
John Thomas, Recorder

FACULTY:

Elena Brineman, ROCAP/Guatemala
Bobbie Van Haften, USDA
Hernan Delgado, INCAP, Guatemala

3:15 P.M.

Break

3:30-5:00 P.M.

Malaria Control and Expanded Immunization Programs

Oscar Rivera, Moderator
Genny Martinez, Recorder

FACULTY:

Robert Fontaine, CDC
Ciro de Quadros, PAHO
Al Buck, S&T/H
Richard Cash, Harvard U.

6:00 P.M.

Dinner Meeting of Workshop Moderators

(J. Russell, J. Coury, E. Brineman, M. Laskin, K. Farr,
T. Donnelly, L. Morse, B. Karlin, P. Harrison)

Monday, April 19, 1982 (Cont'd)

8:00-9:30 P.M. **Commercial Retail Sales of Contraceptives**

Art Danart, Moderator
Terry Tiffany, Recorder

SPEAKERS:

Betty Howell Ravenholt, The Futures Group
Don Newman, S&T/POP

Tuesday, April 20, 1982

8:30 A.M. **POLICY AND STRATEGY WORKSHOP**

PPC and S&T Reviews of Current Policies and Strategies
in Health, Water, Population and Nutrition

Leticia Diaz, Moderator
Leo Ruelas, Recorder

10:00 A.M. Introduction to Workshop

Linda Morse, LAC/DR/HN

10:15 A.M. Break

10:30 A.M. **WORKING SESSIONS**

Health and Water Task Force

Jerry Russell, Moderator
Ron Witherell, Reporter

Population Task Force

John Coury, Moderator
Tom Donnelly, Reporter

Tuesday, April 20, 1982 (Cont'd)

Nutrition Task Force

Elena Brineman, Moderator
John Massey, Reporter

6:00 P.M. Dinner Meeting of HPN Task Force Representatives and
Plenary Moderator

8:00-9:30 P.M. Private Sector Health Initiatives

SPEAKERS:

Ken Farr, Moderator
Susi Kessler, APHA/International Health Programs
Hernan Delgado, INCAP, Guatemala

REACTION PANEL:

Ron O'Connor, MSH
Jerry Russell
Wayne Stinson, APHA

Wednesday, April 21, 1982

8:30 A.M. Supplies Management

Jerry Russell, Moderator
Leticia Diaz, Recorder

SPEAKERS:

Kwyn Abrahams, AID/COM/CPS, Procurement
Specialist
Ron O'Connor, Management Sciences for Health

10:15 A.M. Break

Wednesday, April 21, 1982 (Cont'd)

10:30 A.M.

IMPLEMENTATION WORKSHOP

Introduction to Workshop

Linda Morse, LAC/DR/HN

10:45-5:00 P.M.

WORKING SESSIONS

Task Force "A"

Mark Laskin, Moderator;
Art Danart, Reporter

Task Force "B"

Ken Farr, Moderator;
Marvin Cernik, Reporter

Task Force "C"

Tom Dorinelly, Moderator;
Jay Anderson, Reporter

Noon

Lunch Meeting of Planning Committee

6:00 P.M.

Dinner Meeting of Implementation Task Force Representatives
and Plenary Moderator

8:00-9:30 P.M.

Mass Communications and Changing Health Behavior

SPEAKER:

Dr. William A. Smith, Vice-President,
Academy for Educational Development

Thursday, April 22, 1982

8:30 A.M.

Special Concerns of Field Officers

Moderators: Linda Morse & Maura Brackett

Thursday, April 22, 1982 (Cont'd)

- 9:30 A.M. S & T Bureau Resources
- Paul Cohn, Moderator
 Sam Dowding, Recorder
- Health Resources Cliff Pease, S&T/H
 Nutrition Resources Audrey Wright, S&T/N
 Population Resources Dave Denman, S&T/P
- 10:30 A.M. Break
- 10:45 A.M. Latin America Programs of Multilateral Agencies
- Leo Ruelas, Moderator
 Herb Caudill, Recorder
- SPEAKERS:
- Anthony Measham World Bank
 Lee Howard PAHO
 Maurice Herman Inter-American
 Development Bank
- 12:15 P.M. Lunch
- 1:30 P.M. Population Developments in Latin America: Video
 Presentations
- Projectionist: Bob Corno, LAC/DR/P
- 2:00 P.M. Parliamentarians Role in Population Programs
- Sam Taylor, Moderator
 Art Danart, Recorder
- SPEAKERS:
- Senator Joseph D. Tydings
 Werner Fornos, PAC

Appendix F

Summary of Evaluation by Participants
of LAC/HPN Officers Conference

AID/HPN/LAC
 COOLFONT CONFERENCE
 APRIL 18-23, 1982

Appendix F

CONFERENCE EVALUATION

Number of participants responded - 24

Poor

Excellent

Area	Poor					Excellent
	1	2	3	4	5	
1. Appropriateness of Topics.....	0% <u>-</u>	0% <u>-</u>	8% <u>2</u>	63% <u>15</u>	29% <u>7</u>	
2. Overall Quality of Presentations...	0% <u>-</u>	8% <u>2</u>	50% <u>12</u>	29% <u>7</u>	13% <u>3</u>	
3. Opportunity for Serious Debate.....	0% <u>-</u>	21% <u>5</u>	50% <u>12</u>	25% <u>6</u>	4% <u>1</u>	
4. Opportunity for Informal Discussion	4% <u>1</u>	13% <u>3</u>	17% <u>4</u>	37% <u>9</u>	29% <u>7</u>	
5. Level of Individual Involvement....	0% <u>-</u>	0% <u>-</u>	25% <u>6</u>	67% <u>16</u>	8% <u>2</u>	
6. Services from Conference Managers..	0% <u>-</u>	0% <u>-</u>	13% <u>3</u>	33% <u>8</u>	54% <u>13</u>	
7. Adequacy of Coolfont.....	4% <u>1</u>	0% <u>-</u>	8% <u>2</u>	33% <u>8</u>	54% <u>13</u>	

8. How well did the conference meet its objectives? _____
 50% stated very well; 37% stated well; 12% stated average, and one did not answer.

9. How can future conferences be strengthened? _____
 See examples of comments on attached sheet.

10. What follow-up activities do you suggest to further the goals of this conference?
 See examples of comments on attached sheet.

11. Other comments or suggestions: _____
 See examples of comments on attached sheet.

Name (Optional) _____

Examples of Comments

Question 9

How can future conferences be strengthened?

1. Allow more time for discussions in small groups was the most frequent response.
2. Reduce the didactic part and less formal presentations.
3. Send out key documents before the conference.
4. Allow more time for subregional discussions and country specific meetings.
5. More frequent conferences could reduce the time spent on implementation problems.

Question 10

What follow-up activities do you suggest to further the goals of this conference?

1. Adoption of conference recommendations by AID/W; more meetings of HNP field staff.
2. Preparation of proceedings; Cable from AID/W re: presentation of findings to LAC Bureau management and responses.
3. Rapid preparation of the final report, and try to find funding for another meeting next year.
4. Follow-up on individual recommendations. Have a meeting of 2-3 countries at a time.
5. Several regional or multi-country meetings on specific topics that are project related and involve our counterparts.

Question 11

Other comments or suggestions:

1. Get suggestions from the participants in the planning phase rather than post-op. Getting together is well worthwhile and should be done on a regular basis.
2. Circulate implementation problems among field missions, so that suggestions and ideas on solutions do not have to wait for conferences of this nature.
3. Conference was excellent from the point of view of field officers who often feel isolated and out of contact with AID/W and central resources.
4. Good mix of AID/W, field officers, intermediary agencies and other organizations participation.
5. More time for discussing technical issues in smaller groups; i.e., developing health projects in the private sector.

Appendix G

Workshop Program,
"Malaria Control in Primary Health Care in Africa"

Malaria Control in Primary Health Care
The Shoreham Hotel
Washington, D.C.
June 27 - July 2, 1982

AGENDA

Sunday, 6/27

- 6:00 PM Reception in the Executive Room
(Lower lobby — Cash Bar)
- 8:00 PM Meeting of Workshop Coordinating Committee
(Caucus Room)

Monday, 6/28

- 9:00 AM Welcome & Introduction to Workshop Objectives & Plans
(The Board Room)
- Dr. James D. Shepperd, Director, AID/Africa Bureau/Health & Nutrition
Dr. Joe Stockard, Workshop Chairperson, AID/Africa Bureau/Health
& Nutrition
Dr. A. M. Haridi, MOH, Sudan
- 9:30 AM Adoption of Agenda & Introduction to Working Paper
- Dr. Susi Kessler, Director, International Health Programs,
American Public Health Association
- 9:40 AM Review of AID Malaria & PHC Policies & Programs
- Dr. James D. Shepperd, AID/Africa Bureau/Health & Nutrition
Dr. Al Henn, AID/Science & Tech./Office of Health
- 10:30 AM Coffee Break
- 10:50 AM Malaria Control in Africa
- Dr. Anatole Kassatsky, Regional Malaria Advisor, WHO/Brazzaville
- 11:15 AM WHO Malaria Action Programme
- Dr. José A. Najera, Director of Malaria Action Programme, Geneva
- 11:40 AM PHC in Africa
- Dr. Duane Smith, Office of Strengthening of Health Services,
WHO/Geneva
Dr. Daniel Kaseje, Univ. of Nairobi, Kenya

Monday, 6/28 (cont'd)

Noon

Lunch & Study of Working Paper

3:00-5:30 PM

Plenary Discussion of Malaria Control Options
(The Board Room)

Moderator: Dr. Joe Stockard, AID

Reporter: Dr. Petra Reyes, APHA Consultant

Selected Key Issues:

- a. Role of PHC worker in malaria control
- b. Manpower requirements for mortality and morbidity reduction in PHC settings
- c. Presumptive vs. confirmed case treatment
- d. Drug resistance resulting from chemoprophylaxis
- e. Minimum levels of surveillance and evaluation for mortality and morbidity reduction
- f. Elements essential for the support of malaria control activities in PHC programs

5:45-6:15 PM

Meeting of Workshop Coordinating Committee
(Caucus Room)

Tuesday, 6/29

9:00 AM

Plenary Orientation to Task Force Assignments
(The Board Room)

Chairperson: Dr. Susi Kessler, APHA

9:15 AM-5:30 PM
(with coffee & lunch)

Task Force "A": Technical Consideration of Mortality Reduction
(The Board Room)

Facilitator: Dr. Al Henn, AID

Reporter: Dr. Bettie Graham, NIH

Topics:

- a. Diagnostic procedures
- b. Treatment drugs & regimens
- c. Emergence of drug resistance
- d. Drug side-effects and immunity
- e. Manpower requirements
- f. Evaluation of clinical services

9:15 AM-5:30 PM

Task Force "B": Administration of Services to Reduce Mortality
(The Cabinet Room)

Facilitator: Dr. F. K. Wurapa, Zambia

Reporter: Dr. J. "Bud" Prince, Consultant

Topics:

- a. Logistic requirements
- b. Target population
- c. Community organization & health education
- d. Surveillance & evaluation
- e. Manpower & training

Tuesday, 6/29 (cont'd)

9:15 AM-5:30 PM

Task Force "C": Technical Aspects of Morbidity Reduction
(The Council Room)

Facilitator: Dr. Carlos Kent Campbell, CDC

Reporter: Dr. Victor Barbiero, APHA Consultant

Topics:

- a. Drug resistance
- b. Chemoprophylaxis
- c. Side-effects
- d. Immunity modifications
- e. Surveillance & evaluation

9:15 AM-5:30 PM

Task Force "D": Administrative Aspects of Morbidity Reduction
(The Caucus Room)

Facilitator: Dr. Merrill "Bud" Shutt, Univ. of North Dakota

Reporter: Dr. William Chin, CDC

Topics:

- a. Manpower & training requirements
- b. The private sector
- c. Logistics
- d. Organizational relationships & patterns

Wednesday, 6/30

9:00 AM

Task Forces "A" through "D" continue meeting
(See Tuesday, 6/29, for room assignments)

Noon

Lunch

1:30 PM

Reports of Task Forces "A" & "B" followed by discussion
(The Board Room)

Chairperson: Dr. Al Henn

3:15 PM

Coffee Break

3:45-5:30 PM

Reports of Task Forces "C" & "D" followed by discussion
(The Board Room)

Chairperson: Dr. Joel G. Breman, C.D.C., Atlanta

Thursday, 7/1

9:00 AM

Task Force "E": Aspects of Vector Control
(The Board Room)

Facilitator: Dr. W. L. Kilama, Univ. of Dar es Salaam

Reporter: Dr. Eugene Gerberg, Consultant

Topics:

- a. Vector control methodologies & effectiveness
 - (1) Chemical methods
 - (2) Biological
 - (3) Source reduction
 - (4) Avoidance
- b. Community acceptance & participation

9:00 AM

Task Force "F" – Aspects of Vector Control
(The Cabinet Room)

Facilitator: Dr. Lawrence Cowper, AID/Health
Reporter: Dr. Augusto Noguer, WHO/Geneva

Topics:

- a. Planning vector control activities
- b. Assessment, surveillance & evaluation
- c. Vector control & PHC relationships

9:00 AM

Task Force "G" – Assessment & Evaluation of Malaria Control
(The Council Room)

Facilitator: Dr. Victor Barbiero, APHA Consultant
Reporter: Dr. Joel G. Breman, CDC

Topics:

- a. Planning overall malaria control evaluation activities, including baseline data collection
- b. Resource requirements for evaluation
- c. Malaria control indicators and measures

9:00 AM

Task Force "H" – Special Issues in Malaria Control
(The Caucus Room)

Facilitator: Dr. John Karefa-Smart, Consultant
Reporter: Dr. Andre Prost, World Bank

Topics:

- a. Issues and resources to be included in AID/Africa Guidelines
- b. Topics of major concern requiring additional deliberation

Noon

Lunch

1:30 PM

Task Force Reports "E" & "F" followed by discussion
(The Board Room)

Chairperson: Dr. Eugene J. Gerberg, Consultant

3:15 PM

Coffee Break

3:35 PM

Task Force Reports "G" & "H" followed by discussion
(The Board Room)

Chairperson: Dr. Omar Juma Khatib, Tanzania

6:00-7:00 PM

Meeting of Steering Committee & AID Field Officers
(Caucus Room)

7:00 PM

Workshop Dinner

Friday, 7/2

10:00 AM

Wrap-Up Session – Summary and Conclusions
(The Board Room)

Chairperson – Dr. Joe Stockard
Rapporteur – Mr. Albert Farwell
Closing Remarks – Dr. James D. Shepperd

Appendix H

Summary of Evaluation by Participants
of "Malaria Control" Workshop

Evaluation Form

Appendix H

A. Content

Rating Scale

Poor		Excellent		
1	2	3	4	5

- 1. Appropriate selection of participants, range of expertise, African & organizational representation 3% 6% 3% 44%
- 2. Adequacy of background documents 3% 15% 21% 41% 18%
- 3. Organization of workshop & presentation of objectives 3% 9% 53% 32% 3%
- 4. Time allocation to subjects & mix of plenary & task force sessions 0% 9% 24% 47% 15%
NA=6%
- 5. Opportunities of in-depth discussions 0% 9% 47% 24% 21%
- 6. Opportunities for contributions by all 0% 0% 21% 41% 30%
- 7. Coverage of subject matter 0% 0% 29% 50% 21%

B. Support Services

- 1. Adequacy of meeting rooms 0% 0% 6% 29% 65%
- 2. Availability of secretarial services 0% 3% 6% 26% 62%
NA=3
- 3. Travel & financial arrangements 0% 6% 15% 12% 32%
NA=36%

C. Suggestions for Improvement of Guidelines *Comment not applicable.

(A comparison of responses of field workers vs. administrators and others not in the field showed no significant differences.)

D. Suggestions for Improvement of Future Meetings

E. Which category best describes you? (check 1 only)

- | <u>#</u> | <u>%</u> | |
|----------|----------|--|
| 1 | 3 | <input type="checkbox"/> Malaria specialist working in Africa. |
| 5 | 15 | <input type="checkbox"/> PHC specialist working in Africa. |
| 9 | 26 | <input type="checkbox"/> Malaria specialist working outside of Africa. |
| 6 | 18 | <input type="checkbox"/> PHC specialist working outside of Africa. |
| 11 | 32 | <input type="checkbox"/> Other (specify) _____ |

2** 6**

** Not applicable.

July 7, 1982

Comments from Malaria
Evaluation Forms

Classification^(a)

Comments

- | | | |
|------|------|---|
| n.a. | *C. | Revision after 2-3 years if the conditions and the development of malaria programme will be successful. |
| 5 | | The document needs supporting technical documents which review scientific papers related to subject. |
| 5 | **D. | (Sociologist with some specialization on development issues in Africa.) Extend invitation to social scientists with field experience in PHC programs. |
| 2 | C. | Details of addresses for training institutions, sources of additional information. |
| | D. | Disseminate information well before meeting. |
| 5 | C. | Improve environmental mgmt. and vector control sections. |
| | D. | Distribute papers in advance. Pay part of per diem upon arrival. |
| 3 | C. | Task force groups too large for meaningful contributions. Fewer plenary sessions. |
| 2 | | More field workers with practical experience. |
| 3 | | Hold the meetings on the African Continent. |
| 4 | C. | Barry Karlin is greatly appreciated! The time allotted Task A-D was excellent. However, the tasks E-F were not covered in depth and in general of average rating. |
| | D. | Include financial/economics advisors from World Bank, PVO, etc. |

(a) Classification

1. Malaria specialist working in Africa.
2. PHC specialist working in Africa.
3. Malaria specialist working outside Africa.
4. PHC specialist working outside Africa.
5. Other

*C. Suggestions for Improvement of Guidelines

**D. Suggestions for Improvement of Future Meetings

Classification

Comments

- | | |
|---|---|
| 5 | C. Make much more specific, illustrative with case-studies and the range of ecological-demographic situations that would determine control strategies. |
| 3 | C. The introduction and background are boring and redundant, and need a great deal of thought and editing to make them concise, interesting and useful. Epidemiologic stratification and the concept of control must be presented with same general guideline. Even presumptive treatment of fever depends on it.

D. Reduce number of participants by 1/4. Poll the field people prior to the meeting to better define local AID and country concerns. |
| 1 | D. Information concerning the meeting should be sent out much earlier. |
| 5 | C. (Malaria specialist formerly working in Africa; member of WHO expert Committee on Malaria.) Reports of the WHO Expert Committee on Malaria to be available for consultation at the meeting.

D. Background documentation to be available to participants at least one week before meeting |
| 5 | C. (AID staff) Add bibliography.

D. Keep working groups a bit smaller; better distributions of microphones. |
| 2 | D. Make the Task Groups smaller for more in-depth considerations. |
| 5 | C. (AID Field Officer) Put in introduction on economic outlook for the African Region; put in caveat that whatever strategy considered needs to be continued by host government. Emphasize that exploration of non-government systems is permitted and encouraged.

D. Smaller, equal representation of specialists and planners/administrators; perhaps next meeting would have health officers and small number of specialists. |

Other comments:

Classification

Comments

- Major policy issues were raised only at the end of the conference and only with great difficulty because of makeup of group. (40 physicians, 5 other technical experts and 5 administrators/planners out of 50).
 - Too much time allotted for plenary non-directed discussions (lectures) by a few senior technical specialists; not enough time for in-depth discussions of issues in task force sections.
 - Suggest that future meetings get detailed input from field prior to setting up agenda. (Perhaps this was done.)
 - Most of time was devoted to presentations by specialists on how to implement programs with financial considerations left out.
-
- 4 C. More direct presentation of costs, expected benefits, effectiveness, possible risks of various possible activities in a variety of epidemiologic, social, etc. circumstances.
 - D. Materials available in advance of arrival.
 - 3 C. Try to avoid much overlap by the groups of issues; otherwise you did a splendid job.
 - D. More time is important for group discussion, drafting and typing the report to enable group members to read and comment.
 - 5 D. (Consultant, international public health practice) Follow-up with African meeting for HPN Officers.
 - 3 C. Insert definitions of malaria cases and deaths for planners, service providers and evaluators. A glossary.
 - 4 C. Focus on areas of consensus (majority only) and present only important areas of controversy in a separate "Issues" section. More detailed treatment of training programs.
 - D. Recommend that final manual not be mailed out, but be presented in a health officers training program.

Classification

Comments

- | | |
|---|--|
| 3 | C. Correct guideline statements with both group reports and plenary comments. |
| | D. Send working documents, meeting objectives and agenda to participants well in advance. |
| 3 | C. More precision in objectives and rationale of the activities. Presentation of baseline information and brief description of the social structure of the countries involved. |
| | D. Try to meet facilitators, reporters and moderators before the meeting. Send the documents well in advance for participants to study. |

Appendix I

Distribution of Salubritas by Region and Country

Appendix I

Distribution of Salubritas by Region and CountryRegion: Near East

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Portugal	8	10
Egypt	64	20
Morocco	127	
Tunisia	103	
Cyprus	6	
Israel	45	
Iran	34	
Iraq	11	
Jordan	7	10
Kuwait	4	
Lebanon	18	
Saudi Arabia	15	
Oman	23	
Qatar & UAE	24	
Syria	12	10
Turkey	53	10
Yemen Arab Republic	22	10
Dem. Rep. Yemen	3	
Algeria	<u>65</u>	
subtotal	644	<u>70</u>

Region: Asia and Pacific

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Afghanistan	16	
Bangladesh	143	20
Burma	12	
Sri Lanka	39	10
Taiwan	37	
Hong Kong	18	
Indonesia	309	20
Japan	9	
Malaysia	62	
Vietnam	2	
Mongolia	3	
Laos	3	
Nepal	48	10
Singapore	13	
Rep. Korea	59	10
No. Korea	1	
Thailand	83	10
Pakistan	62	20
Maldives	2	
India	588	20
Australia	50	

Asia and Pacific, continued

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Fiji	23	
Samoa	8	
Pacific Islands	23	
Philippines	367	10
Papua New Guinea	186	
New Zealand	7	
subtotal	2193	130

Region: Africa

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Angola	9	
Botswana	121	
Cameroon	417	75
Central Afr. Rep.	28	
Chad	42	10
Congo	22	
Benin	55	
Ethiopia	67	10
Gabon	25	
Gambia	29	
Equatorial Guinea	19	
Ghana	111	30
Guinea	4	65
Guinea Bissau	5	
Sao Tome and Principe	6	
Ivory Coast	47	10
Kenya	209	10
Liberia	146	20
Libya	1	
Malawi	100	
Mali	109	10
Mauritania	11	
Madagascar	29	
Mauritius	26	
Mozambique	31	
Niger	92	
Nigeria	601	30
Zimbabwe	47	
Rwanda	43	
Burundi	27	
Senegal	72	30
Sierra Leone	115	
Somalia	6	
Djibouti	4	
So. Africa	119	
Lesotho	98	10
Zambia	146	

Africa, continued

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Sudan	49	10
Swaziland	9	10
Tanzania	139	10
Togo	107	
Other islands	12	
Upper Volta	199	14
Uganda	184	
Zaire	407	10
Cape Verde Isl.	9	
subtotal	<u>4154</u>	<u>364</u>

Region: Latin America/Caribbean

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Mexico	455	
Belize	14	
Costa Rica	248	10
El Salvador	132	208
Guatemala	365	10
Honduras	156	10
Nicaragua	144	10
Panama	79	10
Argentina	90	
Bolivia	190	
Brazil	776	
Colombia	551	10
Chile	316	
Ecuador	156	10
Guyana	17	10
Paraguay	64	10
Peru	164	10
Surinam	25	
Uruguay	21	
Venezuela	85	
Caribbean Islands	126	
Cuba	15	
Jamaica	45	10
Trinidad and Tobago	19	
Bermuda	4	
Dominican Republic	164	10
Haiti	<u>469</u>	<u>310</u>
subtotal	<u>4890</u>	<u>638</u>

Region: Industrialized World

<u>Country</u>	<u>Copies to individuals</u>	<u>Copies to Mission/Embassy</u>
Canada	249	
Belgium	116	
Denmark	8	
U.K.	162	
Finland	1	
Malta	3	
France	35	
W. Germany	52	
E. Germany	1	
Gibraltar	1	
Greece	6	
Hungary	2	
Iceland	1	
Ireland	15	
Italy	23	
Netherlands	31	
Norway	3	
Poland	4	
Spain	8	
Sweden	12	
Switzerland	73	
Yugoslavia	1	
U.S.	<u>2481</u>	
subtotal	<u>3288</u>	
other subtotal	1658	
(bulk distribution through Peace Corps)		
<u>Total of 6 groups:</u>	16,827	1,202

GRAND TOTAL: 18,029

Appendix J

Packet of Information on Salubritas
Submitted to Potential Funders

Copy of letter and materials sent to 48 foundations regarding
funding for Salubritas.



AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 * (202) 739-5600

August 25, 1982

J. Kellum Smith, Jr.
Vice-President
The Andrew W. Mellon Foundation
140 East 62nd Street
New York, N.Y. 10021

Dear Mr. Smith:

I am writing to ask your help in an important international health activity.

In the rural areas and urban fringes of the developing countries of Africa, Asia, and Latin America, thousands of health workers are striving tenaciously to stretch money and energy to bring basic health services within the reach of all citizens. Their work is challenging, frustrating, and on occasion, highly rewarding. One of the most critical needs of people working under such circumstances is contact -- contact with their colleagues around the globe who are grappling with the same problems, and contact with the resources of the developed world that can help them in their work.

For almost six years Salubritas has been responding to this need. Four times a year, in English, Spanish, and French, the newsletter has been stimulating and supporting isolated health workers through articles by colleagues, ideas and suggestions on how to improve their work, and announcements of low-cost resources designed to help them.

By all accounts Salubritas has been an overwhelming success. A survey recently conducted among the 18,000 readers showed that they find the newsletter helpful in their work and an invaluable source of information on such resources as books, training materials, educational opportunities, and organizations where they can turn for support.

Secondly, Salubritas has emerged as a vital link in the international health information network. Dozens of health-promoting institutions rely on Salubritas to carry news of their activities to the field.

Salubritas has been funded for the past six years by the U.S. Agency for International Development. Due to recent shifts in funding, however, support for Salubritas will terminate on September 30, 1982.

We are appealing to you to help keep Salubritas from disappearing. If it ceases publication, thousands of readers in over 140 countries will lose a vital link in the international network of people and institutions committed to the ultimate goal -- saving lives and improving the quality of life.

August 25, 1982
Page 2

Here is a proven product of practical value. Can you help us keep it alive? Review the enclosed information. I think you will agree that within a relatively modest budget Salubritas is providing a valuable service. If donations and grants can be secured from a number of sources, Salubritas can go on helping the people who are giving so much of themselves to improve health around the world.

May we hear from you on other documentation you may need for Salubritas to qualify for funding from your organization? I hope so.

Sincerely yours,

Susi Kessler, M.D.
Director
International Health Programs, APHA
and Executive Secretary
World Federation of Public Health Associations

Enclosures

Salubritas



READERS' COMMENTS

In October 1981 many Salubritas subscribers expressed their views on the newsletter through a readers' survey. The last section of the questionnaire invited comments. Below are some of the hundreds of comments we received about the value of the newsletter. In our selection, we have focused on comments from those who make up Salubritas' prime intended audience: grass-roots level health workers who are actively involved in health care on a daily basis.

Does Salubritas fill a need?
Here's what the readers have to say...

ASIA

"It is a very, very useful publication on public health. I enjoy reading it, and I also give it to my colleagues." (Bangladesh)

"I hope I will continue to receive this newsletter, which is quite useful to me." (Burma)

"Deeply interested; information is useful in passing on to others. Many thanks. Fine magazine." (India)

"Please do not restrict circulation of Salubritas to community health workers only. I feel the other specialties should find it informative and interesting. Anyway, they should be informed about community health." (India)

"As a health information exchange medium, Salubritas fulfills its objectives admirably." (India)

Salubritas has indeed been of help to improve the health of the poor people in this big and poor country. Its efforts in this direction are sincerely appreciated." (India)

"Salubritas renders a very great service to the people who work in the field of rural health." (India)

"I'd like to thank you for your service in helping to keep us up to date about various issues in developing countries. Your communication is very important to us, especially in our area where services are few." (Indonesia)

"The most useful thing about Salubritas is the sources of information and people to contact that it mentions. We have obtained many useful materials because we read something about them in Salubritas." (Indonesia)

"I find Salubritas a very helpful publication...What I especially like is the style of writing. It is simple and direct. Although many of the articles could be lengthened and expanded on for future professional magazines, your style allows information to be dispersed quickly. I would feel much more comfortable submitting an article to Salubritas than to other professional magazines -- since you are geared to articles that offer ideas and suggestions. This is much more helpful to us in the field than more scholarly types of publications. Please continue this good work." (Indonesia)

"I am very satisfied with the publication in its present form." (Korea)

"I wish Salubritas were prepared in more and more other languages and distributed." (Nepal)

"Your publication is most useful to our development partners in 8 Asian and Pacific countries. Many thanks!" (Philippines)

"I hate comments like this one, but I'll make one anyway -- It's great. It helps me a lot, keeps me up to date, and is short enough, simple enough, and I have time to read it." (Philippines)

"Salubritas is the one publication I read most thoroughly. It contains much information valuable to my work." (Philippines)

"We do find Salubritas of great use for our work in the rural areas. Our project staff have benefitted in many ways and have been able to share what we learn with the communities in which we work. Thank you." (Philippines)

"Very useful. Interesting and of a very high standard." (Sri Lanka)

"In general, Salubritas is very useful and appropriate to those who do not have much time to read any materials." (Thailand)

NEAR EAST

"Thank you for your great effort in providing this Salubritas." (Bahrain)

"Thank you for the good, simple, well-presented and especially educative publication. I have personally appreciated the factual, brief and precise "How to..." (Mauritania)

"Best wishes to the editors. May Salubritas continue." (Morocco)

"I wish Salubritas a lot of success." (Morocco)

"Salubritas is a document that is valuable, clear, simple and relevant to all types of paramedical personnel." (Morocco)

"It is a magazine that participates actively in the practical training of medical and paramedical personnel." (Morocco)

"Salubritas is one of the rare informational organs that is clear and concise." (Morocco)

"Salubritas is very helpful to me in my work as a primary health specialist, and it would be more helpful if it is a monthly paper. I get it every three months, which I feel not sufficient because it contains useful information. Publishing Salubritas in the Arabic language could make it more popular and useful and I could post it on bulletin board." (Oman)

"Periodical exchanges of views are generally very illuminating indeed. We find it very interesting and useful for our readers." (Pakistan)

"I consider Salubritas very interesting, especially the items about conferences and training. These two items are necessary for all workers." (Saudi Arabia)

"The articles are very often quite informative and simply written. This increases its appeal." (Tunisia)

"I have translated some short articles for national staff." (Yemen Arab Republic)

AFRICA

"Salubritas keeps us up to date, especially with courses, training, and publications. Thanks!" (Ethiopia)

"I read everything in your newsletter even if it does not relate directly to my current work." (Gabon)

"Why is it that you don't send Salubritas monthly, since it is very helpful to people like me." (Gambia)

"Why isn't Salubritas a monthly?" (Gambia)

"I am not yet a subscriber, but I have read some of the issues that were given to me by a co-worker. I find it helpful for my work in primary health care, and I would be grateful if you could add my name to the list of subscribers." (Ghana)

"I appreciate Salubritas a lot because it gives me a lot of concrete ideas for my work. I recommend it to all my colleagues." (Ivory Coast)

"We find Salubritas to be a good magazine. We wish it would be a monthly."
(Ivory Coast)

"For our health education team Salubritas offers an opening to health education in other countries." (Ivory Coast)

"It's wonderful to have contact with people who have such similar problems. Great forum for sharing ideas and gaining new information." (Kenya)

"As head of a training department involved in continuing education of all types of rural health workers, I, as well as my colleagues, find many aspects of Salubritas helpful for teaching and producing teaching materials." (Kenya)

"I've appreciated Salubritas in that it often gives me ideas on how to teach a topic better. The topics are usually related to primary health care and practical. Thank you." (Liberia)

"A magazine such as this is mandatory for international coordination through information." (Madagascar)

"Salubritas has been helping me and my health education unit in Jos." (Nigeria)

"Salubritas has been very helpful, especially to us in the developing countries, and I have to use this medium to express my profound gratitude for your tremendous actions in organizing such a laudable publication." (Nigeria)

"Please give us more examples of how developing countries have improved their primary health care systems." (Rwanda)

"The newsletter is full of information, an overview of subjects that one can apply in various PHC situations." (Senegal)

"It is interesting to find that people in other countries have the same basic needs. It is also interesting to note that sometimes we realize how lucky we are, in that many other countries have greater problems than our own." (South Africa)

"Salubritas, in my opinion, is a high class standard and yet easy to read. I enjoy receiving it since it often contains useful information and it also helps locate "difficult access" literature." (Tanzania)

"The information in Salubritas has been helpful in my work -- and to broaden my knowledge." (Tanzania)

"I have used ideas and experiences I read about in Salubritas in my teaching and in workshops concerning primary health care. Most of the experiences were about community participation." (Tanzania)

"Salubritas is very useful for health students. Thanks for sending me free copies." (Zaire)

"There are many times good ideas that one does not find anywhere else. I am particularly interested in the bibliography, and I buy the recommended books." (Zaire)

LATIN AMERICA

"Salubritas has been a great help in my educational work with mothers. I ordered a book on first aid." (Bolivia)

"It is useful, written in appropriate language, and with clear illustrations. Besides the concrete tips that it offers, it gives a worldwide panorama of health problems in poor areas." (Chile)

"As a veterinarian I am in close contact with the rural inhabitants of my province, and I am aware of the horrible health conditions that exist here. Salubritas shows me what is going on in other countries and how people are working all over to change this situation. It is an excellent window to the world of health. The bibliographic information is extremely useful." (Chile)

"We are satisfied and grateful to the organizers and directors of Salubritas, as we are taking the utmost advantage of its contents." (Colombia)

"Thank you very much for all the information Salubritas brings us. It's nice to know we have the support and that there are other people working towards the same cause -- good health." (Colombia)

"I thank you for sending Salubritas to me. It is a very important publication for me in carrying out my work." (Costa Rica)

"We benefit greatly from the lists of new publications, and this is an important area for us since we are located in the jungles of the upper Amazon Valley, with no roads or other means of communication." (Ecuador)

"I find Salubritas articles neither too long nor too short. Also, all of the resources are useful since they give us new ideas for our activities." (Ecuador)

"I have found much of the information presented in Salubritas easily adaptable to my community." (Ecuador)

"It is a magnificent publication that gives the opportunity to get to know many health techniques and community programs that are being carried out in different parts of the world with similar socioeconomic characteristics." (Ecuador)

"Salubritas is a very useful resource because it publishes real experiences that many times can be applied to different activities in various settings." (El Salvador)

"The "How to..." column is very good in the sense that it is accessible information for those who have a practical interest." (El Salvador)

"Ever since the beginning of its publication it has seemed to us to be very important because of the topics it deals with and its clear descriptions of experiences." (El Salvador)

"It is an excellent source of information. I hope you keep on publishing it. I assure you that I speak quite seriously." (Guatemala)

"Keep up the good work! I often adapt your ideas and techniques and also enjoy reading that people are making progress in other parts of the world." (Guatemala)

"It is a good support for us!" (Honduras)

"I hope Salubritas manages to convince those who are planning rural development of the importance of health. I suggest you include something about health being the most basic and important element, the key to good development." (Mexico)

"We find it excellent that you ask frequently about what you inform; it is a form of communicating and improving yourselves and us." (Mexico)

"I like Salubritas because it is simple, informative, and it is written in Spanish." (Mexico)

"The training section and the conference advertisements have permitted us to send teachers to the nutrition congresses in Denver and Puerto Rico in the past year. Without the ads in Salubritas we would not have known about these training courses." (Mexico)

"Excellent review; easy to read and practical; one can use its information and educational techniques for the programs in prevention and health education." (Panama)

"It is one of the few publications that contain articles related to public health in general, and particularly for our institution, the School of Public Health, it has offered very valuable information, which has been useful as a teaching aid." (Peru)

CARIBBEAN

"Salubritas is one of my main magazines that I look forward to receiving quarterly. I have made use of most of its articles, selected readings, and training. I hope to see it continue to exist in the mails always. I wish you all success and continue your good work." (Barbados)

"It is important to get to know the experiences of different countries in the control and prevention of various diseases." (Cuba)

"I would like to thank you for the great use Salubritas is to me in my work as a health educator." (Dominican Republic)

"I implore you to keep sending us material on public health. The bibliographical information in Spanish is so important to us." (Dominican Republic)

"Would appreciate more frequent issues." (Grenada)

"There are a lot of interesting ideas in Salubritas. The only thing we are lacking is skilled people to help us put them into practice. Thanks for keeping us informed." (Guadeloupe)

"Keep on doing the excellent work of encouraging us by stimulating our thinking!" (Haiti)

"It is a very useful publication for health workers in developing countries. It should be sent to medical, nursing, and auxiliary training schools." (Haiti)

"Salubritas encourages us to continue in our preventive health education work." (Haiti)

"I find it interesting reading and it helps to stimulate ideas for my own work." (Jamaica)

"For me Salubritas is performing its function of health information exchange. I find the articles and information useful and wish the publication continued success." (St. Vincent)

"Salubritas is useful. It gives us health educators an idea of what is happening in other countries." (Trinidad)

OTHER AREAS

"Many thanks. I have recommended Salubritas to many people and would like many of those working at the periphery to receive it regularly as a source of new ideas and inspiration. Congratulations." (University professor, Scotland)

"The material is of use to our three teaching courses: master of community health, certificate in tropical community medicine and health, teacher training in primary health care -- both to the students and the staff." (England)

"Don't give up the ship!" (WHO staff) (Switzerland)

"A very useful journal. I will take it to Uganda with me to use in primary care teaching for sure. Keep it going!" (Canada)

Profile of Salubritas Health Information Exchange

Description: Salubritas is an information exchange for people involved in delivering health services in developing countries. It is published quarterly in English, French, and Spanish language editions and distributed free of charge to over 18,000 health workers.

Content of the 8-page newsletter focuses on sharing ideas on innovative ways to improve health and health services within the financial, manpower, and material constraints of developing country settings. The newsletter also alerts readers to low-cost publications and other materials useful in their work, training and conference activities, and related resources.

Objective: To stimulate and support field-level health workers in primary health care by involving them in an international health information exchange with their colleagues around the world.

Readership*:

<u>By language edition:</u>	English:	10,048
	Spanish:	4,698
	French:	<u>2,864</u>
		17,610

By type of reader:

	<u>Percentage</u>
AID Missions	4%
Developing country field health personnel	29%
Public health officials of developing country governments	18%
Non-governmental agencies	10%
Multilateral/bilateral agencies	6%
Training institutes in developing countries	13%
Training institutes in US and other industrialized countries	5%
Donor agencies, voluntary health organizations in industrialized countries	5%
Others (e.g., students)	<u>10%</u>
Total	100%

*As of 9/30/81

By region:

	<u>Percentage</u>
U.S. and Canada	18%
Europe	4%
Latin America & Caribbean	33%
Africa	25%
Asia	16%
Near East	3%
Australia	<u>1%</u>
Total	100%

An average of 50 new subscriber subscription requests are received weekly.

Current Status: The first issue of Salubritas was published in January 1977. A total of 23 issues have been published to date. During that time the mailing list, specially developed for the newsletter, has risen from 4,000 to 10,000 entries. Some 8,000 copies are distributed in bulk quantities.

Personnel Involved: One editor, one secretary, and part-time of the program director and resource center manager.

Budget: Per annum, 4 issues yearly.

Salaries and fringes	50,100
Overhead	40,581
Production (printing, translation, typesetting)	18,000
Postage	32,000
Other direct costs	<u>4,120</u>
Total annual budget	\$144,801

Cost per issue (\$144,000 divided by 72,000) = \$2.00

To economize on costs, we ship almost one half of the newsletters in bulk to US-based assistance organizations that then distribute the copies to personnel overseas. In addition, we obtained a discounted printing rate and changed to a lighter paper. We are constantly on the alert for other economy measures.

Sources of Funding: The Agency for International Development has funded the newsletter since inception. Funding will terminate on September 30, 1982.

Impact: Two readers' surveys have been conducted over the six years of publication. Both have been extremely favorable. The most recent, conducted in late 1981, indicated that...

...the overwhelming majority find the articles easy to read and helpful, and want the articles to remain the same length;

...47% said they used the techniques reported in the newsletter;

...articles offering practical, "how to" information proved the most useful and appreciated;

...the most popular sections are the articles, the "How to," and "Selected Readings;

...some 50% of readers order materials publicized;

...more than 50% circulate the newsletter to students and colleagues after reading it;

...50% of readers file all or part of the content for future reference.

Multiplier Effect: Readers are encouraged to duplicate the newsletter and otherwise re-disseminate its contents. Many pass it on to colleagues or post it on a bulletin board. With a circulation of 18,000, we estimate that Salubritas has at least 50,000 readers.

Secondly, Salubritas articles and informational items have been reprinted in other publications, thus increasing coverage even more.

Organizations, book publishers, and other resources publicized have informed us that a surprisingly high number of requests are directed to them because of coverage in Salubritas.

Finally, Salubritas has helped in the development of similar newsletters on the national or local level.

Network: We have been as careful in determining who we send Salubritas to as we have been in preparing its content. The mailing list of 10,000 subscribers is an invaluable resource to the international development community. Developed over the course of six years, the list enables direct contact with the health worker who is actually in the field delivering services, training, or managing programs. We know of no other similar manpower resource.

Secondly, as part of the Salubritas health information exchange, readers become part of a global network from which they draw support and to which they contribute by reporting on their experiences and needs.

Salubritas

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Salubritas

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AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

Indications of Requests Generated by Salubritas

Ms. Ina Lee Selden.
Editor. SALUBRITAS.
International Health Programs,
American Public Health Association,
1015, Fifteenth Street, N.W.
Washington,
D.C. 20005
U.S.A.

1st Februa y 1982

Dear Ms. Selden,

Thank you for sending us a copy of "Salubritas" dated October 1981 with the mention of our programme. From this we have had a considerable number of enquiries about CHILD-to-child which is very encouraging and we are most grateful to you.

Yours sincerely,

Rhylva Offer (Miss)

Dr. Guthrie's Secretary

2-8-82 Sd/95w
1:15

International Committee
Sam Abraham Jinapala Alles
Maria Dantas Hugh Hawes
Tom Lambo Homai Jal Moos
Olikoye Ransome-Kuti
David Morley David Werner
Duncan Guthrie Secretary



Téléphone Central/Exchange: 91 21 11
Direct: 91

In reply please refer to: W6/180/1
Priere de rappeler la reference.

Ms I.L. Selden
American Public Health Association
1015 Fifteenth Street
Washington, D.C. 20005
United States of America

11 June 1982

Dear Ms Selden,

Further to our letter of 18 September 1981, we can now inform you that approximately 100 requests for the WHO publication "Health and Status of Women" were received following its mention in the July 1981 issue of SALUBRITAS.

Yours sincerely,

V. Hammer
Technical Officer
Division of Family
Health

6/23/82 301/952
1:05

Selden

INTERNATIONAL CENTER FOR TRAINING IN POPULATION AND FAMILY HEALTH
14130 W. 9TH STREET
ZION, ILLINOIS 60099



TELE: (312) 746-8345
CABLE: INCFNPFH

20 July, 1982

Ina Lee Selden
Editor - SALUBRITAS
International Health Programs
American Public Health Association
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

Dear Ms. Selden:

Thank you for your letter dated 12 May, 1982 and a copy of the April, 1982 SALUBRITAS Newsletter you were so kind to enclose.

As a result of the article announcing our August September Adolescent Ferti Management Seminar we have received requests from 36 individuals, represent 23 countries, for more information regarding the Seminar.

Please know that we appreciate your cooperation and look forward to receiving copies of the quarterly newsletter as it becomes available.

Sincerely,

Geneva Jones
Geneva Jones
Administrative Coordinator

1/5j
Enclosures

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SECRETARY			
DEPUTY SECRETARY			
STAFF			
CHIEF OF STAFF			
STAFF			
STAFF			
RESEARCH CENTER			
ADMINISTRATIVE			
NUMERICAL			

Geneva Jones
7/20/82
CONSULTANCY TRAINING AND TECHNICAL ASSISTANCE

TRANET

Box 567

Raleigh, N.C. 27601

USA

Tel. (207) 864-2252

Ina Lee Selden
Editor, Salubritas
American Public Health Assoc.
1015 15th St. NW
Washington, DC 20005

AFRICA

P.O. Nkodye
U. Nigeria Nigeria

February 3, 1982

Richard Stanley
ATP Tanzania

Dear Ina Lee,

J.W. Powell
TCC Ghana

On behalf of TRANET, I would like to thank you for mentioning our work and our quarterly newsletter in a recent issue of Salubritas.

Sheel Zabach
ATTUN Tunisia

Philip Langley
PAID Cameroon

The response has been astounding - we have received approximately 80 letters from people and institutions who have said they read about our work in your magazine and would like to receive more information. We have received similar positive response only a few times when we have been mentioned in other publications.

AISA & THE PACIFIC

Amir U. Khan
IRRI/PAK Pakistan

Arturo Santalero
DO/PERU Peru

Tony Powell
PAID/MALAYSIA Malaysia

I would like to applaud you for the great distribution Salubritas has. You are obviously reaching many people who are happy to use your valuable resource.

M.M. Hsu
ATSA/USA USA

Leonard Sheres
NHC/USA USA

Thank you once again and good luck in keeping up your good work.

NORTH AMERICA

Nancy Tullis
New Academy USA

Sincerely yours,

Ken Galtow
VIA USA

David B. Green, editor

Hege Chowski
JMI USA

David Morris
IESR USA

Stephen Gasson
The Farm USA

EUROPE & THE MIDDLE EAST

George M. Hodge
HIC/UK UK

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SRI/UK UK

J.M. Baumer
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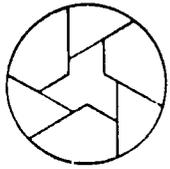
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EPA/USA USA

Johnnie M. Starnes
CEMEX/MEXICO Mexico

Executive Secretary
Washington, DC

M/2/82

FEB 9 2 50 PM '82



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Selected Reprints from Salubritas

EGYPT: Mothers cut diarrhoeal deaths in half with homemade treatment

Mothers, trained by health workers, prepared and gave dehydrated children a plain water, sugar, and salt oral rehydration solution (ORS). This simple treatment reduced infant mortality by an average 50 percent. That is the dramatic finding of a recent study by the Rural Health Department of the Egyptian Ministry of Health. The study, carried out in 1980, involved more than 29,000 children between the ages of one month and five years.

The Ministry, with the help of the World Health Organization (WHO) and the United States Agency for International Development (USAID), undertook the study to combat one of Egypt's worst infant killers—dehydration caused by diarrhoeal diseases. Although children are only 17 percent of the population, they account for 50 percent of all deaths. About 80 percent of the infants die from just two diseases: diarrhoea and lower respiratory tract infection. Sixty percent of these deaths are caused by diarrhoea.

Public health officials were already aware that ORS could prevent many of these deaths and ORS packets were distributed to health facilities. But problems with accessibility and distribution meant that relatively few children actually were given ORS. Only about 60 percent of children sick with diarrhoea are ever taken to a health practitioner. ORS supplies were neither regular nor sufficient and could only be had by prescription.

Given these and other problems, health officials wanted to know whether mothers could learn to make ORS from ingredients available at home and then use the fluid properly. In 1980, the Ministry studied four different ways to educate the public to use ORS. Two "control cells" served to check the results.

In the first group of mothers studied, health facility nurses distributed Oralyte, a prepackaged product, as part of their regular home visits (every four to six

mothers how to use the packages. The nurses automatically replenished the mothers' supply during home visits.

In the second group, a stock of Oralyte was distributed to all shops and pharmacies free of charge. The shopkeeper or pharmacist could sell the package at the nominal price of three piasters (about US 4¢). Instructions on the use of Oralyte were to be repeated to the mother when she purchased her package. Visiting nurses taught mothers how to use the packets and advised mothers to buy the packets in the village shop or pharmacy.

The third group of mothers were instructed to prepare ORS by mixing five to six level teaspoons of granulated sugar with half a level teaspoon of salt in one litre of water. Nurses counseled mothers to add the juice of half a lemon, if possible, to improve the taste of the fluid and to give the child either tomato juice, orange juice, mashed banana or tea to increase potassium intake.

In the fourth group, nurses delivered a prepackaged sugar and salt mixture to the homes and showed mothers how to mix the ingredients with water.

In all four groups, mothers learned that if the child did not improve, the child should be taken to a health facility.

Health education in mosques and other public places supplemented the health education mothers received at home. In addition, village men attended talks given by a sanitarian at the mosque at least three times per month after Friday prayer meetings.

In the first control cell, health facilities continued to provide services as usual. In the second control cell, all health personnel were made aware of the importance of oral rehydration as a treatment for diarrhoeal diseases and a plentiful and regular supply of Oralyte was made available.

The study results show that with rehydration fluid made from

ICDDR,B CONSULTATIVE GROUP MEETING

The third Consultative Group meeting for the International Centre for Diarrhoeal Disease Research, Bangladesh will be held during the UNDP Governing Council in Geneva on 1 June 1982. This meeting will be chaired by UNDP.

The Consultative Group provides the Centre's donors and participants with an overview of ICDDR,B's activities during the past year and enables interested governments and agencies to become better acquainted with its scientific programmes and requirements. 45 governments and international agencies have been invited to attend this meeting.

mothers reduced infant mortality by an average of 50 percent. The Oralyte home distribution group was also successful: the death rate was reduced by 40 percent. The group that used commercially purchased packages reduced infant deaths by 15 percent. By contrast, the control cells reduced deaths by an average 12 percent.

Reprinted from *Salubritas*, Volume 6 Number 1, January 1982, published by the American Public Health Association and the World Federation of Public Health Associations.

Prof. Ibrahim Elarby, Prof. Ahmed Samir Kassem and Ms. Mariam Haggag Soliman from the University of Alexandria Children's Hospital, Egypt was trained on Oral Rehydration and treatment of diarrhoeal diseases during 1980. From the same hospital Ms. Elain Kamel and Ms. Salwa Abd-el-Fattah came to ICDDR,B during 1981 for training. Dr. Mabel Sadek Sawiris, Director of Mother and Child Health and Family Planning and Dr. Mostafa Kamal Mahmoud Selim Head of the Paediatric Section of the Kafr El Sheikh General Hospital, Egypt attended the 'Inter-Regional Training Course on Diarrhoeal Diseases: Clinical Aspects held between 12-23 October, 1981 at

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as appointed Director of
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id the Caribbean. At this
lar at the HOPE Health
F of Community Medical
.

International Nursing

VeNeta Masson
with contributors



Springer Publishing Company
New York

find that, in the first place, she is not working day to day with the medical director (and certainly not with the ruler of the country) and, in the second place, that those she is working with did not have a part in issuing the invitation for outside assistance, nor would they have been likely to ask for it had they been given the opportunity. There are reasons why things are done as they are and why people act as they do. Most of them are good ones. Therefore, it is only when an outsider understands these things and learns to adapt to them that she is in a position to contribute anything of lasting value. Furthermore, before attempting to make a contribution, she has to gauge carefully the areas in which it will be appropriate and acceptable.

The Question of Change

A senior nurse educator with extensive international experience once said that the concept of the international nurse as a change agent is inappropriate. It is not the correct term, and may misdirect. Rather, you work with the counterpart or other nationals, evaluate the situation, develop a plan, and work toward its achievement. In other words, it is one thing to work toward change in a system you understand, but quite another to propose a new nursing role, a different system of health care delivery or an innovative method of record keeping when you do not fully understand the rationale for the original. Dr. Halldan Mahler, Director-General of the World Health Organization, said much the same thing in his address to the International Conference on Primary Health Care held in Alma Ata, Russia, in 1978. Deploping the continuing tendency to transplant solutions that had taken root in industrialized countries to the developing world, he said that WHO's motto should be "Don't adopt—adapt" (Salubritas, 1978).

Certainly, it behooves anyone involved in development projects to avoid promoting change for its own sake or importing foreign solutions for local problems. Just as U.S. missionaries have been accused of exporting their culture along with their religion, so U.S. nurses open themselves to criticism when they transplant U.S. nursing to settings in which it is neither relevant or beneficial. Examples? The eight-hour shift is one. Although there is nothing inherently wrong with six- or twelve-hour shifts for hospital personnel, the U.S. pattern of three eight-hour shifts has been instituted many times in the name of efficiency but at the expense of the life-style of local people. The wholesale importation of POMR, the problem-oriented medical record, has occurred in areas where it was not at all suited to the style of medical practice or education simply because it was a U.S. innovation. What about standard methods of skin disinfection? Using alcohol-soaked cotton balls to prepare the skin for an injection is controversial even in the United States since recent research studies have cast doubt on its efficacy. Is it justifiable, in light of this, to insist on strict adherence to this ritual without consideration of alternative

methods even in places obtain?

D. B. Jelliffe, in his "neutrician" (1958), suggested that derived practices of their trying to change them. divided into three groups: harmless or neutral, which should be overcom integrated in some 'neut nursing practices. Those promoted or preserved, the optimal functioning absence of a mandate for involvement is required more propitious time. C result of a procedure th U.S. nurses are dispose being of individual patie sometimes necessary to for the greatest number. time may not arrive, and not come about because ways.

Having examined th and, of those things that and, of those that can b suppose that a constella for change exists, the c accepted in the role of

As in the process of should have a sense of yo limitations. You would you know nothing about maternal child health comfortable with. You w problem or need in wh development of innova need to move away fr learning, you have an your own experience in one.

The second step is

International news

How to find pharmaceuticals and medical equipment

In the October 1980 edition of *Salubritas*, there is a most informative article on how to find pharmaceuticals and medical equipment. Some 11 organisations are listed with addresses in the United States of America. *Salubritas* is a health information exchange publication. It is published by the American Public Health Association and the World Federation of Public Health Associations, 1015 Fifteenth Street NW, Washington, DC 20005, USA.

ICN board defines criteria for Revolving Fund loans

The ICN board of directors has defined criteria for the eligibility of member associations for loans from the ICN Revolving Fund. 'The Revolving Fund now totals approximately Swiss francs 13 000,' says ICN president Olive Anstey. 'The ICN board of directors is deeply grateful to the individual nurses and to the nurses associations who have contributed to the fund. Loans from the fund will enable associations with serious financial problems to continue to participate fully in international nursing

activities through ICN.'

To be eligible for a loan, a national nurses association must:

- have been a member of ICN for a period of at least four years;
- wish to remain a member of ICN;
- have paid full dues for a period of at least two years;
- be in arrears in dues payments for two or more years as the result of extraordinary circumstances;
- request a loan, submit a schedule of repayment intent and agree to pay off the loan and all other dues within five years.

Loans are interest-free. The money lent will be transferred directly to the ICN dues income account. Repayments will be returned to the fund in order to have monies available to assist other associations.

Commonwealth news

Vanuatu — Commonwealth's 41th member state

The Republic of Vanuatu (formerly New Hebrides) attained independence and became a member of the Commonwealth on July 30, 1980. It consists of 12 main and 60 small islands, totalling 11 800-sq km.

The population is 112 000. The main products are coconuts, copra, fish, timber and manganese ore.

National health networks

WHO, UNICEF and the medical division of the Commonwealth Secretariat are looking into ways of working together to promote national health development

networks. The rationale is that an inter-ministry network, sponsored at the highest level of government, can help bring together into a harmonious team all the ministries and agencies involved in primary health. The ministries of finance, planning, food production and agriculture, public works, education, housing, industry, transport and communications all have a role to play. Academic institutions engaged in research or teaching can also contribute, together with non-governmental bodies in the field. Some governments have already established networks of this kind. Sri Lanka has a National Health Council, chaired by the prime minister, which decides the policy for its national network.

First Commonwealth Film and TV Festival

Films and television programmes from eight Commonwealth countries won awards at the first ever Commonwealth Film and Television Festival, held in Nicosia, Cyprus, in 1980. The award for the best feature film went to the South Australian Film Corporation's entry, 'Breaker Morant', a film about an Australian contingent in the Boer War of 1901, which received the gold plaque. The silver plaque for second place was won by Nigeria's Hausaland film 'Shaidu Umar'. An Indian film for children, 'The Elephant God', was placed third. Canada won the documentary section, covering both film and television, with 'Going the Distance', made at the 1978 Commonwealth Games. Australia, Britain and Cyprus won other documentary awards.

VANUATU

Torres Islands

Banks Islands

Esperu Santu

Luganville

Malekula

Pacific Ocean

Aoba

Aurora

Pentecost

Ambrym

Epi

Forari

Efate

VILLA

Erromango

Lenakel

Tanna

Aneityum

WALTER LINI

Anglo-French Condominium of New Hebrides became independent with Father Walter Lini as Premier on July 30, 1980.

- Captain Cook named New Hebrides in 1774
- British and French civilians settled last century
- Anglo-French talks 1887 and 1906 led to joint rule

Area: 5,700 sq miles
 Pop: 100 000
 Exports: Copra, meat, fish, cocoa, manganese
 65 islands inhabited



From:

IHC OCCASIONAL BULLETIN

No. 14 September - December 1981

Vol. 5, No. 3 - 4

A part of the information and resource program of the INTERNATIONAL HEALTH CENTER, ASSOCIATED MISSION MEDICAL OFFICE, NATIONAL COUNCIL OF THE CHURCHES OF CHRIST IN THE USA, 475 Riverside Drive, New York, NY 10115-0050. Published quarterly, the BULLETIN is concerned with health care in developing areas; it does not reflect NCCUSA policy.

Approximate circulation: 1500 John D. Frame, M.D., Director Dorothy R. Gilbert, NRM, MPH, Educational Associate

editor's corner

This issue combines the September and December numbers. We were late getting the June issue out in order to give you news about our courses. Since the price of postage went up, sending only three issues this year will help our budget. We are pleased that we keep adding names to our mailing list and that many find the BULLETIN helpful.

Don't forget we like to hear from you. Not one of the questions asked in the last issue has yet been answered. I hope this means you are thinking very hard and that after a few months we will be deluged with responses. The July issue of SALUBRITAS had an article entitled *Revolving funds: trials and errors in the search for self-sufficiency*, a report based on research material for an APHA study on how communities help pay for health services. The study will be available to SALUBRITAS 1015 15th St., Washington, DC 20005 readers at the end of 1981. It answered some of the questions asked in the June BULLETIN, but the more answers we can find, the more help we can be to each other.

We are substituting for pages 1 and 2 of this issue a special page in French for the Francophone countries. It contains a translation of two articles from past issues and a list of publications in French.

Introducing our guest contributors

Maryanna Cassidy was appointed in 1949 by the former Board of Missions of the Presbyterian Church, USA, and assigned to India, where she did adult education, taught home economics and, with her husband, Melvin A. Cassidy, developed a counseling service center in Madras for the Church of South India. Most recently she has been Director of a Nutrition Demonstration Program at Wanless Hospital in Maraj. She was to have taught a section on Nutrition in our Maternal and Child Health and Family Planning course. Her article on page 2 will give you a sample of the treat that was missed because we couldn't hold that course. We hope to continue drawing on her wealth of knowledge and experience in future issues.

educational associate's corner

INTERNATIONAL HEALTH ORIENTATION PROGRAM UPDATE:

One course, MEDICINE IN THE TROPICS, was held October 19-30, 1981.

The next session of our program will be conducted during the Columbia University Fifth Quarter, May 24 - July 10, 1982.

For more details please turn to page 3.

Recent and projected activities:

- Participation in a committee to formulate an international health statement for three divisions of the United Methodist General Board of Global Ministries; assembled a packet of pertinent materials and wrote a background paper.
- Observation in midwifery to maintain skills and learn the latest U.S. procedures. The hardest part is getting used to all those monitors going "blip-blip". It is much more satisfying to deliver babies in Cairo.
- Conference at Maryknoll Seminary.

***** WANTED: MISSION A REPLACEMENT I.I.C. *****

My term of service in this position will end July 31, 1982, after which I will be returning to an overseas assignment. My salary during this time has been furnished by my mission board, and we don't know what financial backing will be obtained for the program in the future. Your prayers and ideas will be appreciated.

director's corner

The publication of the Occasional Bulletin inaugurated our attempts to help in the education of the church-related health worker. Education and information by various means has been the major reason for the being of the IHC.

It is disturbing to discover how many health professionals from the United States enter overseas assignments without training or experience in the diseases they will discover. We heard a short time ago of a refugee program in which no tuberculosis was diagnosed for the several weeks prior to the coming of an internist interested in that disease. Thereafter four or five cases a week were diagnosed in the same camp.

Perhaps the deficiency is due to a misunderstanding of the concept of primary health care and the use of the paraprofessional. There must be no misunderstandings - each health worker must be as well trained as possible for the level of care for which the worker is responsible.

Perhaps this lack of training arises out of arrogance: the American nurses and physicians are well trained, and should be prepared to deal with any health problems anywhere.

Several recent experiences have been very illuminating to me. One is the response to the courses we have been offering. Almost all who have applied for our programs have been experienced people who recognized significant gaps in their knowledge, whether in health planning, community medicine or clinical tropical medicine. Few mission agencies have seen our courses as a means of preparing their workers for overseas assignments.

Another illustration comes from the field. The chief of a medical service was not aware of the viral illnesses including Lassa Fever, which were the causes of about 10 to 20% of the fever cases on his wards: it took the efforts of two enthusiastic medical students to discover two proved and five probable cases of Lassa Fever in one week's survey of the wards, though the chief had seen no cases in a year.

Low cost health care given under church auspices need not be amateurish. We do hope that the OCCASIONAL BULLETIN is read by an informed body of health workers in our church related programs, and is contributing to a worthy witness to our faith and our Lord.

RABIES

Rabies has killed three missionaries in Africa since 1945, according to the reports of a questionnaire submitted to mission societies in 1972. Exposure to dog-bites, some of them by dogs known to be rabid, occur with relatively high frequency in some mission fields.

Vaccination against rabies has been suggested by me for about 10 years. Whenever I requested the assistance of experts in the field their responses were equivocal, as long as earlier vaccines and duck-embryo vaccines were the only vaccines available. Now with vaccine grown on human embryonic cells the risks of vaccination appear to be quite low.

I have attempted to learn from practicing missionary physicians how frequently rabies vaccine is administered to missionaries, as a means of determining policy, probably varying from field to field. I have heretofore obtained very few responses.

Now again, I solicit your comments.

-John D. Frame, M.D., Director

Mothers cut diarrhoeal deaths in half

Mothers, trained by health workers, prepared and gave dehydrated children a plain water-sugar and salt oral rehydration solution (ORS). This simple treatment reduced infant mortality by an average 50 per cent. That is the dramatic finding of a recent study by the Rural Health Department of the Egyptian Ministry of Health. The study, carried out in 1980, involved more than 29,000 children between the ages of one month and five years. The Ministry, with the help of the World Health Organization (WHO) and the United States Agency for International Development (USAID), undertook the study to combat one of Egypt's worst infant killers—dehydration caused by diarrhoeal diseases. Although children are only 17 per cent of the population, they account for 50 per cent of all deaths. About 80 per cent of the infants die from just two diseases: diarrhoea and lower respiratory tract infection. Sixty per cent of these deaths are caused by diarrhoea.

Problems

Public health officials were already aware that ORS could prevent many of these deaths and ORS packets were distributed to health facilities. But problems with accessibility and distribution meant that relatively few children actually were given ORS. Only about 60 per cent of children sick with diarrhoea are ever taken to a health practitioner. ORS supplies were neither regular nor sufficient and could only be obtained by prescription.

Given these and other problems, health officials wanted to know whether mothers could learn to make ORS from ingredients available at home and then use the fluid properly. In 1980, the Ministry studied four different ways to

educate the public to use ORS. Two "control cells" served to check the results.

In the first group of mothers studied, health facility nurses distributed Oralyte, a pre-packaged product, as part of their regular home visits (every four to six weeks). The nurses instructed the mothers how to use the packages. The nurses automatically replenished the mothers' supply during home visits.

In the second group, a stock of Oralyte was distributed to all shops and pharmacies free of charge. The shopkeeper or pharmacist could sell the package at the nominal price of three piasters (about US 4c). Instructions on the use of Oralyte were to be repeated to the mother when she purchased her package. Visiting nurses taught mothers how to use the packets and advised mothers to buy the packets in the village shop or pharmacy.

The third group of mothers were instructed to prepare ORS by mixing five to six level teaspoons of granulated sugar with half a level teaspoon of salt in one liter of water. Nurses counseled mothers to add the juice of half a lemon, if possible, to improve the taste of the fluid and to give the child either tomato juice, orange juice, mashed banana or tea to increase potassium intake.

In the fourth group, nurses delivered a prepackaged sugar and salt mixture to the homes and showed mothers how to mix the ingredients with water.

In all four groups, mothers were told that if the child did not improve, it should be taken to a health facility. Health education in mosques and other public places supplemented the health education mothers received at home. In addition, village men attended talks given by a sanitarian at the mosque at least three times per month after Friday prayer meetings. In the first control cell, health facilities continued to provide services as usual. In the second control cell, all health personnel were made aware of the importance of oral rehydration as a treatment for diarrhoeal diseases and a

plentiful and regular supply of Oralyte was made available.

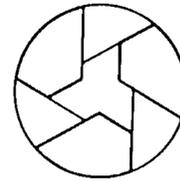
Successful results

The study results show that with rehydration fluid made from household salt and sugar packets, mothers reduced infant mortality by an average of 50 per cent. The Oralyte home distribution group was also successful: the death rate was reduced by 40 per cent. The group that used commercially purchased packages reduced infant deaths by 15 per cent. By contrast, the control cells reduced deaths by an average 12 per cent.

For more information on this study, write: Professor A. B. Mobarak, Rural health Department, Ministry of Health, Arab Republic of Egypt.

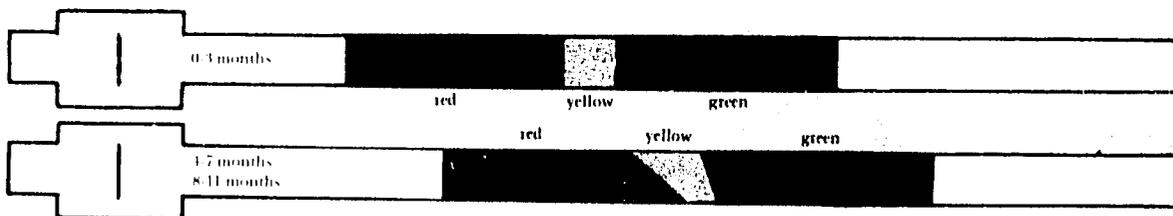
From "Salubritas" (volume 6, number 1, January 1982), published by the American Public Health Association and the World Federation of Public Health Associations

Suburbanitas



volume 6, number 3 July 1982

COLOMBIA: Improved arm circumference tapes



New armbands for measuring malnutrition in children are now available. Developed in Colombia, the bands are inexpensive, durable, and more accurate than earlier bands.

The first arm circumference measuring tapes (Morley-Shakir) were thin bands with horizontal green, yellow, and red stripes and were developed to replace expensive scales that were sometimes difficult to use and often broke down. A health worker placed the band around an infant's upper arm. If one end of the band met the green stripe, the child was considered well-nourished. The yellow stripe signaled the early stages of malnutrition, and red meant moderate to severe malnutrition. In some places health workers used knotted strings to take the same measurement. The same band was used to measure children from birth to six years of age.

Researchers in Colombia had serious doubts that the same band could be used on children of such a wide range of ages. The band, they felt, was not sensitive enough to detect the subtle but important differences in infants' upper arm measures in the first three

months and in other periods of growth after that. And they observed that health workers often wrapped the thin band too tightly around the children's arm, thus distorting the readings.

To improve accuracy, they designed two 1.5 cm. wide tapes that divide the first six years of growth into seven stages: one side of the first band measures children from 0-3 months; the upper half of the other side measures children of 4-7 months, while the lower half measures children of 8-11 months. On the second tape, the upper half of the first side measures children 12-23 months and the bottom half measures children 24-47 months. The other side of the second tape is divided between children of 48-59 months and 60-71 months.

The bands were tested on the left upper arms of 875 children whose ages ranged from 0-71 months. The exact age of each child was known. Half the children came from rural areas, half from urban areas. There was an equal number of male and female infants.

To verify the results, each child was weighed on a coilless Toledo scale with known variability. The upper left

arm circumference was taken with a 1.5 cm. wide, plastic tape measure.

The tests proved highly successful: 94 percent accuracy in detecting mild to moderate or severe malnutrition. This compares with only 33 percent with the Morley-Shakir tape.

The tapes were tested in Ecuador, Peru, Paraguay, and Bolivia and have proved equally accurate. They are now widely used in those countries.

The new tapes were developed by Dr. Oscar Echeverri of the Population, Health and Nutrition Department of the World Bank and a team from the Centro de Investigaciones Multidisciplinarias en Desarrollo Rural (CIMDER), Colombia. For a copy of the full report on the tapes, write Dr. Echeverri at: The World Bank, 1818 H Street, NW, Washington, DC 20133, USA.

The tapes are available for about \$.20 from: CIMDER, Attn: Dr. Jorge Saravia, Apdo. 3708, Cali, Colombia

Later this year, the Foundation for Teaching Aids at Low Cost (FALC) will have available a sturdy, plastic, modified version of the "Echeverri Tape" and an accompanying growth chart. Write: FALC, 30 Guildford Street, London, WC1N 1EG, UK.

Letter from Washington: Results of readers' survey

Dear SALUBRITAS Readers,

In the October 1981 issue, we sent you a questionnaire concerning the content of SALUBRITAS. Thanks to all of you who responded—and a special thanks to those of you who found the time to offer suggestions.

Based on your responses and suggestions, we have decided to do the following:

- concentrate on practical, "how to" information;
- make the "How to" page easy to clip and save;
- seek more information on community participation, nutrition, pro-

jects and training opportunities;

- allow more room for training opportunities and offer more information on scholarships for those courses;
- list more materials available in Spanish and French;
- publish an index at the end of each year.

Many of you mentioned that you receive your copies erratically. If all goes well, you should receive your copy by the end of the first month of each quarter, that is, by the end of January, April, July, and October. But sometimes our computer makes mis-

takes. Sometimes a label falls off. Sometimes the mail service does not deliver. If you miss an issue, please let us know and we'll send it to you immediately.

Many of you used part of the questionnaire to ask for information or publications. We hope to fill your requests the next few months.

Again, thank you for taking the time to fill out the questionnaires. Your responses will help us choose the content of future issues.

Sincerely,
The Editor

NEW NEWSLETTERS NEW NEWSLETTERS NEW

JOURNAL OF FAMILY HEALTH TRAINING

This quarterly carries reports from Africa and the Middle East on primary health care, family planning, and continuing education. It is published in English and French by the new Nairobi field office of the Program for International Training in Health (INTRAH) of the University of North Carolina.

For more information write: INTRAH, 208 North Carolina Street Chapel Hill, NC 27514, USA.

WATERLINES

Appropriate water supply and sanitation technologies are the focus of this quarterly for communities, field workers, volunteers, and project holders. The first issue (July, 1982) carried stories on bambooement, water tanks, appropriate latrines, and other related topics. English; Spanish edition planned. Subscription: £5 for individuals; £6 for institutions (special introductory rates).

Write: Intermediate Technology Publications Ltd., 9 King Street, Covent Garden, London WC2E 8HN, UK.

HAI NEWS

"HAI" stands for Health Action International, an informal network of consumer, professional, development action, and other public interest groups working on pharmaceutical issues. Circulation is limited to participants in the HAI network. The first issues of HAI NEWS (October and December 1981) carried information on the network, news of local production of generic drugs, controls on imported drugs, and other actions, congresses, meetings, and publications concerning drugs and the drug industry.

For information write: The Editor, HAI NEWS, IOCU Regional Office for Asia and the Pacific, PO Box 1045, Penang, Malaysia.

FUTURE

Children and development in South Central Asia and other countries are the subjects of this 64-page magazine put out by the UNICEF Regional Office for South Central Asia. The first issue (fourth quarter, 1981) featured schools for children who live on the Calcutta pavements, children at work, disabled young people, and nutrition. Quarterly. English. One year subscription

rate: \$6.00; Rs. 30 in India.

Write: FUTURE, UNICEF House, 73 Lodi Estate, New Delhi 110003, India.

APPROPRIATE TECHNOLOGY AND MISSIONS NEWSLETTER

This bulletin provides information on small-scale technology, new books, training, and other aspects of appropriate technology. One recent issue carried detailed instructions for making soap, information on refrigeration that does not require electricity, and book reviews. Subscriptions cost \$2.95; a free sample copy is available on request.

Write: A1 & M Missions Newsletter, c/o Stephen Ranney, ed., 35 NE 32, no. 2, Portland, OR 97232, USA.

BASICS

Appropriate technology for health and agriculture and marketing ideas for handicrafts are the subjects of the "how to" articles in BASICS, now being published again. The quarterly newsletter is published in English and distributed free.

For a subscription write: Rural Communications, Roundwell Street, South Petherton, Somerset TA13 5AA, UK.

HOW TO . . . teach testing for respiratory problems

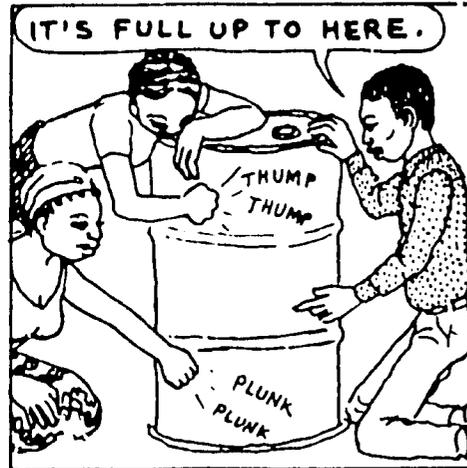
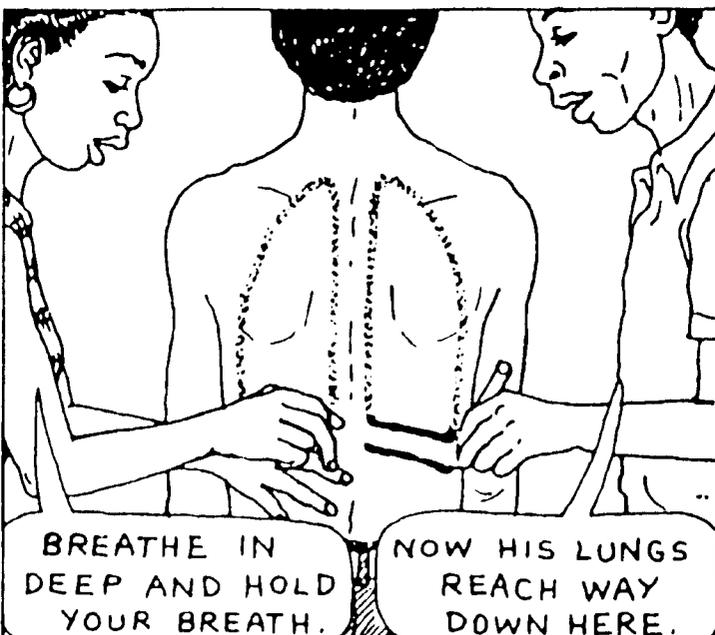
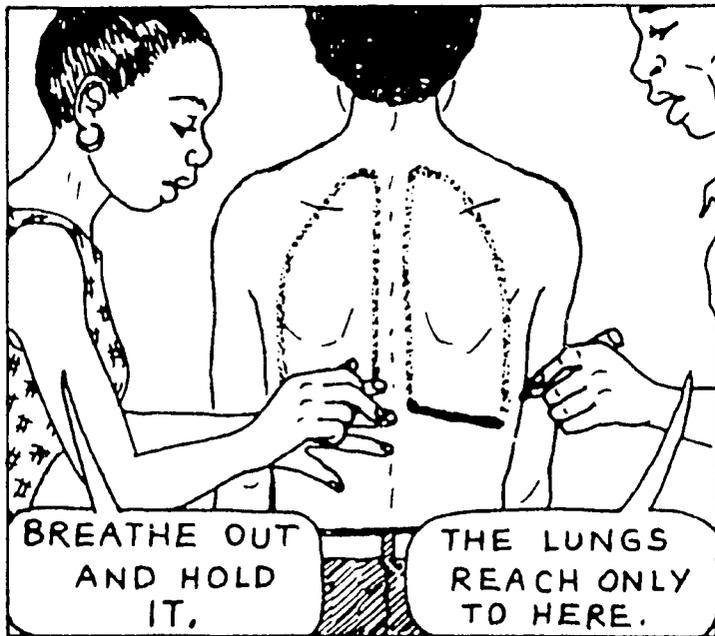
When teaching about physical exam or respiratory problems, you probably will want to explain where the lungs are and how they work. For this, it helps to draw the lungs on a student. Draw them on both the chest and the back.

To determine the size of the lungs, show the students how to thump or percuss the back, listening for the hollow sound of air in the lungs. Draw the bottom line of the lungs first when they are as empty as possible, and then when they are full. Students will see how the movement of the diaphragm (a muscular sheet below the lungs) affects breathing and lung size.

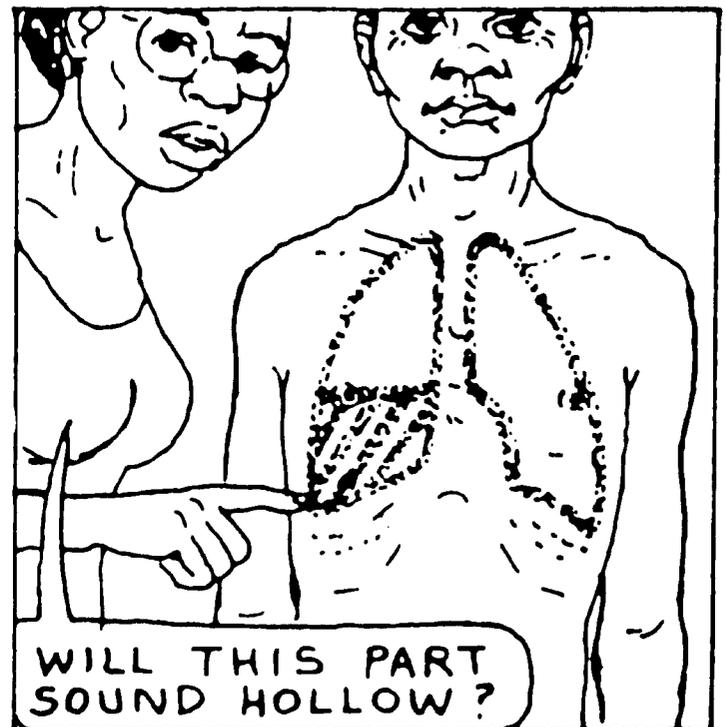
By doing this, students not only learn about the position, size, and work of the lungs, but they also learn a useful skill

for physical examination—thumping the lungs to listen for relative hollowness. This can help them spot signs of disease.

To help students understand the different sounds they hear when thumping, have them determine the level of water (or gasoline) in a large drum or barrel. Then thump the chest of a student.



Next, compare with a person who has a solid (diseased) area or liquid lung. If possible, also show the students X-rays of normal and diseased lungs.



The above article is reprinted with permission from the new book, *HELPING HEALTH WORKERS LEARN: A book of methods, aids, and ideas for instructors at the village level*, by David Werner and Bill Bowyer. The illustrated book is available in English (Spanish translation in preparation) from: The Hesperian Foundation, PO Box 1692, Palo Alto, CA 94302, U.S.A. Price: \$6.50; discounts for bulk orders.

BANGLADESH: The successes and failures of a small pharmaceutical firm

Gonoshasthaya Pharmaceuticals Ltd. (GPL), a small company near Dacca, is struggling to provide Bangladesh with high quality, essential drugs at competitive prices. The goal is to capture 15 to 20 percent of the Bangladeshi market. The road to the goal is proving long and rocky.

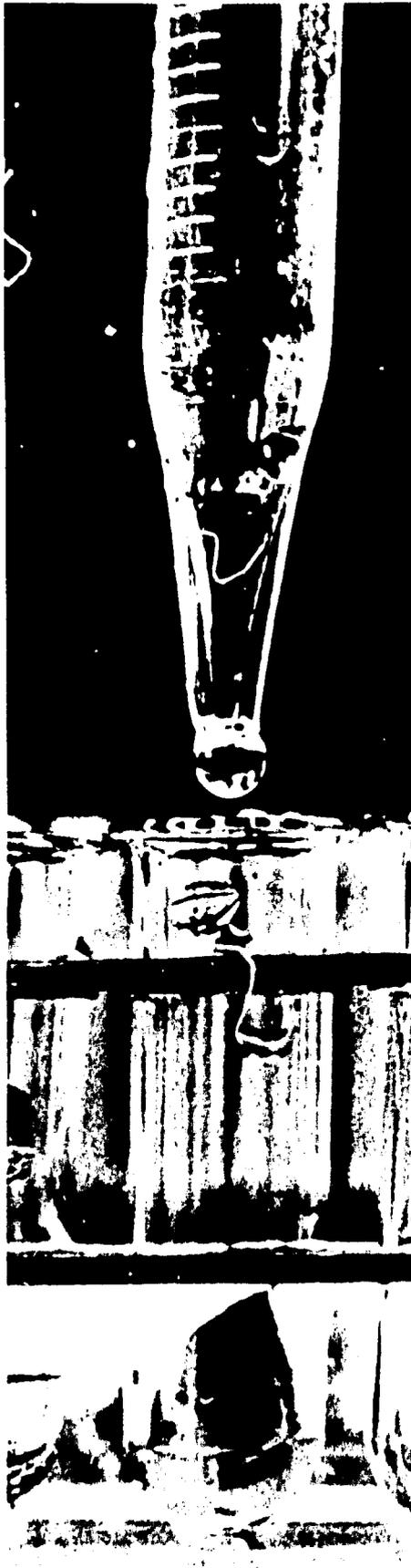
Bangladesh is a textbook case of a country that has no significant national or local production of drugs. Eight multinational companies control 80 percent of the drug market. The remaining 20 percent is shared among many small, Bangladeshi firms.

Production is heavy on antibiotics which make high profits for the companies. Companies are reluctant to produce vital necessities such as distilled water and basic drugs that bring in low profits. There are about 2,300 brand names available; 70 percent of them are judged therapeutically questionable.

To boost sales, there is an estimated one drug salesman for every doctor. (In the United Kingdom, there is one salesman for every 20 doctors.)

The number of drugs available in government health centers is negligible. Currently, legislation is inadequate to effectively control the sale of potent drugs. Many people cannot afford a doctor and self-prescribe medicine, often potent antibiotics that are sold over the counter. In a country where the average annual income is about \$70, many families go deep into debt to buy medication.

Against this background, the People's Health Center, a successful primary health care project in Savar, decided to build its own pharmaceutical processing unit. It took seven years to complete the \$1.2 million project. Funding agencies had to be convinced that such a bold idea could work and work with Bangladeshi experts and personnel—architects, chemists, managers, and plant workers. Three years



were needed to complete the feasibility and other studies required by the bureaucracy.

Now, with funding from Oxfam, NOVIB, a Dutch voluntary agency, Christian Aid, and commercial loans, GPL has been operating for one year and has made a start toward producing in bulk 30 basic drugs, preparations, and antibiotics, including aspirin, ampicillin, tetracycline, penicillin, vitamin C, sterile water for injections, and oral rehydration salts.

As planned, most of the factory workers are rural women who have received training in vocational skills and literacy from GPL. All instructions in the drug packages are in Bengali. Drugs are sold at prices 30 to 50 percent lower than equivalents produced by the larger companies. When GPL, a charitable trust, begins to make a profit, 50 percent will be reinvested in voluntary development programs.

But the first year of production has been fraught with problems. It has been difficult to find skilled personnel in Bangladesh, and GPL has had to call on more outside expertise than planned. The proper machinery has not always been available. And GPL recently lost a bid to provide the government with eleven drugs.

More problems lie ahead. GPL plans to rely on selected pharmacists to distribute its generic drugs. But will the firm find pharmacists willing to give up their profits on brand names? And will companies continue to successfully underbid GPL for big, government contracts? These are just some of the problems that face the bold experimenters at GPL.

This article is based on newsletters published periodically by the People's Health Center, and reports by Dr. Zafayullah Chowdhury, Director of the People's Health Center, and researchers Sally Bachman and John Yudkin.

Pharmaceuticals: Resources, Information

... The Bureau d'Etudes et de Recherche pour la Promotion de la Santé has published NOTIONS DE PHARMACOLOGIE, a handbook for nurses. Copies are available for Z4.00, CFA1200, or \$5.00

Write: Bureau d'études, BP 1977, Kangu-Mayombe, République du Zaïre.

... The April-June 1981 issue of the magazine HEALTH FOR THE MILLIONS carries a discussion of drug therapy, drug colonialism, the excessive cost of brandname drugs, bulk purchasing, and other topics. Copies cost Rs. 6; \$.75.

Write: Voluntary Health Association of India, C-14 Community Centre, Safdarjung Development Area, New Delhi 110016, India.

... MANAGING DRUG SUPPLY is a valuable handbook on the selection, procurement, distribution, and use of pharmaceuticals. The 592-page, illustrated book costs \$22.50, including seairmail postage; airmail by special request. French and Spanish editions are planned.

Write: Drug Logistics Program, Management Sciences for Health, 165 Allandale Road, Boston, MA 02130, USA.

... The May 1981 issue of WORLD HEALTH magazine is devoted to essential drugs. Articles include background, an essay on quality control, and a model list of essential drugs. The magazine is free and available in Arabic, English, Italian, Persian, Portuguese, Russian, and Spanish.

Write: World Health, WHO, Av. Appia, 1211 Geneva 27, Switzerland.

... Widespread misuse of drugs is leading to increased ineffectiveness of many antibiotics. If the trend continues, treatment of a number of common infectious diseases will be jeopardized and lives will be lost through ineffective medication. Medical costs will soar because of the high cost of alternative treatment. Alarmed at this prospect, the International Alliance for the Prudent Use of Antibiotics, a group of more than 200 medical scientists from 30 countries, is seeking data on misuse of antibiotics in developing countries.

Send materials to: Dr. Stuart B. Levy, Dept. of Molecular Biology and Microbiology, Tufts University Medical School, 136 Harrison Avenue, Boston, MA 02111, USA.

... The World Health Organization (WHO) provides information and training on quality control and drug regulation. For more information write: Pharmaceutical Unit, WHO, 1211 Geneva 27, Switzerland.

... The Canadian Pharmaceutical Association (CPHA) is developing single sheet package inserts for patients. The

sheets are called "SIMS" (Supplementary Information on Medication), explain in clear language how and when to take a drug, what to do if a dose is forgotten, the side effects and precautions, and other essential information. Sample SIMS in French and English are available free on request. A full set of the 100 each of the first 12 SIMS and a filing cabinet cost \$59.95, including mailing costs.

Write: CPhA, 101 - 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6, Canada.

TETRACYCLINE

Supplementary Information on Medication

Rx*

Pharmacist

Tetracycline is used to treat or prevent infection

Effects on normal activities:

Sometimes, while you are taking tetracycline and for some time after, it can make the skin more sensitive to sun or to sunlamps — you could get a severe sunburn. If your skin becomes sensitive, tell your doctor, wear protective clothing, sunglasses. Ask your pharmacist about sunscreens. Some types of tetracycline can cause lightheadedness, dizziness, loss of balance or fainting. Do not drive or operate dangerous machinery.

When you take tetracycline:

Take your medicine **exactly** as directed on the prescription label. Some tetracyclines are made to be taken without food, with a full glass of water, about 1 hour before or 2 hours after eating. Your doctor or pharmacist will tell you if you have received this type. Doses should be evenly spaced, during the waking hours.

Liquid tetracycline should be **WELL SHAKEN** before each dose.

Finish **ALL** your medication unless the doctor tells you to stop or else your infection might come back.

Stomach upset, vomiting, loss of appetite may occur. If stomach upset does occur, try taking doses with some crackers or a light snack. This effect may disappear as you get used to this drug. **Mild** diarrhea may also occur. If these effects get worse, call your doctor.

A SIMS patient information card on tetracycline.

If you FORGET a dose:

Take your medicine as soon as you realize that you have missed a dose. Then take your medicine at the same time as before.

What else may happen?

While taking this medication you should watch for any unwanted effects. The following signs are not common, but if they do happen, call your doctor immediately. He will tell you if you should still take this drug.

- rash, hives, itching
- rectal itch or (in women) vaginal itch or unusual discharge

ALWAYS REMEMBER:

- Tell your doctor and pharmacist what other drugs you are taking.
- Tell any new doctor or dentist that you visit that you are taking tetracycline.
- Certain things may interfere with tetracycline:
 - milk, dairy products - such as cheese, ice cream, cottage cheese
 - antacid (stomach) preparations, sodium bicarbonate (baking soda)
 - iron and some vitamins

Do not take these for 2-3 hours **before** or at least 2 hours **after** you take tetracycline. The pharmacist can advise you about these products.

Some liquid tetracycline contain sugar. Diabetics should check with the pharmacist or doctor for advice.

If the doctor has told you to stop taking tetracycline, flush any unused drug down the toilet. **OUTDATED TETRACYCLINE CAN BE HARMFUL.**

If you need more information, ask your doctor or pharmacist.

Developed by the Canadian Pharmaceutical Association in co-operation with the Health Protection Branch, Health & Welfare Canada, the medical profession, and medication users.

April, 1980

... EL INFORMADOR, the monthly newsletter of the Asociación de Servicios Comunitarios de Salud (ASECSA), publishes information on drugs in its "fichas informativas" column. The full-page sheets offer information in Spanish on dosage, dangers, contraindications, storage, and expiration dates.

For a sample write: ASECSA, Apdo. 27, Ciudad de Chimaltenango, Guatemala.

READERS' EXCHANGE

ORT in Egypt

Your front page article for January 1982 ("Egypt: Mothers cut diarrheal deaths in half with homemade treatment") makes a critical omission: the group of mothers making ORS (oral rehydration salts) at home with salt and sugar had Oralyte (full-formula) packets available to them through the nearby rural health clinics. Sufficient numbers of ill children were referred to the clinics after salt and sugar ORS was tried to have accounted for at least some of the reduced mortality in that group.

Homemade ORS is clearly an important element in community-based rehydration efforts, but many of the children at high risk of dying will require referral and more rigorous therapy if they are to be saved.

Norbert Hirschhorn, MD
The John Snow Public Health Group, Inc.
210 Lincoln Street
Boston, MA 02111, USA

NOTES

... "Health education methods and materials in primary health care" is the theme of the December 1981 issue of the newsletter, *APPROPRIATE TECHNOLOGY FOR HEALTH*. Items include a health game for children (Togo), a teaching calendar to help eradicate rats (Barbados), theater for spreading health messages (Zambia), and a discussion of illustrations in health literature. For a free copy of the newsletter, write: The Editor, *AHT Newsletter*, World Health Organization, 1211 Geneva 27, Switzerland.

... The London School of Hygiene and Tropical Medicine has published the results of field testing of its weight-for-height chart (*CL. SALT BIRTHS*, vol. 5, no. 1). For a copy of the report write: Julia Verney, Department of Human Nutrition, London School of Hygiene, Keppel Street (Gower Street), London WC1E 7HT, UK.

... A recent issue of *HABITANTE*, a new quarterly magazine published by the Centre d'Hygiène familiale de Haiti, carries an article entitled, "Your child and his dentist." The article explains the special dental problems of children: teething, oral hygiene, baby teeth, and other subjects. For a free copy (vol. 1, no. 1), write: Centre d'Hygiène familiale, 10, Tère Impasse Lavand, BP 130, Port-au-Prince, Haiti.

... "Women, Health and Development" and "Women and Disability" are the titles of a new series of information kits distributed by the World Health Organization (WHO). The kits contain articles, guidelines, bibliographies, and other information aimed at making the public aware of women's needs. For a free copy in English (French and Spanish editions will be available later this year), write: The Division of Public Information, WHO, 1211 Geneva 27, Switzerland.

... The World Health Organization (WHO) is field testing its new manual, *TRAINING THE DISABLED IN THE COMMUNITY*. An experimental manual on rehabilitation and disability prevention for developing countries. The manual contains training material for the disabled and their families, for policy makers and planners, local supervisors, community leaders, and teachers. If you wish to obtain a copy for field-testing purposes, write: Dr. J. Krol, Medical Officer, Rehabilitation Programme, WHO, 1211 Geneva 27, Switzerland. For others the manual is available from WHO for \$20.00.

... "Diarrhoea Management" is the title of a slide set that presents new ideas about oral rehydration. The set, which includes a detailed instruction sheet, is intended mainly for community nurses, hospital nurses, and other health workers. For information write: Foundation for Teaching Aids at Low Cost (FALC), Institute of Child Health, 30 Guilford Street, London WC1N 1EH, UK.

Ethiopia: Holding her health record, a mother waits in line to have her child vaccinated. Photo: Blair Scott - UNICEF



SELECTED READINGS

World Health Organization (WHO). **INTESTINAL PROTOZOAN AND HELMINTHIC INFECTIONS: Report of a WHO Scientific Group.** 152 p. English, French, Spanish in preparation. ISBN 92-4-120666-7. WHO, Distribution and Sales Service, 1211 Geneva 27, Switzerland. SFR 10.

This book reviews recent advances in knowledge about the prevention and control of intestinal diseases.

Adi, Felix C. **HEALTH EDUCATION FOR THE COMMUNITY.** 1979. 152 p. Illus. English. ISBN 978-124-036-9. Nwamife Publishers Ltd., 10 Ibiyam Street, UWANI, PO Box 430, Enugu, Nigeria. \$17.98 hardback; \$12.78 paperback. Discounts for bulk orders.

Dr. Adi, a Nigerian medical professor, has won the 1981 Noma Award for Publishing in Africa for this handbook. The clearly written text would be appropriate for training schools and medical and nursing students.

Lauder, John. **OFFICE MANAGEMENT FOR COOPERATIVES: A Self-Teaching Text.** 1980. 103 p. Illus. ISBN 0-903031-73-6. English. Intermediate Technology Publications Ltd., 9 King Street, London WC2E 8HN. £3.70 including airmail postage.

Is your cooperative helping finance your health activities? This book will help you make your cooperative more efficient.

American Public Health Association (APHA). **COMMUNITY FINANCING.** 1982. 90 p. Illus. English. ISBN 0-877553-100-8. Primary Health Care Issues, ser. 1, no. 4. APHA, 1015 Fifteenth Street, NW, Washington, DC 20005, USA. Free.

Here is a critical review of methods of community financing of health care. The potential and limitations of such financing are also discussed.

World Health Organization (WHO). **INTERNATIONAL CODE OF BREAST-MILK SUBSTITUTES.** 1981. 36 p. English, French, Spanish. ISBN 92-4-154160. WHO, 1211 Geneva 27, Switzerland. SFR 3.

The 34th World Health Assembly (May 1981) adopted this International Code as a recommendation to all WHO Member States. Adherence to the Code, the Assembly stressed, "is a minimum requirement and only one of several important actions required in order to protect health practices in respect of infant and young child feeding."

Committee for the Promotion of Aid to Cooperatives (COPAC). **DIRECTORY OF AGENCIES ASSISTING COOPERATIVES IN DEVELOPING COUNTRIES.** 1981. 85 p. English. COPAC Secretariat, Via Terme di Caracalla, 00100 Rome, Italy. Free to any agency assisting cooperatives in developing countries.

Which agencies specialize in health agriculture cooperatives? Where can a credit union get advice? This directory lists these agencies by name and country and offers information on training courses.

Mitchell, Robert J., ed. **EXPERIENCES IN APPROPRIATE TECHNOLOGY.** 1980. 150 p. Illus. English, French, Spanish. Canadian Hunger Foundation, 323 Chapel Street, Ottawa, Ontario, Canada K1N 7Z2. \$8.95.

Women's toilets in Nepal, stoves in Guatemala and Afghanistan, soapmaking in Mali—these are just a few of the examples of appropriate technology presented in this book.

Pacey, Arnold. **GARDENING FOR BETTER NUTRITION.** 1978. 64 p. Illus. English. ISBN 0-903031-50-7. Intermediate Technology Publications Ltd., 9 King Street, London WC2E 8HN, UK. \$3.50; £1.60.

Here is information on how to grow leafy green vegetables and other nutritious foods for family consumption.

Walsh, Barbara E. **GUIDE TO THE CARE OF THE LOW BIRTH WEIGHT INFANT.** 1980. 161 p. Illus. English. ISBN 92-9022-110 0. World Health Organization (WHO), Regional Publications, South-East Asia Series no. 10. World Health House, New Delhi 1, 100,001, India. Copies available free and at a reduced rate to health workers in the southeast region; others: SFR20.

Designed for nurses in the hospital or health center, this guide details the care of high risk infants and how to deal with common complications. It also recommends what sort of facilities should be available for such care and offers advice on management.

American Public Health Association (APHA). **PRIMARY HEALTH CARE BIBLIOGRAPHY AND RESOURCE DIRECTORY.** 1982. 67 p. Illus. English. ISBN 0-87553-105-9. APHA. For copies write: D. Ferguson, United States Agency for International Development (USAID), Office of Health, Department of State, Washington, DC 20523, USA. Free.

The publications listed in this annotated bibliography would make an excellent basic library. Part One describes 140 books chosen for their content, cost, and availability in English, French, Spanish, and other languages. Part Two lists periodicals, reference works, educational aids, information on training programs, and sources of pharmaceutical and other supplies.

The World Federation of Public Health Associations (WFPHA). **MESSAGE FROM CALCUTTA: Highlights of the Third International Congress on Primary Health Care.** 1982. 163 p. English. WFPHA Secretariat, American Public Health Association, 1015 Fifteenth Street, NW, Washington, DC 20005, USA. \$5.00; special consideration for requests from developing countries.

In 1981, 700 participants from 40 countries gathered in Calcutta to discuss progress in providing basic health care. This book features more than 50 reports from the congress on national planning, manpower, community participation, and project implementation.

Appendix K

Contents of Information Packets/Annotated Checklists



AID/APHA

HEALTH INFORMATION PACKET

NO. 22: MATERNAL AND CHILD HEALTH

Resource Center
International Health Programs
American Public Health Association
1015 15th St., NW
Washington, DC 20005

POLICY PAPER

Berg, Alan. Malnourished People: a Policy View.
World Bank, 1818 H St., N.W., Washington, D.C.
20433. 1981. 108 pp. illus. (Poverty and
Basic Needs Series)

This monograph discusses the importance of adequate nutrition not only as a goal in itself but also as a means to economic development. Governments are urged to consider broad approaches to the problem of malnutrition, including the use of public policy to influence the character of food production, processing and distribution. Among the conclusions offered are:

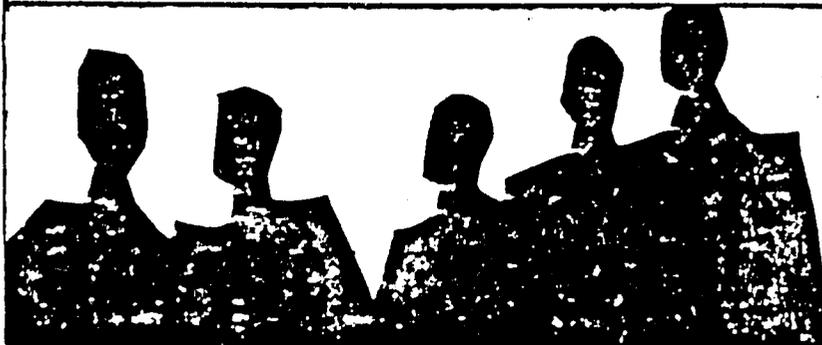
- The nutritional condition of the poor is no better today than it was a decade ago.
- The basic problem is one of food-energy insufficiency, sometimes complicated by deficiencies of specific nutrients.
- Malnutrition is not likely to be resolved within a generation in most countries by increasing incomes and agricultural production alone.
- Most governments are not reaching the principal victims of malnutrition, the rural poor.

References are given and the appendices include information on dietary standards, methodology, statistics, project evaluations, and nutrition-related policy.

Malnourished People a policy view

Poverty and Basic Needs Series
June 1981

Alan Berg



LIST OF PUBLICATIONS

Family Health: Selected List of Publications. World Health Organization Document PHE/80.2 Rev. 1. 1980. World Health Organization, Division of Family Health, 1211 Geneva 27, Switzerland.

This is a selected list of publications and documents on family health. Among the topics covered are traditional birth attendants, feeding of infants and young children, nutritional deficiencies and requirements, health education, and fertility regulation. All the publications were prepared between 1975 and 1981.

HOW TO ORDER PUBLICATIONS

Publications listed with a price, and back numbers of periodicals, are for sale and can be obtained direct, or through a bookseller, from any of the stockists shown at the end of this document or direct from the World Health Organization, Distribution and Sales, 1211 Geneva 27, Switzerland. Publications listed as WHO documents and those listed without a price are obtainable, upon request, from the Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland. Regional Office publications are obtainable directly from the following:

Regional Office for Africa (AFRO), P.O.Box No. 6, Brazzaville, Congo

Regional Office for the Americas (AMRO)/Pan American Health Organization (PAHO), 525 23rd Street N.W., Washington D.C. 20037, USA

Regional Office for the Eastern Mediterranean (EMRO), P.O.Box 1517, Alexandria, Egypt

Regional Office for Europe (EURO), 8 Scherfigsvej, 2100 Copenhagen Ø, Denmark

Regional Office for South-east Asia (SEARO), World Health House, Indraprastha Estate, Mahatma Gandhi Road, New Delhi 110002, India

Regional Office for the Western Pacific (WPRO), P.O.Box 2932, 12115 Manila, Philippines



World Health Organiz
Geneva
1980

ANNOTATED BIBLIOGRAPHY

Gire Vavrus, Linda, et al. Women in Development: a Selected Annotated Bibliography and Resource Guide. Annotated Bibliography, no. 1. 1980. Michigan State University, Institute for International Studies in Education, Non-Formal Education Information Center, 513 Erikson Hall, East Lansing, Michigan 48824.

This annotated bibliography on the integration of women into development efforts is compiled from the collection of the NFE Information Center. Special emphasis is given to the changing status, role, relationships and opportunities of poor women. References and resources are organized into five sections: books, documents and articles; journals and newsletters; bibliographies; organizations; and new acquisitions.

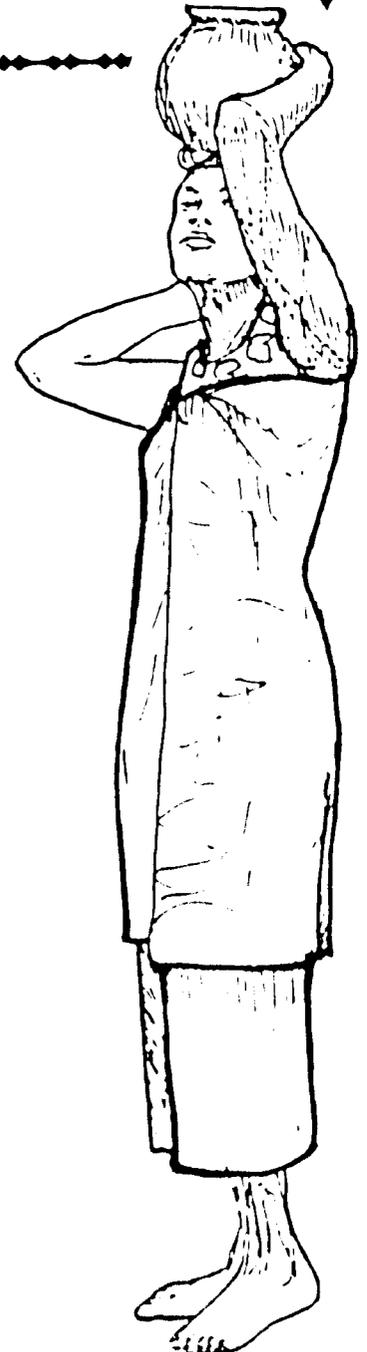
Contents of Annotated References

A. Topical

1. General Development
2. Agriculture and Food Production
3. Education
4. Employment and Work
5. Family, Nutrition and Health

B. Regional

1. Africa and the Middle East
2. Asia and the Pacific
3. Latin America and the Caribbean



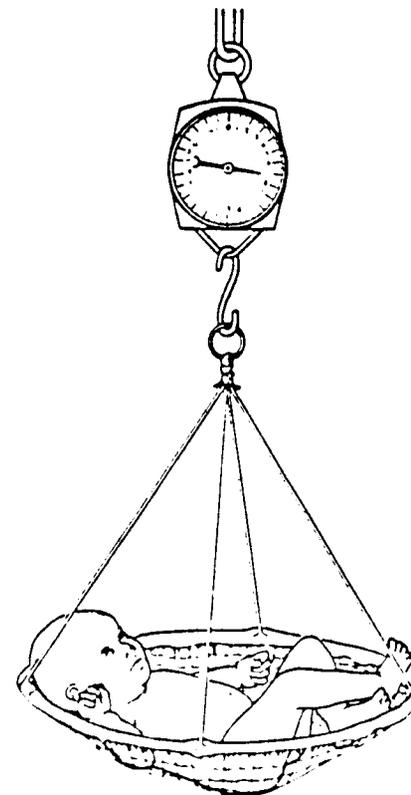
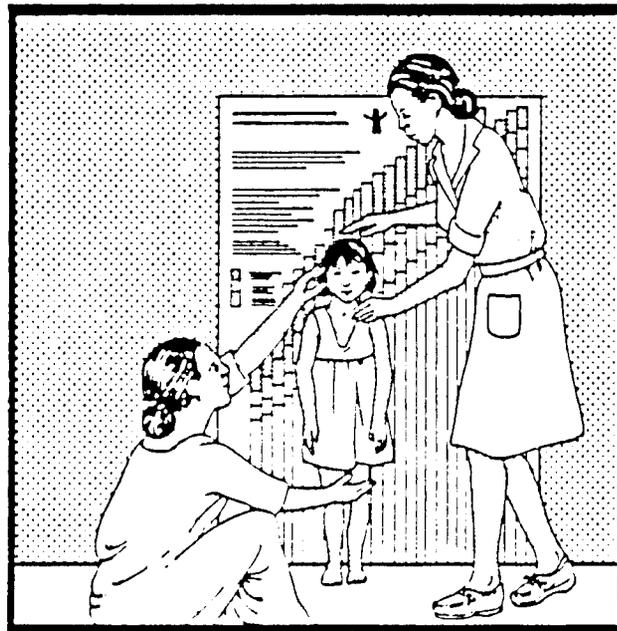
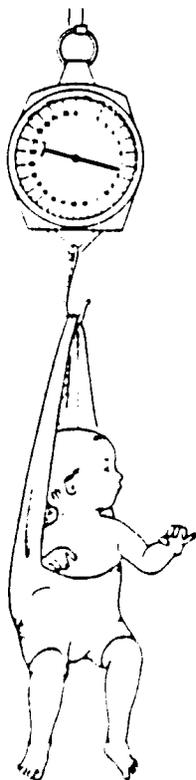
ISSUES PAPER

Growth Monitoring of Preschool Children: Practical Considerations for Primary Health Care Projects.

American Public Health Association, International Health Programs, 1015 15th St., N.W., Washington, D.C. 20005. 1981. 70 pp. illus. (Primary Health Care Issues Series, no. 3)

This state-of-the-art paper is a review of growth monitoring in nutrition and primary health care programs in communities or clinics. It discusses the activities which make up a growth monitoring project, the major issues and problems involved in growth monitoring, and some of the lessons learned in various projects and settings. The paper was authored by Marcia Griffiths.

Fig. 16. Health Worker and Mother Measuring Child on Thinness Chart Source: London School of Hygiene and Tropical Medicine, London, U.K.



CONFERENCE PAPER

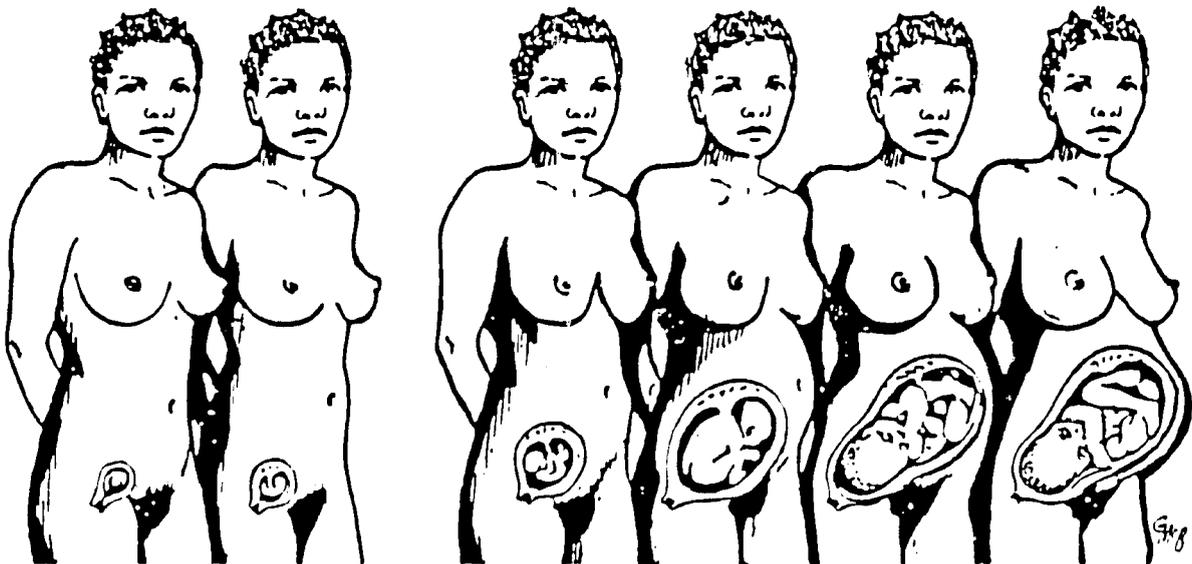
Health and the Status of Women. World Health Organization Document FHE/80.1. 1980. World Health Organization, Division of Family Health, 1211 Geneva 27, Switzerland.

This paper was the WHO background paper at the World Conference of the UN Decade for Women. It examines social customs pertaining to women, attitudes toward women, the roles of women, and the participation of women in development. The paper emphasizes that the biological and social realities of women's reproductive role are central to their health and social status.



WORLD HEALTH ORGANIZATION
DIVISION OF FAMILY HEALTH
1980 GENEVA

HEALTH AND THE STATUS OF WOMEN



TEXTBOOK

Morley, David and Margaret Woodland. See How They Grow: Monitoring Child Growth for Appropriate Health Care in Developing Countries. Macmillan Press Ltd., Houndmills and Basingstoke, Hants RG21 2XS, United Kingdom. 1980. 265 pp. illus. (Macmillan Tropical Community Health Manuals)

This book demonstrates how to improve child health by monitoring growth through the use of a simple weight chart. It explains how to use the chart and presents new ideas on the management of conditions which impair growth. The authors emphasize that the weight chart can succeed only if the community actively participates in its health care. The book is directed at trainee and practising medical personnel in developing countries and contains references, an index, and over 160 illustrations. It is written for an audience many of whom may have English as their second language.



FIG 1.11 'His name is "Today".'



We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him we cannot answer 'Tomorrow'. His name is 'Today'.

- - Gabriela Mistral

MONOGRAPH

Towards a Better Future: Maternal and Child Health. 1980.
World Health Organization, 1211 Geneva 27, Switzerland.

This monograph provides an overview of the principles of maternal and child health (MCH). It discusses the factors which affect the health of mothers and children such as economics, education and social values. Recent trends in MCH such as nutritional supplementation, immunizations and oral rehydration treatment are reviewed. The need for improved gathering of statistics on mortality and morbidity is underscored.

TOWARDS A BETTER FUTURE

MATERNAL AND CHILD HEALTH

CONTENTS

- Principles of maternal and child health care
- Some factors affecting the health of mothers and children
- Health status of mothers and children
- Developments in maternal and child health: technologies and knowledge
- WHO's role in the promotion of maternal and child health care
- References



HEALTH INFORMATION PACKET

No. 22: Maternal and Child Health

RESPONSE CHECKLIST

Publications discussed in the Health Information Packet are available at no cost. Please check the publications you would like to receive. Because supplies are limited, only one copy of each publication can be provided.

MALNOURISHED PEOPLE	_____	(13)
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WOMEN IN DEVELOPMENT	_____	(15)
GROWTH MONITORING	_____	(16)
HEALTH AND THE STATUS OF WOMEN	_____	(17)
SEE HOW THEY GROW	_____	(18)
TOWARDS A BETTER FUTURE	_____	(19)

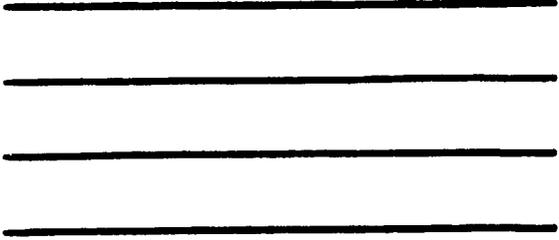
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**AID/APHA Health Information Packet
Resource Center
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1015 15th Street, N.W.
Washington, D.C. 20005, U.S.A.**



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HEALTH INFORMATION PACKET

NO. 23: COMMUNITY FINANCING
TRAINING OF HEALTH WORKERS

Resource Center
International Health Programs
American Public Health Association
1015 15th St., NW
Washington, DC 20005

REFERENCE BOOK

Werner, David and Bill Bower. Helping Health Workers Learn: a Book of Methods, Aids, and Ideas for Instructors at the Village Level. The Hesperian Foundation, P.O. Box 1692, Palo Alto, California 94302. 1982. 632 pp. illus.

This book of ideas emphasizes that the key to health lies in the people themselves. It takes a strong social position in favor of the poor and of the importance of self-reliance and political awareness to health. The book is based on 16 years of experience with a villager-run health program in Ajoya, Mexico, and includes methods, aids, and ideas from over 35 countries. It is directed at health workers and their instructors and its purpose is educational rather than medical.

Helping Health Workers Learn is divided into five parts:

- Pt. 1 -- Approaches to planning and carrying out a training program for community health workers;
- Pt. 2 -- Ways to make learning more meaningful, useful, and fun with an accent on seeing, thinking, and doing;
- Pt. 3 -- Suggestions for using the companion volume, Where There Is No Doctor, more effectively;
- Pt. 4 -- Activities for mothers and children;
- Pt. 5 -- Ways in which health is influenced by greed and an unfair distribution of land and resources.

The reference book is written in simple English with difficult words italicized and explained. Key ideas are highlighted inside boxes, written in dark letters, and illustrated with hundreds of drawings. An excellent subject index appears at the back.

The authors encourage the reader to consider and question everything that is said in the book. They believe strongly that successful health workers

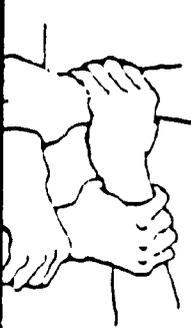
- come from the communities they serve and understand the local people's needs;
- look beyond curative and preventive medicine to the economic and social factors which effect health;
- use tools, medicines, and teaching aids that are made locally and that encourage self-sufficiency;
- are trained in a "people-centered" approach.



WHAT MAKES EFFECTIVE HEALTH WORKERS?

Whether or not health workers develop the skills and understanding to help people meet their needs, on their own terms, depends on many factors:

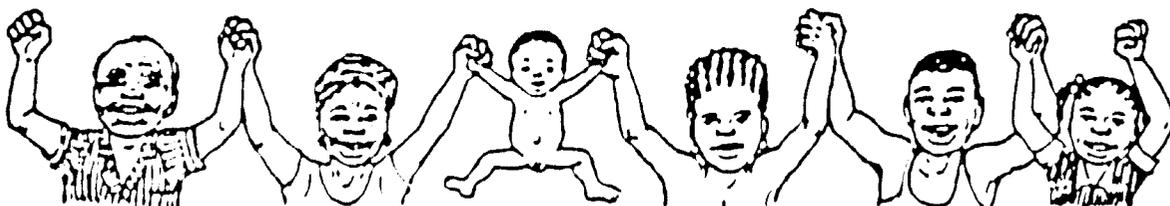
- They must be carefully selected, preferably by the community.
- Their instructors must be friendly, identify with the poor and with their students, and have a good understanding of human nature.
- Training must be carefully and flexibly planned—according to the needs of the students and their communities.
- Teaching must be appropriate and effective—built around problem solving and practice.
- Follow-up after the training course must be supportive and reliable.



"Primary health care is generally only lacking when other rights are also being denied. Usually it is only lacking where the greed of some goes unchecked and unrecognized (or unacknowledged) as being the cause. Once primary health is accepted as a human right, then the primary health worker becomes, first and foremost, a political figure, involved in the life of the community in its integrity. With a sensitivity to the villagers and the community as a whole, he will be better able to diagnose and prescribe. Basically, though, he will bring about the health that is the birthright of the community by facing the more comprehensive political problems of oppression and injustice, ignorance, apathy, and misguided good will."



—Zafrullah Chowdhury, of Gonoshasthaya Kendra,
a community-based health program in Bangladesh



THE KEY TO HEALTH LIES IN THE PEOPLE THEMSELVES.

ISSUES PAPER

Community Financing of Primary Health Care. American Public Health Association, International Health Programs, 1015 15th St., N.W., Washington, D.C. 20005. 1982. 90 pp. illus., bibl. (Primary Health Care Issues Series 1, No. 4)

This state-of-the-art review details ways in which communities have contributed labor, cash, and other resources to support primary health care. The paper emphasizes that the people's ability and willingness to pay must be ascertained. It suggests that community financing is, at best, only a partial solution to the problem of health care finance, and that the challenge lies in finding a balance between government and community finance. The author is Wayne Stinson.



PRIMARY HEALTH CARE ISSUES Series 1, Number 4, community financing of primary health care, 1982

PRIMARY HEALTH CARE ISSUES is a series of reports designed to provide a concise, accurate, and authoritative overview of important developments in the field of primary health care (PHC). The series is directed primarily to concerned health professionals such as program managers and decision makers who plan and implement programs around the world. The series will constitute a system of information transfer for an audience with a special need for timely and relevant information that is at once generically useful and specifically applicable. The series

- addresses PHC policy issues of national and international concern

- analyzes common problems in PHC program management, including planning, implementation and evaluation
- identifies gaps in knowledge about PHC and recommends research to fill those gaps
- provides up-to-date technical and policy information on PHC delivery.

The views expressed in these reports do not necessarily reflect those of the Agency for International Development.

Reader comments are invited. They should be addressed to: the Director, APHA/IHP, 1015 Fifteenth Street, NW, Washington, DC 20005, USA.

ARTICLE

Roemer, Milton I. "Key Books about Rural Health Auxiliaries."
World Health Forum, Vol. 2, No. 3, 1981: 437-440.

This article identifies eleven key books about rural health auxiliaries. It is international in scope and is directed at individuals who are new to the field or who require an overview of the literature. Among the books reviewed are Maurice King's Medical Care in Developing Countries (1966); Kenneth Newell's Health by the People (1975), David Werner's Where There Is No Doctor (1977), and WHO's The Primary Health Worker (1980).

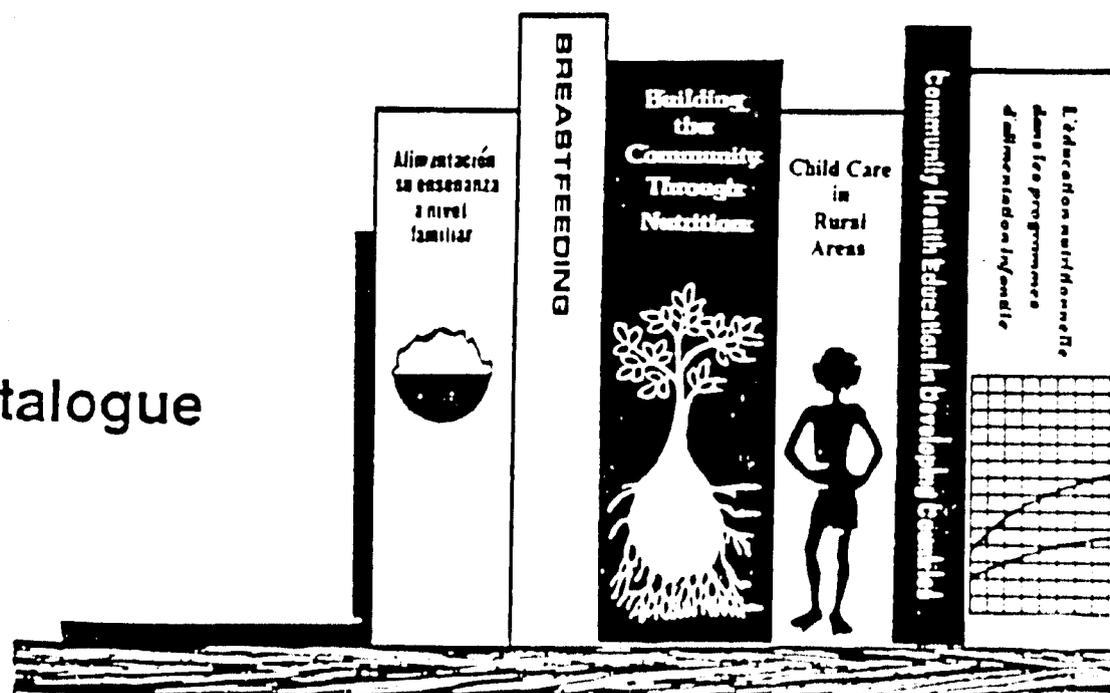


CATALOGUE

Israel, Ron and Peter Lamptey, eds. Nutrition Training Manual Catalogue for Health Professionals, Trainers and Field Workers in Developing Countries. International Nutrition Communication Service, Education Development Center, 55 Chapel St., Newton, Massachusetts 02160. 1981. 102 pp. illus.

This catalogue reviews 116 training manuals which focus on nutrition in developing countries. It provides health professionals, field workers, and trainers with a guide to identifying appropriate texts and curricula. The manuals are organized into eight categories, such as nutritional assessment and surveillance, nutritional rehabilitation, program management, and feeding of mothers and children. Each of the categories includes a Recommended Reference Manual and an Identification Table. The Recommended Reference Manual provides an overview of the category. The Identification Table enables the reader to identify the most suitable text. The manuals are individually classified by subject matter, author, title, publication date, language, number of pages, location, target group, stylistic emphasis, sponsor, and source. All the manuals are reviewed with attention given to the positive and the unique. Appendix B is a combined country/organization listing of addresses of publishers and sources. Title and geographical indexes are included.

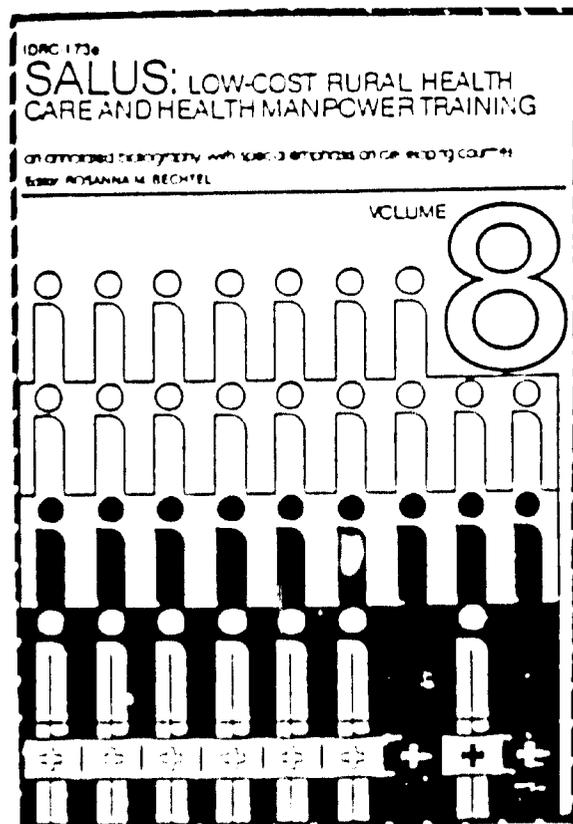
nutrition training
manual catalogue



BIBLIOGRAPHY

Bechtel, Rosanna M., ed. SALUS: Low-Cost Rural Health Manpower Training: an Annotated Bibliography with Special Emphasis on Developing Countries. Vol. 8. International Development Research Centre, P.O. Box 8500, Ottawa, Canada K1G 3H9. 1981. 143 pp. (Publication No. IDRC-173e)

This is the eighth in a series of annotated bibliographies which are published irregularly. It consists of 699 abstracts of articles, books, and unpublished documents about new models of health care delivery and the training and utilization of auxiliary health workers in remote regions of the world. The bibliography is intended for (1) persons who are involved in planning, operating, and evaluating systems to provide rural health services; (2) trainers of auxiliary health workers; and (3) organizations that support research into the problems of organizing health care delivery. Geographical, author, and subject indexes are included.



LECTURE

Evans, John R., Karen Lashman Hall, and Jeremy Warford.
"Shattuck Lecture - Health Care in the Developing
World: Problems of Scarcity and Choice." New
England Journal of Medicine, Vol. 305, November 1981:
1117-1127.

This presentation describes the difficulties of putting the objectives of Health for All by the Year 2000 into practice. Among the obstacles which are examined are an uneven distribution of health services, a lack of appropriate technology, deficiencies in national capabilities to plan and implement programs, poverty, a scarcity of money, and poor management. The author identifies the three stages in the evolution of a health system and discusses what may be possible in light of the limited budgets available for health in most developing countries.

SHATTUCK LECTURE

HEALTH CARE IN THE DEVELOPING WORLD

Discusses:

- uneven distribution of health services
- lack of appropriate technology
- pharmaceutical policies
- management of health resources
- poverty
- financing of health services

HEALTH INFORMATION PACKET

No. 23: Community Financing
Training of Health Workers

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HEALTH EDUCATION METHODS	_____	(20)
HELPING HEALTH WORKERS LEARN	_____	(21)
COMMUNITY FINANCING	_____	(22)
KEY BOOKS ABOUT HEALTH AUXILIARIES	_____	(23)
NUTRITION TRAINING MANUAL CATALOGUE	_____	(24)
<u>SALUS</u> : ANNOTATED BIBLIOGRAPHY	_____	(25)
SHATTUCK LECTURE	_____	(26)

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HEALTH INFORMATION PACKET

NO. 24: DEVELOPMENT OF HEALTH INDICATORS
EVALUATION OF HEALTH PROGRAMS
MALNUTRITION

Resource Center
International Health Programs
American Public Health Association
1015 15th St., N.W.
Washington, D.C. 20005

MONOGRAPH

Development of indicators for monitoring progress towards health for all by the year 2000. 1981. 91 pp. ("Health for All" Series, no. 4) Available from: World Health Organization, Distribution and Sales Service, 1211 Geneva 27, Switzerland.

This volume is intended to help policy-makers decide which indicators to use, particularly at the national level but also at the regional and global levels, as they monitor progress towards health for all by the year 2000. It proposes four categories of indicators: health policy indicators; indicators of the provision of health care; social and economic indicators; and indicators of health status, including quality of life. Particular emphasis is given to the collection and analysis of information. The volume stresses that countries should not aim at comprehensiveness, but instead should select a small number of relevant indicators for which information can be obtained at a reasonable cost. A bibliography and height, weight, and arm circumference reference values are included.

Table 1. Principal sources of data for indicators or groups of indicators
P = primary source; A = alternative source

Indicators	Source of data						
	Health status surveys	Surveys and household censuses	Official health service records	Surveillance systems	Sample surveys	Death registers	Other
Health status indicators:							
Birth weight	P				A		
Weight and height			P	A	A		
Arm circumference			P	A	A		
Infant mortality	P	P		A			
Child mortality	P	P			A		
Under-5 mortality	P	P			A		
Under-5 proportionate mortality	P				A		
Life expectancy at given age	P	P			A		
Maternal mortality	P	P	P			A	
Crude birth rate	P	P			A		
Disease-specific death rates	P		P	P	A	A	
Proportionate mortality from specific disease	P		P	P	A	A	
Morbidity incidence rate			P	P	A	P	
Prevalence rate			P	P	A	P	
Prevalence of long-term disability			P		A		P
Indicators of the provision of health care:							
Physical accessibility		P	P	A	A		
Percentage of population served		P	P	P	A		
Water and sanitation		P			P		P
Immunization coverage			P	P	A		
Population health personnel ratio		P	P		A		P

Development of Indicators
for Monitoring Progress
towards Health for All
by the Year
2000



WORLD HEALTH ORGANIZATION

GENEVA

1981

REPORT

Elsinga, Aant. Evaluating the evaluation game: on the methodology of project evaluation, with special reference to development cooperation. 1981. 71 pp. Available from: Swedish Agency for Research Cooperation with Developing Countries (SAREC), S-105 25 Stockholm, Sweden.

This report was written as a result of the difficulties a Swedish-Tanzanian group encountered in evaluating a food and nutrition program. It is concerned with the problems of establishing rules for evaluation and of applying these rules to actual projects. The report emphasizes that the use of any evaluation methodology cannot be separated from the interests of those who prescribe or undertake the evaluation. It points out that no evaluation can be better than the quality of the facts and figures on which it is based and that there are many ways to select data. Three major evaluation perspectives are identified and their interrelations with theories and policies of development (e.g., neo-classical economic theory, dependencia theory and self-reliance strategies) are discussed. Concluding remarks focus on areas for future discussion and further research. References and an appendix with background information are included.



**sarec
report**

nr. 1981

**Evaluating the Evaluation Game:
On the Methodology of Project
Evaluation, with Special
Reference to Development
Cooperation**

Aant Elsinga

SWEDISH AGENCY FOR RESEARCH COOPERATION
WITH DEVELOPING COUNTRIES

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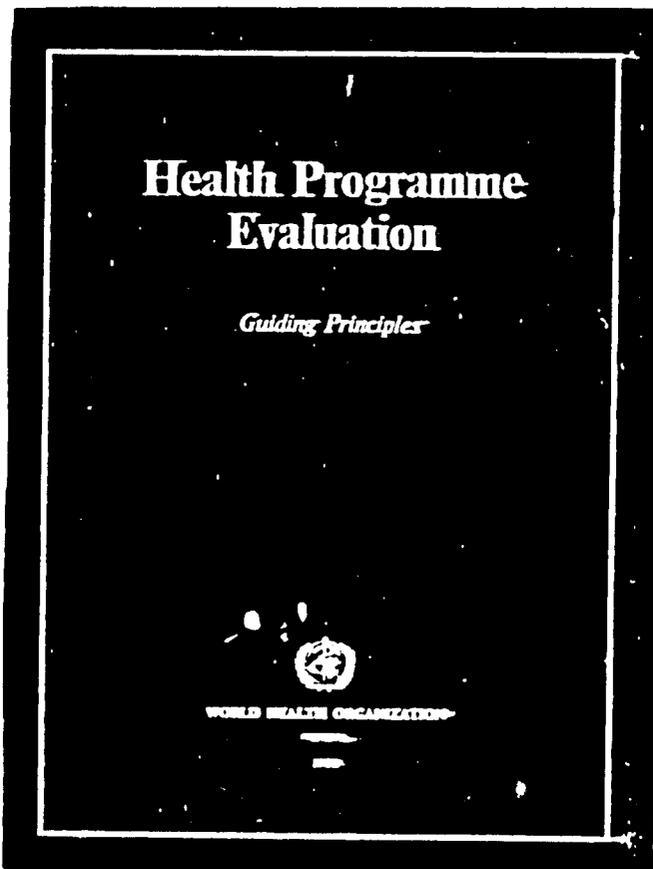
GUIDELINES

Health programme evaluation: guiding principles for its application in the managerial process for national health development.
1981. 47 pp. ("Health for All" Series, no. 6) Available from:
World Health Organization, Distribution and Sales Service,
1211 Geneva 27, Switzerland.

This volume presents guidelines for health program evaluation which were endorsed by the Thirty-First World Health Assembly. The guidelines are intended for managers and planners of health plans at the national level and can be easily adapted to the circumstances of individual countries. The guidelines point out that the purpose of evaluation is to improve health programs and infrastructure and to guide in the allocation of resources. The volume is divided into four sections: introduction; guiding principles; the process of evaluating health policies, programs, services and institutions; and the evaluation of the managerial process in national health development. Each of the sections is organized into numbered paragraphs, with important statements in italics.

The process of evaluation encompasses the following steps:

- specify the subject being evaluated
- ensure that adequate information exists
- verify relevance
- assess adequacy
- review progress
- assess efficiency
- assess effectiveness
- assess impact
- draw conclusions
- formulate proposals for future action



BIBLIOGRAPHY AND DIRECTORY

Primary health care bibliography and resource directory. 1982.
 67 pp. illus. Available from: American Public Health
 Association, International Health Programs, 1015 15th St.,
 N.W., Washington, D.C. 20005.

This bibliography and resource directory is a companion to the Primary Health Care Issues Series, a set of papers which provide a concise and authoritative overview of important developments in the field of primary health care. The publication contains timely information on primary health care activities and programs in both the developed and the developing world. It is intended for the use of health personnel, especially program planners and managers in rural areas, and is organized into two sections. The first section, an annotated and selective bibliography, is divided into chapters covering topics such as manpower training, delivery of health services, and community participation. The second section, the resource directory, lists periodicals, reference sources, educational aids, training programs, funding sources, and suppliers of equipment and drugs. The publication is well illustrated and contains excellent author, organization, geographic, and subject indices.

Caring and sharing are the key to health.



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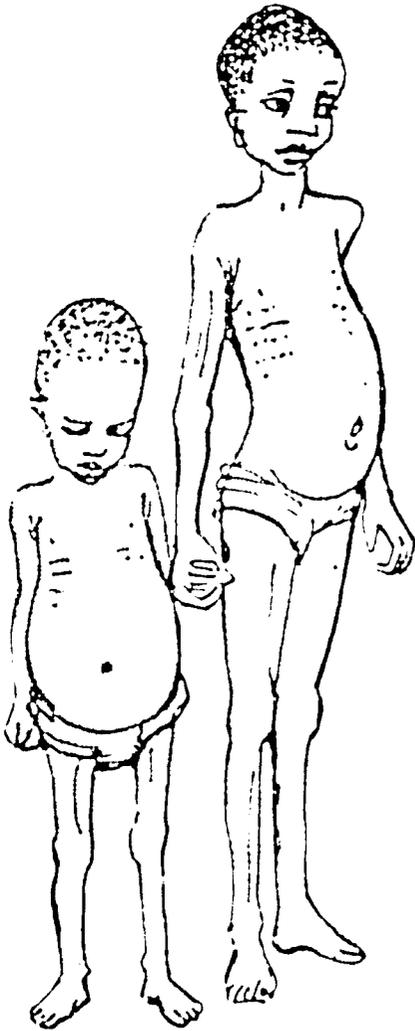
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MANUAL

The treatment and management of severe protein-energy malnutrition.
1981. 47 pp. Available from: World Health Organization,
Distribution and Sales Service, 1211 Geneva 27, Switzerland.

This manual provides simple guidelines for the treatment and rehabilitation of infants and children suffering from severe protein-energy malnutrition (PEM). It is intended for middle-level health personnel and can be used in a variety of non-hospital settings. The guidelines provide clear instructions for the following: management of seriously ill patients and of associated and complicating conditions; care of patients who fail to respond to treatment; nursing care of malnourished patients; nutritional rehabilitation; treatment of mental and psychological impairment; and the discharge and follow-up of patients. Annexes with detailed technical information are included.



The treatment and management of severe protein-energy malnutrition



World Health Organization
Geneva

Discusses treatment of the following
common complications associated with PEM:

- severe dehydration
- infection
- vitamin A deficiency
- severe anaemia
- hypoglycaemia
- recurrent diarrhoea
- skin lesions and mucous membrane lesions
- anorexia
- hypothermia

AID/APHA

HEALTH INFORMATION PACKET

No. 24: Development of Health Indicators
Evaluation of Health Programs
Malnutrition

RESPONSE CHECKLIST

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DEVELOPMENT OF INDICATORS FOR HEALTH FOR ALL BY THE YEAR 2000	_____	(27)
EVALUATING THE EVALUATION GAME	_____	(28)
HEALTH PROGRAMME EVALUATION	_____	(29)
PRIMARY HEALTH CARE BIBLIO- GRAPHY AND RESOURCE DIRECTORY	_____	(30)
TREATMENT AND MANAGEMENT OF PEM	_____	(31)

NAME

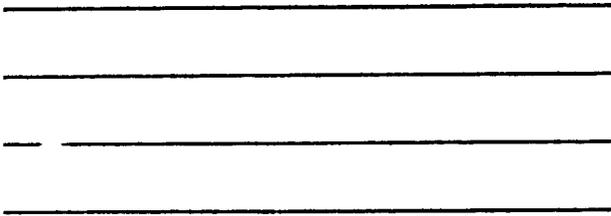
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AID/APHA HEALTH INFORMATION PACKET
RESOURCE CENTER
INTERNATIONAL HEALTH PROGRAMS
AMERICAN PUBLIC HEALTH ASSOCIATION
1015 15TH STREET, N.W.
WASHINGTON, D.C. 20005, U.S.A.



AID/APHA

HEALTH INFORMATION PACKET

No. 25: Analysis of PHC Projects
Childhood Disabilities
Family Care
Leprosy Control
Schistosomiasis
Training of Health Workers
in Nutrition
Tuberculosis

Resource Center
International Health Programs
American Public Health Association
1015 15th St., N.W.
Washington, D.C. 20005

ANALYSIS

American Public Health Association. Primary health care: progress and problems. An analysis of 52 AID-assisted projects. 1982. 101 pp. illus. Available from: Dr. Donald Ferguson, ADSS Project Officer, Room 702, SA-18, S&T/HEA, AID, Washington, DC 20523.

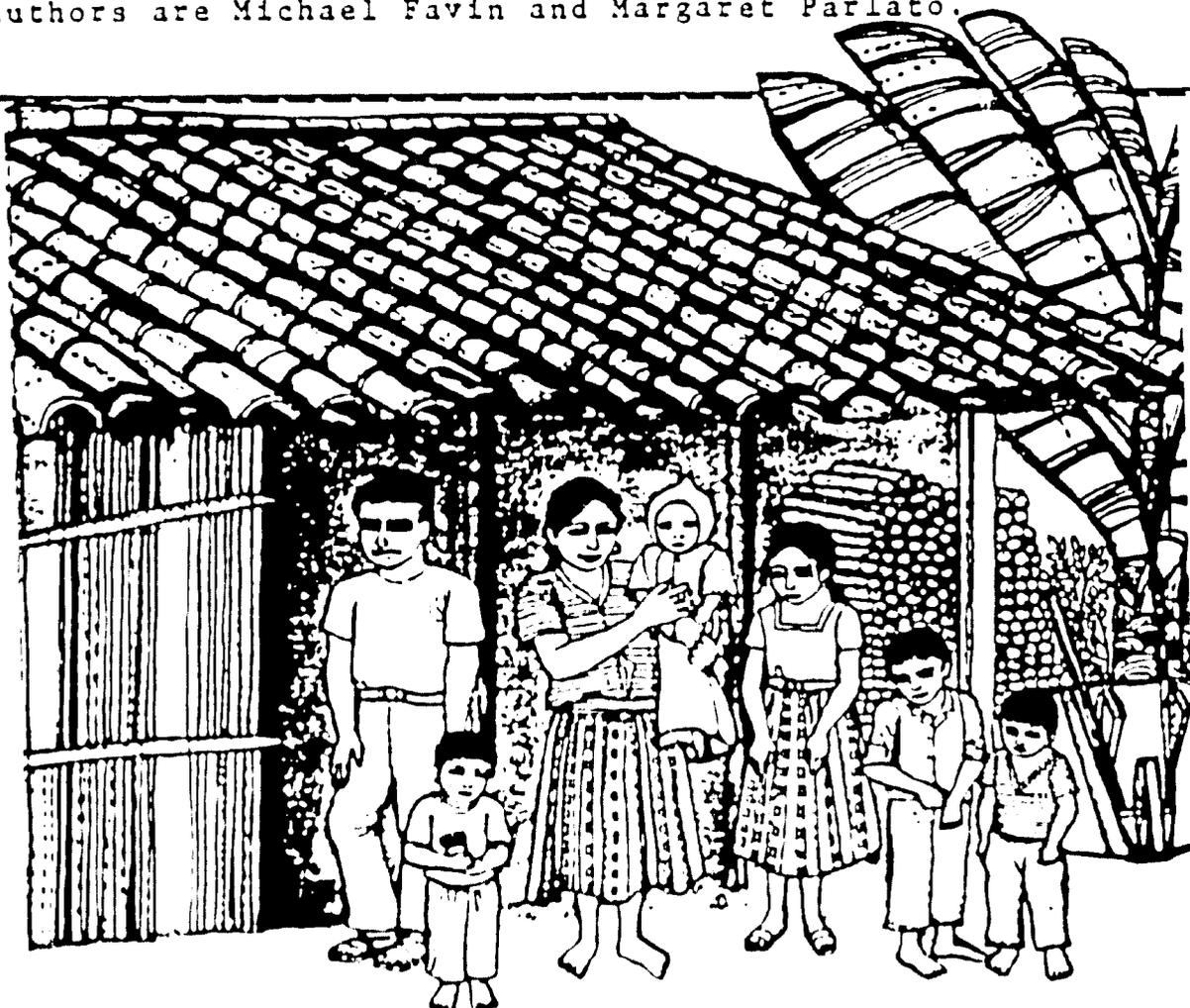
This analysis is designed to give program planners and managers a better understanding of the areas in primary health care (PHC) which require careful planning and a sufficient commitment of financial and technical resources. It reviews the progress and problems encountered by 52 AID-assisted PHC projects. In addition, it identifies and discusses major issues in PHC and suggests ways to modify and improve PHC projects. The analysis is based on the APHA publication, AID-assisted primary health care projects: summary reviews (1981) and includes references and excellent tables. The authors are Michael Favin and Margaret Parlato.



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GUIDELINES

Guidelines for training community health workers in nutrition. 1981. 153 pp. illus. (WHO Offset Publication, no. 59) Available from: World Health Organization, Distribution and Sales Service, 1211 Geneva 27, Switzerland.

These guidelines are intended to help trainers of community health workers prepare and carry out nutrition training plans. Organization is by module, each of which is devoted to a topic such as breast-feeding, nutritional deficiencies, and diarrhea. The guidelines:

- * are pragmatic in orientation;
- * provide step-by-step instructions for the tasks;
- * stress the importance of local conditions and customs;
- * are written in a basic and clear English;
- * draw on examples from many countries;
- * are well illustrated with drawings, charts, and tables.

An annex lists the advantages and the disadvantages of common training aids and methods.



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Module 9 - Nutrition and the community: getting started	129
Annex. Training hints	139

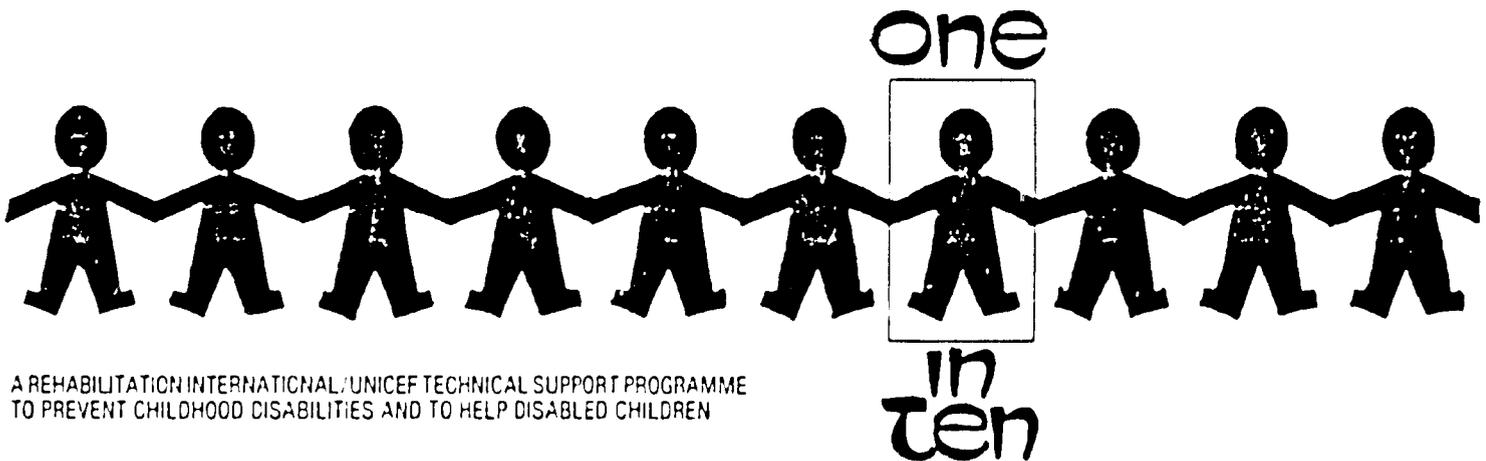
TABLE

"Prevention of childhood disabilities" (table). One in Ten, vol. 1, no. 3, 1981: 2-3. Available from: Rehabilitation International/UNICEF Technical Support Programme, 432 Park Avenue South, New York, N.Y. 10016.

This table lists causes of and measures to prevent various childhood disabilities. The disabilities analyzed are:

- * locomotor/physical limitations;
- * mental retardation;
- * blindness/visual impairments;
- * deafness/hearing impairments;
- * neurological impairments;
- * mental illness/behavioral disorders;
- * communication disabilities;
- * drug/alcohol addiction.

The table contains a summary of the key points in the 1978 report to UNICEF of the Rehabilitation International Programme. This report is entitled Childhood Disability: Its Prevention and Rehabilitation (Doc. E/ICEF/L.1410).



OVERVIEW

"Schistosomiasis: technology brings new hope." Health Technology Directions, vol. 2, no. 1, March 1982: 1-6. Available from: Program for Appropriate Technology in Health (PATH), Canal Place, 130 Nickerson Street, Seattle, WA 98109.

This issue of Directions is devoted to recent technological advances in the control of schistosomiasis, also known as bilharzia or snail fever. It is concise, well organized, and attractively illustrated. Among the subjects reviewed are:

- the life cycle of the parasite;
- the points in the life cycle where interference with the transmission is possible;
- the effects of the disease on people;
- diagnostic methods for use in mass screening;
- new and less toxic drugs;
- the control of snails;
- education in personal hygiene;
- ways to reduce the exposure of people to larvae-contaminated waters;
- ideas for a vaccine;
- strategies to combat the disease.

This publication is highly recommended.

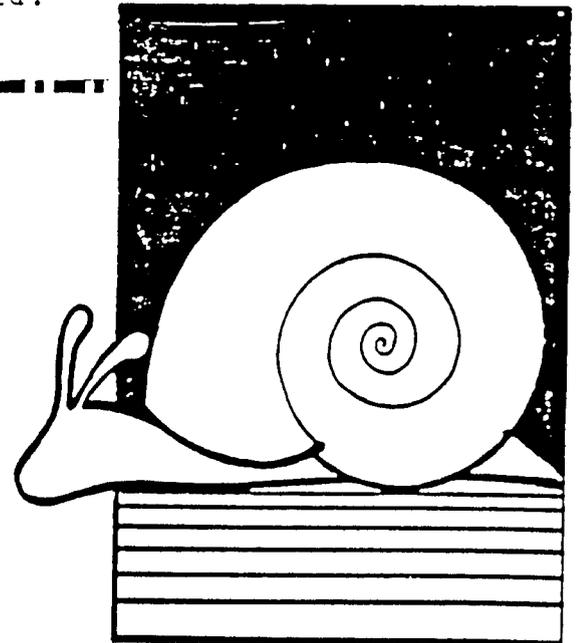
TABLE
SCHISTOSOMIAL DRUGS*

Generic Brand Name Manufacturer	Effective Against	Dosage (mg drug/ kg body weight)	Possible Side Effects	Form	Approximate Cost Per Course for 40 kg person†
Permosis Sandoz Bayer AG	Schistosoma	2 x 750 mg/kg in 2 doses	Headache, dizziness, nausea, vomiting	5 mg tablets	\$1.40 (plus transport & personnel, mail and 40% taxes)
Examinolone Merkle, Ciba-Geigy	Schistosoma	Brill & M. (1974) - adults: 2.5 mg/kg children: 1 mg/kg 2 x 1 mg/kg with an extra four tablets 1 day before 2nd dose 2 x 1 mg/kg with an extra 4 tablets 1 day before 2nd dose	Dizziness, drowsiness, headache, vomiting, tachycardia	250 mg capsules 50 mg mixture	\$3.42 (depending on dosage)
Triclabendazole Sandoz Bayer AG	Schistosoma and liver flukes	10 mg/kg in 2 doses	Headache, dizziness, nausea, vomiting, headache	500 mg capsules	\$2.50

* These drugs are recommended for use against schistosomiasis under the following conditions:

† Based on weight of 40 kg. For other weights, the cost of the drug should be adjusted proportionally. Children with other diseases may require extra doses.

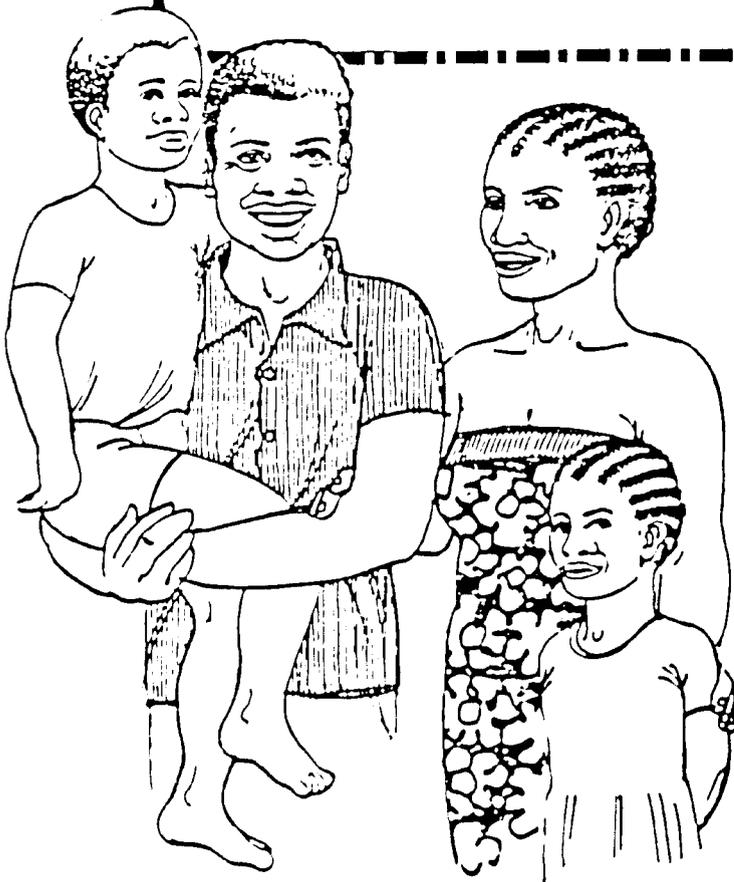
‡ The cost of transport, personnel, mail and 40% taxes is not included.



MANUAL

Skeet, Muriel. Family care: how to look after yourself and your family. 1981. 126 pp. illus. (Macmillan Tropical Community Health Manuals) Available from: Glove Services Ltd., Canada Road, Byfleet, Surrey, KT14 7JL, England.

This reference book provides practical advice on all aspects of family health. It is written for health workers in developing countries. The book discusses the factors which influence health, the care of infants and pregnant women, the prevention of common illnesses, the care of sick people, and the prevention of accidents in the home and at work. The author stresses that information in the book needs to be adapted to local customs and conditions. The book is beautifully illustrated, well organized, and written in a basic English suitable for people with little formal education. Included are an index and an appendix listing organizations from which teaching aids may be obtained.



FAMILY CARE

HOW TO LOOK AFTER YOURSELF
AND YOUR FAMILY

Macmillan Tropical
Community Health
Manuals

POLICY PAPER

Buchmann, H. Leprosy control services as an integral part of primary health care programs in developing countries. 1978. 80 pp. Available from: German Leprosy Relief Association, D-8700 Wurzburg 11, Dominikanerplatz 4, Federal Republic of Germany (West Germany).

This paper suggests that leprosy control be incorporated into primary health care as an alternative to the anti-leprosy strategy which currently predominates (i.e., treatment of established cases only). It examines the key elements of this novel approach, discusses issues relevant to its success, and identifies some of the major factors constraining its implementation.



MANUAL

Davis Kelly, Ellen. Physical therapy in leprosy for paramedicals: level 1. Illustrated by David White. 1980. 34 pp. Available from: American Leprosy Missions, 1262 Broad Street, Bloomfield, N.J. 07003.

This manual is directed at people working with leprosy patients and is the first part of a three-part text for training paramedicals. It provides basic information about leprosy and describes techniques for preventing hand, foot, and eye damage in patients with the disease. The manual is organized into 13 sections, called "objectives", and each objective includes a knowledge and a skills component. Example:

TYPES OF LEPROSY

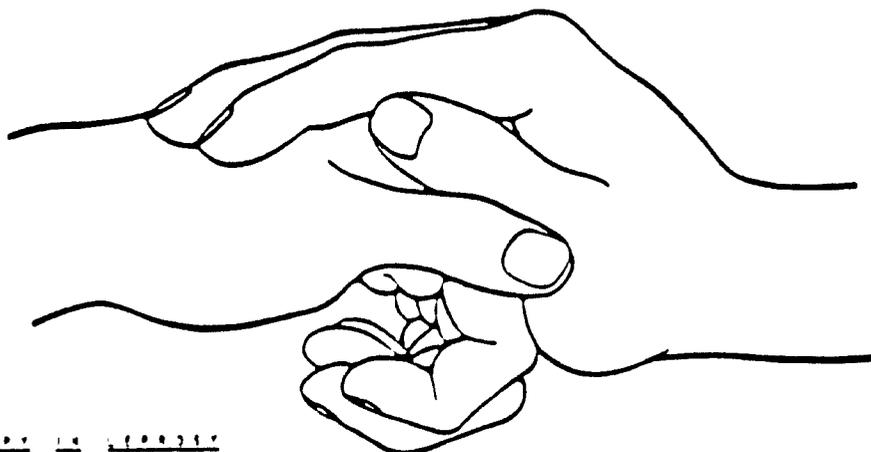
Knowledge

The student will be able to: (A) name the main types of leprosy, (B) describe differences in skin signs, (C) describe additional signs in lepromatous cases, and (D) describe signs of reaction.

Skill

The student will be able to recognize signs of reaction in particular patients.

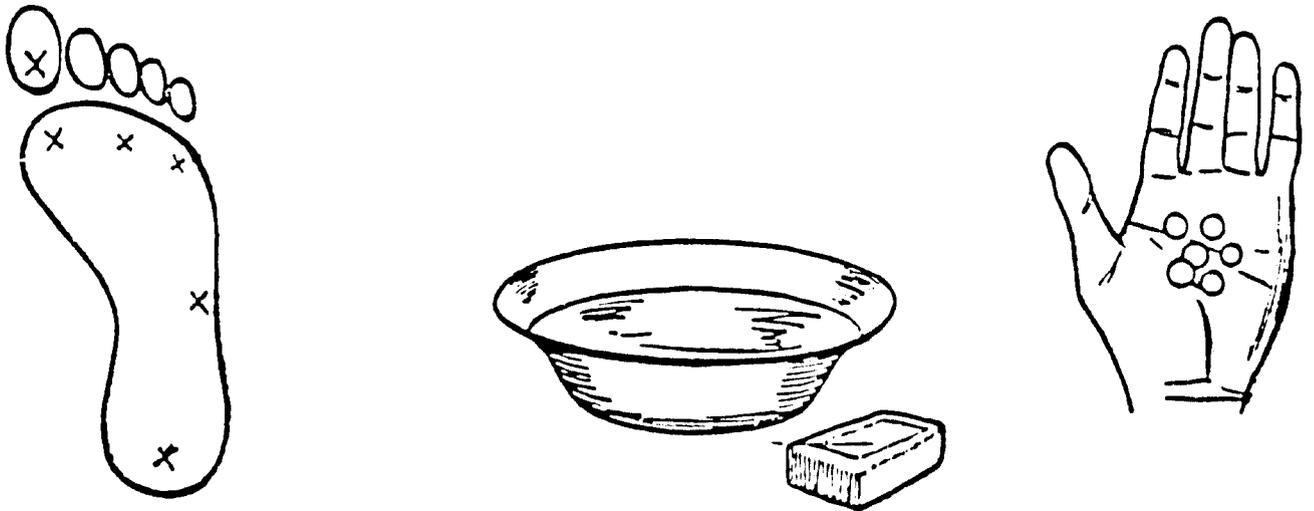
This publication is richly illustrated and the drawings add greatly to the clarity of the text.



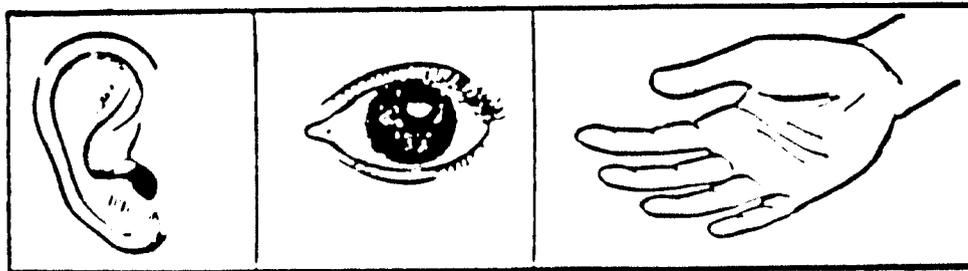
BOOKLET

Neville, P.J. A guide to health education in leprosy.
 Drawings by D. Ottaway. 4th edition. 1980. 19 pp.
 Available from: All Africa Leprosy and Rehabilitation
 Training Centre, P.O. Box 165, Addis Ababa, Ethiopia.

This booklet presents information which the health worker can use to educate patients and the community about leprosy. Among the subjects discussed are: care of the skin, prevention of ulcers, hand care, eye care, general hygiene, and the treatment of wounds. Practical ideas for group teaching and suggestions on the preparation and delivery of health education talks are also included.



WHAT WE HEAR, WE FORGET,
 WHAT WE SEE, WE REMEMBER,
 WHAT WE DO, WE KNOW.



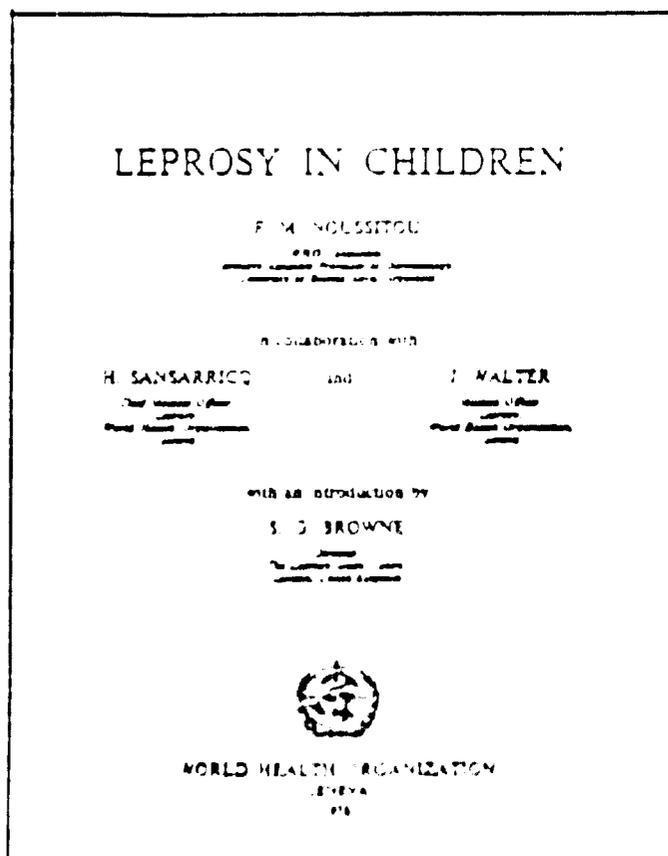
MONOGRAPH

Noussitou, F.M., et al. Leprosy in children. 1976.
28 pp. illus. Available from: World Health
Organization, Distribution and Sales Service,
1211 Geneva 27, Switzerland.

This text focuses attention on a neglected area of need -- children in the Third World at risk to leprosy. It is directed to educators and public health personnel and attempts to increase their awareness of the importance of early diagnosis and treatment. The text describes the main characteristics of leprosy in children, including clinical signs and phycho-social aspects. Key points made are:

- the importance of screening for irregular skin pigmentation and peripheral nerve deficit;
- the importance of treating all known cases of leprosy in the community;
- the importance of following a definitive diagnosis with treatment.

References and 13 colored photographs are included.



CONTENTS

Introduction
Leprosy in children
Epidemiology
Clinical signs
Diagnosis
Classification
Evolution
Histopathology
Immunology
Primary prevention
Treatment
Prognosis
Psycho-social aspects
Health education
School surveys
References

MANUAL

Wheate, H.W. and J.M. Pearson. A practical guide to the diagnosis and treatment of leprosy in the basic health unit. 1978. 28 pp. illus. Available from: German Leprosy Relief Association, D-8700 Wurzburg 11, Dominikanertplatz 4, Federal Republic of Germany (West Germany).

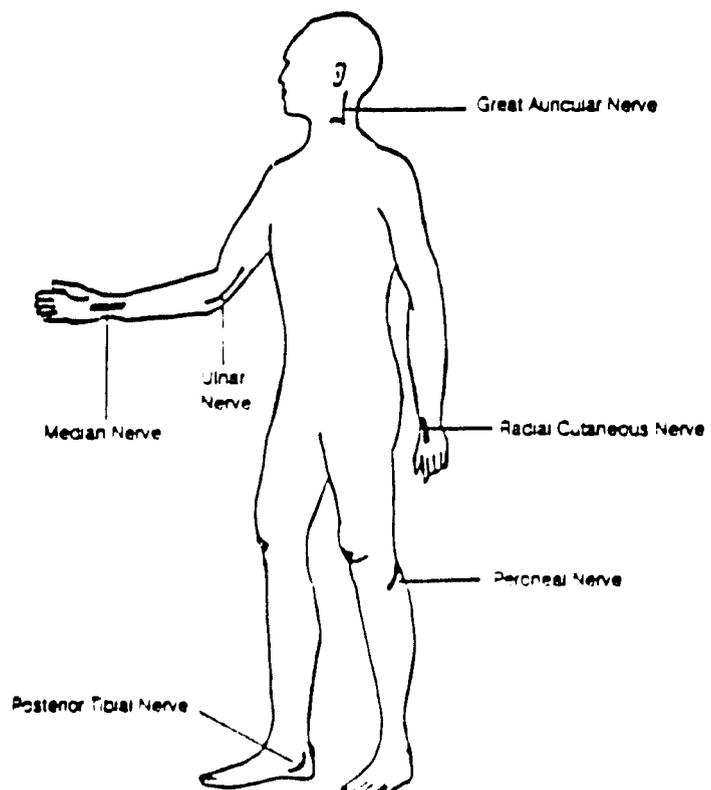
This booklet is directed at primary health care workers. It discusses how to diagnose leprosy accurately, how to distinguish it from other skin diseases, and how to initiate treatment. The authors believe that the control of leprosy depends as much on the effective prevention and treatment of disability as on the reduction of the mycobacterial count in the community. Accordingly, the booklet includes simple measures which should be taught by all health personnel to prevent and treat disability, as well as guidance in the selection of patients who require referral. The publication is written in a simple and basic English and includes a summary.

PLACES WHERE ENLARGED NERVES CAN BE FELT

**A practical guide to the
diagnosis and treatment of
leprosy
in the basic health unit**

All Africa Leprosy
and Rehabilitation Centre
Addis Ababa

H. W. Wheate
J. M. H. Pearson



HEALTH INFORMATION PACKET

- No. 25: Analysis of PHC Projects
 Childhood Disabilities
 Family Care
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 Schistosomiasis
 Training of Health Workers
 in Nutrition
 Tuberculosis

RESPONSE CHECKLIST

Publications discussed in the Health Information Packet are available at no cost. Please check the publications you would like to receive. Because supplies are limited, only one copy of each publication can be provided.

- PRIMARY HEALTH CARE:
 PROGRESS AND PROBLEMS _____ (32)
- COMMUNITY-BASED CONTROL
 OF TUBERCULOSIS _____ (33)
- GUIDELINES FOR TRAINING
 COMMUNITY HEALTH WORKERS
 IN NUTRITION _____ (34)
- PREVENTION OF CHILDHOOD
 DISABILITIES _____ (35)
- SCHISTOSOMIASIS _____ (36)
- FAMILY CARE _____ (37)
- LEPROSY CONTROL _____ (38)
- PHYSICAL THERAPY FOR
 LEPROSY _____ (39)
- GUIDE TO HEALTH ED-
 UCATION IN LEPROSY _____ (40)
- LEPROSY IN CHILDREN _____ (41)
- GUIDE TO DIAGNOSIS AND
 TREATMENT OF LEPROSY _____ (42)

 NAME

 TITLE

 ORGANIZATION

 ADDRESS

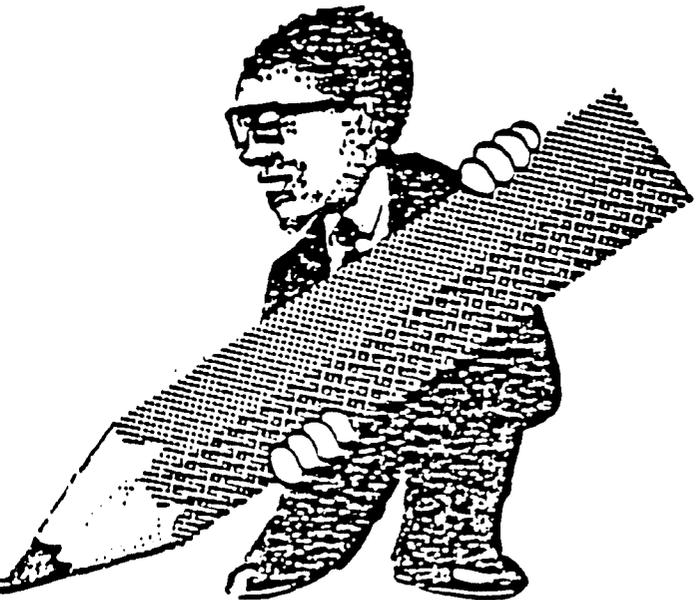
We welcome suggestions on primary health care subjects and resource materials you would like to see covered in the Health Information Packets.

PLACE
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AID/APHA HEALTH INFORMATION PACKET
RESOURCE CENTER
INTERNATIONAL HEALTH PROGRAMS
AMERICAN PUBLIC HEALTH ASSOCIATION
1015 15TH STREET, N.W.
WASHINGTON, D.C. 20005, U.S.A.

ATTENTION!!

WOULD YOU LIKE TO CONTINUE TO RECEIVE
PUBLICATIONS ON HEALTH, POPULATION,
AND NUTRITION? PLEASE FILL OUT THE
SHORT READER SURVEY THAT IS ATTACHED.



AID/APHA HEALTH INFORMATION PACKETS (1982)

READER SURVEY

This is a reader survey of the AID/APHA Health Information Packets. We would like to know your opinions and suggestions. Please take a few minutes to complete the reader survey; fold it in thirds and mail it to APHA. The return address is on the back of the last page.

The intent of the information packets is to give AID professionals up-to-date information on trends and ideas in health, population, nutrition, and affordable health care delivery systems. The materials are a highly selective sample of the materials reviewed by the staff of the International Health Programs. Appropriateness, readability, and succinctness are among the criteria used in selecting the materials.

1. Are the information packets serving their purpose:
(circle number)

- 1 Yes, always
- 2 Yes, usually
- 3 Yes, somewhat
- 4 Almost never

2. Please indicate the importance of the packets in meeting your information needs. (circle one number for each packet)

	Very Important			Not Important	
	1	2	3	4	5
a) Packet 15: Meeting the needs of the rural poor	1	2	3	4	5
b) Packet 16: Oral rehydration	1	2	3	4	5
c) Packet 17: Guide for middle-level managers in primary health care	1	2	3	4	5
d) Packet 18: Infant feeding and maternal nutrition	1	2	3	4	5
e) Packet 19: National policies for primary health care	1	2	3	4	5
f) Packet 20: Prevention of blindness	1	2	3	4	5
g) Packet 21: Communicable diseases and immunizations	1	2	3	4	5

3. To guide us in the selection of future materials, please indicate how useful the following topics are to you. (circle one number for each packet)

	<u>Very Useful</u>			<u>Not Useful</u>	
	1	2	3	4	5
a) Program planning and evaluation	1	2	3	4	5
b) Administration and management	1	2	3	4	5
c) Communicable diseases such as leprosy, malaria, and tuberculosis	1	2	3	4	5
d) Local financing, community participation, and health education	1	2	3	4	5
e) Primary health care services, including nutrition and maternal and child health	1	2	3	4	5
f) Family planning and population education	1	2	3	4	5
g) International primary health care developments, policies, and funding	1	2	3	4	5
h) Training methodologies and materials	1	2	3	4	5
i) Other					
a) _____	1	2	3	4	5
b) _____	1	2	3	4	5

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d) Packet 18: Infant feeding and maternal nutrition	1	2	3	4	5
e) Packet 19: National policies for primary health care	1	2	3	4	5
f) Packet 20: Prevention of blindness	1	2	3	4	5
g) Packet 21: Communicable diseases and immunizations	1	2	3	4	5

Appendix L

Mailing List for Information Packets/Annotated Checklists

Appendix L

Mailing List
AID/APHA INFORMATION PACKETS
November, 1981

Section I.	AID Overseas	61 addresses	61 packets
Section II.	AID/W Regional Offices and PPC	5 addresses	5 packets
Section III.	AID/S&T/HEA	1 address	1 packet
Section IV.	AID/S&T/HEA ADSS Project Officer	1 address	2 packets
Section V.	APHA/IHP	-----	5 packets
TOTAL:		<u>28 addresses</u>	<u>74 packets</u>

I. AID OVERSEAS

(61 Packets)

Health Advisor
REDSO/EA
USAID/Abidjan (Ivory Coast)
AID
Washington, D.C. 20523

Health/FP Dev. Officer
USAID/Accra (Ghana)
AID
Washington, D.C. 20523

Health Officer
USAID/Amman (Jordan)
AID
Washington, D.C. 20523

Population Officer PH
USAID/Asuncion (Paraguay)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Bamako (Mali)
AID
Washington, D.C. 20523

Chief
Office of Health, Population
and Nutrition
USAID/Bangkok (Thailand)
AID
Washington, D.C. 20523

AID Affairs Officer
USAID/Banjul (Gambia)
AID
Washington, D.C. 20523

Mr. James Maher
Development Officer
USAID/Bissau/Praia (Guinea Bissau)
AID
Washington, D.C. 20523

Mr. Marvin Cernik
Population Advisor
USAID/Bogota (Colombia)
AID
Washington, D.C. 20523

Population Advisor
USAID/Brasilia (Brazil)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Bridgetown (Barbados)
AID
Washington, D.C. 20523

AID Affairs Officer
USAID/Bujumbura (Burundi)
AID
Washington, D.C. 20523

Ms. Rose Britanak
Health Officer
USAID/Cairo (Egypt)
AID
Washington, D.C. 20523

Dr. James Brady
Asst. Mission Director
USAID/Colombo (Sri Lanka)
AID
Washington, D.C. 20523

Chief
Health and Population
USAID/Dacca (Bangladesh)
AID
Washington, D.C. 20523

Health Officer
USAID/Dakar (Senegal)
AID
Washington, D.C. 20523

Health Officer
USAID/Damascus (Syria)
AID
Washington, D.C. 20523

Health Advisor
USAID/Dar es Salaam (Tanzania)
AID
Washington, D.C. 20523

AID Affairs Officer
USAID/Djibouti (Djibouti)
AID
Washington, D.C. 20523

AID Affairs Officer
USAID/Freetown (Sierra Leone)
AID
Washington, D.C. 20523

AID Operations Officer
USAID/Gaborone (Botswana)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Georgetown (Guyana)
AID
Washington, D.C. 20523

Health Officer
USAID/Guatemala City (Guatemala)
AID
Washington, D.C. 20523

Chief
Health and Nutrition
USAID/Jakarta (Indonesia)
AID
Washington, D.C. 20523

Health Officer
USAID/Kathmandu (Nepal)
AID
Washington, D.C. 20523

Medical Officer
USAID/Khartoum (Sudan)
AID
Washington, D.C. 20523

Mr. Robert Robertson
AID Affairs Officer
USAID/Kigali (Rwanda)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Kingston (Jamaica)
AID
Washington, D.C. 20523

Health/Nutrition and Population
Officer
USAID/Kinshasa (Zaire)
AID
Washington, D.C. 20523

Health/EP Dev. Officer
USAID/La Paz (Bolivia)
AID
Washington, D.C. 20523

Ms. Helene Kaufman
USAID/Lima (Peru)
AID
Washington, D.C. 20523

Director
USAID/Lome (Togo)
AID
Washington, D.C. 20523

Mr. John F. Hicks
Program Officer
USAID/Lusaka (Zambia)
AID
Washington, D.C. 20523

Mr. Paul Cohn
USAID/Managua (Nicaragua)
AID
Washington, D.C. 20523

Health/Population Office
USAID/Manila (Philippines)
AID
Washington, D.C. 20523

Mr. Frank W. Campbell
AID Operations Officer
USAID/Maseru (Lesotho)
AID
Washington, D.C. 20523

Health Development Officer
USAID/Mbabane (Swaziland)
AID
Washington, D.C. 20523

Population Officer
USAID/Mexico City (Mexico)
AID
Washington, D.C. 20523

Health Development Officer
USAID/Mogadiscio (Somalia)
AID
Washington, D.C. 20523

Health Advisor
USAID/Monrovia (Liberia)
AID
Washington, D.C. 20523

AID Representative
USAID/Montevideo (Uruguay)
AID
Washington, D.C. 20523

Health Advisor
USAID/Nairobi (Kenya)
AID
Washington, D.C. 20523

Health/FP Officer
USAID/New Delhi (India)
AID
Washington, D.C. 20523

Public Health Advisor
Niamey (ID) (Niger)
Department of State
Washington, D.C. 20523

AID Affairs Officer
USAID/Nicosia (Cyprus)
AID
Washington, D.C. 20523

Health Officer
USAID/Nouakchott (Mauritania)
AID
Washington, D.C. 20523

CILSS Public Health Advisor
Ouagadougou (ID) (Upper Volta)
Department of State
Washington, D.C. 20523

Chief, Health Programs
USAID/Panama City (Panama)
AID
Washington, D.C. 20523

Health Officer
USAID/Port-Au-Prince (Haiti)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Quito (Ecuador)
AID
Washington, D.C. 20523

Health/Population Officer
USAID/Rabat (Morocco)
AID
Washington, D.C. 20523

AID Affairs Officer
USAID/Rangoon (Burma)
AID
Washington, D.C. 20523

Regional Development Officer
USAID/Suva (Fiji)
AID
Washington, D.C. 20523

Mr. Richard Norton
USAID/Sana (Yemen Arab Republic)
AID
Washington, D.C. 20523

Ms. Leticia Diaz
USAID/San Jose (Costa Rica)
AID
Washington, D.C. 20523

Health/FP Development Officer
USAID/San Salvador (El Salvador)
AID
Washington, D.C. 20523

Mr. Ron Ullrich
Nutrition Advisor
USAID/Santiago (Chile)
AID
Washington, D.C. 20523

Health Officer
USAID/Santo Domingo (Dominican
Republic)
AID
Washington, D.C. 20523

Public Health Advisor
USAID/Tegucigalpa (Honduras)
AID
Washington, D.C. 20523

Public Officer
USAID/Tunis (Tunisia)
AID
Washington, D.C. 20523

Ms. Turra Bethune
Health/Nutrition/Population
Officer
USAID/Yaounde (Cameroon)
AID
Washington, D.C. 20523

II. AID/W Regional Offices and PPC
(5 Packets)

Chief
Health and Nutrition
Bureau for Africa
AFR/DR
Room 2492, NS
AID
Washington, D.C. 20523

Chief
Health, Population,
and Nutrition
Bureau for Asia
ASIA/TR/HPN
Room 606B, RPC
AID
Washington, D.C. 20523

Chief
Health and Nutrition
Bureau for Latin America
and the Caribbean
LAC/DR
Room 2242, NS
AID
Washington, D.C. 20523

Chief
Health
Bureau for Near East
NE/TECH/HPN
Room 4731, NS
AID
Washington, D.C. 20523

Chief
Human Resources
Bureau for Program and
Policy Coordination
PPD/PDPR/HR
Room 3893B, NS
AID
Washington, D.C. 20523

III. S&T/HEA

(1 Packet)

Anne Tinker
Office of Health
Bureau for Science
and Technology
S&T /HEA
Room 702, SA-18
AID
Washington, D.C. 20523

IV. ADSS PROJECT OFFICER

(2 Packets)

Donald Ferguson
ADSS Project Officer
Office of Health
Bureau for Science
and Technology
S&T/HEA
Room 705, SA-18
AID
Washington, D.C. 20523

V. APHA/IHP

(5 Packets)

Susi Kessler
Director
International Health
Programs
American Public Health
Association
1015 15th St., N.W.
Washington, D.C. 20005

Resource Center
International Health
Programs
American Public Health
Association
1015 15th St., N.W.
Washington, D.C. 20005

Appendix M

Analysis of Reader Survey
of Information Packets/Annotated Checklists

Appendix M

AID/APHA
HEALTH INFORMATION PACKETS
Nos. 15-21

ANALYSIS OF THE READER SURVEY



Resource Center
American Public Health Association
1015 15th St., N.W.
Washington, D.C. 20005

October 4, 1982

The reader surveys of the AID/APHA Health Information Packets were mailed out with the annotated checklists for Packet #22 in June, 1982. Of the 69 surveys mailed out, 11 have been completed and returned to APHA. This is a return rate of 16% -- high by all standards.

The following is an analysis of the eight sections of the reader survey:

1. Are the information packets serving their purpose: (circle number)

1. Yes, always
 2. Yes, usually
 3. Yes, somewhat
 4. Almost never
-

The information packets are almost always serving their purpose. The recipients rated them a ≥ 1.64 .

2. Please indicate the importance of the packets in meeting your information needs. (circle one number for each packet)

	Very Important			Not Important	
	1	2	3	4	5
a) Packet 15: Meeting the needs of the rural poor					
b) Packet 16: Oral rehydration					
c) Packet 17: Guide for middle-level managers in primary health care					
d) Packet 18: Infant feeding and maternal nutrition					
e) Packet 19: National policies for primary health care					
f) Packet 20: Prevention of blindness					
g) Packet 21: Communicable diseases and immunizations					

Each of the packets received the following rating:

a) Packet #15	2.30
b) Packet #16	1.27
c) Packet #17	1.64
d) Packet #18	1.27
e) Packet #19	2.55
f) Packet #20	1.80
g) Packet #21	1.36

A ranking of the packets in order of their popularity is:

- No. 1: Packets #16 and #18
- No. 3: Packet #21
- No. 4: Packet #17
- No. 5: Packet #20
- No. 6: Packet #15

3. To guide us in the selection of future materials, please indicate how useful the following topics are to you. (circle one number for each packet)

	<u>Very Useful</u>			<u>Not Useful</u>	
	1	2	3	4	5
a. Program planning and evaluation	1	2	3	4	5
b. Administration and management	1	2	3	4	5
c. Communicable diseases such as leprosy, malaria, and tuberculosis	1	2	3	4	5
d. Local financing, community participation, and health education	1	2	3	4	5
e. Primary health care services, including nutrition and maternal and child health	1	2	3	4	5
f. Family planning and population education	1	2	3	4	5
g. International primary health care developments, policies, and funding	1	2	3	4	5
h. Training methodologies and materials	1	2	3	4	5
i. Other					
(a) _____	1	2	3	4	5
(b) _____	1	2	3	4	5

The recipients gave each of the eight topics the following rating:

a) Program planning and evaluation	≈1.73
b) Administration and management	≈1.45
c) Communicable diseases such as leprosy, malaria, and tuberculosis	2.00
d) Local financing, community participation, and health education	≈1.36
e) Primary health care services, including nutrition and maternal and child health	≈1.45
f) Family planning and population education	2.00
g) International primary health care developments, policies, and funding	≈2.18
h) Training methodologies and materials	≈1.55

A ranking of the ratings given the eight topics is:

- No. 1: Local financing, community participation and health education
- No. 2: Administration and management
- No. 3: Primary health care services, including nutrition and maternal and child health
- No. 4: Training methodologies and materials
- No. 5: Program planning and evaluation
- No. 6: Communicable diseases such as leprosy, malaria, and tuberculosis
- No. 7: International primary health care developments, policies and funding

Other topics suggested for future packets include:

- * Radio communication and transportation;
- * Family planning as a health interventions;
and
- * Health budgeting.

-
4. Below is a list of formats in which information can be presented.
Please select the formats you prefer by placing a "1" next to your

first choice, a "2" next to your second choice, and a "3" next to your third choice.

_____ Annotated bibliographies	_____ Journal issues
_____ Unannotated bibliographies	_____ Monographs
_____ Charts	_____ Reports of conference and workshops
_____ Journal articles	_____ Descriptions of technical reports

The order in which the formats were preferred is:

- No. 1: Journal articles
- No. 2: Monographs
- No. 3: Descriptions of technical reports
- No. 4: Journal issues
- No. 5: Annotated bibliographies
- No. 6: Reports of conferences and workshops
- No. 7: Unannotated bibliographies/charts

5. Which of the following statements better describes your attitude toward the packets? (circle only ONE number)

1. I would like to continue to receive all the materials.
 2. I would like to select from an annotated list the materials I would like to receive.
-

45% of the recipients would like to continue to receive all of the materials, while 55% of the recipients would like to select from an annotated list the materials they would receive. The response to this question (in combination with the fact that selecting from a checklist instead of receiving all the materials is not cost efficient if the mailing list consists of only 75 names) suggests that at this time it would be more practical to send out all the materials. However, if the mailing list were to be expanded greatly, it would then be more economical to have the recipients select the materials they would receive.

6. Do you make the information packets available to others? (circle number)

1. No
 2. Yes (To how many? _____)
-

All the recipients make the information packets available to others. Among the people the recipients share the packets with are national counterparts, embassy staff, and other AID staff. On the average the recipients make the packets available to eight other people.

7. Do you think that your national counterparts would be interested in receiving information packets at cost? (circle number)

1. No
2. Yes (To how many? _____)

45% of the recipients did not think that their national counterparts would be interested in receiving the information packets at cost. Among the reasons given were:

- "The counterparts would find it difficult to pay in their foreign currencies."
- "At present there are no mission funds for this purpose."

Two of the recipients thought that APHA should increase the supply so they could pass on the packets to their counterparts.

37% of the recipients, however, did think that the counterparts would be interested in receiving the information packets at cost, and that on the average the counterparts would purchase at least eight packets.

18% of the recipients were undecided on this issue.

8. In what other ways could the APHA/IHP Resource Center help satisfy your information needs?

NAME

COUNTRY

Analysis of returns by region and country:

Africa 36%

Gambia
Liberia
Sudan
Tunisia

Asia 36%

Indonesia
Philippines
Sri Lanka
Thailand

Barbados
Bolivia
Brazil

These are some of the suggestions the recipients made about other ways the Resource Center could help satisfy their information needs:

- "It would be useful if APHA could act as a general resource center for receiving questions and inquiries on specific subjects matters."
- [The Resource Center could] "research specific subjects and provide us with summaries."
- [The Resource Center could] "send enough copies so we could make the distributions indicated in questions 6 and 7 above."
- "I would like to get a lease 2 sets of all materials each time for use in the mission and at least another set for use with counterparts. Rather than trying to pindown or limit the variety of materials and formats, I think you should continue to include the widest range available. The packets are a unique and valuable resource to field personnel who may have access to some of these materials, but never to the whole gamut. Thanks."

It is obvious from some of the responses to this question that the AID recipients are not sufficiently familiar with the services that APHA provides. In the future APHA should publicize its various activities more actively.

Many of the recipients would like to pass on to their counterparts at least two additional information packets. One way of meeting this need would be to include with the packets or the annotated checklists a card which the recipients would then return to the Resource Center. The card would let the recipients indicate the number of similar packets they want to share with their counterparts. The card could also provide a constant flow of information on the usefulness of the packets.

4. Below is a list of formats in which information can be presented. Please select the formats you prefer by placing a "1" next to your first choice, a "2" next to your second choice, and a "3" next to your third choice.

<input type="checkbox"/> Annotated bibliographies	<input type="checkbox"/> Journal issues
<input type="checkbox"/> Unannotated bibliographies	<input type="checkbox"/> Monographs
<input type="checkbox"/> Charts	<input type="checkbox"/> Reports of conferences and workshops
<input type="checkbox"/> Journal articles	<input type="checkbox"/> Descriptions of technical reports

5. Which of the following statements best describes your attitude toward the packets? (circle only ONE number)
- 1 I would like to continue to receive all the materials.
- 2 I would like to select from an annotated list the materials I would like to receive.
6. Do you make the information packets available to others? (circle number)
- 1 No
- 2 Yes (To how many? _____)
7. Do you think that your national counterparts would be interested in receiving information packets at cost? (circle number)
- 1 No
- 2 Yes (How many? _____)
8. In what other ways could the APHA/IEP Resource Center help satisfy your information needs?

Name _____ Country _____

Thank you for taking the time to answer the reader survey.

Appendix N
Distribution of Issues Papers

Appendix N

DISTRIBUTION OF ISSUES PAPERS AS OF SEPTEMBER 16, 1982

	Date Printed	Total Number Printed	Total Number Distributed	Total Number On-Hand
Immunizations	10/21/81	3,000	2,780	220
Growth Monitoring	11/ 5/81	3,000	1,779	1,221
Community Financing	4/16/82	4,000	1,446	1,554
Bibliography and Resource Directory	6/30/82	3,000	866	2,134
Progress and Problems	8/19/82	3,000	510	2,490

*See attachment for a breakdown by title of the total number of copies distributed.

PRIMARY HEALTH CARE ISSUES PAPERS
 Response to Mail, Telephone and Visitors' Requests
 September 16, 1982

Immunizations Growth Monitoring Community Financing Bibliography Progress & Problems

1. AID/Overseas					
Africa	85	36	82		
Asia	132	124	32	60	60
Latin America	135	64	32	24	31
Near East	12	3	12	24	50
				4	9
2. AID/Washington	152	137	114	97	58
3. Consultants, Foundations, PVO's, and Religious and Professional Organizations					
United States	25	60			
Foreign	609	698	{613	{137	197
					--
4. Hospitals and Medical Centers					
United States	4	4	7	7	2
Foreign	98	9	4	15	--
5. International Organizations	668	180	311	310	24
6. Libraries					
United States	--	1	1	4	16
Foreign	10	6	3	9	--
7. Ministries of Health					
Africa	41	13	7	3	--
Asia	14	14	15	27	--
Latin America	27	81	20	1	--
Near East	7	4	1	3	--
8. Miscellaneous	225	38	60	--	--
9. Other U.S. Government Agencies	16	22	10	12	4
10. Private Individuals					
United States	85	43	58	51	10
Foreign	99	17	7	15	--
11. University Departments and Research Institutes					
United States	257	150	74	48	49
Foreign	79	75	14	15	--



CABLE ADDRESS: CHILD FUND NAIROBI
TELEX: 22068 UNITERA (FOR UNICEF)

TELEPHONE: NAIROBI 520671/2/3
520734/5

UNICEF

UNITED NATIONS CHILDREN'S FUND • FONDS DES NATIONS UNIES POUR L'ENFANCE

EASTERN AFRICA REGIONAL OFFICE

P.O. BOX 44145, NAIROBI, KENYA

UNEP HEADQUARTERS
GIGIRI (LIMURU ROAD)

YOUR REF

OUR REF

29 July 1982

Dear Dr. Ferguson,

I would be grateful to receive copies of your new publications on Primary Health Care - especially the Bibliography and Resource Directory and Analysis of USAID Projects.

These will be useful in my work in Eastern Africa.

Thank you.

Yours sincerely,

Dr. F.J. Bennett
Regional Adviser in Community Health

Dr. Donald Ferguson,
Office of Health
Agency for International Development
Dept State
Washington D.C.
20523
U.S.A.

FJB/vn

APHA Arch
Approved
DCE
F-4

High/Scope Educational Research Foundation

600 North River Street
Ypsilanti, Michigan 48197
(313) 485-2000

David P. Weikart, Ph.D.
President

June 23, 1982

Dr. Donald Ferguson
Office of Health
Agency for International
Development
Department of State
Washington, D.C. 20523

Dear Dr. Ferguson:

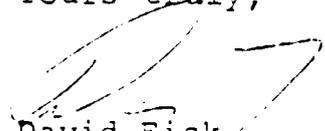
I noted in the recent issue of International Health News of the availability of a series of issues papers from your office relating to primary health care.

If they are still available we would very much like to receive all four back issues of the papers, and be included on the mailing list for forthcoming issues.

I'm sure they will be useful references in planning and implementing the programs for preschool age children in which we are involved in Latin America.

*request
thesis -
please inform DF*

Yours truly,



David Fisk
Director, High/Scope
International Center

DF:mc

APITA Actui

Copied.

DF

7-6-82

Appendix P

Sampling of Requests Received for PHC Issues Series



AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

READER SURVEY

PRIMARY HEALTH CARE BIBLIOGRAPHY AND RESOURCE DIRECTORY

This is a reader survey whose purpose is to evaluate the Primary Health Care Bibliography and Resource Directory. We need your opinions and suggestions to assess the usefulness of this publication. Please take a few minutes to complete the reader survey and mail it to the American Public Health Association.

Date: _____

Name: _____

Mailing address: _____

Country: _____

Job description: _____

This bibliography and resource directory is a companion to the Primary Health Care Issues Series, a set of papers which provide a concise and authoritative overview of important developments in the field of primary health care. The publication contains timely information on primary health care activities and programs in both the developed and the developing world. It is intended for the use of health personnel, especially program planners and managers in rural areas, and is organized into two sections. The first section, an annotated and selective bibliography, is divided into chapters covering topics such as manpower training, delivery of health services, and community participation. The second section, the resource directory, lists periodicals, reference sources, educational aids, training programs, funding sources, and suppliers of equipment and drugs. The publication is well illustrated and contains excellent author, organization, geographic, and subject indices.

1. Do you find the information in the bibliography and directory useful to your work? (Circle one number)

Highly useful

Not useful

1

2

3

4

5

6

2. If you find the information in the bibliography useful, how will you apply it? (Circle as appropriate)

- 1 Curriculum planning
- 2 Library acquisitions
- 3 Medical practice
- 4 Program management
- 5 Program planning and design

- 6 Reference
- 7 Research
- 8 Teaching/training
- 9 Other: _____

AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 729-3600

READER SURVEY



Primary Health Care Issues COMMUNITY FINANCING

This is a reader survey of Primary Health Care Issues Paper no.4, Community Financing. We need your opinions and suggestions to evaluate the usefulness of this paper. Please take a few minutes to complete the reader survey and mail it to the American Public Health Association.

Date: _____

Name: _____

Mailing address: _____

Country: _____

Job description: _____

Primary Health Care Issues is a series which provides a concise and authoritative overview of important developments in the field of primary health care. Community Financing, the fourth volume, details ways in which communities have contributed labor, cash, and other resources to support primary health care. The paper emphasizes that the people's ability and willingness to pay must be ascertained. It suggests that community financing is, at best, only a partial solution to the problem of health care finance, and that the challenge lies in finding a balance between government and community finance.

1. Do you find the information in the paper useful to your work?

(Circle one number)

Highly useful

Not useful

1

2

3

4

5

6

1a. If you find the information in the paper useful, how will you apply it? (Circle as appropriate)

1 Curriculum planning

2 Medical practice

3 Program management

4 Program planning and design

5 Reference

6 Research

7 Teaching/training

8 Other: _____

2. Is the information in the paper presented clearly? (Circle one number)

Very clearly

Unclearly

1

2

3

4

5

6

(cont.)

13

3. What suggestions would you make regarding the format?

Future issues papers should be: (Circle one number in each of the two categories)

I.

- 1 Shorter
- 2 Longer
- 3 About the same

II.

- 1 Less technical
- 2 More technical
- 3 About the same

Other suggestions: _____

4. Would you recommend this paper to your colleagues? (Circle one number)

1 Yes

To whom: _____

2 No

Why not: _____

5. Below is a list of subjects which are being considered for future papers. Please select the subjects which are useful to you by placing a "1" next to your first choice, a "2" next to your second choice, and a "3" next to your third choice.

_____ Drugs at the village level

_____ Methods of technology transfer

_____ Health and Agriculture

_____ Private-sector initiatives in PHC

_____ Issues in selective PHC

_____ Traditional medicine in PHC

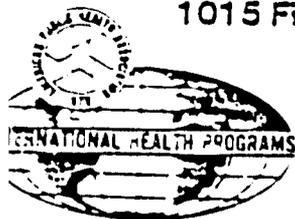
6. Please use this space to make any additional comments regarding the Primary Health Care Issues paper, Community Financing:

Thank you for taking the time to answer the reader survey. Please return the form to:

American Public Health Association
Resource Center
1015 15th St., N.W.
Washington, D.C. 20005, U.S.A.

AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600



READER SURVEY

Primary Health Care Issues Growth Monitoring

This is a reader survey of Primary Health Care Issues Paper no. 3, Growth Monitoring. We need your opinions and suggestions to evaluate the usefulness of this paper. Please take a few minutes to complete the reader survey and mail it to the American Public Health Association.

Date: _____

Name: _____

Mailing address: _____

Country: _____

Job description: _____

Primary Health Care Issues is a series which provides a concise and authoritative overview of important developments in the field of primary health care. Growth Monitoring, the third volume, is a state-of-the-art review of growth monitoring in nutrition and primary health care programs in communities or clinics. It discusses the activities which make up a growth monitoring project, the major issues and problems involved in growth monitoring, and some of the lessons learned in various projects and settings.

1. Do you find the information in the paper useful to your work?

(Circle one number)

Highly useful

Not useful

1

2

3

4

5

6

1a. If you find the information in the paper useful, how will you apply it? (Circle as appropriate)

1 Curriculum planning

5 Reference

2 Medical practice

6 Research

3 Program management

7 Teaching/training

4 Program planning and design

8 Other: _____

2. Is the information in the paper presented clearly? (Circle one number)

Very clearly

Unclearly

1

2

3

4

5

6

(Cont.)

3. What suggestions would you make regarding the format?

Future issues papers should be: (Circle one number in each of the two categories)

I.

- 1 Shorter
- 2 Longer
- 3 About the same

II.

- 1 Less technical
- 2 More technical
- 3 About the same

Other suggestions: _____

4. Would you recommend this paper to your colleagues? (Circle one number)

1 Yes To whom: _____

2 No Why not: _____

5. Below is a list of subjects which are being considered for future papers. Please select the subjects which are useful to you by placing a "1" next to your first choice, a "2" next to your second choice, and a "3" next to your third choice.

_____ Community participation

_____ Financing of health delivery systems

_____ Mass communication and education

_____ Health information systems

_____ Roles of community health workers

_____ Training of community health workers

6. Please use this space to make any additional comments regarding the Primary Health Care Issues paper, Growth Monitoring:

Thank you for taking the time to answer the reader survey.
Please return the form to:

American Public Health Association
Resource Center
1015 15th St., N.W.
Washington, D.C. 20005, U.S.A.

AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600



READER SURVEY

PRIMARY HEALTH CARE ISSUES IMMUNIZATIONS

This is a reader survey of Primary Health Care Issues Paper no. 2, Immunizations. We need your opinions and suggestions to evaluate the usefulness of this paper. Please take a few minutes to complete the reader survey and mail it to the American Public Health Association.

Date: _____

Name: _____

Mailing address: _____

Country: _____

Job description: _____

Primary Health Care Issues is a series which provides a concise and authoritative overview of important developments in the field of primary health care. Immunizations, the first volume, is a state-of-the-art paper on the immunization of children. It discusses the Expanded Program on Immunization of the World Health Organization and summarizes published information on the effectiveness and cost of immunization programs.

1. Do you find the information in the paper useful to your work? (Circle one number)

Highly useful

Not useful

1

2

3

4

5

6

1a. If you find the information in the paper useful, how will you apply it? (Circle as appropriate)

1 Curriculum planning

5 Reference

2 Medical practice

6 Research

3 Program management

7 Teaching/training

4 Program planning and design

8 Other: _____

2. Is the information in the paper presented clearly? (Circle one number)

Very clearly

Unclearly

1

2

3

4

5

6

(Cont.)

3. What suggestions would you make regarding the format?

Future issues papers should be: (Circle one number in each of the two categories)

I.

- 1 Shorter
- 2 Longer
- 3 About the same

II.

- 1 Less technical
- 2 More technical
- 3 About the same

Other suggestions: _____

4. Would you recommend this paper to your colleagues? (Circle one number)

1 Yes ----> To whom: _____

2 No ----> Why not: _____

5. Below is a list of subjects which are being considered for future papers. Please select the subjects which are useful to you by placing a "1" next to your first choice, a "2" next to your second choice, and a "3" next to your third choice.

_____ Community partici-
pation

_____ Health information
systems

_____ Financing of health
delivery systems

_____ Roles of community
health workers

_____ Mass communication
and education
techniques

_____ Training of commu-
nity health
workers

6. Please use this space to make any additional comments regarding the Primary Health Care Issues paper, Immunizations:

Thank you for taking the time to answer the reader survey.
Please return the form to:

American Public Health Association
Resource Center
1015 15th St., N.W.
Washington, D.C. 20005, U.S.A.

Appendix O

Copies of Reader Survey Distributed with PHC Issues Series

True Birth
Copy

Division of Geographic Medicine
U. Virginia School of Medicine
Charlottesville, VA 22908
July 25, 1982

Dear Folks,

Please send me your 4-volume monograph
series on primary care in developing countries. In
addition I would like a copy of GROWTH MONITORING,
Series 1, No 3 in the Primary Health Care series.

Enclosed is a check for \$20. Thanks for your
assistance.

Respectfully,

Jay F. McAuliffe
JAY F. MCAULIFFE, MD MPH.

5000 Permitted
1500 Book Sale

500 Change

PAYMENT RECEIVED

SEP 13 1982



Assisting children
around the world

CHRISTIAN CHILDREN'S FUND, INC.

Apartado 2542, Guatemala, Guatemala, C. A. - Teléfonos 310645 y 65364 - Cable. Childfund

July 29, 1982

AMERICAN PUBLIC HEALTH ASSOCIATION
Ms. Maria E. McMurtry
Resource Center
International Health Programs
1015 Fifteenth Street NW
Washington, DC 20005

Ms. McMurtry:

We are an international child welfare agency that helps needy children and their families by means of a sponsorship program. We have field offices in 18 countries and fund raising offices in 4 countries, including the United States.

We are now opening our Field Office in Honduras, and our programs will be concerned with nutrition, education, community development, etc; therefore, we would like to receive the following:

Primary health care issues, Paper No. 3, "Growth Monitoring of Preschool Children: Practical Considerations for Primary Health Care".

We are sure it will be of great help in our work. Our mailing address in Honduras is: Christian Children's Fund, Inc.
Apartado Postal 156-C
Tegucigalpa DF, Honduras C.A.

Thanks very much for your cooperation.

Sincerely yours,

Lenore E. Powell
Field Representative

LP/sm



BY AIRMAIL

MINISTRY OF HEALTH, NUKU'ALOFA, TONGA.
(Potungāue 'o e Mo'ui)

Cable Address:
MINHEALTH, NUKU'ALOFA
Tu'asila Makoni:
MO'UI NUKU'ALOFA

Our Ref: MH:71.01

24th August, 1982

The American Public Health Association,
1015 Fifteenth Street,
NW, Washington, DC20005,
U. S. A.

Dear Sir,

I should be grateful to receive two of your free copies of Community Financing. 1982. 90p Illus. English. ISEN 0-877553 - 100 - 8. Primary Health Care Issues, ser. 1, No. 4 APHA, for the use of the Tonga Ministry of Health.

Yours sincerely

B. S. Kautoke
for Director of Health

BSK/st

MINISTERIO DE SALUD
XI REGION DE SALUD

Casilla No. 197
Dirac. Av. de la Cultura s/n
Cusco - Perú

TELEFONOS :

Informes	5827	Anexo	28
Informes	2664		
Informes	5864		
TELEX	52030		

PROYECTO DE ATENCION PRIMARIA Y DESARROLLO DE SERVICIOS DE SALUD
CUSCO - APURIMAC Y MADRE DE DIOS

Cusco, 24 de Agosto de 1,982.

Sres. APHA

De mi consideración:

Nos dirigimos a Ud. para referirle que hemos tenido noticia de vuestra
Publicación: Community Financing, a travez de el informativo Salubritas.

Consideramos esta publicación indispensable para nuestros programas
del proyecto de Atención Primaria y Desarrollo de los servicios de Sa-
lud de Cusco-Apurimac y Madre de Dios, es por ello que le solicitamos
se sirva enviarnos un ejemplar de esa publicación, así como los Prima-
ry Health Care Issues anteriores a este No. 4.

Agredeciendole anticipadamente nos despedimos de Ud.

Atentamente.



Dr. Víctor A. Lara.

C.C. Arch.
Val/etn
24.08.82.