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SPECIAL EVALUATION OF THE PROGRESS  
OF THE

CENTER FOR SOCIAL AND PREVENTIVE MEDICINE  
AT THE CAIRO UNIVERSITY SCHOOL OF MEDICINE

URBAN HEALTH DELIVERY SYSTEMS PROJECT  
NO. 263-0065  
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### Acknowledgements

Since the consultation by one of us on the evaluation team (Roy Smith) in July 1982 there has been much progress in the development of the Center for Social and Preventive Medicine (CSPM). The recommendations which were made have been acted upon and a summary of these activities is recorded in attachment 1.

The interdisciplinary nature of the program has called for collaborative activities of the Departments of Pediatrics, Maternity and Family Planning, and Public Health of the Cairo University (CU) Medical School and we are indebted to the Chairmen and representatives of these departments for their cooperation in helping us accomplish our tasks. More importantly, the success in becoming a multidisciplinary team and their ongoing efforts along with representatives from the fields of nursing, social work, and nutrition are furthering the efforts towards an integrated teaching, service and research program. The presence of the Third Education Project, (Medical Education Center), is also a valuable resource for facilitating the teaching and training program.

The staff of the Urban Health Delivery Systems Project (UHDS) has also been helpful to us and has contributed much to the progress which has developed. Information was generously provided and field trips arranged. The staff members of USAID also have been generous with their time and facilities. They made a complex task easier for us. Additionally, the Westinghouse Chief of Party and staff (contract advisors to UHDS personnel) were most supportive and offered invaluable assistance in a variety of ways.

It is particularly gratifying to note the support which the CSPM and the UHDS enjoy from the Ministry of Health (MCH). The Minister of Health, Dr. Sabri Zaki, the First Undersecretary, Dr. Saad Fouad, and other individuals in the Ministry of Health indicated their knowledge and support of the program.

While the time for the work of the evaluation team has been brief, we have had the benefit of a very full and well developed schedule. The willingness of many key figures to commit significant blocks of time to meet with us is evident in the "Schedule of Evaluation Team Meetings." (attachment 4). Many meetings with individuals were held in addition. These efforts were a further illustration of the commitment of so many people to this very unique program.

We are particularly indebted to the Rector of CU, Dr. Hassan Hamdy, and the Dean of the Medical School, Dr. Hashem Fouad, for their invitations to meet with them. We found our discussions with them to be very helpful. We were pleased by the extent of their knowledge of the project and the support for its development which they offered.

The U.S. members of the team are particularly grateful to Dr. Nabahat Fouad, Executive Director of the UHESP, and to Professor Mamdouh Gabr, Chairman of the Department of Pediatrics of Cairo University and Chairman of the CSEM Executive Council. Their cooperation and leadership have contributed much to the progress in the planning which is moving this unique project toward fruition.

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A REPORT ON THE PROGRESS IN THE DEVELOPMENT OF THE  
CENTER FOR SOCIAL AND PREVENTIVE MEDICINE  
AT THE CAIRO UNIVERSITY SCHOOL OF MEDICINE

1. INTRODUCTION

The development of the CSPM is conceived as a major component of the Urban Health Delivery Systems Project which was established collaboratively by the MOH and the United States Agency for International Development in 1978. The UHDSPP had as its mandate the improvement in urban health services, particularly to render them more appropriate, accessible, and effective with the expectation that these efforts would improve the health of the population. In order to achieve these objectives, the Cairo University School of Medicine entered into a collaborative relationship with the UHDSPP to develop the CSPM and its programs in the community. The progress which has taken place in planning and implementation is impressive and is presented in the attached "Summary of Achievements in the CSPM during the period from July 1982 - April 1983." (attachment 1) and is also addressed in the body of this document.

2. THE CONTEXT

The UHDSPP was conceived at an interesting and difficult time in the history of Egypt and in the development of health services, education and training for the health professions, and in health research. The previous relatively stable patterns within the health sector were being challenged as never before. Changes were inevitable. Some of the factors influencing the change were:

- bold reorganization of many social institutions in society starting in the early 1950's.
- Efforts to industrialize rapidly and to increase agricultural output.
- Rapid and unprecedented urbanization with concomitant problems in housing, sanitation, nutrition, and the environment.
- Intensive efforts by the MOH to respond to the health needs of the people through the establishment of a system of urban and rural clinics which made health services geographically available to the people. These efforts to be responsive were also associated with heavy demands upon these services and relatively limited incomes and other incentives for staff members. As a consequence, physical facilities deteriorated and renovation and construction were indicated.

- A highly pluralistic health delivery system emerged within the country: In the public sector a system of MCH hospitals of highly varied characteristics along with a system of rural and urban clinics, maternal child health (MCH) clinics, school health services with a separate set of clinics and hospitals; under the auspices of the Ministry of Education the teaching hospitals and outpatient departments emerged as the providers of much tertiary care; the Health Insurance Organization developed under public-private auspices for employed persons for whom health insurance was an entitlement; and the Curative Care Organization developed to provide clinical services for those preferring its organized approach. A large private sector of physicians' services through offices, clinics, and private hospitals also provides a large volume of services. It should also be mentioned that drug expenditures consume approximately 40 per cent of total health expenditures. This is a complex array of services. Since each has special needs, the establishment of priorities is a difficult task.
- A rapid expansion of medical education and education for the other health professions took place in an effort to provide sufficient numbers of physicians and other health workers to staff these various services. This resulted in a need to increase clinical training resources along with a need by the MCH to intensify its efforts in continuing education for the health professionals working in its programs. The challenge was indeed formidable.

As these problems were being faced, the Cairo Mission of the United States Agency for International Development was being established to develop collaborative programs with the GOE in order to improve the health and welfare of the people of the country. Although A.I.D. was relatively inexperienced in such efforts in the Egyptian context, it was to A.I.D.'s credit that it did not back away from an incredibly complex challenge placed before it by the MCH: the improvement of urban health services. That the combination of complex problems, and relative inexperience in collaborative work in Egypt would result in frustrations and delays would seem inevitable. Indeed, as consultants, we arrived at a time when the faculty members of Cairo University and the staff of the UNHSP have accomplished much. Perhaps our tasks have been rendered simpler by the fact that many of the frustrations may be in the process of resolution as a consequence of planning efforts by many people and the efforts to act upon the recommendations of past consultation and evaluation reports. We hasten to add that this does not mean that there is not much work to be done. The very intensity of the health problems in Egypt makes it inevitable that the work will be difficult.

We may observe, however, that there is a certain timeliness about the development of this project. In a longer historical perspective it should be noted that:

- There is a heightened consciousness about the health problems of the people and a readiness for flexibility in problem solving.
- The Universities are cognizant of their important role in adding to the knowledge base for health improvement and for applying their intellectual resources toward helping to solve problems in the service system. They also are acutely aware of the need for more clinical resources for teaching.
- There is a resultant readiness and flexibility for innovation to face up to the problems.

### 3. FACING THE CHALLENGES: AN INNOVATIVE APPROACH

To deal with these problems the Government of Egypt embarked upon a new program to bring new resources and new strategies to bear on health improvement.

- 3.1 In order to achieve this objective an institutional invention was designed and designated the Center for Social and Preventive Medicine. Its structure will be built adjacent to the new pediatric hospital and across the street from the old pediatric hospital in order to take advantage of their resources in MCH services, teaching, and research. The CSPM is committed to fostering preventive efforts and bringing the University's resources to bear on community based health problems. The commitment has also been made to interdisciplinary efforts, since MCH programs inherently must include the several disciplines which contribute to the care of children. The relationships are presented diagrammatically in attachment 2. The innovative aspects of the CSPM should not be minimized. It is not possible to think of an entirely comparable development anywhere. This places a great responsibility on all concerned to expend every effort to insure its success.
- 3.2 Collaboration of the MCH with Cairo University in the development of education, training, service and research programs to improve the quality of MCH programs in the community is an important part of the activity. Thus, the CSPM is a landmark experiment in linking resources of the University with the service programs of the MCH. This need not be interpreted as a one-way effort, for the Cairo University Medical School is in need of additional clinical facilities for the teaching of medical students, as the Dean of the medical school indicated on our visit with him.

This evaluation team was appointed "to assess the scope of the CSPM program, its past activities, its projected implementation schedule, and its probable impact in the project area" (see attachment 3). The charge was further to accomplish these tasks through interviews with project, University and GGE officials (for schedule of meetings, see attachment 4). Since many background documents are available as attachments to this report, there will not be an attempt to present an encyclopedic history or review of the project. Rather, the effort will be to examine succinctly achievements and problems and to offer suggestions for the future.

#### 4. THE TASKS

##### 4.1 Construction

The review of progress included a detailed review of the planning for the construction of the CSPM, new General Urban Health Centers (GUHC's), and the renovation of existing MCH centers (MCHC's). The planning process for the CSPM is well underway and the construction plans were reviewed in detail with the architect. The plans call for the CSPM to be developed as a model MCH center. This is most appropriate in light of the priority given the population served by these centers. The timetable for implementation has been agreed upon by Dr. Nabahat, Executive Project Director of the URDSP and the officials of A.I.D. (see attachment 5). It will be noted that these plans call for construction to start in March 1984 and to be completed by January 1986.

The central task of this evaluation was considered to be "to determine actions necessary to insure that the CSPM will be able to open and implement, with full Cairo University/MCH collaboration, an appropriate program of training, service and research activities (e.g. what actions are necessary during the time the CSPM is being constructed)."

##### 4.2. Curriculum Development, Education, and Training.

One unique aspect of this project which merits special attention is the mix of teaching with service and research in other than curative medicine. This focus on the social and preventive aspects of health services requires utilization of the multidisciplinary health team in the planning and implementation phases. Furthermore, this problem oriented approach should be within the context of the community and sensitive to the influences of the environment on health and disease.

4.2.1. It is evident from the written reports that a considerable amount of time, effort and thought have been given to curriculum development by CU faculty in each discipline. Curriculum reports were presented to the Evaluative Team and the Execution Council. The next phase in curriculum development will be to develop a plan for integration of the various disciplines plus integration of service and research.

In order to accomplish this integration several actions are indicated:

- Individuals responsible for the CSPM curriculum in pediatrics, maternity care and family planning, public health and nursing plus the Director of the Third Education Project, (Medical Education Center) will continue their planning, however the emphasis will shift to integration.
  - Integration should focus on specific problem areas or activities (e.g. weaning and malnutrition, home births) which require a multidisciplinary team and which have a community focus. The numbers of students, hours in courses, integrated seminars and community outreach and clinics, and the capacity of the different services must be determined as part of this integrative planning process.
- 4.2.2. As a mean of testing the curriculum it was suggested by several of the CSPM faculty that outlying MCHC's and GUHC's should be utilized. This would be acceptable after they have been upgraded and their readiness determined by a CU/MCH joint evaluation team. A realistic date for beginning the CSPM training of post graduates (master's degree candidates), according to the new concept, in the upgraded MCHC's was set for October 1983, the beginning of the academic year.
- 4.2.3. Continuing education and in-service-training for MCH personnel also requires some specific planning efforts. A task force should be appointed to develop the continuing education and in-service training program. It has been suggested that the team be comprised of representatives from the MCH and CU/CSPM. Appropriate members from MCH would be the Director of the Department of Human Resources and Training; the Director of the Department for Primary Health Care; and the Director of the Department for Manpower and Research. From CU it would be those faculty members responsible for Pediatrics, Maternity and Family Planning, Public Health and Nursing. Since the UHDSF has had considerable experience in this area it should have a representative on the task force.
- 4.2.4 While planning of the services in the CSPM has been initiated (see attachments 6 and 7) this has understandably not been given top priority. The basic steps for planning the services were outlined in Dr. Roy Smith's report to the project in July 1982 and need not be repeated. Appropriate individuals from the MCH (members of the CSPM Executive Committee) working with the Director of the Health Services Division of the CSPM will accomplish this facet of the planning.

4.2.5. An idea which surfaced in the evaluation team discussions offers the opportunity to test these ideas for service provision (along with training and research) prior to the completion of the CSEM building. It would be to designate one or more of the MCHC's (when upgrading is complete) in which CU would participate in the provision of services while MCH would continue to be responsible for the administration. In other words, CU and MCH would actively cooperate in the MCHC's. This could, depending on bureaucratic complexities and individual motivations, include not only CU physicians, but could also include CU nurses, laboratory, social work and pharmacy personnel. In other words this would be looked upon as a service community offered by CU, and utilized for teaching (as currently in the hospital clinics), but focused on community prevention. Such experience gained would be invaluable in preparation for opening the CSEM.

#### 4.3. A Review of the Status of Possible Joint MOH and University Personnel Involved in CSEM Activities:

It is a truism to state that a basic requirement for the improvement of services is improved performance of the personnel rendering the services. It is also a truism to state that improved performance will be the consequence of improved training. But such training should not be directed exclusively at students and health workers in the clinics. Equally important is a continuous process of MCH faculty development in the social and preventive aspects of MCH.

Since clinical teaching must involve clinical experience, the teachers must have first hand experience in the community based clinics in order to have a deeper understanding of social and preventive medicine in the community. Continuing education and research in community based services will ultimately contribute to improved practice through bringing new knowledge to bear on old problems. Since community health problems are complex, involving a consideration of social, economic, cultural, and psychological issues along with the medical problems, the need to incorporate an interdisciplinary approach is essential, since no one profession has all the requisite knowledge and skills.

In the developing relationship between the MOH and Cairo University, the personnel policies of each must be respected. The following considerations should be explored:

4.3.1. Special recognition for MCH/MCH health professionals who attain a high level of performance by standards specified by the Executive Council of the CSEM. Such recognition might take the

form of written recognition of special competence in MCH. It would be highly desirable to have a financial incentive as part of the recognition. We wish to emphasize that the standards for this recognition should be based on clinical and other professional performance as observed. A written examination alone would not serve this purpose.

- 4.3.2. The establishment of a teaching role for MCH/MCH clinical staff members who, in addition to demonstrating clinical competence also demonstrate a background of knowledge and teaching ability to qualify as instructors. We recognize that University statutes make no provision for faculty appointments for such qualified teachers currently. Clearly, however, as the Dean of the Medical School indicated sufficient clinical facilities and faculty are currently not available for providing students with adequate clinical experience. Since these problems will not spontaneously disappear, some long term provision should be considered, perhaps by an appeal to the Committee on Medical Education of the Supreme Council of Universities. Some countries use such prefixes as "adjunct" or "clinical" to a faculty title to specify the special nature of these appointments. In our meeting with the Rector of Cairo University, Dr. Hassan Hardy, this was discussed and indicated that some such provision should be made.

As an interim measure the Executive Council of the CSPM might consider designating such highly qualified persons as "clinical teachers" in the MCH. While these comments have focused on physician education and training, they apply equally to all the disciplines involved in MCH programs.

- 4.3.3. It would seem appropriate for the Executive Council of the CSPM to pass on the qualifications of faculty members for teaching appointments in the program. Perhaps the MOH could recognize the faculty members who could share in the teaching process as teaching consultants in MCH. This will be in addition to the academic titles held by the faculty members. The designation would be dropped if the person ceases to function in the program.
- 4.3.4. It also seems appropriate, if the MOH is to develop a policy of recognizing continuing medical education attendance, that the Executive Council of the CSPM make an effort to give appropriate continuing education credit hours for MCH staff members attending teaching sessions through its programs.

#### 4.4. Involvement of MOH Officials in the CSPM

As mentioned in the introduction there has been a long history of MOH interest and involvement in this project. It seemed appropriate to review the current involvement of MOH officials in the CSPM. It occurs through the following:

- 4.4.1. The MOH has representation on the CSPM Executive Council; i.e. Dr. Intfy El Sayyad, Director General of Maternal and Child Health; and Dr. Fathy Sheba, Director General, South Zone, Cairo. Since the fall of 1982 the CSPM Executive Council has been meeting at regular intervals with active participation by the MOH representatives. It is noted, however, that the mission of the CSPM extends beyond the provision of MCH services. Its charge also focuses on the preparation of health personnel and the conduct of research, both of which have relevance and implications in all of Egypt. Considering the comprehensive nature of these components it might be helpful to extend the Executive Council to include as an ex-officio member, the First Undersecretary of Health.
- 4.4.2. The Director General of the Training Department in the MOH, Dr. Inaam Waba or her designee, will be responsible for coordinating the Continuing Education Section of the Education and Training Division of the CSPM. This has yet to be implemented but represents a significant potential for MCH leadership in the planning and teaching components. Additionally, this represents the means by which the continuing education and in-service training components of the UNDSP will be institutionalized.
- 4.4.3. Involvement of MOH personnel via the UNDSP is less visible except for the role of Dr. Nabahat who, as Executive Project Director of the UNDSP, is also an official of the MOH and represents that agency on the Executive Council. Dr. Nabahat has worked closely with Dr. Gabr, Chairman of the Executive Council, and together they have called meetings of that group at regular intervals since June 1982, and have developed agendas which have, in a very significant way, facilitated the CSPM planning process (see attachment 1 for a summary of achievements in the CSPM from July 1982 to April 1983).
- 4.4.4. Cairo University Medical School Faculty have been able to make significant progress in the curriculum planning process during the last 6 months. The steps taken were recommended by Dr. Roy Smith in July 1982 during a consulting visit to the CSPM, and were discussed in subsequent meetings of the CSPM Executive

Council. The minutes of those meetings are included as attachment 8. Additionally, the UHDSF Executive Project Director, by working closely with CU officials, established and funded with project monies one of the two positions recommended in Dr. Smith's July 1982 report. The position was filled in October 1982. The young physician in this position has provided academic and administrative support to the CU faculty in various aspects of the development process. He also acts as liaison between the CSPM and UHDSF which is a vital administrative link in the project (see attachment 8).

Progress has been made in establishing the second position recommended. It has been included in the 1983 - 84 CU budget. However, the person has been hired as of 4/10/83 using project funds until C.U. can cover it in their budget. A third person who has qualifications in both engineering and medicine began work on 4/11/83. He will work with Dr. Kotb and Mr. Pete Neal (Westinghouse contract Equipment Specialist to UHDSF) on finalizing the equipment lists and ordering the equipment. The UHDSF is funding this position. These three persons should accelerate the momentum of the planning process in curriculum and service and increase the probability of meeting the schedule deadlines.

- 4.4.5. Another example of CU/UHDSF/MOH involvement and commitment to this project and the cooperative working relationship with CU is the establishment of the CSPM office located in Abu El Reesh Hospital. It is furnished and a full-time bilingual secretary is provided by the UHDSF. This development was due also to the UHDSF Executive Director's follow-through on a recommendation made by Dr. Smith in July 1982. The CSPM office staff provides support and assistance in the planning process and will play an increasingly important role as activities increase (equipment ordering, curriculum development and testing in outlying MCHC's and GUHC's, planning the MCH services, etc.) prior to actual construction and during the construction period.
- 4.4.6. It is important to stress that the program of the CSPM will not be limited to the four walls of the CSPM building. A major programmatic component of the CSPM will take place in other MCHC's & GUHC's scattered in the Cairo UHDSF zones. When these have been upgraded (facilities and health care personnel), they will be utilized for teaching all members of the multidisciplinary health team in a variety of programs: continuing education, in-service training, undergraduates and postgraduates. Dr. Lutfy El-Sayyad, Director General of MCH Services, MOH, has written a paper describing the role of CSPM in this process (see attachment 6).

It is envisioned that as MCH personnel in the centers and clinics are prepared they will assume greater responsibilities in the teaching. At the same time it is anticipated that the CU faculty members will provide supervision and teaching in the clinics particularly prior to the full personnel upgrading in those facilities.

As part of this process the expertise of the UHSDP staff is available to assist in identifying the training and educational needs of the MCH with respect to the CSPM. It seems essential to develop this collaborative planning and working relationship as a means of upgrading the MCH personnel and services in preparation for providing quality educational programs via the CSPM to the undergraduate and graduate students.

#### 4.5. Research in the CSPM

Research is seen as an additional opportunity for inter-disciplinary team efforts and the integration of service and training. The focus will be:

- Problem oriented
- Related to social and community problems
- Field research
- Multidisciplinary teamwork.

- 4.5.1. This division will be key in designing the medical forms for patient care as means of collecting data for analysis in various research studies.
- 4.5.2. Staff should include sociologists, anthropologists and other relevant non-medical personnel in order to achieve the goals of the Research Division of the CSPM.
- 4.5.3. Colleagues of the CSPM and MCH were requested by the head of the Research Division to participate in the development of the research program and to participate in the determination of its priorities.
- 4.5.4. A CSPM research journal was discussed and was seen as a potentially significant contribution to the field. It was suggested also that the Executive Council could act as an editorial board or it could appoint such a board which would be responsible to the Executive Council.

#### 4.6. Collaboration in Planning Services.

That this mutually supportive relationship should extend to services as well is noted in previous documents (the CSPM Workplan, the September 1981 revised UHDSF Implementation Plan, and Dr. Smith's July 1982 Report). Productive work has been carried out by UHDSF staff in selected areas (e.g. referral patterns within the urban health system, protocol for MCH service interventions, medical record improvements, etc.) which have relevance to the services to be developed in the CSPM. In Dr. Smith's July 1982 report it was suggested that key individuals in the UHDSF meet with the CSPM division heads to map strategy for a collaborative working relationship. While there has been some progress in this sphere, much potential remains to be developed. With the improvement in communication of the last six months perhaps the recommended meeting would now be productive.

#### 4.7. Equipment

Extensive planning of the needed equipment is underway with participation of the head of each CSPM division and section in collaboration with Dr. Ramsis Menna, (General Director of Equipment) in the MOH and Mr. Pete Neal (Contract Equipment Specialist) for the UHDSF. Preliminary equipment lists are included in attachment 7.11.

As the integrated curriculum and training plans (Administration, Education Service & Research) are completed and approved by the CSPM Executive Council (projected date: October, 1983) and when 1/50 scale drawings of the CSPM structure are available by mid April 1983, the equipment plans can be finalized. December 31, 1983 is the projected date for finalizing these equipment requirements. Bidding and selection of equipment should be completed by October 1984. Both parties will then agree on shipment and installation schedules to meet the January 1986 opening date of the CSPM.

##### 4.7.1. Philosophy governing the choice of equipment:

- Not to be hi-tech or overly sophisticated.
- Must be the type that can easily be maintained.
- Must be adequate to meet the basic needs of service and training.

## 5. Recommendations

The recommendations that follow evolved out of our meetings and discussions during the evaluation process and are more completely discussed in the narrative. They should be the subject of further analysis and discussion in order to determine the details and descriptions of the implementation steps.

- 5.1. All parties concerned should make every effort to assure that the CSPM construction is completed and ready for opening by January 1986.
- 5.2. Final equipment list should be completed by December 31, 1983 so that bidding and selection of equipment can be finalized by October 1984.
- 5.3. The individuals who are responsible for the CSPM curriculum in Pediatrics, Maternity Care and Family Planning, Public Health and Nursing and the Director of the Third Education Project (Medical Education Center) should continue the planning process with emphasis on integration. A final report should be completed by October 1983.
- 5.4. A task force should be appointed to continue the planning of the curriculum for continuing education and in-service training programs with an emphasis on integration. It has been suggested that the Task Force should be comprised of representatives from the MOH and from CU/CSEM. The MOH should be represented by the Director of the Department for Human Resources and Training, the Director of the Department for Primary Health Care, and the Director of the Department for Manpower and Research. The CU should be represented by those faculty members responsible for Pediatrics, Maternity and Family Planning, Public Health and Nursing, plus the Director of the Third Education Project (Medical Education Center). Since the UHDSF has had considerable experience in this area, they should also have a representative on the task force.
- 5.5. Prior to the construction of the CSPM building, on-the-job training should increase in MCHC's which have been upgraded and readiness determined by a joint CU/MOH evaluation team. The training will be initially for postgraduates working on their master's degree and MOH professional in-service training. The date to begin this is October 1983.
- 5.6. The CSPM's focus on social and preventive aspects of health services requires integration in planning and implementation and utilization of the multidisciplinary health team. This component should accelerate its planning efforts. In monitoring the planning progress the Executive Council should make sure that the service program meets the need not only of the CSPM catchment area but also the needs of other MCHC's and GUHC's.

- 5.7. Consideration should be given to designating one or more of the MCHC's (when upgrading is complete) which could be utilized to facilitate CU's participating in the provision of services while MCH continues to be responsible for administration.
- 5.8. In the developing relationship between the MOH and Cairo University, the personnel policies of each must be respect. The following considerations should be explored:
  - 5.8.1. Special recognition for MCH/MCH health professional who attain a high level of performance by standards specified by the Executive Council of the CSPM.
  - 5.8.2. The establishment of a teaching role for MCH/MCH clinical staff members who, in addition to demonstrating clinical competence, also demonstrate a background of knowledge and teaching ability to qualify as field instructors in MOH centers.
  - 5.8.3. Recognition of CU faculty members for demonstrated competence and commitment in MCH.
  - 5.8.4. Credit for MOH professional staff members for continuing education.
- 5.9. With five years of experience in developing education and implementing continuing and on-the-job training for MOH health professionals, it seems essential to further develop the collaborative planning and working relationship between the CSEM personnel and the UHDSP as a means of upgrading the MOH programs via the CSM.
- 5.10. UHDSP and MCH should continue their support of the planning process via the CSEM office, and especially the recent addition of professional personnel to assist CU faculty and to provide motivation as deemed appropriate.
- 5.11. Building on past consultations and experience in the UHDSP and experience in Cairo University, there should be a concentrated effort given to developing in the CSEM a record system which not only supports patient care but also data collection for research.
- 5.12. Consideration should be given to developing collaborative research with scientists from other countries with similar interests.
- 5.13. Serious considerations should be given to continuing the U.S. relationships not only during this formative period, but also after the CSEM building is completed. We also recommend that the CSPM Executive Council develop a position paper on these potentialities.
- 5.14. It is proposed that the CSPM Executive Council continue to function after the end of project in order to maintain administrative continuity and assure that the special focus and philosophy of the CSPM continue.

6. Summary

We see a great deal of progress in the development of this unique and forward looking program. The conceptual understanding of the philosophy of the CSM by the principals involved has clearly undergone remarkable development since its inception. At this time in Egypt such a development as the CSM will have far reaching impact on the upgrading of health services and research, education and training of health professionals at all levels. It also provides an opportunity for the development of management and administration skills which are essential in the system to be upgraded as well. Because of the momentum developed in this collaborative effort, it is appropriate to consider continuing the U.S. involvement as desired by the Executive Council and other personnel involved in the planning and implementation of this activity.

List of Attachments

1. Summary of Achievements of CSNI during the Period July through April 1983.
2. Interagency Relationship (Diagram).
3. Scope of Work.
4. Schedule of Evaluation Teams Meetings.
5. Implementation Schedule for Construction of the CSM.
6. A Summary of the Proposed Role of the CSPM as a Health Service, Training and Research Center, by Dr. Lotfy El Sayyad.
7. Reports Prepared for Evaluation Team Meetings.
  - 7.1 Preliminary Report on Curriculum on Pediatrics.
  - 7.2 Maternal and Family Planning Curriculum Reports.
  - 7.3 Preliminary Report on Pediatric Community Medicine.
  - 7.4 Preliminary Reports on Social Work in the CSM.
  - 7.5 Report on Nursing.
  - 7.6 Preliminary Report on Dental Section.
  - 7.7 CSPM Nutrition Training Report.
  - 7.8 Pharmacy Education and Training Section in CSPM.
  - 7.9 Preliminary Report on Laboratory Section in CSPM.
  - 7.10 Administration and Management Report.
  - 7.11 Preliminary Report on Equipments Needed for the CSPM.
  - 7.12 Preliminary Report on A.V. Aids.
  - 7.13 Preliminary Report on Research.
  - 7.14 Minutes of Meetings on the A&E Preliminary Design of the CSM
8. Minutes of CSPM Executive Council Meetings, June-Dec 1982.
9. Memos from F. L. Neal to Dr. Ashraf Ismail regarding equipment.