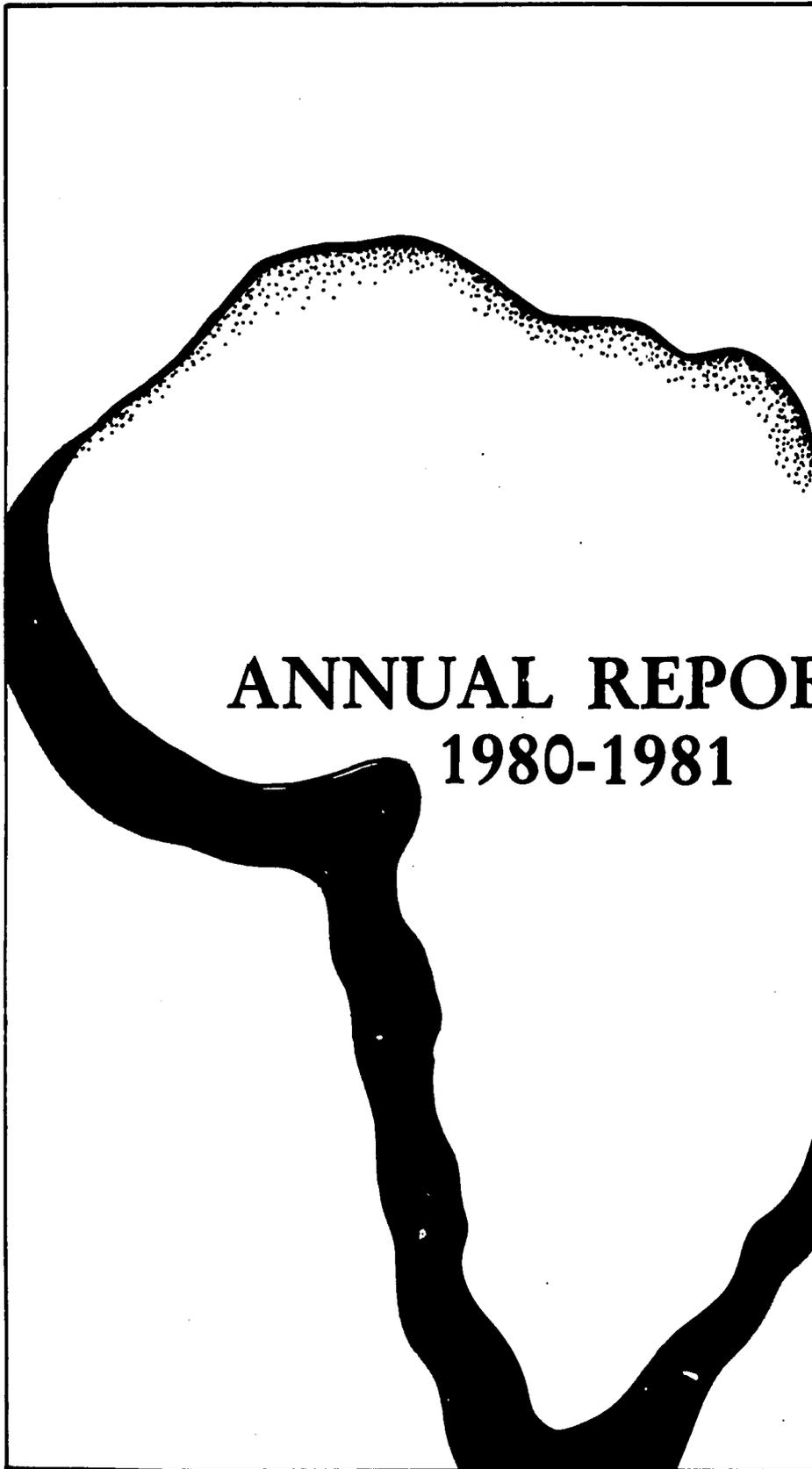


PD-AAR-429

PA 11/81

**Howard University
International Health
122(D) Grant**



**ANNUAL REPORT
1980-1981**

Sponsor: The Agency for International Development

HOWARD UNIVERSITY
INTERNATIONAL HEALTH
122(D) GRANT

ANNUAL REPORT
1980 - 1981

Dr. Alonzo D. Gaston
Director

SPONSOR: The Agency for International Development

CONTENTS

I.	FOREWORD.....	1
II.	PROPOSED OUTPUTS SUMMARY.....	3
III.	SERVICE CAPABILITY.....	6
IV.	INSTITUTIONAL LINKAGE.....	13
V.	PROPOSAL DEVELOPMENT.....	16
VI.	FINANCIAL SUMMARY.....	18
VII.	PROJECT PROBLEMS.....	19
APPENDIX A	International Visitors via Operation Crossroads Africa, Inc.....	21
APPENDIX B	World Federation of Public Health Association Third International Conference.....	25
APPENDIX C	Seventeenth Quadrennial Congress - International Council of Nurses.....	34
APPENDIX D	Bi-Institutional International Health Seminar.....	37
APPENDIX E	Visits to Monrovia, Liberia and Yaounde, Cameroon.....	42

FOREWORD

The 122(D) Grant awarded to Howard University is entering its fourth year of operations. This grant has allowed the Center for the Health Sciences to focus more attention on those problems and issues related to health which impact primarily on people in the Less Developed Countries. Concomitantly, the grant has allowed a cadre of Howard professionals to deliberate on such issues as Global Food Problems, the International Year of the Child, the Decade of Pure Drinking Water, and Health For All by the Year 2000. Other programs with the potential for a positive impact on development, e.g., programs in appropriate technology, barefoot doctors, traditional healers and village-based self-help demonstration projects, are also being examined as possible solutions to LDC health problems.

An underlying indispensable element of LDC development is an appropriately trained and healthy workforce. The educators and trainers of this workforce must have a thorough understanding of the conditions which impact on both health and development. Additionally, such educators must have the ability to transmit their understanding of those conditions to members of the workforce.

Howard University has been providing relevant education to both domestic and foreign students throughout the twentieth century. In order to transfer the experiences obtained during this span of time, a programmatic activity in a LDC is necessary. Funding for this purpose has not been forthcoming to date. However, the 122(D) Grant has allowed the University to compete for international health contracts more comprehensively. By contractual utilization of the wide array of

skilled manpower at Howard, the Agency for International Development could significantly augment its health activities. This would help to ensure the long-term viability of Howard's current program and carry out the spirit of the Foreign Assistance Act of 1961.

PROPOSED OUTPUTS SUMMARY

The overall goal of the 122(D) grant is to expand the capacity and capabilities of Howard University to address international health issues of relevance to African Less Developed Countries (LDC's). It is the attainment of this goal which constitutes the primary direction of our effort. Progress toward the achievement of this goal was planned via two major purposes, each having outputs to be used as progress milestones. These milestones are listed under the following headings:

1. Organization
2. Teaching Capability
3. Research Capability
4. Service Capability

These outputs/milestones are listed as attachments A & B in the grant proposal.

Organization

There were no scheduled outputs in this component for grant Year 03. However, the second institutional linkage agreement activity was carried over from Year 02 (see institutional linkage). Additionally, attempts were made to convey the grant's activities to the University community via means other than a grant generated newsletter. It is still uncertain that the initial newsletter was effective. Due to the trial and error method of attempting to secure space in the newsletters of other campus units, it was decided to reinstitute a grant newsletter during the forthcoming academic year.

Teaching Capability

This heading is subdivided into curriculum development, faculty development, faculty exchange and student exchange. Although most of the curricula outputs for Purpose I were completed in Year 02, the following courses for both para-professionals and professionals under Purpose II are available with related audiovisuals and references:

- . Nutritional Problems of LDC's
- . Public Health Nutrition
- . Food and Water-borne diseases and Nutritional Safety
- . Nutritional Assessment
- . Advanced Public Health Nutrition
- . Food and Nutrition Planning

Manuals for the above noted courses will be prepared if they are found acceptable to the curriculum committee.

In terms of faculty development, two visits to African Institutions and attendance at workshop were listed under both grant purposes. Visits were made to Liberia and Ghana with one workshop being attended in Liberia (see Appendix E). Planning is currently on-going to complete this activity in Year 04, if possible.

Although no faculty exchange was scheduled for Year 03, such an exchange did take place (see Institutional Linkage). No African faculty was exchanged to Howard because of existing faculty shortages at our host African institution. Additionally, it was not considered appropriate to sponsor an African faculty from a University with whom we were not directly linked.

The concept of a student exchange was originally stated as an output and attempts were made to act accordingly. However, our host

institution (CUSS officials) decided that they would prefer not to accept this arrangement at this time. We plan to address this issue with our second institutional linkage, assuming that it is cost effective. In effect, this output might be eliminated prior to the termination of the grant.

Research Capability

As part of the research activities, it was considered crucial to conduct a search of all information sources to determine the state-of-the art for each of the grant purposes. This activity has taken many directions including the acquisition of all related publications. Although information updates occur periodically, we are satisfied that this output has been completed. As was the case with the short courses in computer programming, the African LDC nutrition needs assessment and the environmental health needs assessment were completed prior to Year 03. However, updating these materials is a continuous process. Development of a research protocol with the University of Yaounde (CUSS) was not attempted because it was not presented as a priority concern. We shall continue, however, to explore the possibility of developing collaborative research protocols.

Service Capability

This component delineated courses available, consultant availability, workshop and seminars completed and faculty refresher training as output areas. In this regard, five courses are available, five consultants are available, one seminar was completed and another is being planned and all grant faculty have had refresher training via seminar/conference attendance (see Service Capability herein).

SERVICE CAPABILITY

One of the major activities of the 122(D) grant has been and continues to be community service performed by the program staff. As pointed out in previous annual reports, the program provides resource materials and international health literature to both faculty and students on a continuous basis. The program faculty contributes to and are members of a variety of committees. Additionally, as foreign health officials visit the University, our program is able to serve as one of their University hosts. As an example of the latter, a group of African physicians and nurses were sponsored to the United States by Operation Crossroads Africa. Being aware of Howard's International Health Program. Operation Crossroads Africa's Washington office contacted the 122(D) grant office seeking our support in terms of interfacing with their sponsored guest. Howard's 122(D) grant, Office of International Health (OIH), accepted the responsibility of serving as host to these African health officials thus exposing them to several of the health facilities and programs offered at Howard University (see Appendix A). Hosting such groups provides an opportunity for Howard's Center for the Health Sciences to present its impressively balanced approach to direct patient care, preventive and promotive health education and health related research. By so doing, we demonstrate the University's commitment to assist in the resolution of LDC health problems. Through these kinds of activities, we have increased our understanding of international health issues especially those that have to do with health manpower development, rural health delivery, nutrition and environmental hostilities. This dialogue helps to establish a climate of mutual cooperation between individuals

who represent both their institutions and countries.

Although hosting foreign visitors at Howard is an important activity, it is only one part of the service capability espoused by the 122(D) program. Expanding the knowledge base of both students and faculty in the various aspects of international health, forms the core of our service outputs. It is from a relevant knowledge base that one can understand the ways in which social, economic and management forces influence health policy. It is not simply an understanding of the biologic causes of diseases which is crucial to the problems of effective health development solutions in LDC's. Therefore, it is a basic tenet of our program to explain the necessity of a multidisciplinary approach to international health; the assumption being that the attitudes and interest of the various sectors of our University community will be positively modified in terms of a greater appreciation for international health problems. In essence, the service capability of our 122(D) program has embarked on a mission to ensure that international health issues become a part of as many health related courses of study as possible and a reference center for international health materials.

The design of our service capability focuses on intrauniversity and extrauniversity groups, individuals, foundations and organizations. The techniques employed are primarily curricula development, committee participation, consultations, student counseling information updates from public international conference, presentations and workshops.

Listed below are several examples of the services rendered by the 122(D) staff during the 03 year of operations:

Conferences/Workshop

- . the World Federation of Public Health Association - (theme)
"Primary Health Care: World Strategy." Howard University's

122(D) Program was selected to participate as a congress member. The congress was hosted by the Indian Public Health Association and the meeting venue was in Calcutta, India. (see Appendix B); (Dr. Alonzo D. Gaston) the 122(D) staff contributed as moderator and participants in the conference on "Training and Support of Primary Health Care Workers by the National Council for International Health, Washington, D.C., June 1981.

PAHO, "Nutrition in Primary Health Care Program: Activities for Non-Governmental Organizations." National Council for International Health, March 4-6, 1981 (participant - Dr. Nail H. Ozerol).

XII International Congress of Nutrition. "Nutrition-Basic to Human Health and International Development." (participant speaker and Chairman) section on Etiology of Malnutrition. August 16-21, 1981. San Diego, California (Dr. Nail Ozerol). Workshop on "Nutrition Education in Health Professionals Schools." Emory University School of Medicine, September 1981 Capitol Holiday Inn, Washington, D.C. (Invited as participant Dr. Nail Ozerol).

Study of Donor Policies and Profiles - Dr. Lee Howard - American Public Health Association - November 20, 1980 (Dr. Marilyn Edmondson).

Conference on the Medical Effects of Nuclear War, organized by International Physicians for the Prevention of Nuclear War - Airlie, Virginia, March 21-24, 1981 (Dr. John Karefa-Smart).

the First National Primary Health Care Workshop, Robertsport, Liberia - December 15-19, 1980 (Dr. Marilyn Edmondson -

Appendix E).

Health Care For All - Challenge for Nursing - International Council of Nurses 17th Quadrennial Congress - Los Angeles, California, June 28 - July 3, 1981. (see Appendix C - Dr. Marilyn Edmondson).

The Very Low Birth Weight Infant - The Training and Infant Intervention Program - Howard University - May 15, 1981 (Dr. Marilyn Edmondson).

Bilateral Agency Support for Primary Health Care Workers - Dr. N.R. Edwards Fendall - American Public Health Association June 10, 1981 (Dr. Marilyn Edmondson).

Committees

Chairman, National Heart, Lung & Blood Institute Ad Hoc Committee on Hypertension in Minority Populations - National High Blood Pressure Education Program (Dr. John Karefa-Smart).

Chairperson-elect - International Health Section, American Public Health Association (Dr. John Karefa-Smart).

Member of Executive Committee, Population Action Council of the Population, Institute (Dr. John Karefa-Smart).

International Nursing Commitment to Primary Health Care - District of Columbia League of Nursing - April 8, 1981 (Dr. Marilyn Edmondson).

Infectious Disease and Immunology Committee - College of Medicine, Howard University (Drs. Kassim, Moen, Gaston and Karefa-Smart).

Masters of Science in Public Health Coordinators Committee - Department of Community Health and Family Practice, College of Medicine - Howard University (Dr. Alonzo Gaston).

Research/Publications

Ozerol, N.H., (1981) Food and Nutrition Sector Report. Appropriate Technology in Guinea. Report and Recommendations. A VITA publication. March 1981, pp: 103-120.

Ozerol, N.H., J. Karefa-Smart, and M. Kader (1981). Etiology of Malnutrition and Potential Interventions for the National Nutrition Planning in Guinea, West Africa. The Proceedings of XII International Congress of Nutrition, San Diego, CA. August 16-21, 1981. Alan R. Liss, Inc., 150 Fifth Avenue, New York, NY 10011. ~

Ozerol, N.H., (1981) Nutritional Assessment: Its Significance in Medical Education (Manuscript at Press to Journal of Medical Education).

Consultants/Speakers

Team Leader of US/AID Evaluation Team on U.S. Population Assistance to Ghana, 1969-1979. Ghana, West Africa, August 1980. (Dr. Karefa-Smart).

World Bank - Preparation of Health Policy Paper for Nigeria, January 1981 (Dr. John Karefa-Smart).

DHHS - State Hypertension Grants Review for Region I (New England - Dr. Karefa-Smart).

DHHS - State Hypertension Grants Review for U.S. Virgin Islands - Dr. John Karefa-Smart).

Ministry of Health, Kuwait-Consultation of National Health Service Administration, December 1981 (Dr. John Karefa-Smart).

Keynote Speaker - Community Health Week, Inglewood, Cal. March 25, 1981 (Dr. Karefa-Smart).

Symposium Speaker at Peace Corps Reunion, at Howard University June 20, 1981 (Dr. Karefa-Smart).

Participated in the development and writing of the Five-Year National Health Care Plan for the State of Kuwait - Health Manpower Training and Development Component (May 1980, Dr. Ahmed Moen).

Planning and Participation in: Perspectives on Aging Assessment and Health Care - Co-sponsored by Howard University Hospital Department of Nursing and Howard University College of Nursing, April 23-24, 1981, (Dr. Edmondson).

Memorial Fund

The 122(D) program has been responsible for initiating the establishment of a new memorial fund at Howard University. After a series of negotiations, the Cottonwood Foundation elected to allocate funds to Howard University via the 122(D) grant's Office of International Health in the name of the late Reverend James H. Robinson. The Reverend Robinson was a founding member of the Cottonwood Foundation and a leading advocate of the need for closer ties with the African continent. As the founder of Operation Crossroads Africa, Reverend Robinson was responsible for taking hundreds of young people of all races from the United States to learn and work in various African countries.

INSTITUTIONAL LINKAGE

The rapport developed between various sectors of Howard University and the University of Yaounde (CUSS) in the short span of two years, has been outstanding. This is not idle boasting, but a statement of fact. . . . Cameroonian officials; both in Washington and in Yaounde, have conveyed this opinion to us and to others in public and private meetings. To some this may not appear to be a tangible U.S. benefit, but for those with an historical view, it should demonstrate a laudable state of programmatic readiness.

The undoubted mutual institutional commitment was expressed in many small ways during the Bi-Institutional Health Care Seminar held during the week of November 10 thru 14, 1980. This seminar was launched by Mr. Douglas Bennet, former AID Assistant Administrator of the Africa Bureau, who spoke to a filled banquet hall which included several members of the Administrative hierarchy from both institutions involved. Professor Victor A. Ngu, Vice Chancellor of the University of Yaounde, and Professor E. Eben-Moussi, Director of the Center for Health Sciences (CUSS), traveled to Washington to attend this seminar. The didactic components of the total seminar are listed in Appendix D.

The institutional linkage between Howard and CUSS had been most beneficial. However, like the philosophy espoused by John Dewey, the OIH at Howard believes that the most important part of any idea is its value as an instrument of action and usefulness. The state of linkage rhetoric has passed and the success of our activities in this area is a good omen. We now stand ready to move forward into new program activities which will emanate from our Donor Agency.

Faculty Exchange

As mentioned above, the exchange between Howard University and the University of Yaounde (CUSS) faculties have taken place via seminars and exchange visits. We are anxious to have more faculty exchanges. In light of the shortage of faculty which exist at CUSS, it was decided to have several Howard University faculty members from different disciplines teach in CUSS for a protracted period of time. The entirety of this exchange has not been possible due primarily to logistical and financial constraints. However, arrangements were made to provide one faculty member (Dr. Marilyn Edmondson) to teach in CUSS. This has proven to be a valuable exchange for both institutions. A brief summary of this activity is listed as Appendix E.

Second Linkage

As specified in the initial grant document, a second institutional linkage was proposed. After a series of deliberations, Kenya and Liberia were the two countries selected for consideration. Discussions were held with embassy personnel in both the U.S. Kenyan and Liberian Embassies. Subsequently, correspondence was sent to the University of Nairobi in Nairobi, Kenya, and the University of Liberia in Monrovia, Liberia. Visits to both African Universities took place to discuss the linkage concept.

In the case of Kenya, a series of meetings were held in Nairobi resulting in the linkage concept being favorably received. A draft linkage agreement was developed and given to the Kenyan officials for review. It was understood that these officials would identify their needs, rewrite the agreement draft, if necessary, and convey their decision as to whether they would be able to have such a

linkage. After a six-month communications hiatus, correspondence was sent to Kenya about this matter. Since there has been no reply from Kenya to date, it was decided to eliminate Kenya from consideration at this time.

Drs. John Karefa-Smart and Marilyn Edmondson visited Liberia to personally express our desires to develop an institutional linkage. Again, the desire to develop a linkage with Howard University was favorable. The Liberian officials decided to review this possibility in more detail and convey their decision at a later date. Since that time, a number of Liberian officials, with whom discussions were held, have been replaced. Therefore, the linkage with Liberia has not taken place. However, the pursuit of this linkage is presently on-going.

PROPOSAL DEVELOPMENT

The Office of International Health serves as a conduit for the application of the University's broad range of human resources in the international health context. Health providers at Howard have capabilities which span the spectrum of skills required in most international health projects. They are well-qualified both academically and experientially and a significant number were born abroad. This illustrates the kind of manpower and ethnic ties that already exists between Howard University and several LDC's. The University looks upon this as a source of institutional pride and conforms to the Foreign Assistance Act of 1961 which states in part that the "United States' cooperation in development should be carried out to the maximum extent possible through the private sector, including those institutions which already have ties in the developing areas, such as educational institutions..." Obviously those who formulated and/or legislated this act understood the value and potential benefits of utilizing existing ties.

In order to make Howard's various health resources available to LDC's, several proposals for funding have been and are currently being developed.

The OIH participated in the development of the following proposals:

A Project to Reduce the Prevalence of Anemia and to Improve the Oral Health of Selected West African Populations (Unsolicited).

Health Development Planning and Management Project for Cameroon (RFA AID/DSPE-1023).

Health Development Planning and Management Project in Liberia (AID Project Number 936-5901).

Proposal to Implement Sudan Rural Health Project...
Northern Region (RFTP-AFR-0024).

With the assistance of necessary data and appropriate input from AID technical officers, it is anticipated that Howard's resources will be contractually utilized in AID's development programs prior to the grant's completion date. It must be reiterated that the Office of International Health (OIH) at Howard is a service unit through which the total University Health Community can be reached.

FINANCIAL SUMMARY

Expenses which are accrued by the 122(D) Institutional Development Grant are paid by the Office of the Comptroller, Howard University. Reimbursement to Howard University for these expenses is made via the submission of a "Public Voucher for Purchases and Services Other Than Personal" form by the Office of the Comptroller to USAID. This form (Standard Form 1024-A, 7-GAO-5000) is submitted once each quarter of the calendar year. The Financial Summary noted below reflects the summation of these forms for the period of 07-01-80 through 09-30-81.

<u>VOUCHER NUMBER</u>	<u>COST REIMBURSEMENT FOR THE PERIOD</u>	<u>AMOUNT</u>
4	07/01/80 - 12/31/80	\$136,932.83
5	01/01/81 - 03/31/81	71,448.96
6	04/01/81 - 07/31/81	86,946.37
7	08/01/81 - 09/30/81	<u>22,369.10</u>
TOTAL REIMBURSEMENT FOR FISCAL YEAR 80-81		<u><u>\$317,697.26</u></u>

PROJECT PROBLEMS

(A) The Office of International Health at Howard recognizes the importance of being involved in AID health related feasibility studies and project design and implementation activities. The lack of our involvement in these areas is disappointing. However, in order to remedy this situation, attempts by OIH have been made to respond to Requests for Proposals (RFP) and Requests For Assistance (RFA). Reacting to RFP's and RFA's within the short time frame that is generally provided by Donor Agencies, places a hardship on any small faculty. Developing a well-coordinated proposal requires not only preparation time but time for editing, reviewing and clearing through the University's authorization procedures. These problems place our program in a defensive posture for not responding in time or producing a proposal which is less than the standard of excellence demanded.

The solution to this problem was attempted on two major fronts, e.g., seeking as much lead time as possible on those RFP's and RFA's which we feel capable of addressing and moving as rapidly as possible in pursuit of university authorization for those proposals prepared.

(B) Rapid international communications have been and remains a problematic area. In order to communicate with our African host institution, which has telex capability, we must either use the regular mailing system or send telegrams. This can be time consuming and result in possible confusion over mutual expectations. Communicating our concerns to other potential host institutions, ministries, alumni and/or visiting faculty is difficult at best. Seeking clearances, obtaining health related data, identifying

position and/or personnel changes, travel status of contact sources and a collection of other resources information is hampered because of this problem.

APPENDIX A

INTERNATIONAL GUEST LIST - APRIL 24, 1981VISITORS VIA OPERATION CROSSROADS AFRICA, INC.
Mrs. White and 7 Interpreters from the State Department .

- | | | |
|-----|--------------------------------|-----------------------------------|
| 1. | Mrs. Martine Jipguep | Yaounde, Cameroon |
| 2. | Dr. Alexis Rabemananjara | Tulear Province, Madagascar |
| 3. | Mrs. Catherine Chukwuku | Nsukka, Anambara State, Nigeria |
| 4. | Dr. Driss Rifki Jai | Casablanca, Morocco |
| 5. | Dr. Doris Hayfron-Benjamin | Kumasi, Ghana |
| 6. | Dr. Malick Niang | Kaolack, Senegal |
| 7. | Dr. Yahia Younis | Khartoum, Sudan |
| 8. | Dr. Regina Cooper | Cape Palmas, Liberia |
| 9. | Mrs. Senhora Suzette Afonseca | Bissau, Guinea Bissau |
| 10. | Dr. Joao Lisboa Ramos | Praia, Cape Verde |
| 11. | Mr. Oscar Vanyanbah | Monrovia, Liberia |
| 12. | Mr. Devoue Boukaka Oudiabantor | Brazzaville, Congo |
| 13. | Dr. Mohamoud Jama Gedi | Mogadishu, Somalia |
| 14. | Dr. Trevor Arendorf | Retreat, Cape Town, South Africa |
| 15. | Dr. Septimus William George | Freetown, Sierra Leone |
| 16. | Dr. Joseph Nzogue Eyegue | Libreville, Gabon |
| 17. | Dr. Ammar Benadouda | Algiers, Algeria |
| 18. | Dr. Akuocpir Parmena Marial | Juba, Sudan |
| 19. | Dr. Mohamed Abdillahi Gulaid | Mogadishu, Somalia |
| 20. | Dr. Omar Diallo | Conakry, Guinea |
| 21. | Mrs. Doreen Foster | East London, South Africa |
| 22. | Mrs. Sophia Mogemi | Chueniespoorit 0745, South Africa |
| 23. | Mrs. Mwelase Ntuli | Durban, South Africa |

VISITED HOWARD UNIVERSITY ON APRIL 22, 1981

- 8 members from International Health
- 1 member from Dept. of Pediatrics
- 1 member from the Hospital Administration
- 1 member from the Office of the Vice President for Health Affairs
- 2 members from the College of Dentistry

- 1 member from the College of Nursing
- 2 members from Community Health and Family Practice

- Dr. Melvin Jenkins, Chm.
- Mr. Forrest Williams

- Dr. Calvin H. Sinnette
- Dean Jeanne Sinkford
- Dr. Harold Martin,
(Infant Intervention)

- Dean Anna Coles

- Dr. Hildrus Poindexter
- Dr. Gertrude Hunter

HOST GROUP:

- Dr. Alonzo D. Gaston
- Dr. John Karefa-Smart
- Dr. Kunle Kassim
- Dr. Ahmed Moen
- Dr. Marilyn Edmondson
- Dr. Nail Ozerol
- Mrs. Clara Burnette
- Miss Vanessa Stroman

INTERNATIONAL EXCHANGE VISITORSGUEST LISTJUNE 4, 1981

(16 Members)

TOUR GUIDE

Beatrice Faustima Amoah
Principal Nursing Officer
Ministry of Health
P.O. Box M-44
Accra, Ghana

Sarah Julia Gordon
Health Services Development Officer
Brickdam, Georgetown, Guyana

Kedner Baptiste, M.D., M.P.H.
Head of Continuing Education Division
Palais des Ministeres
Port-au-Prince, Haiti (W.I.)

Dr. Armia Idris
Director of Population
Family Planning Center
BKKBN ACEH
Jl.T. Nyak Arief
Kota Baku
Bauda Acel
INDONESIA

Arsyad Puji, M.A., M.P.H.
Director of Training
Population & Family Planning training Center, BKKBN
Prop. Sulawesi Selatan
Jl. Pangerang P. Rani
Ujung Pandang,
INDONESIA

Dr. M. Masri Muadz
Director of Education & Training Center
Population & Family Planning Coordinating Board, BKKBN
Komplek BKKBN
Propensi Nusa Tenggara Barat
Mataram, NTB
INDONESIA

Nadia M. Sayegh
Head of Foreign Relations
Ministry of Health
P.O. Box 86
Amman-Jordan

Miss M. Colleen Harmon
Educational Assistant
Health, Population, Social Service
Training Programs
The University of Connecticut
Institute of Public Service
1380 Asylum Avenue,
Hartford, Connecticut 06105
203/233-5181

(24)
24)

International Exchange Visitors Guest List
June 4, 1981
Page 2

Dr. Stalin Hardin
Deputy Director of Medical Services
State Health Department
Medical Headquarters
Jalan Tun Haji Openg
Kuching, Sarawak
Malaysia

Francis Ong Kie Sing
State Pharmacist
Medical & Health Office
Jalan Tun Haji Openg
Kuching Sarawak
Malaysia

Attiat Mohamed Abd-Allah
Ministry of Manpower & Training
Nasr City
Cairo, Egypt

Nassry Shaker Andrawes
Director of Training
Dept., Population & Project Development Project
Population & Family Planning Board
70, Gumhuria Street
Cairo, Egypt

Samir Fahim El-Hagrasy
Training Director
Population and Family Planning
P. O. Box 1036
Cairo, Egypt

Alhaji Haliru Bunza
Chief Nursing Officer
Ministry of Health
Sokoto State
Sokoto, Nigeria

Bernardo O. De Leon
Director for Support Services
Institute of Maternal & Child Health
11 Banawe Street
Quezon City, Philippines

Dr. Ang Eng Suan
National Family Planning Board
P.O. Box 416
Malaysia

Dr. Radziah M. David
National Family Planning Board
P. O. Box 416 - MALAYSIA

APPENDIX B

WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS
FÉDÉRATION MONDIALE DES ASSOCIATIONS DE LA SANTÉ PUBLIQUE



Washington Secretariat

c/o A.P.H.A.
1015 Fifteenth Street, N.W.
Washington, D.C. 20005 U.S.A.

CON/ASIA *Office, ASIA*

July 22, 1980

Alonzo D. Gaston, EdD
Director, International Health
Howard University
Annex II, 515½ W Street, NW
Washington, DC 20059

Dear Dr. Gaston:

On behalf of the World Federation of Public Health Associations (WFPHA) and the Indian Public Health Association (IPHA), I would like to invite you to participate in the WFPHA Third International Congress, whose theme is "Primary Health Care: World's Strategy." The Congress, to be hosted by the IPHA in conjunction with its Silver Jubilee, will be held in Calcutta, India, during February 23-26, 1981, and will be cosponsored by UNICEF and WHO.

The Indian Public Health Association has dedicated the Congress to the memory of Dr. John Grant, who during his years as the Director of the All India Institute of Hygiene and Public Health pioneered many primary health care practices at the Rural Health Unit and Training Centre at Singur. Dr. Grant's son, James Grant, Executive Director of UNICEF, will deliver the keynote address. A field trip to Singur will be part of the Congress.

The Congress will provide a timely opportunity for the exchange of experiences on primary health care -- progress and problems since the Alma-Ata Conference two years ago. A major objective will be to identify approaches and mechanism that have been successful and to consider national, regional and global strategies for the promotion of primary health care. Participation by your university will help us to insure the success of the Congress by helping to bring together varied perspectives and to offer a range of experiences in discussions.

Dr. Gaston
July 22, 1980
Page 2

In addition, I would like to request that you give consideration to providing some financial support to the Congress. We are seeking sponsorship for national participants from developing countries so that as many individuals as possible from the developing world can attend. Would it be possible for you to fund some participants?

Congress cost are being shared by the IHPA and the WFPHA, with support from contributions from a number of national and international organizations. We do hope that it might be possible for your university to assist in this regard. Of the estimated administrative cost of \$120,000 for the Congress, fifty percent has been raised, a deficit of \$60,000 remains.

I would, of course, be happy to provide any additional information you require.

Thank you for your interest. I look forward to your participation in the Congress.

Sincerely,



Susi Kessler, M.D.
Executive Secretary
World Federation of Public Health
Associations

cc: Dr. P. N. Khanna
IPHA, Calcutta

SUMMARY
OF
THE THIRD INTERNATIONAL CONGRESS OF THE WORLD FEDERATION
OF PUBLIC HEALTH ASSOCIATIONS
AND THE
TWENTY-FIFTH ANNUAL CONFERENCE
OF THE
INDIAN PUBLIC HEALTH ASSOCIATION

Reported by: Dr. Alonzo D. Gaston
Congress Member

II. The Conference

(A) Locality

The majority of the conference activities took place at the Oberoi Grand Hotel in Calcutta, India. However, the conference registration and opening general session occurred in the Rabindra Sadan Theatre, some fifteen blocks away from the Hotel.

The Indian Public health Association felt that Calcutta was an appropriate place to host the conference. In addition, Calcutta is the location of the All India Institute of Hygiene and Public health which had as its third Director, Dr. John B. Grant. The entire conference was dedicated in memory of Dr. Grant who was born in 1890 and died in 1962. He directed the aforementioned institute from 1939 to 1945 and was a pioneer in the creation of the Rural Health and Training Center in India (Singur). Dr. Grant's son, Mr. James P. Grant, Executive Director of UNICEF, delivered the keynote address of the opening session of the conference.

The majority of the conference delegates walked the one-quarter mile distance from the Oberoi Grand Hotel to the Rabindra Sadan via the hot, crowded and beggar-filled streets of Calcutta to hear Mr. James Grant's presentation. Many of the delegates reported privately their complete shock at the conditions which they saw during this walk. This impact was seemingly the desired reality revelation planned by the organization committee. In that regard, Calcutta was truly the appropriate locality. One cannot string enough descriptive adjectives together to reveal the severity of the health problems which are apparent on the streets of Calcutta.

(B) Conference Appeal

It was made apparent from the opening session that the host country was desirous of seeing a health strategy evolve from the conference. The Chief Minister of the conference, Mr. Jyoti Basu recommended that the conference suggest ways of improving the institutional health care of India..

Dr. Yousif Osman, Vice President of the WFPHA, augmented this appeal in front of an audience of approximately three-thousand attendees at the opening session. The following are a few of the countries represented at the conference:

- | | | |
|-------------|--------------|----------------|
| 1. India | 7. Sri Lanka | 13. Ethiopia |
| 2. U.S.A. | 8. Thailand | 14. Pakistan |
| 3. U.S.S.R. | 9. Korea | 15. Lebanon |
| 4. U.K. | 10. Sudan | 16. Egypt |
| 5. Canada | 11. Kuwait | 17. Bangladesh |
| 6. Nigeria | 12. Lesotho | 18. Japan |

(C) Conference Content

As aforementioned, the theme of the conference was "Primary Health Care-World Strategy". Experts from all over the world were invited to present scientific papers within the framework of five sub-themes which were:

1. Developing National Plans of Action
2. Implementation of Field Programs
3. Manpower Planning and Training
4. Special Demonstration and Research Projects
5. Community Participation

Most of the scientific sessions occurred simultaneously, thus preventing any one person from attending them all. However, the congress members from the United States were divided in order to assure that most of the sessions were attended by an American. Those sessions which were attended by the Howard University representative focused primarily on the State of West Bengal. In view of the fact that the State of West Bengal is not atypical of other states, it seems important to indicate some of the health conditions that exist there. Therefore, the remainder of this report will be devoted to the State of West Bengal.

As reported by Shri Nani Bhattacharya, the Minister of Health and Family Welfare of West Bengal, the rapid growth of the population in Greater Calcutta has put a tremendous strain on its existing health care facilities. If Calcutta had to look after the health of its city proper only, the State Medical Colleges and Hospitals and other Government and private hospitals in the city could have succeeded to some extent in doing so. The decennial growth rate of Calcutta proper is only 7.8 percent compared to about 35 percent for Greater Calcutta. The population of Calcutta proper is estimated at 3, 387,106 in 1981 compared to 3,148,746 in 1971. According to 1976 figures, Calcutta has about 13,464 hospital beds and about 6,000 patients are treated daily in the outdoors of the 7 big hospitals in the city. Yet everyday about 400 patients go back for want of beds. Obviously this is because of the pressure of patients from Greater Calcutta. About 50,000 persons from the villages and townships comprising Greater Calcutta also depend on these city hospitals in the hope of better diagnosis and treatment of their diseases; although the number of beds in Government and private hospitals in Greater Calcutta totals about 17,600. The magnitude of the problem can be assessed from the simple fact that less than 2 beds

(51)
31
(1.75) are available for every 1,000 persons.

Jaundice, a water-borne disease, and encephalitis, a mosquito-borne one, are two sources of panic for Calcuttans. Quite a big percentage of Calcuttans suffer from amoebiasis. The number of persons dying of gastro-enteritis was 944 in 1976, 991 in 1978 and 785 in 1979. Between 1975 and 1980 (May), 3,000 persons had attacks of cholera. The figure, however, is much less than it was in 1958 when the number of attacks and deaths was 4,900 and 1,965 respectively. Between 1975 and 1979, about 2,836 persons died of diarrhoea and dysentery. A large source of the origin of these diseases was found to be adulterated food. The recrudescence of malaria has also had its effect on Calcutta. Calcutta's toll of attacks from malaria was 3,145 in 1976; 1,901 in 1977; and 1,278 in 1978. These figures are, of course, negligible in terms of the density of the population. In recent years, Calcutta has become free from small-pox and deaths from cholera are becoming rare.

The Hindrances of Healthful Living

According to a local survey, 78 percent of the families residing in Calcutta have only a single room accommodation. This fact alone explains the lack of environmental health in the city. The number of slums comes to about 1,015 and that of slum dwellers to 10,000. The slums have long been neglected and sporadic attempts made in the past to improve their sanitation by the civic authorities did not make much headway due to financial and political reasons. Irrespective of slum living, Calcutta's two major environmental causes of diseases are its shortage of drinking water and water pollution. With the steady increase in population, the daily supply of drinking water per head in Calcutta came down from 52.3 gallons as in 1931 to 28 gallons in 1965.

The various bodies set up on the recent decades, for development of Greater Calcutta, have taken up a number of projects, big and small, with a view of supplying adequate water for drinking and washing purposes to the larger segments of the population. The State Health Department has already provided 33 municipalities outside Calcutta Metropolitan Area with piped water supply arrangements, and has undertaken such schemes for 15 other urban and semi-urban areas of Greater Calcutta to augment the supply of potable water to people residing in these areas.

Environmental Pollution

Though the position of water supply is thus looking up, the pollution of the city's water sources (the biggest water source for Calcutta being the Ganges or Hooghly River) continues unabated. In Calcutta's water, the quantity of pollutants varies from 5% to 10%. In the water of the Ganges, traces of arsenic, lead, chromium and selenium have been found on analysis. This water is also being polluted by the chemical waste and industrial effluents of a large number of factories situated on both sides of the river. Pollution of the air is also assuming a serious proportion in Calcutta. While, according to WHO, there should not be more than 60 particles of carbon monoxide per 10,000 particles mixing up in the air, the proportion of such particles in the air over the city ranges from 62 to 70. About 6,700 factories in and around Calcutta emit 396 tons of smoke from their 27,500 furnaces; besides the harmful gases given out by 2,000 automobiles moving in the city every day. According to an estimate, the 671 metric tons of pollutants that mix in Calcutta's air include 59 mtpd. of sulphur dioxide and 214 mtpd. of carbon monoxide.

It is no wonder, therefore, that about 10,000 children in Calcutta suffer from throat diseases and 25% have tuberculosis. The headaches from which most Calcuttans suffer may be due to the increasing presence of sulphur dioxide, oxides of nitrogen and carbon monoxide in the air over the city.

Unprecedented population pressures, environmental pollution, communicable diseases and economic stringencies are all pooled together in Calcutta.

According to State Bureau of Health Intelligence sources (Annual Report of Vital Statistics, West Bengal, 1972-73), the six leading causes of morbidity and death - diarrhoeal diseases, bronchitis, emphysema and asthma, pulmonary tuberculosis, pneumonia, tetanus and anaemias account for 20 percent of the total mortality in West Bengal (excluding Calcutta). It has also been found that infant death is fairly high. Amongst school children, undernourishment, stunted growth and Vitamin "A" deficiencies are evident. The peasant population has been found suffering from malaria, infective fevers, non-specific diarrhoeas, tropical ulcers, conjunctives, etc., besides the major causes mentioned above. In the female population, both urban and rural, pre-eclampsia, eclampsia, toxemia, abortion and sepsis account for the major causes of maternal deaths.

Another major factor contributing to the health problems in the State of West Bengal is the steady rural to urban migration pattern. Traders and job-seeking unskilled farmers have settled in what is called the "Calcutta Urban Agglomeration". The number of camps or small towns inside Metropolitan Calcutta or the Urban agglomeration have increased from 74 in 1971 to 116 in 1981.

The problems which this large refugee population created for

health care in the early years of independence can be better imagined than described. Quite a large number of these people had to be accommodated for years in camps before their rehabilitation in phases. Thousands of others again took shelter on footpaths, roadside shanties or platforms of railway stations, or squatted on forcibly occupied plots which had no sanitary facilities. They settled mostly in the suburban areas of Calcutta and in the District Headquarters or small towns. Camp hospitals and improvised dispensaries were set up to meet the primary health needs of these famished and undernourished men, women and children. The bed strength in the existing subdivisional and district hospitals was partly increased to cope with the needs of the migrant population. Obviously those among the refugees who settled in isolated pockets in distant rural areas had little or no access to any kind of health care like the other sections of the poor indigent population.

Conclusions

Although the Howard University representative was unable to attend each scientific session of the conference, a compendium of presentation abstracts submitted by the authors, were provided to each registered congress member. The outputs hoped for at the beginning of the WFPHA conference, as espoused by Mr. Jyoti Basu, was a health strategy presented by the invited experts which could be implemented in India. Such a strategy was not clearly outlined at the conclusion of the conference. However, if one took the time to review all of the abstracts or presentations made, a pattern can be synthesized. It is the opinion of this author that an eclectic viewpoint of the conference presentation comes as close to a pattern as possible.

M. Ibrahim Soni of India pointed out that the growing concerns over the health status of the masses have led to the realization that planning for the health of a community is as important as planning for the prosperity of a nation. Samir N. Banoub of Kuwait augmented this position and postulated the following difficulties encountered in such planning, i.e.,

- (a) The intrinsic problems in the planning states, e.g., the use of expatriate consultants, the lack of professional planners, etc.;
- (b) The accumulation of excessive and unnecessary data;
- (c) The economical justification of its profitability to the local politicians in terms of overall developmental priorities.

The Minister of Works and Housing, P.K. Chatterjee and his colleague, V. Venugopalan, conveyed that while International Agencies have pledged support for developing nations, it is a must that self-reliant and self-sustaining programs be based on appropriate technology and community participation. In such a context, that technology which is appropriate must be recognizable by the indigenous authorities, implemented and accepted by the populous. As stated by B.C. Ghosal of India, the dissemination of knowledge to the local people via health education can provide the direction toward self-help and the utilization of local health services, facilities and techniques.

The integration of political will, financial capabilities, adequate planning, appropriate technologies and public education stand out as common to many of the presentors at the conference. It was summarized well by P.R. Dutt of New Delhi, India, who said it is not possible to improve the quality of the physical environment

24

without improving the status of man himself in respect to nutrition, education, shelter, energy, employment, health and transportation.

The health strategy, although not new or clearly discernable, must be approached multi-sectorially and simultaneously. This, in effect, becomes a total country development strategy requiring both labor and capital intensive energies.

APPENDIX C

Summary of International Council of Nurses 17th Quandrennial Congress

Reported by: Dr. Marilyn Edmondson

Date held: June 28 -July 3, 1981
 Location: Lost Angeles, California - Convention Center
 Theme: Health Care For All - Challenge for Nursing

Introduction

The International Council of Nurses (ICN) is a federation of National Nurses Associations with a membership of 93 countries representing approximately one million nurses. The objectives of ICN are:

1. To promote the development of strong National Nurses Associations.
2. To assist national nurses associations to improve the standards of nursing and the competence of nurses.
3. To assist national nurses associations to improve the status of nurses within their countries.
4. To serve as the authoritative voice for nurses and nursing internationally.

Summary

The first two days of the Congress were devoted to meetings of the Council of National Representatives (CNR) which is the governing body of ICN and composed of the presidents of the 93 member associations. The CNR dealt with reports and/or recommendations on the following agenda items:

Primary Health Care - Follow-up of 1979 Workshop co-sponsored by ICN and WHO in Kenya.

New categories of Health Workers

ICN's Role in Research

Female Excision

Nursing and Mental Health

Socio-economic Welfare of Nurses

Proposed Changes in the ICN Constitution

The plenary sessions of the Congress addressed the following topics: **Nursing for a New Century; A Future Framework; Nurses as Partners in Developing Future Health Care; and Action for the Future: Nurses accept the challenge.**

The plenary sessions were either followed of preceeded by concurrent sessions designed to allow interaction of participants on the stated topics. There were four different concurrent sessions each day from which to choose one.

The theme of the Congress, **Health Care for All - Challenge for Nursing;** reflects Nursing's commitment to the 1978 Alma-Ata Declaration. The declaration states, in part, that the most economic means for attaining health for all by the year 2000 is through an effective primary health care program. Only a few of the many activities that dealt with the theme will be reviewed. More information and congress materials are available from the writer of this report.

One of the reports presented to the CNR was the follow-up action of the ICN/WHO primary health care workshop held in Kenya in 1979. The report contained information on what had been done by National Nurses Associations and plans of action (including constraints) to support the implementation of national strategies for Primary Health Care (PHC). Some national nurses associations have made the following progress toward meeting the recommendations of the Kenyan workshop: set up working groups of committees to study the concept and implications of PHC within the country; integrated PHC concepts within nursing curricula; established interdisciplinary committees for PHC; planned joint meetings or conferences with those involved in nursing practice, education, management and research; and initiated activities in relation to changing or modifying legislation related to nursing practice and education.

Two sessions of the Congress among several which highlighted the theme were the plenary session on the topic, "Nurses as Partners in Developing Future Health Care" and the concurrent session presented by the National Nurses Association of Kenya on "Setting the Pace: New approaches in nursing practice. The plenary session panel members represented the health care consumer, economics, education, housing, medicine, nursing and nutrition. The panel concluded that achieving "health for all by the year 2000" requires a multisector approach to health care. Professionals in

developing countries cannot be "single purpose" workers, but must address many factors that impact on health. (ex. nurses must recognize nutritional and environmental problems).

The speaker representing the nurses association of Kenya stated that 14 community based health care projects have been established by non-governmental organizations. The community identified someone among themselves to take a leadership role in health management of a given community. Community self-help projects have also involved the actual building of a health center. The speaker encouraged countries to review nursing curricula to see whether the objectives meet the country's strategy for health for all by the year 2000. Courses should also be organized to upgrade the knowledge and skills for those already in service, such as Kenya has done for traditional birth attendants.

The following resolutions were passed:

1. Endorse WHO-UNICEF position that female excision be abolished.
2. Urge national associations to advance the practice of mental health nursing and develop guidelines concerning nursing curriculum content of mental health.
3. Endorse United Nations declaration of 1981 as the "International year for Disabled Persons" and take action to promote and make it successful.
4. Accept the statement on the proliferation of new categories of health workers.

The next quadrennial meeting of the International Council of Nurses (1985) is scheduled for Tel-Aviv, Israel.

APPENDIX D

HOWARD UNIVERSITY
CENTER FOR THE HEALTH SCIENCES
OFFICE OF INTERNATIONAL HEALTH

BI-INSTITUTIONAL
INTERNATIONAL
HEALTH SEMINAR

to be held at

ARMOUR J. BLACKBURN
UNIVERSITY CENTER
Howard University

Wednesday - Thursday
November 12 and 13, 1980

In Observance of the First
Anniversary

of the

Signing of the Agreement of Linkage

between

The University Center for the
Health Sciences (CUSS)

of the

University of Yaounde
United Republic of the Cameroon

and

Howard University

PROGRAM

Wednesday, November 12, 1980

- 9:00- 9:05 a.m. Opening Statements
Dr. Alonzo D. Gaston
Chairman
- 9:05- 9:15 a.m. Welcome
Carlton P. Alexis, M.D.
Vice President for Health
Affairs
Howard University
- 9:20- 9:30 a.m. Response
Professor V. Anoumah Ngu
Vice Chancellor
University of Yaounde
Yaounde, Cameroon
- 9:30-10:00 a.m. Institutional Linkages - A
Historical Perspective
Mrs. Susan Owens
Program Officer
Agency for International
Development
Washington, D.C.
- 10:00-10:30 a.m. COFFEE BREAK
- 10:30-11:00 a.m. Structure of Collaborating
Institutions
Calvin H. Sinnette, M.D.
Assistant to the Vice President
for Health Affairs
- 11:00-11:30 a.m. Structure of Collaborating
Institutions
Professor V. Anoumah Ngu
Vice Chancellor
- 11:30-12:00 noon Discussions and Reactions
- 12:00- 1:25 p.m. LUNCH

Malignancy - An International
Perspective

Moderator
Calvin H. Sinnette, M.D.

- 1:30-2:00 p.m. V. Anoumah Ngu, M.D.
Vice Chancellor
- 2:00-2:30 p.m. LaSalle D. Leffall, M.D.
Chairman, Surgery
Howard University Hospital
- 2:30-3:00 p.m. Jack E. White, M.D.
Director, Cancer Center
Howard University
- 3:00-3:30 p.m. Alfred L. Goldson, M.D.
Chairman, Radiotherapy
Howard University Hospital
- 3:30-4:00 p.m. Collaborative Study-Prostate
Carcinoma
Martin Y. Heshmat, M.D.
Professor, Community Health
Howard University
- 4:00-4:30 p.m. Discussions and Reactions

Thursday, November 13, 1980

Institutional Contributions to
Health Care in Africa

Moderator
Kunle Kassim, Ph.D.
Assistant Professor
School of Human Ecology
Howard University

- 9:15- 9:35 a.m. John Karefa-Smart, M.D.
Supervisor of Medical Service
Howard University
International Health
- 9:35-10:00 a.m. Mr. John Eason
American Public Health
Association
International Health
Washington, D.C.
- 10:00-10:30 a.m. Discussion and Reactions
- 10:30-11:00 a.m. COFFEE BREAK
- 11:00-11:30 a.m. Primary Health Care - The
Cameroon Model
Professor E. Eben-Moussi
Director, University Center
for the Health Sciences
Yaounde, Cameroon
- 11:30-12:00 a.m. Discussion and Reactions
- 12:00-1:50 p.m. LUNCH BREAK

Health Care for all by 2000 -
Is this Realistic?

Moderator
Ahmed Moen, Ph.D.
Assistant Professor
College of Allied Health
Howard University

2:00-3:40 p.m.

Stephen C. Joseph, M.D.
Deputy Assistant
Administrator
Development Support Bureau
Agency for International
Development
Washington, D.C.

Donald R. Hopkins, M.D.
Assistant Director for
International Health Center
for Disease Control
Atlanta, Georgia

Thomas Georges, M.D.
Principal Health Advisor
Office of Development
Resources
Agency for International
Development
Washington, D.C.

3:40-4:15 p.m.

Discussion and Reactions

4:15-4:45 p.m.

Conference Summary
Dr. Alonzo D. Gaston
Director
International Health
Howard University

APPENDIX E

REPORT
OF
VISITS
TO
MONROVIA, LIBERIA
AND
YAOUNDE, CAMEROON
DECEMBER 12, - FEBRUARY 16, 1981

Presented by: Dr. Marilyn A. E. Edmondson

The office of International Health at Howard University functions to strengthen and expand the University's capabilities to address health problems in African countries. Progress toward this goal was made possible by the Institutional Development Grant 122(d), awarded by the United States Agency for International Development (USAID) to Howard University in 1978. The Grant has enabled the University to form a linkage agreement with University of Yaounde's Center for the Health Sciences (CUSS), Yaounde, Cameroon, West Africa. Additionally, the Grant has made it possible to continue to explore possibilities of establishing collaborative relationships with other African countries.

The visit to Monrovia, Liberia, December 12-28, 1980 was to access the interest of Liberian officials in forming a relationship with Howard University, while the visit to Yaounde was to honor the faculty exchange commitment of the existing agreement.

LIBERIA

This exploratory visit was for the purpose of establishing communication with Liberian health officials on the possibility of forming a collaborative relationship with Howard University. Due to the late arrival of the flight, this reporter was not in attendance at the initial meeting that Dr. John Karefa-Smart held with representatives from the Ministry of Health and Social Welfare, University of Liberia, and Tubman National Institute for Medical Arts. A copy of Dr. Karefa-Smart's report is attached. (See Appendix A). The subsequent meetings with the officials listed on the following page were designed to:

- (1) Convey the interest of Howard University via the office of International Health in pursuing a collaborative relationship.
- (2) Explain Howard University's concept of linkage in keeping with USAID framework.
- (3) Survey the interest of current Liberian officials in forming a working relationship.
- (4) Explore areas of possible collaboration that are mutually beneficial and appropriate.
- (5) Lay the groundwork for further communication.

The results of the meetings were generally positive. A few persons expressed a cautious optimism because of previous disappointments with some external aid universities. There was unanimous agreement, however, on the concept of collaboration with Howard University.

The visit was timely in that it coincided with the First National Primary Health Care Workshop of Liberia which was held December 15-19, 1980. This greatly facilitated meeting with representatives of health care institutions, most of whom were in attendance at the workshop. For a summary of workshops see page 4 .

Officials Seen and Contacted

Ministry of Health & Social Welfare
 The Honorable Kate C. Bryant, M.D. - Minister of Health of Social Welfare
 Wilfred S. Boayue, M. D. - Deputy Minister/Chief Medical Officer
 Mrs. Rachel Marshall - Assistant Minister/Coordinator
 Mrs. Arabella R. Greaves - Assistant Minister/PRD
 Miss Frances D. Giddings - Deputy Chief Nursing Officer
 Mr. Robert Ellis - Deputy Minister

Health Manpower Development

Mrs. Jessie Duncan - Administrator, Tubman National Institute of Medical Arts (TNIMA)

Mrs. Grenfu Massaquoi - Director/PA Program TNIMA

A.N. Nhleko - Phebe Hospital School of Nursing

Dr. Festus M. Halay - Dean, College of Medicine, University of Liberia

Dr. Joseph Togba - Chairman, Department of Public Health & Preventive Medicine, College of Medicine, University of Liberia

USAID

Mr. Ray Garufi - Mission Director USAID/Liberia

Mr. C. Mantione - Health Officer

Mr. Ed Anderson - Deputy Minister

Ms. Irene B. Marshall - Program Assistant of Health

Ms. Evelyn C. McLeod, USAID/Liberia - Program Officer

CARE

J. S. Robinson, M. D.

REPORT OF
THE FIRST NATIONAL PRIMARY HEALTH CARE WORKSHOP
DECEMBER 15-19, 1980
ROBERTSPORT, GRAND CAPE MOUNT COUNTY, LIBERIA

The goal of the workshop was to formulate policies, strategies and plans of action to launch and sustain primary health care in Liberia. The Government of Liberia has made a commitment to the 1978 Alma-Ata Declaration which states that the most economic means of attaining health for all by the year 2000 is through an effective primary health care program. Based on its resources and constraints, Liberia has set its goal as the provision of basic health services to 90% of its population within the period 1980-2000. In pursuit of this objective, the workshop was designed to address issues germane to the implementation of the plan.

Participants of the workshop included representatives of the Ministry of Health and Social Welfare, other related Ministries, health personnel from all Liberian counties and territories and officials from external funding agencies such as USAID, CARE, and WHO.

The format of the workshop was the presentation papers, subsequent individual group discussion, presentation of group reports, and the formulation of resolutions on each of the following topics:

- Topic I - Primary Health Care - Wilfred S. Boayue, M. D., Deputy Minister/Chief Medical Officer, Ministry of Health and Social Welfare
- Topic II - Community's Role in Primary Health Care - Regina Cooper, M.D. Medical Officer
- Topic III - Financing of Primary Health Care - Mr. J. Robert Ellis, Deputy Minister, Ministry of Health & Social Welfare
- Topic IV - Primary Health Care Manpower Requirements - Mrs. Jessie Duncan, Administrator, Tubman National Institute of Medical Arts
- Topic V - Management and Evaluation of Primary Health Care - Mrs. Arabella R. Greaves - Assistant Minister, Ministry of Health and Social Welfare

In order to provide background and establish a common frame of reference for viewing the five topics some of the basic characteristics of Liberia that impact on health were presented. These characteristics and the attendant health problems are summarized in the following paragraphs.

Liberia has a population of approximately 1.8 million, with 80% or 1.4 million being considered poor with a per capita income of about three hundred dollars. Of the 1.4 million poor people 964,800 or 65-67% are considered rural poor. This portion of the population depends economically on subsistence agriculture is mainly illiterate and live in substandard conditions. Health problems are numerous, and their causes include poor environmental and sanitary conditions, lack of basic health education, poor water supply, poor communication with bad or non-existing roads: (Cooper, Ellis)

The major health care problems of Liberia are similar to those of other developing countries, namely malnutrition, high infant and maternal morbidity and mortality rate, water-related diseases, i.e. dysentery and diarrhea, communicable diseases, malaria and helminthiasis. Most of the diseases can be prevented through improved environmental and sanitary conditions, nutrition, immunization, and other preventive measures.

Liberia's response to its health problems has been limited by:

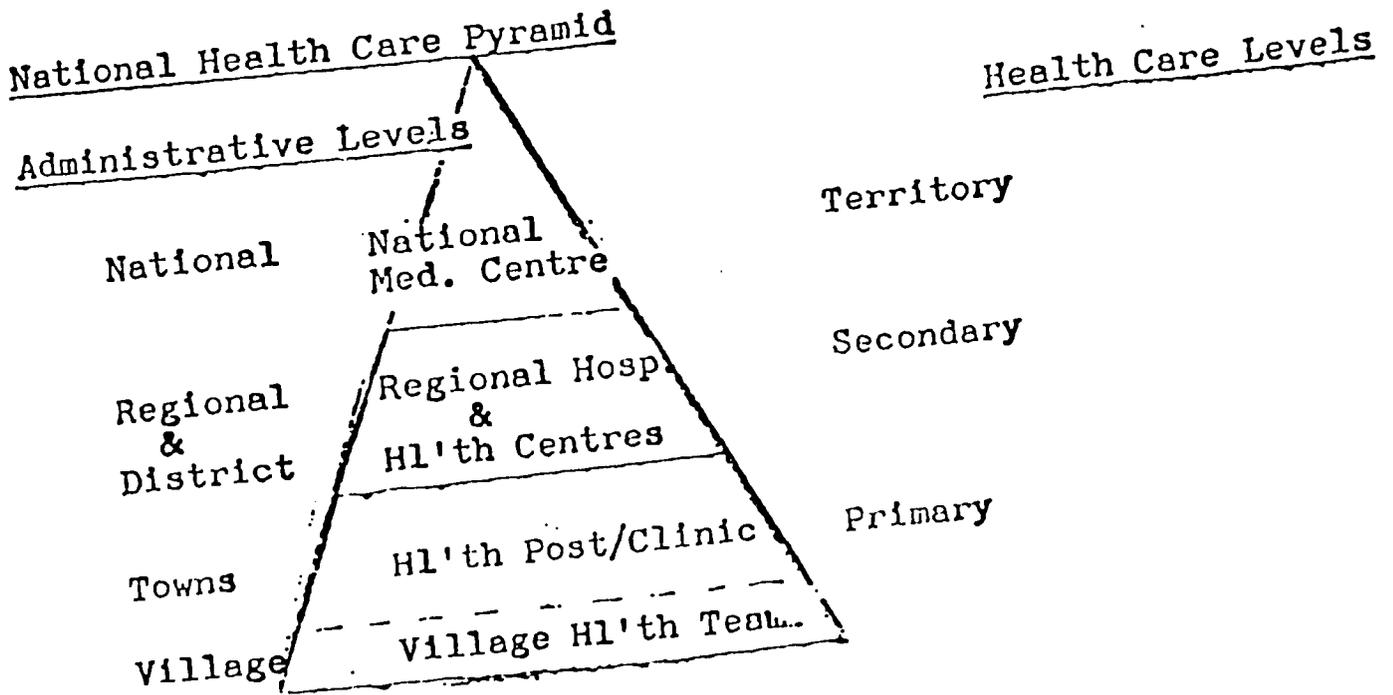
- a. Inadequate supply of trained manpower.
- b. Inadequate health infrastructure and logistics system coupled with limited national road network.
- c. Limited support capability, i.e. diagnostic facilities, social services.
- d. Limited coordination with other sectors directly or indirectly affecting health.

Further complicating the situation is the lack of adequate financial resources. The present annual health expenditure of the Government is \$29,946,136.00. With a population of 1.8 million, this means that the per capita expenditure on health is \$16.64 annually, \$1.38 per month or .05 per day. (Ellis)

Because of the limited capability of Liberia to respond to its health care problems only about 35% of the 1.8 million population have access to modern medical care. The available services are primarily curative and are provided mainly in the urban and pre-urban areas, leaving the rural population greatly underserved. Liberia's primary health care program, therefore has a preventive community orientation with the most underserved rural areas in the Eastern Region of the country being given priority.

Structure

The proposed structure for the Primary Health Care Delivery System is pyramidal as shown in the diagram below:



The Village Health Team (VHT) is the foundation and the initial point of contact with the primary health care system. The team is composed of a Village Health Worker (VHW) and an empirical midwife and is responsible for preventive services - such as improving basic sanitation, developing a safe water supply; curative services - simple treatment of routine medical problems; assisting with normal births and post delivery care; and referring appropriate problems to the health post.

Health Post - Personnel are paraprofessionals, such as Physician Assistants, Health Inspectors, and Certified Midwives. They supervise and train the VHW and assist the villagers to organize the village health committee. Primary health care is provided to patients in the immediate area as well as those referred by the village health teams.

Health Center - Staff include Senior Physician Assistants and Registered Nurses who are responsible for the supervision of about five health posts.

The County Hospital - is the apex of the pyramid at the county level. Its services include the major medical specialties. Facilities are available to provide referral services for the health problems of a population ranging from 50,000 - 300,000.

At the national level, the Ministry of Health and Social Welfare provides administrative, technical and logistical support to the primary health care program. In addition, the John F. Kennedy Medical Center, the National Medical center located in Monrovia, provides major supporting health care services.

Components

It is proposed that the primary health care system provide services or activities in each of the following areas: Nutrition; safe drinking water; basic sanitation; maternal and child health/family planning; immunization; control of endemic diseases; treatment of common diseases; supply of essential drugs; and rehabilitation of the physically and socially handicapped.

From the presentation of papers and subsequent groups reports on the five topics, the workshop participants formulated resolutions on the following:

- (1) Definition and components of primary health care within the Liberian context.
- (2) Structure and scope of primary health care.
- (3) Organizational framework for participation of each level of the health care system.

- 50
- (4) Projected manpower needs and training requirements.
 - (5) Management and evaluation training needed at each level of the health care system.
 - (6) Financial management.

For a detailed report on all workshop findings see the Draft Summary Report of Discussions at the National Primary Health Care Workshop which is available in the Office of International Health official file along with other workshop materials. This summary could serve as a working document for the identification of possible areas of collaboration between Howard University/Liberia. The other report that might serve this purpose is the Project Concept Paper - CARE/Liberia which is a joint effort of the Ministry of Health and Social Welfare and CARE for the training of medical and paramedical personnel. The emphasis will be on the training and installation of village health workers throughout rural Liberia. J. S. Robinson, M.D., CARE, and this reporter discussed the possibility of Howard University's office of International Health assisting in some aspect of this project on manpower training.

SUMMARY

Because of the expressed interest of Liberian officials in establishing an agreement with Howard University, it is recommended that communication between the appropriate parties continue. The priorities and needs of the Liberian health care system are well documented in the materials from the workshop as well as in the National Social Economic Development Plan - 1980-1984 which describes the proposed Primary Health Care Program. From these reports and continued discussions it should be possible to focus on areas for possible collaboration that are within the resource capability of Howard University.

Materials from National Primary Health Care Workshop
 Robertsport, Grand Cape Mount County, Liberia - December 15-19, 1980

Program of Opening Ceremonies
 List of Participants
 Program of Work

Kenote Address - Primary Health Care in Liberia - Kate C. Bryant, M. D.

Message from Head of State - Master Sergeant Samuel K. Doe

Primary Health Care - Wilfred S. Boayue, M. D.

Community's Role in Primary Health Care - Regina Cooper, M. D.

Manpower Requirements - Mrs. Jessie Duncan

Financing of Primary Health Care - Mr. J. Robert Ellis

Management and Evaluation of Primary Health Care - Mrs. Arabella Greaves

Draft - Summary Report of Discussions at the National Primary Health Care Workshop

Project Concept Paper - CARE/Liberia

Excerpts from Health Sector Draft Plan - National Social Economic Development Plan - 1980 - 1984.

Excerpts from USAID Project Identification Document - Primary Health Care in Liberia.

Excerpts from WHO publication: Formulating Strategies for Health For All By the Year 2000.

REPORT
ON
PRELIMINARY DISCUSSIONS IN MONROVIA, LIBERIA

Presented by: Dr. John Karefa-Smart

During a private visit to West Africa in December, I took the opportunity to visit Liberia December 7-13, 1980, in order to pursue the suggestion about developing a collaborative association between Howard University through the Office of International Health and the University of Liberia and the Doggliotti College of Medicine.

I had earlier in the year on another visit to Liberia ascertained the interest of Dean Haley of the Medical School and Dr. Joseph N. Togba, Professor and Head of the Department of Public Health in developing such a relationship.

Dean Haley and Professor Togba on this occasion again reiterated their interest, and arranged for me to meet with the Honorable Dr. Kate Bryant, Minister of Health, and Dr. Mary Antoinette Brown Sherman, President of the University of Liberia. I also visited the Liberia Institute for Biomedical Research at Harvel.

The Minister of Health and her Deputy, Dr. Boayue said that they would very much welcome an association with Howard which would help them with their urgent and pressing problems of staffing the John F. Kennedy Hospital, and of training, particularly in the Nursing School. They also looked with favor on a Howard research presence at the Institute for Biomedical Research.

The President of the University of Liberia arranged a meeting with her senior administrative assistants* and the Dean of the Medical School. After discussing the ways in which the Howard-Liberia association could be developed, it was decided that the President's office would write a letter to AID, through the Mission in Monrovia with a copy to Howard, expressing the interest of the Liberia authorities, and asking for AID support in developing the association. It was agreed that the next step would involve further discussions in Liberia and in Washington, between representatives of both parties.

*James Teah Tarpeh, Ph.D., Vice President, Academic Affairs, C. E. Zamba Liberty, Ph.H., Vice President, Administration, and Patrick L. N. Seyon, Director, Education Planning Unit

Unfortunately Dr. Marilyn Edmondson who had expected to be in Liberia for these discussions was unable to be present. She was however on her arrival able to meet the AID mission staff and to continue contacts with the Chief of Nursing Services, and was invited to attend a Seminar/Workshop on Primary Health Care.

OFFICE OF INTERNATIONAL HEALTH

HOWARD UNIVERSITY PARTICIPATION IN LIBERIA - A PRELIMINARY DISCUSSION PAPER

Liberia has had close historical associations with the United States since its origin in 1816 as a haven in the homeland from this country for free men and women of African descent. Because of this it is natural to justify preferential concern with Liberia in all areas of development assistance given by the United States Agency for International Development (USAID).

Howard University, in the process of enhancing its capabilities to participate in international development programs, can build upon this natural Liberia/United States affinity and try to establish linkages with appropriate Liberian institutions, among which are the following:

THE UNIVERSITY OF LIBERIA

This is a post World War II institution which has received considerable financial and staffing assistance from the USA, UN Agencies, and other bilateral assistance programs. It has grown from the former Liberia College to a university with many faculties including liberal arts, agriculture, science, law and medicine.

THE DOGLIOTTI COLLEGE OF MEDICINE

This Faculty of Medicine of the University of Liberia was founded in 1968 with seconded faculty from the University of Milan, to provide a medical education, previously unavailable to Liberians in their own country.

The sponsorship of the College of Medicine has passed from the Roman Catholic Diocese to the Liberian government which has incorporated the college as a component of the University of Liberia.

THE DOGLLOTTI COLLEGE OF MEDICINE - continued

The small student body includes men and women students from the English speaking countries of West Africa. The faculty, small as it is, is also international.

Political reasons, combined with national pride, will not permit any other alternative than to develop this school so that the quality of its program will compare favorably with other medical schools in Africa. It is here that Howard University can play an important role, principally by strengthening the faculty, and by improving the laboratory, library and other teaching facilities, and by helping to train Liberians for faculty positions.

THE LIBERIA INSTITUTE AND TROPICAL MEDICINE (LITM)

This research center was built by the Firestone Rubber Company and later donated to the Liberian government. Its facilities including fairly well equipped laboratories for research in tropical diseases, animal houses, and residential accomodation for research staff.

Howard University could play an important role in developing LITM as a regional research center. The possibility of obtaining continuing support from Firestone Rubber Company could be jointly explored by Howard University and the Liberian authorities.

The Institute would provide an ideal field base for the research activities of the Community and Infectious Diseases group of the Howard University College of Medicine.

THE TUBMAN SCHOOL OF NURSING

This is the training center for nurses for the John F. Kennedy Hospital and other hospitals, government and private, in the country. It could enter into a productive and mutually beneficial relationship with the Howard University College of Nursing, and eventually become a regional training center for nurse practitioners (cf. Medex) and supervisors of village health workers for National Primary Health Care Programs.

Yaounde, Cameroon - December 28, 1980 - February 16, 1981

One of the proposed outputs of the linkage agreement between Howard University and the University of Yaounde University Center for Health Sciences (CUSS) is faculty exchange in the area of rural health delivery. To honor this commitment, the Howard University Office of International Health scheduled this reporter to participate in the EM-4-CESSI-1 Community Health Course at CUSS during the period January 7 - February 16, 1981.

The philosophy of the University of Yaounde/CUSS is that education of the entire health team - physicians, nurses and other health personnel should be as closely coordinated as possible. To achieve this, there are core courses that assemble the different health disciplines in common learning situations. To the extent that it is possible, all of the community health experiences are planned so that there are students from the appropriate disciplines represented on the rural health delivery team.

The EM-4-CESSI-1 course is for medical students who are in the fourth year (EM-4) of a six year curriculum and registered nurses who are in the first year of a two-year program leading to a Bachelors of Science Degree in Nursing. (CESSI is the french acronym for Center of Higher Instruction in Nursing Care). During the field experience mixed teams of medical and nursing students participate in all the activities of the health center and village to which they are assigned. For this cycle, however, the combined group (73 medical; 24 nursing) was too large for the nine health centers to accommodate and increasing the number of centers would have created additional supervision and transportation problems. Consequently, the groups were separated for this posting with the medical students' experience occuring January 7-31, and that for the nurses, February 9-28. The course objectives are the same for each group, although the learning activities may differ. The content of this report, therefore, applies to both groups unless otherwise indicated.

Course Description

This is the second of four community health courses emphasizing Primary Health Care Delivery to rural populations. The students have already had relevant core courses such as Public Health Principles and Practices, Community Medicine, Community Nursing, Biostatistics, Health Education and Epidemiology.

Nine rural health centers (two considered hospitals) in the Mefou Division of Cameroon were used for student experience. The distance of the clinics from Yaounde ranged from 15-70 KM (about 9 - 40 miles).

To prepare students for the field experience, the first three days of the course were used for classroom discussions on the following:

1. Aims, objectives and activities of the course.
2. Organization and administration of basic health services in Cameroon and the primary health care concept.
3. Management of health care.
4. Mother and child care in the rural environment
5. Health and nutritional education in rural areas.
6. Evaluation of health care.
7. Objectives and functions of the Practical Training in Health Education (PTHE) project. This USAID project via the University of North Carolina emphasizes the provision of water supplies, the construction of latrines, and health and nutritional education in rural villages.

Aims and Objectives of Course

The Aims of this program are:

Organize basic health services to meet the health needs of a community.

Undertake a simple community study to assess the morbidity status and thus determine the health needs of a community.

Objectives of the program are:

Describe the principles underlying the organization of the various activities comprising the basic health services in the Cameroon context.

Organize basic health care services for a given community and be able to -

- describe the activities that will be carried out in the basic health services.
- Describe the health personnel of the appropriate categories and with appropriate job descriptions needed to carry out these activities.

Draw-up an organigram for the running of the basic health services indicating clearly -

- lines of authority
- how duties can be delegated
- the network of supervision
- how statistical data will be collected.

Describe how the budget of a rural health center is operated including -

- the various subheads of the budget;
- how expenditures are effected and by whom;
- collection of revenue;
- how a budget is prepared.

Obtain the various indices necessary for planning and evaluating health care:

- demographic data
- health center statistics
- health surveys
- school surveys

Participation in community health surveys to collect data on:

- Community diagnosis
- Morbidity in a sample population
- Vaccination status of a community.
- Anthropometric measurements in a sample population of school children.
- The working of a village health committee and community activities in maintenance of village water supply and building latrines.

Students were to carry out the following activities in order to achieve the objectives:

1. Participate in all activities of the health centers.
 - a. Outpatient consultations, elementary medical care simple laboratory procedures.
 - b. Mother and child activities.
 - c. Health education.
 - d. Management and supervision - observations on how the center is organized and functions, duties and qualifications of staff, budgetary provision, drug supplies, etc. Health statistics.

2. Community health visits -
 - a. Environmental activities with itinerant agents, such as Peace Corps Volunteers with the PTHE Project or traditional birth attendants. (nurses).
 - b. Village health committee meetings.
 - c. School survey and health and nutrition education on prevalent health problems in the school.

The CUSS/CESSI Checklist For Students was collected from each student at the end of the experience. (See Appendix I).

Supervision

The Public Health Unit at CUSS did not have sufficient staff to ensure adequate supervision of the EM-4 field experience. The two CUSS faculty available for this posting were Dr. Thomas Nchinda, Program Coordinator, and Dr. Gladys Martin. The other supervisory staff were Dr. Darryll Candy, PTHE Project, and Dr. Marilyn Edmondson, Howard University.

With these four faculty and seventy-three students in nine different clinics most groups only had two supervisory visits. Dr. Nchinda and Dr. Edmondson visited all nine groups - some of them twice. The supervision of the CESSI students in February was more adequate. With eight faculty and twenty-four students in four clinics it was possible for each group to be visited four to six times. The supervisors commuted each day to different health centers, whereas students, with the exception of one group, lived in the village where their assigned center was located.

The first supervisory visit was made primarily to: assist the students with any adjustment problems related either to the experience or living arrangements; meet the health center staff and tour the facility; and review the program of activities prepared by the students.

On the second visit, the supervisors held discussions with the students regarding: Progress toward carrying out the program of activities; types of clients, prevalent health problems encountered in the clinics and schools; diagnosis and treatment procedures; approaches to problems such as lack of equipment and drugs; and interactions with the villagers...

In addition to observing students in the clinics, it was possible to accompany some groups to the village for the following activities: Village Health Committee (VHC) meeting; assisting the itinerant agent with PTHE projects - provision of water supply, construction of latrines; and family home visits (Nursing Students).

The evaluation methods for the course included a self-evaluation questionnaire, written and oral report of experiences (CESSI also presented family care study) and a written examination.

A detailed account of the EM-4 experience, including the results of the evaluation appear in Report of the Community Health Posting for EM-4 In Melfou Division, January, 1981, located in the office of International Health Official file.

Summary

Howard University via the office of International Health has made a commitment to the University of Yaounde/CUSS to collaborate in teaching, research and service in the areas of rural health delivery, nutrition planning and human ecology. It is proposed that there be a mutually agreeable accessible plan developed which states the specific activities that are to take place in the areas during the grant period. It is this reporter's opinion that the greatest benefit can be derived from faculty rather than student exchange.