

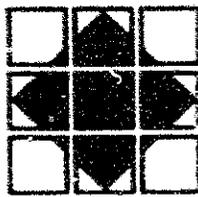
MID-TERM EXTERNAL EVALUATION
OF THE
TECHNOLOGY DEVELOPMENT AND TRANSFER
IN HEALTH

Project Number: 597-0006/598-0632

Submitted to:

The Office of Health and Nutrition
Bureau for Latin America and the Caribbean
The Agency for International Development
Washington, D.C.

March 31, 1988



THE PRAGMA CORPORATION

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March 31, 1988

Ms. Julie Klement
Office of Health and Nutrition
Bureau for Latin America and the Caribbean
Agency for International Development
Washington, D.C.

Dear Ms. Klement:

The Pragma Corporation is pleased to submit the final report of the LAC Regional Project for Technology Development and Transfer in Health.

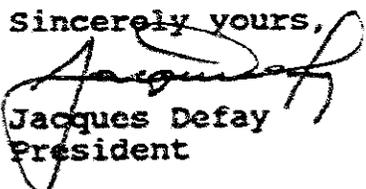
The report was prepared by a four person team: Lee M. Howard, M.D., Dr. P.H. (Team Leader), Robert Emrey, M.P.H., M.B.A., who prepared the report on management training; Thomas D. Dublin, M.D., Dr. P.H., who prepared the report on clinical training, and John T. Craig, M.P.A., who prepared the report on health care financing. After discussion of the draft reports with LAC/DR/HN, the final report was revised and edited by Dr. Howard.

The Team wishes to extend its thanks to each of the contractors for their full cooperation, and to LAC/A.I.D. personnel in Washington and LAC Missions who were generous in their time to provide reactions and comments. In particular, the Team is appreciative of the staff and personnel in LAC/DR/HN who generously facilitated access to background materials covering the three project components.

The Team recognizes that it was asked to evaluate essentially three separate project components. While separate reports cover each of these components, the Executive Summary attempts to synthesize the three activities more briefly than might be expected for single-project evaluations.

Finally, the Team has asked that we acknowledge its appreciation of the excellent support provided by Richard E. Killian, Health Program Director of the Pragma Corporation.

Sincerely yours,


Jacques Defay
President

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EXECUTIVE SUMMARY

I. Purpose of the Activity

The evaluated components, i.e. health financing, management training, and clinical training, of the LAC Regional Project in Health Technology and Transfer were specific efforts to respond to varying mission requirements to adapt and extend existing technologies and strategies to help solve organizational and financial problems in the delivery of health services.

At the beginning of 1985, when the project was formulated, the Bureau faced not only the challenge of supporting Mission efforts to implement Agency policy for greater extension of child survival and disease prevention programs, but an entirely new set of initiatives for Central America and the Advanced Developing Country program. With the marked difference in health and administrative conditions among A.I.D. cooperating countries, and with these countries' uniquely severe economic recession, external debt, and an average annual increase of 30% per year in the availability of LAC health account funds, a new approach to regional health programming was required. The underlying intention was to formulate a highly flexible instrument to permit the country missions to seek a spectrum of assistance which met specific Mission needs. The project mechanism selected in response to expressed interest of A.I.D. Mission Health Officers, was to offer regional services through two Cooperative Agreements, one for management and one for clinical training, and a specific competitively bid contract for health financing.

The Management Training Component addresses the problem of scarce health management personnel in the face of governmental attempts to greatly increase extension of services, and the need to provide services in the face of decreased public financing. The Association of University Programs in Health Administration (AUPHA) has signed a four-year Cooperative Agreement agreeing (1) to provide professional resources to assess the network for training arrangements in LAC countries and the U.S., (2) to convene workshops to explore useful training approaches in administration, and (3) to offer technical assistance in the form of trainers and training programs.

The Clinical Training Component addresses the issue that LAC physicians, who administer health delivery systems and organizations, frequently are not familiar with modern low-cost technologies in the area of preventive medicine, and in maternal and child health in particular. To reverse the tide of high-cost expenditures and solutions in urban hospitals, this component attempts to offer opportunities both for short term training in primary health care technologies for limited numbers of LAC physicians at U.S. locations under the preceptorship of Spanish

speaking U.S. physicians, as well as for continuing education by U.S. physicians in LAC countries. The contractor, under a Cooperative Agreement, is the Interamerican College of Physicians and Surgeons (ICPS).

The Health Care Financing Component addresses critical knowledge gaps which limit the ability of LAC Missions and Ministries to solve financial and economic issues in the health sector. The purpose of a contract with the State University of New York at Stony Brook (SUNY) is to provide a technical resource to LAC Missions in undertaking studies of cost, demand, and alternative financing mechanisms.

II. Purpose of the Evaluation

The purpose of this evaluation was to carry out a mid-term evaluation of this four-year project (1985-1989) to review project design, determine attainment of objectives, and provide recommendations on project performance and direction.

III. Methodology

The four person evaluation team reviewed project documentation and cable traffic, interviewed by phone 26 project staff in 14 Missions, interviewed in person or by phone 15 Washington LAC Bureau personnel or others formerly associated with the project, and directly interviewed all three contractors and five institutions with major activities related to the LAC projects. An evaluation cable was sent to all Missions, and the responses compared to Mission cable responses in 1985 during project planning, and with 1988 Mission comments on the anticipated need for a follow-on project after 1989. Four A.I.D. personnel currently or formerly associated with programs in El Salvador, Honduras, and Jamaica were interviewed in Washington.

IV. Findings and Conclusions

A. Management Training (Cooperative Agreement with the Association of University Programs in Health Administration):

An important feature of project design involved selection of an implementing agency which was not attached to a single orthodoxy or fixed solution and was free to encourage consideration of new, even controversial approaches to the critical problems in health management training. The AUPHA participants have been highly successful in advising field Missions and local training program faculties concerning the need for solutions as well as the possible solutions to problems in

health management training programs. A staff of dedicated people, two full-time and two part-time, direct project activities and provide supporting services to field work.

The products of the project aim at strengthening the network of training programs in the LAC Region and the ties between the LAC country trainers and training institutions in North America. The products of the project consist of meetings, publications, and other communications addressed to three component areas of management training:

- (1) assessments of host country needs and resources;
- (2) workshops and conferences concerning key problem areas; and
- (3) technical assistance to host country institutions.

Substantial progress was found to have occurred in all three component areas.

The assessment component produced analytical reports for each of the 12 countries in the region during the two-year period. Vast differences in training capacity and needs for development were found to exist in the USAID Advanced Developing Countries (ADCs) as compared to the situation found in the other USAID countries. A total of 88 health management training programs were identified during the assessment. The programs range from highly sophisticated two-year master's degrees to short-course programs for practicing managers. A comprehensive directory of training programs, covering the LAC Region countries as well as programs in Spain and Portugal, was published based on the assessment data and mailed questionnaires.

There were four (4) workshops convened with participants coming from throughout the region. A total of 114 individuals participated in the workshops. The meetings focused on country-specific training problems and available solutions on four topics: health services administration training, hospital administration training, undergraduate education, and project management training. The workshops, collectively, contributed to developing a greater understanding of the so-called demand side of health management training. The demand side issues include: the lack of clear career paths for managers, insufficient recognition of the contribution made by training to effective management, and the lack of systematic data documenting the career experiences of graduates from training institutions.

The technical assistance component has been directed to provide expert faculty consultations to training programs in eleven (11) countries of the region. Based on the assessment visits and requests from USAID Missions, the technical assistance was tailored to provide individualized attention to the training programs as they now exists at a particular site. That is, the

assistance may include general curriculum improvements, development of course materials in specialized management fields, or other related areas needing attention. In addition, an AUPHA consultant is assisting the PAHO program entitled Program for Health Administration of Central America and Panama (PASCAP) with an assessment of management training in Central America and Panama (funded by LAC/DR/HN).

A significant part of the technical assistance is the newly inaugurated publications for trainers and others concerned with health management development in the region. The publications include: the Boletín Latinoamericana, which has been published in six issues, and a Spanish section in the Journal of Health Administration Education.

The project budget amounted to \$1,000,172 for four years, and 47% had been expended at the end of Year 2, which was slightly below the planned level of expenditure. Additional funds are proposed to be added by USAID field Missions through "buy-ins" to enable expansion of technical assistance in specific countries (discussed further below).

B. Clinical Training (Cooperative Agreement with the Interamerican College of Physicians and Surgeons):

With the general objectives of providing an opportunity for transferring modern technologies for primary health care to physicians in LAC countries, the Cooperative Agreement provided for three objectives: 1) to establish a pilot preceptorship program in the U.S. to train approximately ten LAC physicians per year with U.S. Hispanic physicians; 2) to provide short-term continuing education in LAC countries; and 3) to assist LAC Missions in selection of trainees and matching with appropriate training institutions.

The first objective has been achieved, as 22 LAC physicians have participated in U.S. training during the first two years. The second objective has received only limited attention. The third objective has not been adequately achieved as there has been only limited ICPS contact or dialogue with LAC Missions. Selection criteria have not been clearly specified.

Appropriateness of design: Basic project intent addresses a serious LAC requirement to accelerate low-cost technology transfer for primary health care through short term professional training in the U.S. and provision of limited technical assistance in LAC countries. In principle, a flexible cooperative agreement should have the potential to meet these needs. In practice, the limited number of authorized trainees (10 per year) could not hope to achieve a significant impact on medical education without careful selection of candidates from

those who have key roles in teaching or physician management in LAC countries. Such criteria were not applied. Consequently, the multiplier effect was not demonstrable even though the feedback among trainees has been favorable. Acknowledging that the Cooperative Agreement should be flexible, the design did not adequately take into account a strategy for a high multiplier effect, careful selection criteria at the country level, or sufficient attention to technical assistance at the field level in the form of workshops or seminars on appropriate technology.

Attainment of Contract Purposes and Objectives: The training component objectives were quantitatively met by completing 22 traineeships during the first two years. Nine Missions utilized the traineeship. Six countries refer favorably to the experience, while the other three provided no comment in their cable responses. In countries sponsoring 14 of the 22 trainees (Costa Rica, Guatemala, El Salvador, and Mexico) cable responses have urged continuation. In contrast to the traineeships, technical assistance to the Missions has been limited, although a rehabilitation workshop in El Salvador was well received.

Management and Logistics Procedures: As a new contractor to A.I.D., ICPS has experienced a difficult adjustment to A.I.D. procedures, an adaptation marked by one change in Project Director and a move of offices from New York to Washington. There has been inadequate communication with USAID Missions, inadequate definition of selection procedures, and inadequate reinforcement of project objectives and possibilities with LAC Missions and countries. At the Washington level, communications between ICPS and LAC/DR/HN have improved during the second year of contract, but transmission of documents and adherence to A.I.D. procedures requires improvement. ICPS and LAC/DR/HN are aware of the short notice of approval, which results largely from an ICPS expectation that Missions are responsible for recruitment of candidates, often given to trainees.

Products: At mid-term, the project has trained 22 participants in the U.S., established a network of preceptor training sites in the U.S., and arranged for two months of technical assistance in the field in the form of one workshop and a week of lectures and seminars in El Salvador. Improved output could have been achieved through the following: additional requests from Missions; joint agreement with LAC/DR/HN on modification of design, such as revised trainee selection criteria or greater emphasis on recruitment of educators and trainers; or arrangements for additional continuing education at the country level. In the opinion of the evaluation team, the output could be improved through agreement on redesign along these lines, as suggested in the recommendations.

Financial and Budgetary Status: Actual expenditures as of January 1, 1988, have reached \$861,000. This represents half of the total potentially available budget of \$1,635,000, assuming the inclusion of \$265,000 in contingency funds. Without contingency, the contract expenditures should not have exceeded \$685,000. The contractor was advised in writing as early as August 1986, that the ICPS project budget was limited to \$1,370,000.

Costs per trainee have come to about \$10,000 per month, or an average of about \$40,000 for each of the 22 trainees. This total is calculated on the basis of trainee costs, including total project overhead. ICPS costs are equivalent to those of PAHO, which are stated to be \$4,500 to \$5,000 per trainee. PAHO does not include overhead costs for a sizeable support staff, including a travel division. Monthly trainee costs could be reduced by increasing the number of trainees without increasing overhead. However, such an increase in number was not included in the original design. Given the general outlook for the LAC Bureau financing, an increase in trainee funds is not anticipated. This suggests that it is not the number of trainees but the type of trainee (i.e., educators/trainers) and decreased duration of training which offers the possibility to increase output.

C. Health Care Financing (Contract with the State University of New York):

The Scope of Work called for 6 categories of output: 1) preparation of an overview and synthesis of existing A.I.D.-supported health financing studies in LAC countries; 2) a minimum of 9 studies on health financing issues in LAC countries (cost, demand, and alternative financing studies); 3) provision of 70 person-months of short term technical assistance to requesting LAC Missions; 4) four regional workshops; 5) a final "wrap-up" conference; and 6) establishment of a technical advisory committee.

The first objective was accomplished through a State-of-the-Art Paper which is to be revised for clarity and updated. Eight country studies have been completed or are to be completed during FY 1988. Four of these studies (Bolivia, St. Lucia, Guatemala, and Belize) provide useful perspectives on health care financing, which are under the consideration of the host governments. The Peru study explored the economic feasibility of private sector prepayment schemes, an area which is comparatively new to the government and not immediately acceptable for application. The Ecuador study compared costs in selected government, Social Security, and private health facilities. Although the study was carried out with the cooperation of a high health ministry official, the report has not been transmitted officially to the

government. Questions concerning methodology may undermine the potential usefulness of the Ecuador study. Based on the field studies completed to date, the USAID Missions feel that these studies will indeed be useful.

Short term technical assistance, other than consultations during the preparatory phase of studies and during annual workshops, has been limited to consultations on PROSALUD in Bolivia, household survey designs for El Salvador and the Dominican Republic, study exploration in Panama, preparation of a scope of work for the Banana Control Board in Belize, and preparation of a PID concept paper for Guatemala. The original contract specifically stated that 70 months of short term technical assistance would be provided, but includes the provision that this would include assistance to LAC Missions on the design and implementation of financing studies, in addition to other areas of financial policy development, economic analyses and project implementation issues. The variation in interpretation of contractor performance is reviewed in the main report.

Three regional conferences will have been held by the end of March 1988. In addition, a Technical Advisory Group for HCF/LAC has been established and is coordinating actions between SUNY and REACH (S&T/Health centrally-funded contract for health care financing technical assistance).

While the level of professional health care financing expertise has been high, the quality of technical services and studies has varied over the past two years. The outputs have not all been equally acceptable to host governments and LAC Missions. The evaluation team suggests that some degree of variation in host country responses and inequality of technical input by SUNY is to be expected in view of the exploratory nature of health financing studies in the LAC Region. Ideal solutions would be difficult to achieve from the point of view of both external technical advisors and those within the government who must make the ultimate choices.

By mid-project (9/30/87), SUNY estimated expenditures were 54% of the approved project budget of \$2,025,250. By 9/30/88, the estimated availability will be \$324,845.00 for final year operations. Under the terms of the approved revised contract budget (9/15/87), no funds are allocated for a ninth study as envisioned in the original contract. The SUNY proposed final year functional projection includes \$176,000 for salaries, \$101,845 for direct and indirect costs and \$47,000 for Workshop IV. This latest budget, therefore, reflects a shortfall in financing for one study, the final Project Conference, and the level of technical assistance envisioned in the original contract scope of work.

With respect to management, logistics, procedures and processes, the prime contractor has aggressively implemented 8 studies plus the State-of-the-Art Paper. The effort has been managed well in relation to attempts to identify high quality staff and to keep in close touch with REACH which has also provided services in the LAC Region (primarily focused on Child Survival). Management of procedures and processes with the LAC Bureau has been complicated by interpretation of the contract which was insufficiently specific on services to be provided under short term technical assistance. There have also been failures on the part of SUNY to provide timely notice to LAC/DR/HN on changes in contract personnel and salary adjustments.

IV. Principal Recommendations

A. Management Training

The operational recommendations may be summarized as follows:

1. Attention should now be given to assessing and providing assistance in the Eastern, English Caribbean countries not yet visited under the project.
2. Technical assistance in each country should incorporate a mechanism for evaluating the effectiveness of training arrangements and the impact of training on the career path of trained graduates in health administration and management.
3. Workshop results and findings should be published and disseminated to a wider audience of people, beyond those who attended the meetings, and perhaps in more than one format so as to accommodate differing audiences.
4. The new publications--the Boletin, the Spanish section of the Journal of Health Administration Education, and the LAC Region Directory--should be evaluated by AUPHA to determine their readership and the long term requirements for content and financing.
5. Translations of publications into LAC Region languages should be continued; other, outside sub-contracting arrangements should be used to reduce the time demands on core project staff.
6. AUPHA should continue in its efforts to arrange increased availability of training publications in the

LAC Region countries and languages, and should seek innovative approaches to increasing the available supply.

7. AUPHA should continue and even expand its excellent program of USAID Mission contacts to provide guidance on health management training issues and explanations of project services.

The project management recommendations were limited to the following:

- o Input indicators of project activity should continue to be used in project reports to USAID within the present framework, rather than attempting to develop project impact indicators at this stage of the work.
- o A technical advisory group (TAG), as used in many similar USAID projects, appears to be neither necessary nor likely helpful to AUPHA.

Recommendations concerning project scope and funding are as follows:

1. Health services middle management should be given special attention in the project as was recommended by AUPHA, (i.e. a single-country test of self instructional methods for middle management). Further effort should be made in diagnosis to determine underlying inadequacies and problems in middle management training and career path potentials for graduates; and publications of findings of the test and diagnostic work should be completed as soon as possible.
2. AUPHA should prepare and publish guidance to USAID trainers, and employer organizations which takes the form of a synthesis of educational strategies for health management development in USAID countries of the LAC region.
3. New USAID Mission buy-in activities should be permitted for the duration of the project only if additional funding is available for a core staff of at least two people; add-on activities should be approved, especially where they can contribute to greater understanding of regional issues of concern to USAID, including the viability of undergraduate level training and the training needs of middle managers.
4. Project activities in the original work plan should remain the highest priority for completion; additional

activities which may be added with LAC/DR/HN central funds (should they become available) should give highest priority to core staff support for Central America expansion (as discussed above in C3). The full list of potentially valuable additions (as proposed by AUPHA and reviewed by the evaluation team) are recommended in the following priority order:

Critically Important Additions (\$240,000):

- (1) Core Staff Support for Expansion (\$200,000)
- (2) Provision of Strategy Guidance for Health Management Training in the LAC Region (\$40,000)

Valuable Contributions to Key Issues (\$340,000):

- (3) Health Services Middle Management Development (\$150,000)
- (4) Developing Core Libraries (\$40,000)
- (5) Fellowship Program (\$150,000)

Significantly Beneficial but Optional Additional Work (\$130,000):

- (6) Foreign Training in U.S. Institutions Study (\$100,000)
- (7) Management Appraisal Modules (MAPS) Series (\$30,000)

B. Clinical Training

Recommendations may be summarized as follows:

1. Program activities in 1988 and 1989 should follow the order of priorities set forth in the LAC Project Paper, namely to provide: a) technical assistance to Missions with regard to the selection and placement of physicians engaged in primary care programs of direct concern to the Missions in short and/or long term academic training programs available in the U.S. as well as with ICPS preceptors); b) technical assistance by Spanish speaking U.S. physicians, especially qualified to train trainers, who are to participate in short-term continuing medical education programs in LAC countries; and c) short-term preceptorial training in the U.S., of a type to be specified below, for a limited number of trainees (10 to 12 per year) also more clearly specified below.
2. ICPS should be reminded of the specific provision in the Cooperative Agreement (Attachment I - Schedule, Para. F2a.) which states "ICPS will submit an annual workplan, for LAC/DR/HN approval, which includes output targets, financial management information and proposed activities."

3. No less than \$50,000 of funds available to ICPS for the years 1988 and 1989 should be earmarked as a line item budget provision to be employed in technical assistance to the Missions.

This technical assistance should focus on: a) improved selection of candidates for out-of-country training; and b) training and continuing education programs in LAC countries with the aim of extending new technologies and strategies for priority primary care programs.

4. The criteria for selection of trainees for short-term training in the U.S. should be more carefully defined and substantially revised.

These criteria should focus on the needs of A.I.D. sponsored primary care programs for physicians: a) capable of managing programs providing basic preventive services, and b) prepared to train other physicians and health workers in how best to provide high-priority preventive services.

5. Work in the period after 1989, should be supported in the original work plan tasks. Support for promising options for meeting the needs of middle management training in a follow-on project should be considered.

C. Health Care Financing

Recommendations can be summarized as follows:

1. Revise the final synthesis report (State-of-the-Art Paper) and assure that the best available experts are obtained to write the report.
2. Increase direct dialogue and technical assistance for LAC Missions during the remainder of the project in order to permit maximum opportunity for discussion of findings and applications of studies and to be responsive to requests for review of other health care financing issues. Such technical assistance should focus on issues of health care financing for the sector as a whole and not only on the Child Survival focus which is the primary emphasis of REACH.
3. A ninth study may be considered for the final year, subject to the availability of contingency funding and A.I.D. Contract Office, the LAC Bureau and Mission approvals. In view of the existing eight studies plus

the State-of-the-Art Paper, a ninth study is not critical to the original purpose of the health care financing project.

4. Plan for the continuation of LAC Regional Support in health care financing beyond 1989. The basic problems of sector financing are continuing constraints to progress in health. Efforts should be made to design a new Regional activity which takes into account the prevailing experience of other international organizations working in the same area.

V. Lessons Learned

For all three project components, the major lesson learned has been that effective utilization of technical and project services depends on continued dialogue between the contractor and the client LAC Mission or host country. Regional projects, based on the premise of equal access to all Missions, depend on the degree to which LAC Missions and countries are fully aware of the opportunities and rationale for project action. While endorsement may be provided by the LAC Bureau in Washington, the burden of responsibility for effective communication must lie with the approved contractor.

MID-TERM
EXTERNAL EVALUATION
OF
TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH PROJECT
COMPONENT FOR MANAGEMENT TRAINING
(Association of University Programs in Health Administration)

Project Number: 597-0006/598-0632

Cooperative Agreement Number: LAC-0000-A-00-5102-00

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1. PURPOSE OF ACTIVITY EVALUATED

A. What is the Problem Being Addressed?

Problems of management now facing the health sector in Latin American and Caribbean (LAC) countries in many ways are more acute in the Region than elsewhere in the developing world due to several unique forces at work. The ineffectiveness of management stands as an obstacle in efforts to deliver services for Child Survival, in reforms to decentralize organizations and control recurring costs in massive hospital systems found throughout the LAC Region, and appeals to find new sources of health sector funding, which were eroded by recently climbing debt levels burdening LAC country economies.

The management personnel assigned to operate the offices and sections of health ministries, social security organizations, hospitals, clinics, and outpost health stations are mainly untrained or undertrained in management, are under-supported by supervising agencies, and are unrecognized as having or needing special skills for their work. Many of the people at senior levels of LAC health organizations are physicians who may also carry-on clinical practices in their medical specialties. At the middle levels of management, duties in the specialized work of finance, logistics, statistics, supply, and computing often are assigned to people who were prepared for their work with secondary school education and on-the-job experience. As resources become more scarce to support the health sectors of LAC countries, it is becoming critical to direct concerted action toward strengthening health management training institutions and the networks whereby they can gain from each others' innovations.

Large-scale attention to the problems of management in the health services of Latin America and the Caribbean during the past twenty (20) years has succeeded thus far in establishing a core group of dedicated but largely isolated training programs scattered around the Region. A combination of outside grants from North American sources, including the W. K. Kellogg Foundation and USAID, and local initiative provided these institutions with a starting-point. The programs throughout the Region use largely part-time faculties, which often teach highly descriptive courses based on North American service concepts. The progress made in the Region, relative to other parts of the world, has been great. Significant problems remain to be solved in improving the effectiveness of existing teaching programs and filling the gaps which present training resources now miss (Conferencia Latinoamericana . . . , 1967).

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B. What is the Technical Solution?

The project seeks to strengthen and extend the supply of health management training resources in the LAC Region countries through technical services provided under a Cooperative Agreement with the Association of University Programs in Health Administration (AUPHA). At its core, the technical solution depends on AUPHA as a catalyst in providing carefully controlled inputs of information, communications network enhancements, and expert advice based on its essentially unique role in the field.

Founded in 1948 as a nonprofit consortium of North American educational programs in health administration, AUPHA evolved as the world-wide focal point for communication among educators, managers, and policy-makers concerned about developing the capabilities of those who manage health sector institutions. Membership among training institutions now numbers over 450 and nearly 25 programs from Latin America are affiliated. Many other programs in Latin America and elsewhere are unable, except with outside funding such as that provided by the project, to maintain contact with the network provided through AUPHA.

Project activities are addressed to the immediate and long-term aspects of the problems facing training programs. Work under the project is divided among nine (9) activities as given below in Table 1.1. Project activities are arranged to complement existing AUPHA member services provided already to its member institutions and to give special emphasis to USAID areas of priority concern.

C. What is the Intended Purpose?

The project seeks to achieve significant improvement in LAC Region health management training resources by use of a multi-country effort to focus attention on needs and accomplish required changes. The project seeks to achieve "economies of scale, consistency, and improved quality control" in health sector institutions through strengthened training arrangements, especially those focused on middle-management positions (USAID Project Paper, p. 21). The project objectives are given in Attachment A, as stated in the Cooperative Agreement between USAID and AUPHA.

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TABLE 1.1. Project Activities Included in Agreement

Activity 1.	Collect and disseminate information on training centers in the LAC Region
Activity 2.	Collect and disseminate information on worldwide consultants for health administration education
Activity 3.	Provide technical assistance to LAC Region USAIDs, training institutions, and health service provider institutions (2 person-months per year of short term technical assistance)
Activity 4.	Coordinate health management training needs of individual trainers requiring courses or degree programs outside their own country
Activity 5.	Enhance the communications network of educational and service institutions throughout the LAC Region
Activity 6.	Conduct seminars and workshops on key areas of health administration education (approximately 2 per year, convened in LAC Region countries)
Activity 7.	Establish or expand publications focused on problems and concerns of LAC Region training institutions (in Spanish language), including: a newsletter, the <u>Journal of Health Administration Education</u> , monographs and reports, and bibliographies
Activity 8.	Expand the existing LAC Region collection of curricular materials, training plans, and health sector analytical documents in the central AUPHA Resource Center in Arlington, Virginia
Activity 9.	Arrange necessary support activities to meet project requirements for logistics, communications, office and conference space, and financial and publications management.

D. Does the Project Activity Address USAID Strategy?

The USAID strategy for the LAC Region contains a strong emphasis on primary health care in countries with infant mortality rates of more than 50/1000 as well as attention to other health problems affecting infants and children. In addition, the strategy gives attention to those communicable diseases which affect the productivity of the adult population. Management improvements of health delivery systems are being pursued in the LAC Region where past investments are at risk of being lost due to low levels of economic growth, economic austerity programs, and the like.

Throughout the LAC Region, repeated failures have been experienced among primary health care programs in their attempts to establish adequate central management support programs. The lack of adequate transport, logistics, maintenance, supervision, and related management capacities frequently has resulted in greatly diminished progress of primary health care efforts. Individual, bilateral management improvement projects were initiated in several countries of the LAC Region to remedy problems with these inadequate support systems by use of technical assistance advice.

The present project does address the LAC Region strategy and offers a long-term solution through investment in the core training resources of the host country institutions. Rather than attempting further individual problem solving by projects aimed at stop-gap training and technical advice, the present project is directed toward a sustained training strategy with an emphasis on greatly expanded mutual assistance among LAC Region trainers and their institutions.

The newly developed Central American Health and Nutrition Strategy (Approved February 1988) contains a separate element focused on management training. A two-year effort to identify problems and options for solutions in health management/administration training is to be followed by institutional development activities. The project already is providing assistance to the surveys in Central America as part of the first phase of the strategy.

E. What are the Constraints?

The project component in health management training was addressed to five (5) interrelated constraints facing the region (USAID Project Paper, 1985, pp. 14-15):

- (a) Design of existing training programs is unsystematic, often ignoring the need to match supply and demand in the labor market place.
- (b) Training programs are narrow and lack integration among fields of health services delivery [including epidemiology], public administration, and business management.
- (c) Quantity of trainees graduating in the region is too small due to the lack of fellowship support and the impractical and unrealistic nature of many present curricula and teaching procedures.
- (d) Central focus of nearly all training programs is on the senior management level, leaving mid-level managers isolated and without legitimized professional

development prospects. As a corollary, curricula offered throughout the Region have largely ignored the mid-level management specialties in: finance, logistics, pharmaceuticals and supplies, transport, supervision, manpower analysis, facilities management, and vertical program and project management.

- (e) Weak management systems in health ministries and other major health provider institutions inhibit officials from recognizing and articulating the depth and significance of their management problems.

The opening of the decade of the 1990's will find managers, policymakers, and users of the health services in these countries facing some of the greatest challenges yet seen as the health workers and provider institutions confront shortfalls in funding of massive proportions (Akin, Birdsall, & de Ferranti, 1986).

Added to the above five (5) areas of concern should be a sixth constraint, which has evolved to become critical since the project was designed and implemented:

- (f) Severe constraints on financing of all health services throughout the Region are placing difficult challenges on policymakers and managers to maintain adequate preventive and promotive services while curative services consume ever larger proportions of available resources. Health sector funding in a particular country may or may not continue to be provided at levels which are proportionate to the gross national product (GNP), but GNP is declining in several countries thereby making the situation much worse.

This sixth constraint challenges health sector managers to develop and implement complex financial and organizational arrangements largely untried in these countries or elsewhere, including: cost containment and cost recovery, demand assessment and market research, prepayment and capitation payment funding, entrepreneurial and incentive reward systems, decentralization of management, and reorganization of roles played by private and public sector health institutions. The central focus of the project is not changed by the addition of this sixth constraint, but experts in the field agree that the urgency with which progress is needed in developing improved training capacity has risen dramatically in the face of the difficult financial realities of the sector and the Region.

Mirroring the financial problems faced by educational institutions throughout the developing world, there is a continuing problem maintaining the financial stability of the existing training resources. Numerous efforts to create additional or alternative networks among these parties have consistently

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foundered due to lack of resources to fund information flow, meetings, or other forms of contact. Without the resources and catalytic forces creating isolated pockets among Latin American sub-regions, there may be little or no interaction among those few people engaged in health management training within a particular country. They end up talking largely to themselves. Given the extremely small base of institutions now in place, such isolation and lack of interaction is of itself a continuing cause for ineffective reaction to local and national needs for improved training.

2. PURPOSE OF EVALUATION AND METHODOLOGY

A. Why was the Evaluation Undertaken?

This evaluation covers the first two years of a four-year life of project. The evaluation includes within its terms of reference a requirement to review the project design, determine whether implementation has facilitated attainment of the project's objectives, and provide recommendations for improving performance or modifying project direction.

As a mid-project evaluation, the specific objectives required of the evaluation team by the terms of reference were as given in Table 2.1, below. These evaluation components were investigated during the four-week period of activity for the evaluation team's work in February 1988.

TABLE 2.1. Mid-Term Evaluation Terms of Reference

- (1) Evaluate the appropriateness of the design of the project components in terms of usefulness to the LAC Missions and cooperating countries.
- (2) Review and evaluate the attainment of purpose-level achievements for each project component.
- (3) Review and evaluate management and logistics procedures and processes for the project components.
- (4) Review and evaluate the products.
- (5) Review the budgets for each project component.
- (6) Review the Price Waterhouse report on financial management and discuss in terms of overall project management.
- (7) Review the procurements, subcontracts, etc., procedures under current agreements and discuss in terms of project management.
- (8) Review the suggested evaluation questions provided by each contractor/grantee in preparation for this mid-term evaluation.

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B. Methodology

The evaluation was conducted to ensure that the required areas of investigation were examined using techniques that could provide valid and useful results. Studies specific to the Management Training Component of the Technology Development and Transfer in Health Project were conducted by Robert C. Emrey.

The methodology started with reviews of all file documentation in the LAC Bureau, including cable traffic, correspondence, contractual documents, and reports. Interviews were conducted in person and by telephone with individuals participating in the project. People interviewed included cooperating agency (that is, AUPHA) officials, USAID officers in Washington and LAC Missions, participating training institutions, and AUPHA-institution faculty members. In addition, experts in the field of health administration education in Latin America and the Caribbean were contacted for advice and perspectives on the project and problems faced in implementing the work plan of AUPHA. These discussions included individuals at the World Bank and W. K. Kellogg Foundation. A cabled questionnaire was sent to all LAC Region Missions and Representatives requesting their insights concerning the project and its progress. Finally, a variety of related studies, conference discussion proceedings, and related materials was reviewed to identify available technologies potentially useful to those implementing the project and to discover additional issues requiring attention during the evaluation.

A complete list of documents produced by AUPHA during the project is provided in Attachment F to this report, together with a list of other documents consulted during preparation of the evaluation findings. A complete list of persons contacted in person and by telephone during the evaluation is provided in Attachment G to this report.

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3. FINDINGS AND CONCLUSIONS

A. Appropriateness of Design

In terms of usefulness to LAC Missions and cooperating countries, the project is well designed and planned. Missions have made numerous requests for services; network and information dissemination activities have attracted a wide range of participating individuals and institutions; and experimental approaches to education are under development. Only one instance was found where project activities were curtailed after being initiated by a USAID Mission. The case identified was that of USAID/Ecuador, where a change in Health Officers resulted in a decision to curtail project activity initiated under the former Officer. The newly arrived Officer said in an evaluation interview that his priorities for the Mission program had led him to de-emphasize the activities involving the project, but that he had no reason to doubt the competence or potential usefulness of the project work under appropriate circumstances.

Two areas where the overall design of the project placed a limitation on activities of AUPHA deserve some attention. First, there is the issue of providing project support for visits of LAC Region trainers to the U.S. for short periods of time. At several points in the evaluation, there was mention of the limitation placed under the present design on the development of such tutorials or study visits to U.S. institutions.

Second, the development of experimental training activities is not now a part of the project design. In the case of Colombia, USAID Mission officials have arranged to add funds for a "buy-in" to cover the technical assistance aspects of these efforts for Universidad del Norte at Barranquilla. In other cases, work on high priority areas of concern in training program methods, curriculum development, and related matters have been limited or eliminated due to lack of agreement on sources of funds outside those programmed in the original project design. Extensive discussions in the Dominican Republic, for example, led to broad agreement on the usefulness of an experimental model for middle-level training based on earlier work done in Mexico.

B. Attainment of Contracted Purposes and Objectives

The operating experience in two years of activity demonstrated the wisdom of establishing a broad mandate within the project cooperative agreement. The design encouraged a catalyst role for AUPHA in conducting its several work elements. Participating countries, USAID officials, and training institutions were to make progress toward strengthened training capacities within

their own perceived needs and capabilities. The evaluation identified numerous instances where AUPHA's Project Manager was highly successful in serving as catalyst for action to strengthen training activities in host countries. Through his discussions with LAC Region Mission officials, he was able also to establish for them an improved frame of reference for use in identifying management training needs and available resources within the host country programs.

The project personnel consist of the full-time Project Manager and secretary and the part-time services of the President of AUPHA and the Resource Center librarian. They have succeeded in accomplishing all of the required technical assistance visits (2 person months per year), workshops (approximately 2 per year), and publication preparation and dissemination activities. The requests presented for additional services in host country institutions were numerous, and additional requests can be expected. The list of requests under consideration at the time of the evaluation is given in Attachment C.

The requests for additional technical assistance beyond the original Action Plan to be accomplished in the coming two years cannot be accomplished within the present capacity of the AUPHA staff. Under the arrangements used during the first two years, several experts from AUPHA member institutions have also participated in the technical assistance activity. Even coordination of such additional consultant advisors would require greater staffing than is presently available under project personnel.

C. Management and Logistics Procedures and Processes

Management relationships among the parties to the project appear to be working well. The project tracking arrangement consists of quarterly progress reports together with frequent meetings between the USAID Project Officer and project personnel. A successful working relationship is reported by all USAID Mission personnel contacted for the evaluation. The AUPHA Project Manager has been highly conscientious in providing information to USAID/Washington and Mission personnel; in notifying interested parties concerning travel plans, clearances, and briefings; and collaborating closely with host country personnel in plans for workshops and technical assistance. The project secretary has demonstrated a high degree of competence in ensuring that records and requests required for USAID/Washington and Missions are prepared properly and presented on a timely basis.

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D. What were the Products?

The products of the project aim at strengthening the network of training programs in the LAC Region and consist of meetings, publications, and other communications originating in the three basic areas of attention addressed by the project:

- (1) Assessments of host countries needs and resources.
- (2) Workshops and conferences concerning key problem areas.
- (3) Technical assistance to host country institutions.

The progress to date in development of products meets the requirements of the original project agreements and work plan.

Assessments.--The assessments conducted throughout Latin America and the Caribbean were prepared by the Project Manager, Dr. Bernardo Ramirez. He brought to the assessment process many years of experience in assessing training resources in Latin America, most recently as expert advisor to the W. K. Kellogg Foundation for the extensive tenth year evaluation of their ten (10) PROASA Advanced Health Administration Education Programs in Latin America and the Caribbean. Beginning in February 1986, he succeeded in conducting detailed assessment visits in the 12 countries (see Table 3.1, below). The products from these visits are to be measured both in terms of their contribution to the network of communications among providers and users of training as well in the written materials that were developed. As a result of these visits and a written questionnaire survey distributed prior to beginning the process of assessment, a total of 88 programs has now been identified and documented in the LAC Region. These efforts were culminated in the publication of the AUPHA directory of programs in the LAC Region (Educación en Administración . . . , 1987, which contains detailed descriptions of each training program listed.

TABLE 3.1. Country Management Training Assessments Completed

Belize (December 1986)	El Salvador (November 1987)
Bolivia (July 1986)	Guatemala (July 1986 and November 1987)
Brazil (April 1986)	Haiti (March 1987)
Colombia (February 1986 and August 1987)	Mexico (March 1986 and September 1986)
Costa Rica (April 1986 and November 1987)	Panama (April 1986)
Dominican Republic (February 1986 and August 1987)	Regional Office for Central America and Panama (ROCAP) (July 1986 and December 1987)
Ecuador (February and August 1986)	

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One important if not unexpected conclusion from the assessments is that there remain vast differences in the needs and the state of health management training development among the LAC Region countries. The countries with the earliest experience in this field of training--including: Mexico, Brazil, Argentina, Colombia, and Venezuela--stand-out in sharp contrast to other countries of the region in the availability of resources to conduct this training. These countries now have a highly elaborated system of training institutions and much greater depth of faculty than is found elsewhere. On the other hand, even these countries shared in the general lack of local support for continued development and expansion of training capacity found throughout the LAC Region. Only a handful of the 88 programs identified in the LAC Region can rely on the services of full-time faculty members. The rest must operate with the participation of a variety of part-time instructors, who often spend most of their time in day-to-day management posts or clinical practice.

Workshops.--The workshop activities of the project constituted an opportunity again to expand the network of contacts among LAC Region trainers, providing them with an opportunity to observe new training processes and meet fellow trainers. There have been four (4) workshops convened-- in Mexico, Colombia, Dominican Republic, and Costa Rica --up to the time of the evaluation. Details of the workshops are given in Table 3.2, below. A total of 114 individuals from a total of 13 countries in the LAC Region have participated in the sessions. In addition, faculty members representing 7 U.S. universities participated in one or more of the workshops. Representatives of USAID Missions have participated in each country where there was a workshop, but to date there has been no participation by USAID/Washington officials in the project workshops. As follow-up to the sessions, published proceedings have been prepared for the meeting in Colombia and others are reported to be in preparation. In summary, it can be noted that the meetings were highly successful in achieving their purpose of extending and deepening the discussion of needed changes in approaches to training.

The workshops highlighted many realities of the supply and demand for health management personnel in the region. Two emerging areas of concern on the supply-side which emerged from the workshops deserve continued attention within the project: undergraduate education and training for project management. One concern on the demand-side stands out from the workshops: there is no accepted career path for graduates of training programs in the Region, excepting for those in-house training programs developed within health ministries or social security institutions.

First, there is a growing respect being accorded to undergraduate education as an appropriate technology to fill many critical gaps in the management capacity of the region, as was highlighted at the work shops in Columbia and

TABLE 3.2. Workshop Topics and Attendance

	<u>Countries</u>	<u>Individuals</u>	<u>Institutions</u>
<u>Mexico (Sept. 1986)</u>			
Topic:			
Health Svcs Admin.			
Main Meeting	4	26	20
Small Group		20	6
<u>Colombia (Nov. 1986)</u>			
Topic:			
Hospital Admin.			
Main Meeting	12	24	21
Small Group		10	6
<u>Dominican Republic (Sept. 1987)</u>			
Topic:			
Undergraduate Educ.			
Main Meeting	11	23	19
Small Group		30	16
<u>Costa Rica (Dec. 1987)</u>			
Topic:			
Project Management			
Main Meeting	6	11	8

SUMMARY STATISTICS CONCERNING WORKSHOPS

Total Individuals: 114Total Countries: 13

Argentina	Costa Rica	Mexico
Bolivia	Dominican Republic	Panama
Brazil	Ecuador	Peru
Chile	Guatemala	Venezuela
Colombia		

Total U.S. Universities: 7

Clark University	Univ. of Kentucky	Quinnipiac Coll.
Univ. of Missouri	Univ. of Puerto Rico	Case West. Res.

the Dominican Republic. Higher education in North America emphasizes the pursuit of a master's degree or doctorate for professional practice in management of health or educational services. Unlike this post-World War II emphasis in U.S. and Canada, Latin American and, to a large extent, Caribbean institutions have developed their higher education patterns after the Continental Europe models. The basic European degree is the License, which provides a highly respected undergraduate preparation for professional work in five years of study. The Licenciatura de Administración de Empresas throughout the LAC Region stands for respected, competent preparation in management. After nearly 25 years of emulating North American degree models and career paths in training senior level health administrators, there is an opening now to consider undergraduate education for middle-level managers in health services. Among the programs identified as leaders in undergraduate education for health administration are the following:

- (1) Universidad Católica Madre y Maestra, Dominican Republic
- (2) Centro Sao Camilo de Desenvolvimento em Administracao da Saude, Sao Paulo, Brazil

Second, project management as an area of training activity has had a long existence in the health sector and elsewhere (Bainbridge & Sapirie, 1974). Two schools of thought were identified during the workshop on project management in Costa Rica:

- (a) training for project management may serve as a stepping stone to more advanced and complex responsibilities in health administration; additional training may follow upon the completion of initial project tasks and exercises; or
- (b) training for project management is an independent, self-contained body of management practice, which merits study in its own right and for which there can and will be an identifiable career path involving projects to be managed of increasingly greater complexity.

Additional study and discussion will be required to provide a full appreciation of the merits in each of these two approaches. The project is engaged through its technical assistance with the Universidad del Norte in Barranquilla, Colombia, in experimental arrangements of a type (a) project management arrangement.

On the demand-side of training, the four workshops have augmented the limited data available on the labor market for graduates of health administration training programs in the region. The workshops highlighted the concern that even in

countries where there is mandatory licensing of health facility managers, the rules are nearly always ignored or exceptions are made. Furthermore, unlike the extensive record keeping that is done on graduates of colleges and universities in North America, very little data, if any, are kept on the whereabouts and career experiences of graduates in the Region. Even among the largest and oldest master's degree programs for health administration in the LAC Region, only a few if any conduct surveys or otherwise provide follow-up and continuing education programs for former students.

Technical Assistance.--Technical assistance products cover a wide range of areas, representing the diverse interests of each of the host countries. A summary of the countries in which technical assistance activities have been implemented thus far is given in Table 3.3, below. These efforts in technical assistance largely involved direct visits by project staff members or other experts to assess faculty requirements, develop curricula, select instructional methods, or assist trainers in their role as students for advanced study.

The PASCAP assessment of management training activities is directed toward supporting a joint USAID/PAHO survey of management education needs in Central America and toward development of options for use by USAID in institutionalizing management training in Central America.

The supply of publications, such as books, journals, and newsletters, needed by health management training institutions in the LAC Region is much too small. AUPHA has inaugurated several publications under the project to serve the needs of trainers. The Boletín Latinoamericana was started with project funds and to date has been issued six (6) times. A Spanish language section to the Journal of Health Administration Education has been initiated, containing highly useful articles appropriate to the needs of LAC Region trainers. Other publications, such as bibliographies needed by trainers, are being planned. Also, as mentioned above in the section on assessments, a complete directory in the form of a paperback book has been published summarizing the 88 LAC Region training programs and their curricula. A follow-on second edition of the directory is planned at the end of the project, incorporating the large amount of new and revised data collected since the first edition was prepared. All of these publication efforts are aimed to satisfy the project objective of increasing the cohesiveness of the network of health administration education programs throughout the Americas.

It is noted that six (6) countries have not been visited by AUPHA project participants nor have they requested specific technical assistance (see Table 3.4, below). Throughout the project, the distribution of publications, including newsletters

TABLE 3.3. Countries Receiving Project Technical Assistance

Belize (1987)	Ecuador (1986, 1987, 1988)
Bolivia (1986)	El Salvador (1986, 1987)
Brazil (1986)	ROCAP, Guatemala (1987)
Colombia (1987)	Haiti (1987)
Costa Rica (1986, 1987)	Mexico (1987)
Dominican Republic (1987)	

TABLE 3.4. Countries Not Visited or Requesting Project Technical Assistance

Barbados	Paraguay
Honduras	Peru
Jamaica	Uruguay

and directories, has included all USAID Missions and Representatives and host countries institutions in these six countries.

E. Budget Review

The project budgeted and actual expenditures are given in Attachment B to this report. The total funds of \$1,008,172 are programmed over the four years to permit increased activity in each of the first three years, with a considerable decrease in funded activities in the final, fourth year. At the end of year two of the project, the AUPHA had spent \$474,988 or 47.1% of the total budget, and there was adequate funding available within the existing budget to complete the assigned work. The level of effort for personnel is being delivered at rates anticipated under the project agreements. The percentage in year two of actual expenditures for Central America was: 31%, beginning at the time AUPHA was notified to separate its accounts for Central America work and covering the work done during the second project year.

To their additional credit, it is noted that AUPHA has operated the project under a voluntary sharing of indirect costs with USAID, whereby they agreed to a substantial reduction in the Federally-approved indirect cost rates that are applied to expenses of this project.

The Price Waterhouse draft report on AUPHA financial procedures, reporting investigations under a blanket USAID contract to review current contractor financial performance and made during 1987, was reviewed during the evaluation. The aspects of that

report which pertain to AUPHA appear to be quite minor and easily remedied matters of record keeping and reporting. Several of the recommendations concerning the AUPHA project are directed to USAID/Washington officials in their capacity as project monitors, suggesting amendment of the existing agreement to require certain reports. One recommendation in their report concerned the adoption by AUPHA of certain serial-numbered forms for processing of expense records within the AUPHA internal accounting system. This one recommendation appears to offer very little benefit in financial accountability to the Association or to the Federal Government, while adding a considerable, potentially costly burden to the accounting personnel of AUPHA. Inasmuch as the Price Waterhouse report has been neither reviewed by USAID/Washington officials nor transmitted to AUPHA for comment, it is not known at the time of this evaluation the degree to which USAID will accept or reject the recommended actions in the report.

The remaining significant financial issue concerns the allocation of additional contingency funds to the project for purposes of expanding its efforts within the current scope of work. Two types of activities are included in this area: Mission-funded buy-ins and centrally-funded buy-ins. The proposed Mission buy-ins total approximately \$655,000 and is summarized in Attachment C. A series of proposals was made by AUPHA in varying degrees of formality over the last months of 1987 and early 1988. These proposals total \$1,033,500 and are summarized in Attachment D. Additional details are presented in Attachment E for an unsolicited middle management training proposal, prepared by AUPHA and transmitted to LAC/DR/HN on May 27, 1987. The total amount given above includes funds proposed for the Developmental Phase of two years for the middle management program but not for the Implementation Phase. Additional discussion of these proposals is provided in the section below concerning Recommendations.

F. Contract Procedures Under Current Agreements

The project is contracted under a Cooperative Agreement with AUPHA, which was awarded on the basis of a predominant capability by AUPHA, owing to its unique role in the field of health administration education. AUPHA presently and in the past has administered numerous Federal grants and contracts and, therefore, has established procedures for conducting its activities in accordance with Federal requirements. There is no evidence from discussions with USAID and AUPHA officials that management problems have arisen from the contracting arrangements now in place.

G. Issues Raised by Contractor Evaluation Questions

AUPHA project participants developed, prior to the beginning of the evaluation, a series of questions to guide evaluation interviews. The questions were arranged around the three specific objectives of the project. The questions were incorporated into a larger set of questions which guided the evaluation process. None of the questions submitted by AUPHA raise contracting or implementation issues which are not accounted for elsewhere in this report.

H. Progress in Required Project Activities

Activity 1.--Information on Training Centers

Task Requirement.--Collect, publish, and distribute guides to LAC health management training resources to host country health care institutions (e.g., Ministries of Health, Social Security Institutions), and health management training institutions. Distribute current edition of such directories of U.S. health management training resources to same groups. On request, provide additional information regarding such training resources, or make appropriate referral to a source of such information [per Cooperative Agreement].

Findings.--Questionnaires, field interviews, and document reviews were completed and incorporated into First Edition of LAC Directory. Only about 20 completed Institution Questionnaires were returned for use in the LAC Directory. A total of 88 LAC, Spain, and Portugal programs were identified and described. Distribution of the 1987-88 LAC and U.S. guides has been completed. A revised and extended Second Edition of LAC Directory is proposed to be prepared. In addition to the directories, the AUPHA data resources about LAC supply and demand for health management education and training (including country and program assessments) are both valuable and unique in the field. Aside from articles in the Boletín, these data resources are largely unavailable to USAID and host country officials concerned with future LAC needs (see recommendations, below).

Activity 2.--Information on World-Wide Consultants for Health Administration Education

Task Requirement.--Establish and maintain an index of U.S. and LAC specialists with health management skills [per Cooperative Agreement].

Findings.--Nearly 1500 forms for the consultant index were distributed but few completed forms were returned. A total of 150 specially selected consultants available to assist training

programs are registered in the computer data base. Questionnaire forms appear to request relevant, useful indicators for use in identifying consultant advisors. The computer data base as yet is not programmed to facilitate recovery of data or of summary reports.

Activity 3.--Technical Assistance

Task Requirement.--Provide up to 2 person-months of site visits per year to training institutions or host country institutions to assist in identifying and defining health management training or technical assistance needs [per Cooperative Agreement].

Findings.--The overall level of effort in site visits matches nearly exactly the required 2 person-months per year for Project Years 1 and 2. The purposes of the site visits include: observation of training programs, consultations with USAID officials, arrangement of follow-on training program consultations, and preparation of workshops. Present commitments of Project staff for work in Colombia, Costa Rica, Ecuador, Haiti, and the Dominican Republic appear to be greater than available staff can handle. No visits have been made under the Project to Jamaica or the Eastern Caribbean countries.

Activity 4.--Coordination of Health Management Training Needs

Task Requirement.--Assist in matching health management training and site visit needs and training programs or specialists [per Cooperative Agreement].

Findings.--Student placements have been arranged for students (as training of trainers) in Colombia, Haiti and Belize. Mailing lists have been prepared to inform interested groups in Embassies about health management education programs. The process of coordination appears to be working well.

Activity 5.--Establish Network of Educational and Service Institutions Throughout the Region

Task Requirement.--Enlarge and maintain the network of LAC and US health management training institutions, and MOH's and Social Security Institutions in LAC [per Cooperative Agreement].

Findings.--Numerous meetings, mailings, and items of correspondence have been developed to enlarge and maintain the network. The network thus far appears to concentrate on educational much more than service institutions. As was planned, the major

efforts in this Activity are expended within other components of the Project and the benefits of those components accrue to this Activity.

Activity 6.--Seminars and Workshops

Task Requirement.--Annually, carry-out either a region-wide workshop or a combination of smaller sub-regional workshops or topic-specific seminars. Reports on such workshops or seminars should appear in the newsletter described below [per Cooperative Agreement].

Findings.--Important workshops have been held as follows:

1. México (September 1986)
2. Javeriana University, Bogotá, Colombia (November 1986)
3. Dominican Republic, Santiago de los Caballeros (September 1987)
4. Instituto Centroamericano de Administración Pública, San Jose, Costa Rica (Dec. 1987)

Wide participation from throughout the Region has been encouraged for each Workshop. Only locally available USAID officials have participated in the Workshops. In addition, the participating institutions have assisted in preparing documentation of the findings from the workshops. Additional workshops are proposed for the remaining Project life in the following areas: Technology Assessment for Health Managers and Project Management Training Techniques.

Activity 7.--Publications

o Newsletter

Task Requirements.--Prepare and distribute a semi-annual newsletter on health management training to the LAC members of the network. (Newsletter may be made available at cost to U.S. health training institutions.) [per Cooperative Agreement]

Findings.--Six issues of a professional bulletin have been prepared and distributed to LAC institutions and individuals. The frequency of publication is approximately quarterly. No data were found to be available concerning actual readership or reaction of reader population.

o The Journal of Health Administration Education

Task Requirements.--Distribute AUPHA periodicals (such as the Journal of Health Administration Education) and special reports to LAC network members quarterly. Translate summaries of principal articles into Spanish and include them in the JHAE [per Cooperative Agreement].

Findings.--Professional articles of interest to LAC network members are translated and published on a regular basis. Especially important in this respect was the publication in Spanish of carefully selected articles from back issues of JHAE describing other health management educational programs world-wide.

o Monographs and Reports

Task Requirements.--Not included in Cooperative Agreement tasks.

Findings.--No products from this effort were identified. (Note: The Directory of LAC training programs was published under the project and is described above under Activity 1)

o Bibliographies

Task Requirements.--Publish and distribute to LAC members of the network two bibliographies on health administration education [per Cooperative Agreement].

Findings.--No products from this effort were identified.

Activity 3.--Resource Center

Task Requirements.--Expand and maintain a reference collection of teaching materials [per Cooperative Agreement].

Findings.--Systematic collection and storage of teaching materials has continued for a period of several decades at AUPHA. The Project Trips have increased the stock of LAC materials greatly during the past two years. The materials are well organized by country and program. There is no index or classification of LAC teaching materials. There is no entry-point available to users which is organized by topic or type of instructional methodology. During the balance of the project, it is proposed to identify, purchase, and distribute under the Project a specially-prepared Basic Teaching Collection of books and materials for 30 LAC teaching programs in USAID countries (see also Recommendations, below).

Activity 9.--Support Activities

Task Requirements.--No specific tasks are given in the Cooperative Agreement.

Findings.--A complete office for the Project has been prepared, including professional and secretarial staff, office equipment and furniture, two personal computers and a printer, and related filing equipment. Regular quarterly reports are being prepared to demonstrate progress and identify obstacles encountered. The quarterly reports contain also a set of indicators of work accomplished during the past period.

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4. RECOMMENDATIONS

A. Recommendations Concerning Operational Activities

The following comments are based on the evaluation review of project activities during the first two years of a four-year agreement. The comments present recommended courses of action for consideration by USAID and the project participants. These recommended actions are believed by the evaluation team to have little or no budgetary impact involved with their implementation. The order of presentation is not meant to suggest any particular priority levels for these actions.

1. Attention to the Caribbean. The special needs in management for the health services of the Eastern English Caribbean countries and Jamaica are well-documented within the field. While AUPHA has maintained channels of communication with these island countries and provided project materials on a regular basis, up to now there have been no requests for service from these countries to the project. The evaluation recommends: (1) that during the next six (6) months the project conduct an assessment of needs for the countries of Jamaica and the Eastern English Caribbean, using assessment techniques believed to be appropriate in the judgement of AUPHA project managers; (2) that direct contact be made in the next three (3) months to determine what technical assistance, materials, or other project involvement may be of benefit to the existing health administration program at the University of the West Indies; and (3) that results of the assessment and contact with UWI be summarized in a brief but thorough written summary for circulation to USAID/Washington, Caribbean area USAID Missions, and RDO/C.

2. Effectiveness and Career Path Studies. The second half of the project now envisions technical assistance to several innovative training efforts in various parts of the LAC Region. The results of these training activities can contribute greatly to many present gaps in knowledge about effective training program development. The evaluation recommends: (1) that USAID/Washington insist on and AUPHA encourage the incorporation of systematic evaluation arrangements and effectiveness measures within each of the upcoming Mission buy-in training programs, including but not limited to the technical assistance to: Universidad del Norte in Barranquilla, INAP in Costa Rica, and the "non-traditional" training under discussion for the Dominican Republic; and (2) that upcoming workshops under the project incorporate some discussion to issues and methodologies for determining instructional effectiveness and the market demand for training program graduates.

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3. Dissemination of Workshop Results. The project workshops provided numerous benefits to those 114 people who were privileged to attend. The workshop information dissemination arrangements have been left in the hands of the host institution to arrange. AUPHA has taken a role in summarizing the workshops in their quarterly journal, but the evaluation team considers these efforts to be insufficient to ensure the necessary dissemination required throughout the LAC Region. The evaluation team recommends that AUPHA take the lead in arranging full and complete documentation of the workshop results, organizing them for publication in several forms for use especially by: trainers of management personnel in the health sector and other sectors of each country (Spanish); USAID officials throughout the Region (English); and health service provider and financier institutions and professional societies involved in the health sector of each country (Spanish).

4. Analysis of Publication Effectiveness. The evaluation team considers the newly inaugurated Boletín Latinoamericana, Directory of LAC country training programs, and the new Spanish language section of the Journal of Health Administration Education, produced under project funding, to be major contributions to the development of the field. The highly readable and professional quality of these publications demonstrates a commitment by AUPHA to high standards of communications excellence. Having commented on the publications, the evaluation team remains concerned about the size and character of actual readership for the publications as well as their readers' evaluation of these products in terms of usefulness. The evaluation recommends: (1) that AUPHA develop and implement during the next six (6) months a brief but thorough investigation of the actual readership and readers' evaluation of the Boletín, Directory, and Spanish section of the Journal; (2) that results of the evaluation be used in considering possible revisions to format and content of the publications; (3) and that AUPHA investigate possible approaches to achieving outside financial support, if necessary through expanded readership, preferably from within the LAC region, for publication of the Boletín after the close of the project.

5. Decentralization of non-English Translations. The continuing need for greater availability of non-English materials (Spanish, French, and Portuguese) has worsened in recent times. Much of the problem is due to an unwillingness of international publishers to confront numerous problems related to the shortage of foreign exchange within the LAC Region. The high level of energy given by AUPHA to preparing Spanish translations of documents important to LAC Region trainers in the field is to be congratulated. Nonetheless, the evaluation team is concerned that translations should be prepared using alternative means which do not require time of the small core project staff. The evaluation recommends: (1) that AUPHA consider expanding its use

of faculty participants from the LAC Region in preparing translations for AUPHA publications; (2) that in the short term AUPHA consider expanding its present limited use of local translators and the PAHO machine translation (English to Spanish) system serving the international institutions in the Washington area; and (3) that AUPHA investigate the costs and benefits of expanding non-English translations to include also French and Portuguese in some of its key publications related to the LAC Region, perhaps by involving faculty of training institutions in Haiti and Brazil.

6. Developing Innovations in Publishing. AUPHA has moved vigorously to address the grave problems stemming from the lack of available health management publications in the international market. A joint venture between AUPHA and the Pan American Health Organization is near to being arranged with the urging of AUPHA. As a corollary to the previous recommendation, the evaluation recommends that AUPHA expand and extend its efforts to meet the needs of the training community in the LAC Region by pursuing additional innovative approaches to expanding the publications base. Such approaches could include, among others, redoubling efforts by AUPHA toward encouraging preparation of publishable manuscripts of training materials from the LAC Region institutions and pursuing additional arrangements such as joint ventures for publications in the LAC Region.

7. Attention to Continuing USAID Contacts. Turn-over of USAID Mission personnel is a fact of life in the Region. The evaluation recommends that both LAC/DR/HN and AUPHA continue and even expand its efforts to inform USAID Mission personnel in the LAC Region concerning the essential issues and needs of health administration education as well as of the purposes and services of the project.

B. Recommendations Concerning Project Management

1. Indicators of Project Activity. By common agreement between the USAID Project Manager and AUPHA, a set of indicators showing project activity is prepared for each quarterly report. The present set of indicators includes such items as numbers of meetings attended by project staff, numbers of workshops convened, and numbers of inquiries processed. The evaluation team endorses and recommends continued use of the present set of indicators as being valid, efficient measures of project activity. It is noted that the present indicator set cannot be used realistically to demonstrate progress toward satisfying a project objective. (Also, the indicators were found to be of quite limited use to the evaluation team in conducting its investigations.) Project objectives in this four-year effort have focused on accomplishment of processes seen as critical to establishing a critical mass of networked training sites. Any follow-

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on activity past 1989 should be prepared to attempt work elements involving measurable trainer-and-trainee impacts. Such future project elements might, for example, involve pursuit of measurable changes in penetration of specific career fields by trained graduates. The evaluation recommends that follow-on LAC project activities in management training include project objectives which contain trainer and/or trainee impacts as a direct result of project work.

2. Possible Establishment of Technical Advisory Group.

The evaluation team deliberated on the potential merits of establishing a Technical Advisory Group to the project but came to no firm conclusion or recommendation in this area. The previous USAID/AUPHA project operated with a contract mandatory technical advisory group, which admirably served the needs of that project. The team suggests that an internal AUPHA TAG could be useful.

C. Recommendations Concerning Project Scope and Funding

1. Health Services Middle Management Development. The ambitious proposal to provide solutions for Middle Management Development was noted with great interest by the evaluation team. The evaluation team is concerned, however, that much remains to be discovered concerning the causes of the middle management training problem as well as for the available options that might lead to solutions. The unsolicited proposal submitted by AUPHA in May 1987 was prepared for initial discussions within USAID and can be seen as a starting point for further development of an approach to middle management training (see budget summary in Attachment E to this report). The May 1987 proposal places great emphasis on a particular form of instructional technology, used successfully in Mexico and elsewhere, for individual self-instruction with supervised exercise activities. The evaluation team was not persuaded by the available evidence that such an approach has yet been demonstrated to have the potential for generalized middle level training in all LAC Regions as is proposed by AUPHA. This is not to say that the potential for much progress may not lie in use of such self-instructional technology as part of a broader attack on the problem.

It is recommended that: (1) within the remaining one and one-half years of the project a carefully controlled study be conducted to determine the effectiveness of the instructional methods proposed by AUPHA in a single country (as was described in the AUPHA proposal); (2) that through workshop discussion additional effort be given to further diagnosis of the conditions under which middle management personnel can be given instruction and employers can be persuaded to reward such instruction in various categories of LAC Region countries; (3) that the findings from these two activities be produced in published form for

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distribution to trainers, policymakers, and potential funding agencies including USAID in the LAC Region; and (4) that the funding for this activity within the upcoming two year period be limited to approximately \$150,000 instead of the \$513,500 proposed by AUPHA for the Development Phase of testing and initial application. (For discussion purposes, the evaluation team projected an amount of \$150,000 for the remaining one and one-half year time period, which might be funded largely by funds added-on by an interested USAID Mission.)

2. Provision of Strategy Guidance for Health Management Training in the LAC Region. The evaluation team recommends the addition of an activity which is not now part of project work plans for the remaining time period. It was the conclusion of the evaluators that a gap exists in the available information on strategies for development of training capacity within LAC Region countries. Neither the LAC Region directory produced under the project nor other materials now exist which draw together a coherent picture of health care management education and training for the Region.

What is needed would be a clear, up-to-date summary of the situation with respect to supply and demand for labor in health administration together with needs and strategies for each group of countries. The gap in available guidance is especially acute for AID/LAC countries in Central America and the Caribbean. The guidance should cover obstacles to utilization of training graduates, conditions for using effective instructional techniques in health administration, and a strategy for involvement of funding agencies, such as USAID and others, as well as potential hiring institutions involved in health services delivery. The evaluation team recommends: (1) that a new project task be added to the work plan for 1988 concerning this activity; (2) that if the project can be provided additional funding in an amount to permit the convening of a combination of working meetings and other arrangements be to draw-out the available understandings and guidance to be formulated in practical terms; (3) that such guidance be prepared in the form of a separate, identifiable publication; and (4) that this effort be given a high priority such that wide circulation within the LAC Region can be accomplished at the earliest possible date. (The additional cost of meetings and materials was estimated by the evaluation team to be approximately \$40,000.)

3. Core Staff Support for Buy-in Activities. The project has received requests for technical assistance which far exceed the original funding levels. The requests now under consideration are summarized in Attachment C to this report. The evaluation team recommends: (1) that no additional technical assistance buy-ins be accepted or processed, including those listed in Attachment C, without the additional core staff (1 technical person and 1 administrative person) proposed in

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recommendation 1, above; (2) that if and when additional core staff is funded and available that the additional activities be considered for their contribution to understanding of regional issues of concern to USAID, including programs for developing undergraduate education in health administration and efforts to understand further the role and instructional requirements for middle-level managers; and (3) that consideration be given to requesting buy-ins to provide funds for a proportionate share of core support for project operations (a type of internal overhead charge for the logistical and supervisory role played by the project staff).

4. Expanded Activities for Remaining Two Years. The six (6) proposed areas of additional activity as developed by AUPHA project participants are given in Attachment D to this report. These proposals originated from conversations with USAID and host country officials during the assessment and workshop activities of the project. The six additional activities proposed by AUPHA were as given in Table 4.1, below, including the AUPHA cost estimates.

TABLE 4.1. Priorities for Additional Project Activities as Recommended by AUPHA

1. Health Services Middle Management Development (\$513,500)
 2. Core Staff Support for Central America Expansion (\$200,000)
 3. Management Appraisal Modules (MAPS) Series (\$30,000)
 4. Fellowship Program (\$150,000)
 5. Foreign Training in U.S. Institutions Study (\$100,000)
 6. Developing Core Libraries (\$40,000)
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The evaluation studies considered overall merits of the AUPHA proposals and of the recommended Strategy Guidelines for LAC Region for the period up to the present PACD date of January 31, 1990. The evaluation team strongly urges as the highest priority the continuation of concerted attention to the nine original work plan activities. The evaluation team recommends that additional central funding (if any becomes available) be considered to permit addition of activities and functions to the project in the priority order (with (1) as highest priority) given below in Table 4.2. These priorities are recommended to ensure the availability of core staff to the project organization which will be required to proceed with the Mission buy-in activities now proposed. The evaluation recommends the USAID/Washington consider favorably a transfer of any available project contingency funds to provide resources for the two highest priority items in Table 4.2, below.

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TABLE 4.2. Priorities for Additional Project Activities as Recommended by Evaluation Team

Critically Important Additions:

- (1) Core Staff Support for Expansion (\$200,000)
- (2) Provision of Strategy Guidance for Health Management Training in the LAC Region (\$40,000)

Valuable Contributions to Key Issues:

- (3) Health Services Middle Management Development (\$150,000)
- (4) Developing Core Libraries (\$40,000)
- (5) Fellowship Program (\$150,000)

Significantly Beneficial but Optional Additional Work:

- (6) Foreign Training in U.S. Institutions Study (\$100,000)
- (7) Management Appraisal Modules (MAPS) Series (\$30,000)

5. Work in the Period After 1989. At project mid-point, the activities initiated under the project have made a significant impact already in health management education in the LAC Region. The evaluation team recommends: (1) that the LAC bureau support the proposed funding for an additional period of four (4) years of activity in the original nine work areas of the Management Training Component; (2) that consideration be given to further development of a Middle Management Training Activity through direct field implementation of the two or three most promising options identified for addressing this need during the four years following this project; (3) and that the AUPHA be given continued support as the cooperating agency to implement the continued work of the project, owing to its demonstrated competence and predominant capability in the field of health administration education.

5. LESSONS LEARNED

The main lesson concerning project implementation learned from activities of the first two years is the need for continual renewal of contacts between the project and USAID Mission personnel. This project staff has been especially diligent in its efforts to maintain and enhance such contacts, providing USAID officers with publications, advice, and notifications of upcoming project events. Health management training is only one of a large number of issues requiring USAID health officers' attention; further, some USAID officers having health sector responsibilities are more familiar than others with the technologies, requirements, and pitfalls inherent in the field. The resources required to be effective in such contacts include staff time, printed materials, and a carefully updated roster. Results of the assessment studies were provided shortly after the visits, for use by USAID officials in their work. The cost of such maintenance of Mission contacts is considerable, but a regional project such as this operates on a premise of equal access to project resources that can be fulfilled only where knowledge and opportunity to participate are properly distributed.

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ATTACHMENT A. PROJECT OBJECTIVES

General Objective.—Increase utilization and application of management training for health programs in Latin America and the Caribbean [per Cooperative Agreement]

Specific Objectives [per Cooperative Agreement].

1. Facilitate contacts between consumers of health management training and technical knowledge, such as A.I.D. Missions and host country institutions on the one hand, and training centers and technical specialists on the other.
2. Increase communications between and among U.S. and LAC health management training centers.
3. Assist LAC health management training centers to improve the relevance, applicability, and responsiveness of training offered to LAC needs for health management skills.

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ATTACHMENT B. PROJECT FINANCIAL ANALYSIS

Project Budget*

	Year 1	Year 2	Year 3	Year 4	Total
Personnel Expense	\$ 94,548	\$ 99,500	\$109,000	\$116,000	\$ 419,048
Workshops and Seminars	8,426	57,700	63,874	25,000	155,000
Information/Networking	58,384	70,800	67,816	35,000	232,000
Indirect Costs	<u>40,348</u>	<u>57,000</u>	<u>60,776</u>	<u>44,000</u>	<u>202,124</u>
Total	\$201,706	\$285,000	\$301,466	\$220,000	\$1,008,172

*Project budget includes \$8,188 modification of Cooperative Agreement, dated August 28, 1986, under PTO/T 518-0000-3-60053.

Actual Expenses (August 1985 to September 1987)

	YEAR 1 (1985- 1986)	YEAR 2 (1986-1987)			
		1st Qtr Oct-Dec	2nd Qtr Jan-Mar	3rd Qtr Apr-Jun	4th Qtr Jul-Sep
Personnel Expense					
LAC Regional		14,238	15,355	15,990	15,867
Central America		9,492	10,245	10,660	10,573
Total	\$ 94,548				
Workshops and Seminars					
LAC Regional		13,052	6,422	572	31,950
Central America		3,542	1,813	46	1,816
Total	8,246				
Information/Networking					
LAC Regional		1,186	4,064	11,801	21,222
Central America		3,161	4,194	4,746	7,549
Total	58,384				
Indirect Costs					
LAC Regional		6,510	6,460	7,091	17,260
Central America		4,657	4,063	3,863	4,986
Total	<u>40,348</u>				
Totals					
LAC Regional		34,986	32,301	35,454	86,299
Central America		<u>20,852</u>	<u>19,145</u>	<u>19,316</u>	<u>24,929</u>
Total	\$201,706	\$55,838	\$51,446	\$54,770	\$111,228

Regional Fund Division

Year 1: Not Available
 Year 2: LAC Regional —\$189,040 (69%); Central America—\$ 84,242 (31%)

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ATTACHMENT C. PROPOSED MISSION ADDITIONS AND BUY-INS

Total Funds Required: \$655,000

Program total of \$655,000, excludes previously funded buy-ins shown below for Colombia and Ecuador

- (a) Colombia—\$175,000 (Already funded in Amount of \$24,915)
 - 1987—\$25,000
 - 1988—\$75,000
 - 1989—\$75,000
- (b) Costa Rica—(\$175,000)
 - 1988—\$100,000
 - 1989—\$75,000
- (c) El Salvador—\$175,000 (Very preliminary discussions held)
 - 1988—\$25,000
 - 1988 and 1989—\$150,000
- (d) Dominican Republic—\$130,000
 - 1988 and 89—\$130,000
- (e) Mexico—Total \$25,000
- (f) Ecuador—\$8,188 (Total already funded as Add-on)

ATTACHMENT D. ADDITIONAL PROJECT ACTIVITIES PROPOSED BY AUPHA

Total Funds Required: \$1,033,500

*Program total of \$1,033,500, excludes: implementation phase shown below for Health Services Middle Management Development)

(a) Health Services Middle Management Development—\$513,500

Developmental Phase (2 years)	\$ 513,500
Implementation Phase (3 years)	
Regional Funding	2,327,000
Host Country/Mission Funding	<u>1,417,000</u>
Total	\$4,257,500

Methodology to train large numbers of mid-level people in administrative areas; implementation of the tested methodology.

(b) Core Staff Support for Expansion—\$200,000

1988—\$100,000

1989—\$100,000

Add Technical Officer and Administrative Officer to improve capacity to respond to technical assistance requests in Central America

(c) Management Appraisal Teaching Modules (MAPS) Series—\$30,000

MAPS series, used to diagnose management problems, translated into Spanish. AID already made investment of \$1 million to develop Modules.

(d) Fellowship program (20 per year)—\$150,000

5-week training programs for IAC trainers to come to US training programs. Model is agricultural (CAPS program).

(e) Foreign training in U.S. institutions—\$100,000

Systematic look at how effectively training institutions are meeting needs of foreign nationals in public health administration for IAC. University of North Carolina, Sagar Jayne.

(f) Developing core libraries—\$40,000

Health management core libraries, distributed to 25 centers in the region.

*NOTE: Order given above ((a) through (f)) reflects the proposed priority of funding importance proposed in the judgement of Fileman and Ramirez of AUPHA, where (a) is considered to be the highest priority additional activity.

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ATTACHMENT E. PROPOSED BUDGET FOR
MIDDLE MANAGEMENT DEVELOPMENT PROGRAM

Developmental Phase—2 Years

1.	Basic Support	\$ 260,000
2.	Host Country	105,000
3.	Student Materials	<u>30,000</u>
	Subtotal	\$ 395,000
4.	Indirect Cost (30%)	<u>118,500</u>
	Total	\$ 513,500

Implementation Phase—3 Years

Regional Funding		
1.	Basic Support	\$ 390,000
2.	Host Country	770,000
3.	Student Materials	<u>630,000</u>
	Subtotal	\$1,790,000
4.	Indirect Cost (30%)	<u>537,000</u>
	Total	\$2,327,000

Host Country/Mission Cost Sharing		
5.	Host Country	\$ 570,000
6.	Student Materials	<u>520,000</u>
	Subtotal	\$1,090,000
7.	Indirect Cost (30%)	<u>327,000</u>
	Total	\$1,417,000

Summary—5 Years

Developmental Phase	\$ 513,500
Implementation Phase	
Regional Funding	2,327,000
Host Country/Mission	<u>1,417,000</u>
Total	\$4,257,500

Source: Association of University Programs in Health Administration, unsolicited proposal to USAID/Washington, May 1987.

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ATTACHMENT F. DOCUMENTS CONSULTED FOR EVALUATION

Project Documents

- Agency for International Development, Bureau for Latin America and the Caribbean. Health Technology and Transfer Project Paper. Washington: USAID, March 1985. (Projects 596-0136 and 598-0632)
- Agency for International Development. Cooperative Agreement No. IAC-0000-A-00-5102-00, with the Association of University Programs in Health Administration. Unpublished contractual agreement, dated August 26, 1985.
- Association of University Programs in Health Administration. Management Training for Health Programs in Latin America and the Caribbean. Unpublished technical proposal for the project to USAID, dated August 22, 1985.
- Association of University Programs in Health Administration. Educación en Administración de Salud. Unpublished loose-leaf notebook containing technical materials concerning AUPHA and the project, prepared for USAID missions, USAID offices, and training institutions, issued in 1986.
- Association of University Programs in Health Administration. A Non-Traditional Health Services Middle Management Development Scheme for Latin America. Unsolicited proposal from AUPHA to the Agency for International Development, dated May 27, 1987.
- Boletín Latinoamericano de Educación en Administración de Salud. [Latin American Bulletin of Health Administration Education] Arlington, Virginia: AUPHA, 1986 to Present; issues received: July 86, Nov. 86, Feb. 87, Apr. 87, July 87, Dec. 87.
- Brown, Gordon D. Post-Graduate Course in Health Administration, Universidad del Norte de Barranquilla: A Site Visit Report. Unpublished manuscript, reporting visit of October 13-17, 1987.
- Cordera, Armando. Trip Reports, 1986-1987. Trip Reports prepared following visits to Dominican Republic in November 1986 and Costa Rica in October 1987.
- Educación en Administración de Salud en América Latina y el Caribe: 1987-88. [Education in Health Administration in Latin America and the Caribbean] Arlington, Virginia: AUPHA, 1987. Directory of Latin America, Caribbean, Spain, and Portugal training institutions; first edition.
- Fileman, Gary L. International Health Education Networking: Success and Failure. Unpublished manuscript. Delivered at the 11th Pan American Conference on Medical Education, Mexico City, December 2, 1986.
- Journal of Health Administration Education. Arlington, Virginia: AUPHA, 1983-Present. Project provides funding for newly inaugurated Spanish language section, beginning in 1986 and containing translated articles relevant to Latin America and the Caribbean educators.
- Inter For: AUPHA International Health Faculty Forum Newsletter. Arlington, Virginia: AUPHA, 1986 to Present. Issues received: Winter 86, Fall 86.
- Ramirez, Bernardo. AUPHA Latin American Development Project Quarterly Report. Arlington, Virginia: AUPHA, 1986 to Present. Issues received: Sept-Dec. 85, Apr-June 86, July-Sept. 86, Jan-March 87, Apr-June 87, July-Sept. 87, Oct.-Dec. 87.

- Ramírez, Bernardo. NUPHA Latin American Development Project Annual Work Plan. Arlington, Virginia: AUPHA, 1986 to Present. Issues received: Year 1 plan, August 26, 1985, to September 30, 1986; Year 2 plan, October 1986 to September 30, 1987.
- Ramírez, Bernardo. Trip Reports. 1986-1988. Trip Reports prepared following each visit.
- Reunión Sobre Educación en Administración de Servicios de Salud (San Juan del Río, México, Septiembre 25-27, 1986). Objetivos. [Meeting on Education in Health Services Administration, San Juan del Río, Mexico, September 25-27, 1986. Objectives] Mexico City: Asociación Mexicana de Hospitales, 1986.
- Seminario "La Enseñanza en Administración Hospitalaria" (Bogotá, Colombia, Noviembre 10-14, 1986). Memorias. [Seminar on Teaching in Hospital Administration, Bogota, Colombia, November 10-14, 1986. Proceedings] Bogotá: Programa Administración de Salud, Facultad de Estudios Interdisciplinarios, Pontificia Universidad Javeriana & Asociación de Universidades con Programas en Administración de Salud (AUPHA), 1987.
- Seminario de Educación de Pregrado en Administración de Salud en América Latina (Santo Domingo, República Dominicana, Septiembre 21-25, 1987). [Seminar on Undergraduate Education in Health Administration in Latin America, Santo Domingo, Dominican Republic, September 21-25, 1987] Preliminary Proceedings. Arlington, Virginia: AUPHA, 1987.

Other Documents Consulted

- Aga Khan Health Services. Guidelines for the Management Audit of Health Institutions in the Aga Khan Health Services System. Aiglemont, Courvaux, France: Aga Khan Health Services, 1982. (Information Series, No. 3)
- Agency for International Development. Regional Office for Central American and Panama. Health and Nutrition Strategy for Central America, Panama and Belize. Guatemala City: Regional Office for Central America and Panama, Agency for International Development, 1988. (Approved February 1988)
- Akin, John, Nancy Birdsall, & David de Ferranti. Financing Health Services in Developing Countries: An Agency for Reform. Washington: World Bank, December 1986. (Report No. 6563)
- Anderson, Dole A. Management Education in Developing countries: The Brazilian Experience. Boulder, Colorado: Westview Press, 1987. (Latin American Monograph Series)
- Association of University Programs in Health Administration. Health Services Administration Education. Arlington, Virginia: AUPHA, 1977 to Present. (Directory of U.S. and Canadian training programs; revised editions published every two to three years; latest edition, 1987-89, published 1987)
- Association of University Programs in Health Administration. Staff Report on Education for Health Administration. Arlington, Virginia: AUPHA. (Newsletter published periodically throughout the year for member programs and others)
- Association of University Programs in Health Administration. Ten Strategies for Service and Change. Arlington, Virginia: AUPHA, [1987].
- Sackett, E. M., A. M. Davies, & A. Petros-Barvazian. The Risk Approach in Health Care: With Special Reference to Maternal and Child Health Including Family Planning. Geneva: World Health Organization, 1984. (Public Health Papers, No. 76)

- Bainbridge, J., & S. Sapirie. Health Project Management. Geneva: World Health Organization, 1974.
- Böbenrieth, Manuel A., Jorge Ortiz, & Jorge Peña Mohr. Estudio de Cuarenta y Cuatro Programas Regulares de Educación en Administración de Atención de Salud. [Study of 44 Regular Educational Programs in Health Care Administration] In Reunión Regional de Educación en Administración de Atención de Salud (Washington, 1977). Washington: Organización Panamericana de la Salud, 1977.
- Bossert, Thomas. Health Policies in Africa and Latin America: Adopting the Primary Care Approach. Social Science and Medicine, 1979, 13C, 65-68.
- Bossert, Thomas, Lois Godiksen, Eugene Bostrom, R. B. Green, Terry McCoy, Marcia Townsend, J. Ellis Turner, Orlando Aguilar, Eusebio Del Cid, Jamie Solorzano, & Reynaldo Grueso. Sustainability of U.S. Government Supported Health Projects in Guatemala. Washington: Center for Development Information and Evaluation, Bureau for Program and Policy Coordination, Agency for International Development, January 1988.
- Bossert, Thomas, Lois Godiksen, T. Dwight Bunce, Michael Favin, Carol Dabbs, & John Massey. The Sustainability of U.S.-Supported Health Programs in Honduras. Washington: Center for Development Information and Evaluation, Bureau for Program and Policy Coordination, Agency for International Development, July 1987.
- Brown, Lawrence D. Politics and Health Care Organization: FMOs as Federal Policy. Washington: Brookings Institution, 1983.
- Clarke, Roberta N. The Marketing-Epidemiology Interface. In Anne Crichton & Duncan Neuhauser (Eds.), The New Epidemiology: A Challenge to Health Administration. Arlington, Virginia: AUPHA, 1982.
- Cole-King, Susan. Health and Development: Anatomy of Decision-Making. In International Health Conference (7th, Washington, 1980). International Health: Measuring Progress. Washington: National Council for International Health, 1980, pp. 1-7.
- Conferencia Latinoamericana Sobre Educación en Administración de Hospitales (Primera, Bogotá, 1966). [Latin American Conference on Education in Hospital Administration, 1st, Bogota, 1966] Bogotá: División de Hospitales, Asociación Colombiana de Facultades de Medicina, 1967.
- Cordera, Armando, & Manuel Böbenrieth. Administración de Sistemas de Salud. [Administration of Health Systems] 2 vol. México, 1983.
- De Geyndt, Willy, & Gary L. Fileman. Modulo de AUPHA para la Solución de Problemas en la Administración de Salud (MAPS): Administración de Materiales y Servicios. [AUPHA Problem Solving Module in Health Administration (MAPS): Administration of Materials and Supplies] Washington: Programa de Educación en Administración de Salud, División de Recursos Humanos e Investigación, Organización Panamericana de la Salud, 1982. (Serie de Recursos Humanos, No. 41)
- Dreher, Melanie. Reflections on Health Management Issues: Concerns and Hopes. In International Health Conference (12th, Washington, 1985), Management Issues in Health Programs in the Developing World. Washington: National Council for International Health, 1986, pp. 355-360.
- Evans, John R. Measurement and Management in Medicine and Health Services: Training Needs and Opportunities. New York: Rockefeller Foundation, 1981.
- Fileman, Gary L. The Need for Creative Managerial Epidemiology. In Anne Crichton & Duncan Neuhauser (Eds.), The New Epidemiology: A Challenge to Health Administration. Arlington, Virginia: AUPHA, 1982.

- Holley, John. Projecting Future Operating Costs and Sources of Funds. In International Health Conference (12th, Washington, 1985), Management Issues in Health Programs in the Developing World. Washington: National Council for International Health, 1986, pp. 306-321.
- Honadie, George, & Marcus Ingle. Project Management for Rural Equality: Organization Design and Information Management for Benefit Distribution in Less Developed Countries. Syracuse, New York: George Honadie & Marcus Ingle Partnership, November 1976.
- Howard, Lee M. A New Look at Development Cooperation for Health. Geneva: World Health Organization, 1981.
- International Hospital Federation. Official Yearbook, 1987. London: International Hospital Federation, 1987.
- Kotler, Philip, & Roberta N. Clarke. Marketing for Health Care Organizations. Englewood Cliffs, N.J.: Prentice-Hall, 1987.
- Measham, Anthony. Reflections on Health Management Issues: Concerns and Hopes. In International Health Conference (12th, Washington, 1985), Management Issues in Health Programs in the Developing World. Washington: National Council for International Health, 1986, pp. 352-355.
- Pan American Health Organization. Directorio de Programas Regulares de Educación en Administración de Salud de América Latina y el Caribe: Quinto Edición. [Directory of Regular Educational Programs in Health Administration in Latin America and the Caribbean: Fifth Edition] Washington: Organización Panamericana de la Salud, 1983. (Serie de Recursos Humanos, No. 53)
- Pan American Health Organization. Health Conditions in the Americas: 1981-1984. Vol. 1. Washington: Pan American Health Organization, 1986. (Scientific Publication, No. 500)
- Pan American Health Organization. Literatura Latinoamericana en Ciencias de la Salud: Salud Pública. São Paulo: Centro Latinoamericano de Información en Ciencias de la Salud (BIREME), Organización de la Salud, 1986-Present.
- Russell, Sharon Stanton. Evaluation of Health Management Development in the Caribbean. In International Health Conference (7th, Washington, 1980). International Health: Measuring Progress. Washington: National Council for International Health, 1980, pp. 103-106.
- Sai, Fred T. Some Issues in Health Program Management in Africa. In International Health Conference (12th, Washington, 1985), Management Issues in Health Programs in the Developing World. Washington: National Council for International Health, 1986, pp. 1-17.
- Siffin, William J. Two Decades of Public Administration in Developing Countries. In Laurence D. Stifel, et al. (Eds.) Education and Training for Public Sector Management in Developing Countries. New York: Rockefeller Foundation, 1977, pp. 49-60.
- Taylor, Carl E. The Uses of Health Systems Research. Geneva: World Health Organization, 1984. (Public Health Papers, No. 78)
- Ugalde, Antonio. The Role of the Medical Profession in Public Health Policy Making: The Case of Colombia. Social Science and Medicine, 1979, 13C, 109-119.
- Ugalde, Antonio. Ideological Dimensions of Community Participation in Latin American Health Programs. Social Science and Medicine, 1985, 21, 41-53.

- Ugalde, Antonio, & Robert Emrey. Political and Organizational Issues in Assessing Health and Nutrition Interventions. In Robert E. Klein, et al. (Eds.) Evaluating the Impact of Nutrition and Health Programs. New York: Plenum, 1979.
- White, Kerr L. Information for Health Care: An Epidemiological Perspective. In Anne Crichton & Duncan Neuhauser (Eds.), The New Epidemiology: A Challenge to Health Administration. Arlington, Virginia: AUPHA, 1982.
- World Health Organization. Strengthening Ministries of Health for Primary Health Care. Geneva: World Health Organization, 1984. (Offset Publication, No. 82)
- World Health Organization, Regional Office for Europe. Education of Managers in Health Services: Report on a Working Group. Copenhagen: Regional Office for Europe, World Health Organization, 1978.

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MID-TERM
EXTERNAL EVALUATION
OF
TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH PROJECT
COMPONENT FOR CLINICAL TRAINING
(Interamerican College of Physicians and Surgeons)

Project Number: 597-0006/598-0632

Cooperative Agreement Number: LAC-0632-A-00-5094-00

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1. Purpose of Activity Evaluated

AID-LAC Regional Health Technology and Transfer activities have been designed to address: (1) the problems arising from the expenditure of the limited national funds available in the Region for predominantly high-cost urban, hospital-based curative services and (2) the need to make major shifts toward the investment of some of those funds in far less costly preventive services on a nation-wide scale. In part, deficiencies in medical education contribute significantly to these problems since the medical community responsible for implementing primary health care is often unfamiliar with those low cost prevention technologies.

The problems being addressed in this project have been identified in the LAC Regional Project Paper, Health Technology and Transfer (1985), as follows:

"Medical curricula in LAC countries do not, in many cases, include - either as core content or electives - principles of public health and community medicine, new cost-effective screening and diagnostic techniques, new information on the safety and efficacy of pharmaceuticals, new forms of health services organization, etc. Those LAC physicians who are trained in the U.S. often attempt to transfer costly technologies (i.e. CAT scanners) to their home countries which may not be relevant to country needs and/or sustainable with country resources. While U.S. based undergraduate, graduate and postgraduate medical training is still highly desirable, it is becoming increasingly difficult for non-U.S. citizens to have access to these programs, particularly at the postgraduate level. Language requirements have become more difficult. The credibility of non-U.S. undergraduate medical education had recently come into question, particularly for LAC students, due to the proliferation of "off-shore" medical schools in LAC countries. U.S. residencies and internships are diminishing in number and are most competitive due to the increasing number of students from the U.S. and elsewhere.

"Deficiencies in medical education have been addressed in part through short term, in country training funded under bilateral projects. Postgraduate medical education is also being supported under the LAC Training Initiatives Project. Training requests for medical education are numerous at Missions, and often - perhaps more often than in other sectors - politically motivated."

As an approach to the technical solution of some of these problems, the LAC Regional Bureau, following extensive negotiations, signed a cooperative agreement with the Interamerican College of Physicians and Surgeons (ICPS) in August 1985 authorizing ICPS to utilize \$1.37 million for this project

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over a period of 4 years ending January 31, 1990. Its stated objectives are:

1.1 General Objectives:

To assist LAC Missions in meeting existing priority needs:

1.11 to improve LAC medical education;

1.12 to focus on skills-development in U.S. by means of short-term Spanish language medical training as an alternative to expensive, long-term academic participant training; and

1.13 to respond to Mission requests for short-term technical assistance.

1.2 Specific Objectives:

1.21 Establish a pilot preceptorship program for the placement of LAC primary care physicians with Spanish speaking U.S. physicians;

1.22 Provide short-term technical assistance in continuing medical education to LAC training institutions;

1.23 Assist LAC/Missions with the selection of participant trainees and the matching of participants with appropriate training institutions for short or long-term academic training programs in the U.S.

This evaluation at mid-project, was undertaken at the request of the Bureau for Latin America and the Caribbean along with similar evaluations of two parallel Technical Development and Transfer in Health projects financed by the Bureau: one in health management, being conducted with the Association of University Programs in Health Administration (AUPHA), and the other being conducted with the State University of New York at Stony Brook (SUNY) in health care financing. The SUNY project is being supported by a contract whereas the AUPHA and this project have been underwritten through cooperative agreements.

Central American Regional funds were to be utilized in support of project activity in five countries: Belize, Costa Rica, El Salvador, Guatemala and Honduras; LAC Regional funds were to be employed to cover costs for the balance of the project, ending December 31, 1987 a total of \$950,000 has been obligated and \$881,148 has been expended.

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2. Methodology of Evaluation

The extensive documentation available in the office files of LAC/DR/HN was systematically reviewed. These documents included: AID HEALTH STRATEGY, prepared by the Sector Council for Health (May 1984); APRETON DE MANOS CURATIVAS, Building An Interamerican Community of Physicians, A Concept Paper Prepared for LAC Health and Nutrition Sector/AID by the American College of Physicians and Surgeons (September 1984); LAC REGIONAL PROJECT PAPER: HEALTH TECHNOLOGY AND TRANSFER; (March 1985); The Cooperative Agreement between AID and ICPS: No. LAC-0632-A-00-5094-00 (August 20, 1985 with two subsequent fiscal amendments); MEMORANDUM OF UNDERSTANDING FOR COOPERATION BETWEEN THE PAN AMERICAN HEALTH ORGANIZATION AND THE INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS, (November 1985); A Letter of Support from J.H. Kelso, Acting Administrator, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, addressed to Rene Rodriguez, M.D., President, ICPS, (January 1986); The Interamerican College of Physicians and Surgeons Project Implementation Plan (Undated); and the ICPS Annual Work Plan, 1985-1986 (Undated). Available budget documents and the Price-Waterhouse Review of Project Finances (January 1988) were also reviewed. Each of the nine quarterly project reports submitted by ICPS (covering activities from November 1985 through December 31, 1987) were examined in detail as were the copies of relevant cable traffic in the files and of the occasional correspondence between staff and ICPS officers and project staff.

Multiple personal interviews were held at the ICPS Washington offices with Dr. Rene Rodriguez, President of ICPS and with Mr. Luis Patino, currently ICPS Project Director; phone conversations were conducted with two additional ICPS officers intimately associated with the project as members of the ICPS Project Advisory Council and as preceptors of the visitor physician trainees. Three additional principal preceptors of the trainees were also consulted by phone.

Personal interviews were held with Jose-Roberto Ferriera, M.D., Program Coordinator, Health Manpower, Pan American Health Organization (PAHO, the World Health Organization Regional Office for the Americas), and Ms. Marvella Toney, Fellowship Officer, PAHO; and with Samuel P. Asper, M.D., President and Chief Operations Officer, Ms. Wendy W. Steele, Staff Associate and Ms. Sally Oesterling, Staff Assistant, Educational Commission for Foreign Medical Graduates (ECFMG). Ms. Magdalena Miranda, Chief of the Multidisciplinary Resources Development Branch, Division of Medicine, Bureau of Health Manpower, Health Resources and Services Administration of the Public Health Service, who has served as U.S. Dept. of Health and Human Services liaison with the project was consulted by phone as were Ms. Margaret Wilson and Ms. Mary Hitt of the U.S. Information Agency (USIA) who

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process applications submitted by foreign national physicians seeking exchange visitor (J-1) visas permitting either short or long term training in the U.S.

Ms. Blanche Shanks and Mr. Mark Herrenbruch of the Immigration and Naturalization Service (INS) provided data on the recent flow of immigrant and non-immigrant physicians to the United States and Dr. John Loft and Ms. Gene Roback of the American Medical Association (AMA) supplied data on the number of physicians in the United States who received their medical degrees from Latin American medical schools.

During the course of this evaluation Ms. Julie Klement, A.I.D. Project Officer for this project in LAC/HN, was interviewed and phone conversations were held with Mission Health Officers serving in Ecuador, Costa Rica, El Salvador, Honduras and Mexico. These five countries were the countries of origin of 16 of the 22 physician trainees brought by the project to the U.S. either in 1986 or 1987. Responses from the Missions to the cable sent by Ms. Klement on February 2, 1988 requesting evaluative comments on this and the two other Regional Health Technology Development and Transfer projects were also reviewed. None of the trainees were in this country at the time of this evaluation, thereby preventing direct assessment of on-site training content or procedures, nor were any trainees available during this evaluation for post-training phone interview.

A listing of the individuals interviewed or consulted in the course of this evaluation is provided in attachment 1.

3. Findings

3.1 Project Development and Accomplishments

Taking into account that ICPS had no experience with A.I.D. prior to the initiation of the present cooperative agreement, it has succeeded over the past eighteen or twenty months, after a period of six or more months of serious management problems, in establishing a functioning operational office in Washington, D.C. (ICPS base operations are conducted in a New York City headquarters office). An experienced bilingual staff (Mr. Luis Patino, Project Director, Ms. Vicki Nelson, Administrative Assistant, and a secretary) function in the Washington office under the direction of Dr. Rene Rodriguez, President of ICPS. Dr. Rodriguez has daily phone contact with the Washington office and spends at least one day each week in Washington. The original project director, Dr. Gil Gutierrez, who had acquired extensive experience in international education and who made substantial contributions to the conceptualization of the project and to the formulation of the original project proposal, withdrew from the project in mid-1986 and was replaced by Mr. Patino.

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Early in the project Dr. Rodriguez assembled an Exchange Visitor Advisory Council made up of key members of the Interamerican College of Physicians and Surgeons who are on call and who have also provided the nucleus of the group of training preceptors. Lists of the members of the Advisory Council and of the principal preceptors utilized to date for the training of the visiting physicians - drawn from a substantially longer list of Spanish speaking physicians and other health professionals who have volunteered to serve in such a capacity - are included in attachments 2 and 3. Their professional identifications are also provided.

To date, 22 trainees have been brought by the project to the U.S., 10 in 1986 and 12 in 1987. Nine others are expected in 1988. A decision on the number of trainees to come in 1989 has not yet been reached although the original cooperative agreement proposed that 40 trainees be included in this activity during the four years covered by that agreement. All of the trainees who have completed their training experience in this country are listed by name in Attachment 4 along with their country of origin, age, medical specialty and position at time of selection, their training sites, the names of the main preceptors who supervised their activities in this country and the dates and duration of their training experience. Attachment 5 lists the medical specialty training requested by candidates and their LAC countries of origin.

Each of the 22 trainees had institutional or program responsibilities in health care programs in their countries of origin at the time of their selection, then took a leave of absence during the training interval and returned to the same or a more responsible post on completion of training. Only one of the trainees had reasonable fluency with the English language and that individual also had taken and passed the ECFMG examination, qualifications which were helpful but not requisite to the training experience provided.

Nominations for training have been made by the Health Officers of A.I.D. Missions following cable advice from LAC/DR/HN that ICPS short-term training positions were available. The actual origins of nominations have not been clearly identified but in one country an independent business man who knew of the ICPS program posted notices on the bulletin boards of multiple hospitals, resulting in applications being filed at the USAID Mission by individual staff physicians of those hospitals. In another country, a long article describing the ICPS program appeared on the front page of a major newspaper in that country as the program was getting under way. This publicity resulted in a deluge of inquiries at the Mission from physicians seeking scholarships for specialty training - preferably long-term graduate training in U.S. hospitals. Only one trainee from that country with qualifications and interests relevant to the

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Mission's ongoing programs has been referred to ICPS, yet LAC physicians continue to inquire at the Mission about long-term scholarship training in the U.S. under ICPS sponsorship.

Selection preference was and continues to be assigned to the five lesser developed countries in Central America: Belize, Costa Rica, El Salvador, Guatemala and Honduras. At the beginning of the project the criteria given to the Missions for the selection of nominees were somewhat ambiguous in that they specified only that these physicians were to be engaged in primary care practices. However, primary care was loosely defined to include multiple specialties which might or might not be employed in a primary care setting such as pediatrics, obstetrics and gynecology, family practice, emergency medical services, ophthalmology, rehabilitation medicine, hospital administration and public health. Candidates were to be advised that neither English language capability nor ECFMG certification were required, that training would be limited to one to six months, and that "both clinical and non-clinical skills" were to be incorporated without direct responsibility for patient care.

More recently, as will be considered below, somewhat more explicit criteria for the nomination and selection of candidates have been formulated by ICPS, in consultation with LAC/DR/HN, and made available to Mission Health Overseas. These now state that candidates for training must have at least 3-4 years of medical practice experience following graduation from medical school and be employed in positions of leadership in health care programs being conducted under governmental or university sponsorship. The specialty designations have not been changed nor has adequate information been gathered in order to determine whether the nominee has been engaged in clearly identified primary care programs rather than tertiary care, in-patient hospital practice. Nominees are to be advised that the training to be provided will be limited to one to six months duration and as already noted that trainees will not be permitted to engage in hands-on direct patient care activities while in the U.S. As traineeship funds are limited to the defraying of travel expenses and per diems (according to U.S. Government set rates for per diem), preference will be given to employed physicians whose salaries will continue during their traineeships and who will return to their institutions of employment on the completion of training.

It has been left to the discretion of the Mission Health Officer whether or how best to utilize these training opportunities in achieving the primary and long-term health goals of the Mission. The final selection of trainees has been made by ICPS in consultation with the sponsoring A.I.D. Mission and LAC/DR/HN based on ICPS success in matching reported qualifications and interests of individual candidates with the interests and availability of volunteer preceptors.

Each group of selected trainees, 10 in 1986 and 12 in 1987, have been brought to Washington for a week of intensive orientation sessions that include lectures, seminars, and site visits. Conferences have also been arranged with ICPS staff and selected officers of the college as well as with a small group of the preceptors who would later supervise and monitor their training activities. As may be noted in Attachment 4, the overall period of training ranged from two to six months, averaging about four months.

There has been considerable variation in the amount of time spent in a given training site, ranging from a week or less to four or more months. This has also involved a substantial amount of candidate travel within in the U.S. The limited information available suggests that the trainees have been drawn, by and large, from lower-level to mid-level administrative posts either in governmental or university health care programs and that their preceptors have focussed the training experience more on health care program management procedures than on the "clinical" aspects of individual patient care.

At the conclusion of training each visitor has been asked to give a verbal and written assessment of his training experience and these have, in general, been favorable. The preceptors, who have been consulted by phone, have been favorably impressed by the qualifications and enthusiasm of the trainees who have been assigned to them and are highly supportive of the traineeship program. They are in favor of its continuation and possible expansion although, as will be considered below, each had specific suggestions for its modification and improvement.

With the exception of one trainee, all have returned to their countries of origin and have continued working in their original positions or have been advanced to posts with greater responsibility. The one exception is a physician who was engaged in the management of a family medicine training program at a university in his own country and who made so favorable an impression on those who supervised part of his training in the U.S., that he was invited to remain beyond the planned six months of training sponsored by ICPS. Although the extended training may lead to a Masters degree in Public Health which could ultimately prove useful upon return of the trainee, ICPS failed to appreciate that such long term training cannot be approved except by the sponsoring A.I.D. Mission. Without such approval, the trainee is at risk of being considered an illegal resident. ICPS was advised by LAC/DR/HN that it cannot approve extensions beyond the terms of the contract agreement without Mission approval, which should - if there is merit - be sought by ICPS.

In the cooperative agreement it was stated that project activities should be heavily concentrated to serve the needs of five Central American countries, with perhaps 60 percent of

effort directed toward those countries. Twelve of the 22 trainees have come from those five countries - none from Belize, 2 from Costa Rica, 6 from El Salvador, 2 from Guatemala and 2 Honduras. Of the 87.5 months of training provided during the initial two years of the project, 56 trainee months (64 percent of the total) were for candidates coming from those five countries.

The third component of the program provided by the cooperative agreement, identified as Phase II by ICPS, concerns the provision of technical assistance by Spanish speaking U.S. physicians participating in short-term continuing medical education programs in LAC countries. Although recognized as potentially the most cost effective means for the transfer of U.S. health technology as well as the goodwill of the U.S. medical community, on-site consultations, seminars or other educational activities within LAC countries have not yet been systematically planned or implemented.

In January 1987, a four member team was invited by the government of El Salvador, through the AID Mission, to prepare a comprehensive assessment of the needs of the Center for Locomotor Devices of the Salvadoran Rehabilitation Institute. ICPS facilitated these consultations and paid for the travel and the per diem of two of the team members (with a nominal honorarium paid to one); the Veterans Administration underwrote the costs of the other two. The success of this one technical assistance activity is indicated by the invitation to two of the team members to return at a later date to help with the implementation of their recommendations. In early February 1988, a two member team with expertise in pediatrics and child nutrition provided lectures, seminars and demonstrations during a one week period in El Salvador.

Such recent technical assistance activity is of interest in that it stimulates further demand: for example, one of the 1986 trainees who had a particularly stimulating experience in this country, on his return to his home country, promoted among his peers a demand for this type of continuing education mission. ICPS, learning of this request through the AID Mission, welcomed the opportunity to arrange for two of the preceptors with whom that trainee had worked to respond to that request. One or more similar "feed-back" type of technical assistance projects are in the process of development.

3.2 Financial and Budgetary Status

As noted earlier, \$1.37 million has been obligated through the ICPS Cooperative Agreement to underwrite the costs of this project for the 4 plus years ending in January 1990. As of January 1, 1988, actual expenditures have amounted to approximately \$881,000, leaving a balance of \$489,000 to cover

expenses over the two remaining years covered by the existing agreement, unless additional monies are provided from some \$265,000 held in reserve for contingency and evaluation.

The nine quarterly reports thus far submitted to AID/DR/HN provide summarizations of expenditures made by ICPS during those intervals. The approved project budget of \$1,370,000 as originally planned within the Project Paper is considered adequate to achieve project purposes. Under the concept of the Cooperative Agreement, it is expected that the contractor would have considerable flexibility - subject to approval of the AID Project Officer - in project implementation. Under these terms, ICPS has proposed a higher rate of expenditures during the first two years for categories of participant training and US preceptor participation. The project objectives in these categories could have been achieved at a lower level, as for example, by arranging for shorter participant training duration in the U.S., and by decreasing the degree of travel by participants and their preceptors.

While the intent of these training activities is well within the Cooperative Agreement, the magnitude of expenditures by mid-term (\$881,148) denotes misunderstanding on the part of ICPS as to the availability of total project funding. As early as August 1986, the ICPS President, Dr. Rene Rodriguez asked LAC/DR/HN for clarification on project totals. The A.I.D. Project Officer replied clearly that the project budget was \$1,370,000 although the "total budget" was \$1,635,000. In the reply, it was noted further that \$1,370,000 plus the \$265,000 for contingency and evaluation "will be made available at a later date subject to the availability of funds". In spite of repeated verbal clarification on these points by LAC/DR/HN, ICPS has interpreted that the total budget would ultimately be made available for program purposes. Consequently, the mid-year expenditure level reflects an expectation of project expenditure at the \$400,000 per year level.

A summary analysis of expenditures to date by individual budgetary categories and an ICPS proposed budget for the use of \$100,000 during 1988 are appended in Attachment 7a. A separate analysis (Attachment 7b) indicates that of total expenditures to date, approximately 1% of the total (\$7,892) has been spent for technical assistance activities. The balance, \$873,000, was accounted for by costs of providing training. As there have been 22 trainees to date, the average cost per trainee has been approximately \$40,000 and since the average period of training has covered four months, the average cost per trainee-month amounts to about \$10,000. During the initial year when ten trainees were in this country and start-up costs covered some 14 months, the average trainee cost per month was higher (\$12,343) than during 1986 when 12 trainees were provided for (\$8,107).

ICPS staff has expressed concern that the remaining unexpended balance of funds (\$489,000) will not permit the planned level of operations in 1988 and 1989 unless additional unobligated balances are made available. However, as of the date of this evaluation, no plan of activities (as opposed to budget) had been submitted to LAC/DR/HN. Nine trainees are planned for 1988 as are augmented technical assistance activities and staff visits to each of the AID Missions. ICPS has suggested that the number of trainees and/or the duration of training could be reduced as a means of freeing up some of the traineeship funds for technical assistance purposes.

4. Evaluative Observations and Conclusions

4.1 Appropriateness of Project Designs

Careful examination of project documents and supplementary information derived from interviews with multiple knowledgeable individuals permits a number of important inferences. It is evident that this project arose out of the genuine desire of established, successful and energetic Spanish speaking physicians within the U.S. to make their professional knowledge and skills available to their fellow physicians working under far less favorable conditions in LAC countries. With the growing number of physicians in the U.S. who have obtained their basic medical education in Latin American medical schools (reported by the American Medical Association to number 25,877 as of January 1, 1986), this selected group of physicians offers a unique resource that should be utilized in extending U.S. health care assistance to that region of the world.¹ Many of these physicians have achieved eminent positions in universities, hospitals, health care programs and in governmental agencies. The use of such resources by AID through ICPS mechanisms is sound and has provided an opportunity to launch a promising pilot project.

¹* The Project Paper states in error that ICPS embraces a membership of 24,000 Spanish speaking physicians. Its dues paying members are estimated to number between 2,000 and 3,000. The circulation of Interamericano Medico published by ICPS is approximately 24,000. Complementary copies are mailed monthly to physicians listed as graduates of medical schools in Latin American countries in the Physician Masterfile, a current roster maintained by the American Medical Association. Also, contrary to a statement found in project documents ICPS is not affiliated either with the American College of Physicians or the American College of Surgeons. There is no American College of Physicians and Surgeons. No evidence was found that these erroneous statements originated with the ICPS.

In addition, the concept of providing short-term training in the United States for visiting physicians in their native language (Spanish) is an appealing one to those visitors, especially when that training does not involve ECFMG certification, a basic requisite for appointment to formal graduate training programs involving direct patient care activities as in hospital residencies. Moreover, this program offered the services of volunteer preceptors at essentially no additional direct financial cost to A.I.D.

As noted above, the original Project Paper design assigned the initial priority of ICPS to technical assistance to USAID Missions in the selection and placement of candidates. This presumed that Health Officers in the Missions would require substantial professional assistance to effectively carry out such a task. Second priority was assigned to the provision of technical assistance in the form of continuing medical educational activities in LAC countries to be provided by Spanish speaking U.S. physicians. "Finally," employing the wording in the Project Paper, "resources will be provided for a limited number of candidates to participate in a short term (1-6 month) preceptorship program".

Early in the course of this project, these clearly stated and important priorities were reversed. It has not been possible to determine, during the course of this evaluation, how or why the order of importance of the three components of this project were altered to place the least emphasis on the critical task of technical assistance in candidate selection for the Missions. Such efforts might have provided a better understanding on the part of ICPS of the types of training needed in the host countries, similar understanding at the Mission of the kinds of training ICPS might be able to arrange and a better procedure for the selection of candidates, including an agreement on sound criteria for training selection.

It is also evident now to ICPS staff, some of the Mission Health Officers, and some of the Preceptors who have been consulted that the original order of priorities as stated in the Project Paper was conceptually a sound one. Corrective measures even at mid-project would be beneficial especially with reference to maximizing the impact of ICPS resources on country Mission programs in such areas as child survival, nutrition, maternal and child health, and primary health care, including family planning services, for families residing in rural communities and in impoverished urban slum areas.

4.2 Attainment of Purposes and Objectives

A comprehensive yet direct evaluative statement on this issue does not seem feasible without separately addressing its general aims and objectives and the specific project objectives.

4.21 General Objectives

As stated in the cooperative agreement, the general objectives of the project are to improve medical education in LAC countries, particularly with reference to low cost primary health care technology; provide a significant alternative to longer term clinical or academic training of LAC physicians within the U.S.; and to increase the number and competence of trainers engaged in continuing medical education in LAC countries.

In view of the design constraints on numbers and types of trainees, even the most optimistic forecast of the accomplishments of this project as planned could not be expected to make major gains toward these tremendously important objectives. Moreover, neither A.I.D.'s own efforts nor ICPS activities have thus far involved the extensive medical education system in LAC countries, let alone have an impact on its educational programs. ICPS does employ an innovative approach to an alternative to longer term training in the U.S. Yet ten or so trainees per year cannot be viewed as a significant contribution in this area. Also, ICPS has made only a rudimentary start in augmenting either the number or competence of trainers engaged in continuing medical education in LAC countries.

It is not unreasonable to anticipate that a continuation of this project beyond its presently defined pilot project phase could, with appropriate modification of its specific objectives and project design, add substantially to its initial meagre promise. During the consideration and the negotiation of this cooperative agreement, the LAC Bureau may not have been fully aware of the extensive array of other agencies and programs already operative in these same areas. For example, an incomplete listing of such agencies includes the Pan American Federation of Associations of Medical Schools (PAFAMS), The Pan American Health Organization (PAHO), the Educational Commission for Foreign Medical Graduates (ECFMG), the Kellogg and Rockefeller Foundations, and Project HOPE.

None of the activities of these agencies duplicates the ICPS project. However, cognizance of the expertise and experience available through those agencies might well have aided A.I.D. in the development of a somewhat different approach to the resolution of its own needs as well as the acceptance of a plan of truly cooperative efforts in arriving at common objectives. Even closer coordination with other U.S. government foreign assistance programs might well be indicated, as, for example, the activities of USIA, especially the new mid-career health training component of the Hubert H. Humphrey fellowship program established in cooperation with the Institute for International Education and with one or more of USAID's own LAC health

programs, e.g. Child Survival and family planning programs which also send personnel, including physicians, to the U.S. for both short and long term training.

If the ICPS program concept is to be continued or extended, or should alternative approaches toward the same objectives be contemplated, it is not too early to explore closer integration of LAC Bureau efforts with those of the several agencies referred to above. Although an ICPS-PAHO cooperative agreement exists, ICPS has not yet taken advantage of an opportunity to inform LAC/DR/HN of the identity or responsibilities of LAC physicians who have received either long or short term PAHO training fellowships in the U.S. (numbering more than 100 per year). In turn, the fellowship program staff at PAHO has not been cognizant of the training opportunities and preceptorial support that have been assembled by ICPS.

At the present time, key professional associations within the U.S., including the American Medical Association and the Association of American Medical Colleges, have agreed to sponsor a new program: the International Medical Scholars Program (IMSP). This program will emphasize short term (specialized as opposed to specialty) training in the U.S. of physicians who are committed to return to training positions in their own countries (see attachment 8). In all probability, this endeavor will be directed by the ECFMG, which has extensive experience in the management of short term physician training of foreign national physicians in the U.S. within its SOAST (Selected Opportunities in Advanced Specialized Training) Program. This program has functioned in close cooperation with USIA.

None of these above mentioned programs obviates the need for A.I.D. involvement in the achievement of the sound and timely overall objectives set forth in the ICPS cooperative agreement. On the contrary, LAC Bureau programs and resources should aid and encourage these and other training programs to provide more appropriate and sharper focus on the basic and continuing needs of LAC physicians who are or should be engaged in the primary health care programs being fostered by AID. Similarly, the resources assembled and crystallized by ICPS should be made known to these complementary training programs in order to be utilized more effectively by them.

4.22 Specific Objectives

As listed in the cooperative agreement --in contrast to the guidelines proposed in the Project Paper-- the three specific objectives of the ICPS activity are:

- o to establish a pilot preceptorship program for placement of LAC medical students and junior physicians with U.S. physicians;

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- o to provide short-term technical assistance to LAC training and educational institutions; and
- o to assist LAC Missions with selection of participant trainees and in matching participants with appropriate training institutions.

The first objective, to place and train 10 trainees per year "for 1-6 months each" has been achieved. At mid-term, 22 trainees have been placed and trained. At the average cost of \$40,000 per trainee, for an average of four months training, it is unlikely that the total target of 40 trainees can be met during the next two years without the addition of contingency funds beyond the program budget of \$1,370,000. Alternatively, the original target could be met by modifying the traineeship strategy as recommended by this evaluation, i.e., selecting trainees who serve in key educational or training positions and who, after a period of U.S. training for approximately one month, would return to their own countries to convey learned technologies on a wide scale to the physician community. By reducing the duration of training and travel in the U.S., it may be possible to budget not only for the project target of 40 trainees but also for strengthening the second and third components which have not received adequate emphasis.

ICPS staff, members of its Advisory Council, and those preceptors consulted are enthusiastic about the U.S. training component of this project in part because such training allows both technical and social interchange between LAC physicians and the U.S. Hispanic physician community. ICPS emphasizes the goodwill generated by this activity among LAC physicians who, according to ICPS, are often subject to anti-U.S. pressures. Reports obtained from trainees who have returned to their own country and from USAID Mission Health Officers who have successfully nominated candidates to receive Project training have been favorable.

Among LAC Mission responses to an evaluation cable and to phone interviews, the most favorable responses came from four Missions (Costa Rica, Guatemala, El Salvador, and Mexico) which have sponsored 14 of the 22 participants. Among the 9 Missions which sponsored candidates, 6 Missions responded positively. Three Missions made no comment on the training. Among Missions responding to a LAC/DR/HN cable requesting Mission preferences for future areas of field technical support (beyond 1989), 8 out of 16 Missions placed clinical training between 9th and 14th priority out of a total of 14 possible priorities. The other 8 Missions did not state a priority preference for clinical training.

If, as planned by ICPS staff, greater attention is given immediately to the two less well advanced components of the

project-- consultative assistance to LAC Mission staff in the nomination and selection of suitable candidates for out-of-country training and technical assistance to LAC countries in the development of indigenous training programs in primary health care technologies-- the specific aims of the cooperative agreement could be advanced in the context of a four-year pilot program.

4.3 Management and Logistic Procedures and Processes

A significant problem area has become evident during the course of these evaluation procedures, namely the processes of communication between the ICPS and USAID Mission Health Officers. On the one hand, ICPS considers that the Missions are not fully aware of the nature of the training opportunities available to them or how best to utilize ICPS and its network of training resources. On the other hand, several of the Mission Health Officers consulted reflect either inadequate information or misinformation regarding the ICPS program and how it might be helpful to them.

This situation has arisen despite the stated priority that the ICPS program "will be utilized to provide assistance to the Missions with regard to the selection and placement of clinical training candidates in short and/or long term academic training programs in the U.S." (see p. 33 of Project Paper, Health Technology and Transfer, 1985). Where USAID Missions have successfully nominated trainees to participate in the ICPS program, the feedback from those Missions has, in general, been highly supportive of the Project. Four Mission Health Officers, in Costa Rica, El Salvador, Guatemala and Mexico, accounting for 14 of the 22 trainees, have urged in their cabled responses to the LAC request for evaluative information that the traineeship program be continued and expanded.

Most of the other Mission Health Officers have voiced either indifference or negative opinions of the ICPS project. Based on phone interviews held during the evaluation procedures with Mission Health Officers, it is evident that there are serious problems which create barriers to or delay successful implementation of the project plan and achievement of even the limited specific objectives set forth in the cooperative agreement. Such problems include the limited exposure of Mission personnel in the area of medical education, frequent turnover of Mission health staff, their preoccupation with more pressing day-to-day duties, and little continuing, effective communication between the ICPS and the Missions. The latter is largely the result of inadequate ICPS initiative to engage in dialogue with LAC Missions. Reflecting these barriers, the "Matrix of Field Needs for Technical Support", developed from responses to an LAC/DR/HN cable (State 386504), places "Clinical Training" at the bottom of 14 intervention areas ranked by the Missions (see Attachment 6).

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4.4 Budget and Financial Review

The funds already obligated (\$1.37 million) were, to all appearances, adequate to fulfill the stated objectives of the cooperative agreement. As noted earlier, the assignment of some additional unobligated funds may be necessary to carry out to the optimum extent each of the three stated specific objectives.

However, the reported cost, which is in the range of approximately \$10,000 per trainee per month, seems beyond the upper limits of reasonable expenditure for such purposes even in a pilot undertaking. Those costs do not include either the trainees usual salary or the institutional costs at the training sites and of the volunteer services of the preceptors supervising the trainees while they have been in the U.S. PAHO reports that its short term training fellowships involve expenditures averaging in the range of \$3,500 to \$4,000 per month for training in the U.S. Those costs do not include the administrative costs of conducting PAHO fellowship activities but they do include tuition and related costs at the training institutions.

A very large fraction of funds available through the ICPS cooperative agreement is used for program management, including headquarters staff salaries and benefits, equipment and supplies, and overhead. Were such charges a less prominent component of the costs of the training activity, the per month trainee expenditures would be greatly reduced to the range of \$4,000 to \$4,500 per month, a figure reasonably comparable to PAHO fellowship expenditures.

However, under the present terms of the cooperative agreement, these charges have been and will continue to be prorated to the per month costs of traineeships. This prorated amount could be reduced by increasing the number of trainees brought to this country and shortening their stay. ICPS staff and the project preceptors have voiced enthusiasm for an expansion of training activities within the U.S. involving additional numbers of trainees. However, at this stage of the four-year project, it does not seem appropriate to add further emphasis to the traineeship component of the project, particularly at a time when the fullest extent of resources should be applied to the even higher priority components of the project, namely, technical assistance to the AID Missions and to in-country continuing education programs in primary care that could be made available in the AID countries. Some additional savings could be accomplished by reducing the amount of trainee travel within the U.S. Some of this travel has been undertaken to give the trainees a better comprehension of the U.S. as a country. However, the financial saving would be a by-product of what many preceptors recommend, namely, a more concentrated period of training in one or at most two sites.

The only other assignable costs of the project are the expenditures of less than \$8,000 charged to technical assistance activities. The terms of the original implementation plan accompanying the cooperative agreement called for "a minimum of 12 person months of technical assistance by Spanish speaking, ICPS member physicians who will participate in short-term continuing medical education programs in LAC countries - as determined in conjunction with USAID Missions and LAC/DR/HN". At mid-project, at most only two person-months of such technical assistance has thus far been provided. Also, that technical assistance has been in the area of program analysis and planning rather than in the area of continuing education. As noted above, this meagre emphasis throughout the first two years of the project on critically important technical assistance components should be corrected during the concluding two years of the pilot project.

5.0 Recommendations

- 5.1 The program activities of the concluding two years of the present cooperative agreement should be substantially modified.

Program activities in 1988 and 1989 should follow the order of priorities set forth in the LAC Project Paper, namely to provide: 1) technical assistance to Missions with regard to the selection and placement of physicians engaged in primary care programs of direct concern to the Missions in short and/or long term academic training programs in the U.S. (with other training programs available in the U.S. as well as with ICPS preceptors); 2) technical assistance by Spanish speaking U.S. physicians, especially qualified to train trainers, who are to participate in short-term continuing medical education programs in LAC countries; and 3) short-term preceptorial training in the U.S., of a type to be specified below, for a limited number of trainees (10 to 12 per year) also more clearly specified below.

- 5.2 ICPS should be reminded of the specific provision in the Cooperative Agreement (Attachment I - Schedule, Para. F2a) which states "ICPS will submit an annual workplan, for LAC/DR/HN approval, which includes output targets, financial management information and proposed activities." With a modified program, as recommended, an approval work plan will be critical to the management of remaining project budget funds available to the program.
- 5.3 No less than \$50,000 of the funds available to ICPS for the years 1988 and 1989 should be earmarked as a line item budget provision to be employed in technical assistance to the Missions.

This technical assistance should focus on: 1) improved selection of candidates for out-of-country training; and 2) training and continuing education programs in LAC countries with the aim of extending new technologies and strategies for priority primary care programs.

On the first point (selection of candidates), ICPS should propose a procedure which, with the concurrence of LAC/DR/HN and selected LAC Missions, seeks joint participation of the national ministry of health and the principal medical education institutions to identify appropriate candidates according to the criteria in para 5.3 (Criteria for Selection of Trainees). ICPS should encourage the ministry of health to invite the guidance of the local office of PAHO. Similarly, the participating medical educational institutions should be encouraged to seek the advice of the Pan American Federation of Medical Schools (PAFAMS) which has been established to provide regional guidance on such issues. Candidates emerging from this consultative process may then be recommended to the appropriate LAC Mission for endorsement.

On the second point (continuing medical education in primary health care technologies), a similar process of workshop or seminar identification should be established by ICPS in consultation with the ministry of health and medical training institutions. These national institutions, in turn, should be encouraged to call on the professional guidance, as needed, of regional organizations such as PAHO and PAFAMS.

Funds available under the recommended \$50,000 for 1988 should be used not only for direct ICPS staff participation, if necessary, but for travel and honoraria for invited LAC national or regional lecturers, U.S.-based Hispanic physicians, or staff members of PAHO or PAFAMS.

- 5.4 The criteria for selection of trainees for short-term training in the U.S. should be more carefully defined and substantially revised.

These criteria should focus on the needs of A.I.D. sponsored primary care programs for physicians: 1) capable of managing programs providing basic preventive services and b) prepared to train other physicians and health workers in how best to provide high-priority preventive services.

Criteria for training should eliminate the concept of "clinical" training (i.e. the knowledge and skills involved in the hands on care of the individual patient). The training to be provided should embrace specialized skills but should focus on the delivery of new technologies and

strategies which can be usefully applied to primary health care on large scale. Thus, the criteria for selection should focus on physicians engaged in medical education training program management with the intent to improve the level of knowledge and skill development either lacking or, at best, inadequately covered in medical school curricula in Latin America and in the U.S. The selection of key educators and trainers is based on the assumption that they will return to their own countries to widely and repeatedly share their knowledge.

- 5.5 ICPS should establish a continuing consultative mechanism with the existing array of training and educational resources now available on education of physicians for primary health care in the LAC Region. These institutions include PAHO, PAFAMS, the Kellogg Foundation, and the U.S.-based Educational Council for Foreign Medical Graduates (ECFMG). Serving as a catalyst, the ICPS effort stands to gain from the ongoing experience of other long-standing institutions in the area of physician training.

Attachments

1. List of individuals interviewed or consulted during the course of this evaluation.
2. List of members of ICPS Project Advisory Council.
3. List of principal training preceptors used in 1986 and 1987 training activities. (A full listing of Spanish speaking individuals physicians and other health professionals - have volunteered to serve in such a capacity includes over one hundred names.)
4. ICPS Trainees, 1986 and 1987, and associated data.
5. Training in Primary Care Medical Specialty (as defined by cooperative agreement) requested by trainees correlated with countries of origin.
6. Matrix of Field Needs for Technical Support: Priority Areas for Intervention; Country Rankings.
- 7a. Line item analysis of ICPS expenditures as of December 31, 1987 and proposed ICPS budget for 1988.
- 7b. Analysis of training cost 1986 and 1987.
8. The International Medical Scholars Program (Editorial appearing in the February 1988 issue of the Journal of Medical Education)

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- Ms. Julie Klement, Project Officer, LAC/DR/HN
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- *Mr. Bill Goldman, Chief Family Division, USAID/Ecuador
- *Ms. Sue Gibson, USAID/El Salvador
- Mr. Tom Park, GDO, USAID/Honduras
- Mr. Bob Haliday, Health Officer, USAID/Honduras
- *Mr. Sam Taylor, A.I.D. Representative/Mexico

Interamerican College of Physicians and Surgeons

- Rene Rodriguez, M.D., President
- Mr. Luis Patino, Project Director
- Ms. Vicki Nelson, Administrative Assistant
- *Adrian Ortega, M.D., Member of ICPS Exchange Visitor Physician Advisory Council and Trainee Preceptor, (Medical Director, Royal Comprehensive Health Center, Los Angeles)
- *Hugo Muriel, M.D., Member of ICPS Exchange Visitor Physician Advisory Council and Trainee Preceptor (Faculty Member, University of Illinois School of Public Health and Former Commissioner of Health, Chicago)
- *Fima Lifshitz, M.D., Trainee Preceptor, (Associate Director of Pediatrics (Nutrition), North Shore University Hospital, Manhasset, N.Y.)
- *Dr. August Sicard, Trainee Preceptor, (Medical Psychotherapist, Lutheran General Hospital, San Antonio, Texas)
- *Ms. Paula Winkler, Trainee Preceptor, (Vice President, Providence Memorial Hospital, El Paso, Texas)

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- *Ms. Blanch Shanks, Statistics Division
- *Mr. Mark Herrenbruch, Statistics Division

U.S. Information Agency

- *Ms. Margaret Wilson, Exchange Visitor Visa Waiver Review Officer
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All trainees except Rincon
 Bernal, Baez, Juarez, Herrera

Helped with all except Bernal and
 Baez, Juarez and Herrera

Participated in Orientation for
 Elias, Funes, Melchor and
 Sanchez

All except Bernal, Baez and
 Rincon

Ileana Vargas, Wesley Vargas,
 Chavez, Cruz, Funes, Elias,
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Zaballa, Alvarenga, Funes,
Chavez, Cruz, Rincon

#	COUNTRY	NAME	AGE	SPECIALTY/JOB	TRAINING SITES/STATES	CITY	MAIN PRECEPTOR	DATES OF TRAINING		DURATION OF TRAINING
								FROM	TO	
1	COSTA RICA	ILEANA VARGAS, MD	27	FAMILY MEDICINE PROFESSOR OF FAMILY MEDICINE UNIV. OF COSTA RICA SAN PEDRO	BAYLOR COLLEGE/MN PROVIDENCE MEMORIAL HOSP/TX ALBANY MEDICAL COLLEGE/NY EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA UNIVERSITY OF PUERTO RICO MEDICAL SCHOOL	HOUSTON EL PASO ALBANY LOS ANGELES SAN JUAN	DR. CARLOS VALLBONA PAULA WINKLER DR. HERMAN RISEMBERG DR. ADRIAN ORTEGA JESUS RODRIGUEZ	6/28/87	12/18/87	6
2	COSTA RICA	MESLEY VARGAS, MD	30	FAMILY MEDICINE ASSISTANT DIRECTOR DEPT OF FAMILY MEDICINE/UNIV OF COSTA RICA UPON RETURN *	EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA PROVIDENCE MEMORIAL/TX UNIVERSITY OF OHIO UNIVERSITY HOSPITALS CLINIC	LOS ANGELES EL PASO COLUMBUS	DR. ADRIAN ORTEGA PAULA WINKLER DR. LAWRENCE GABEL	6/28/87	12/28/87	6
3	EL SALVADOR	CARLOS ALVARENGA, MD	44	PEDIATRICS/NEONATOLOGY CHIEF OF NEONATOLOGY SERVICE SAN MIGUEL REGIONAL HOSPITAL	ALBANY MEDICAL CENTER/NY NORTH SHORE UNIV. HOSP/NY NORWEGIAN-AMERICAN HOSP/IL MIAMI CHILDREN'S HOSP/FL	ALBANY MAHASSET CHICAGO MIAMI	DR. HERMAN RISEMBERG DR. FIMA LIFSHITZ DR. HUGO MURIEL DR. RAMON RODRIGUEZ T.	6/21/86	12/21/86	6
4	EL SALVADOR	JOSE ELIAS, MD	38	HEALTH CARE ADMINISTRATION/ PEDIATRICS/NEONATOLOGY MEDICAL SUPERVISOR, EASTERN HEALTH REGION OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOM)	ALBANY MEDICAL CENTER/NY PROVIDENCE MEMORIAL/TX UNIVERSITY OF PUERTO RICO EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA	ALBANY EL PASO SAN JUAN LOS ANGELES	DR. HERMAN RISEMBERG PAULA WINKLER JESUS RODRIGUEZ DR. ADRIAN ORTEGA	10/18/87	12/20/87	2
5	EL SALVADOR	RICARDO FUNES, MD	39	HEALTH CARE ADMINISTRATION MEDICAL SUPERVISOR, CENTRAL HEALTH REGION OF THE MOM	ILLINOIS MASONIC/IL PROVIDENCE MEMORIAL/TX UNIVERSITY OF PUERTO RICO EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA	CHICAGO EL PASO SAN JUAN LOS ANGELES	DR. HUGO MURIEL PAULA WINKLER JESUS RODRIGUEZ DR. ADRIAN ORTEGA	10/18/87	12/20/87	6
6	EL SALVADOR	FRANCISCO MELCHOR, MD	34	TRAUMATOLOGY IN CHARGE OF ORTHOPEDIC AND	PROVIDENCE MEMORIAL/TX WASHINGTON HOSPITAL CENTER/DC UNIV. MD SHOCK-TRAUMA CTR/MD	EL PASO WASHINGTON, DC BALTIMORE	PAULA WINKLER DR. MARIO GOLOCOVSKY DR. AURELIO RODRIGUEZ	10/18/87	12/20/87	2

		TRAUMATOLOGY SERVICE SAN RAFAEL HOSPITAL OF MOH	UNIVERSITY OF PUERTO RICO	SAN JUAN	JESUS RODRIGUEZ				
7	EL SALVADOR	MARIO ARGUETA, MD	30 PUBLIC HEALTH ADMINISTRATION DIRECTOR OF HEALTH CENTER	CLINICA LA FAMILIA(FAMILY CLINIC) UNM MEDICAL SCHOOL INDIAN HEALTH SERVICES/PH UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE	SAN MIGUEL, NM ALBUQUERQUE ALBUQUERQUE TUSCON	MARY BANE DR. RICHARD KOTOMORI DR. AUGUSTOS ORTIZ	6/21/86	12/8/86	6
8	EL SALVADOR	HECTOR ESPINOZA, MD	30 PUBLIC HEALTH ADMINISTRATION PUBLIC HEALTH PHYSICIAN	CLINICA LA FAMILIA(FAMILY CLINIC) UNM MEDICAL SCHOOL INDIAN HEALTH SERVICES/PH UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE	SAN MIGUEL, NM ALBUQUERQUE ALBUQUERQUE TUSCON	MARY BANE DR. RICHARD KOTOMORI DR. AUGUSTOS ORTIZ	6/21/86	12/8/86	6
9	GUATEMALA	LUIS CHAVEZ, MD	31 PUBLIC HEALTH ADMINISTRATION CHIEF, HEALTH DISTRICT PATZICIA, MOH	PROVIDENCE MEMORIAL/TX EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA LUTHERAN GENERAL/TX UNIVERSITY OF PUERTO RICO ILLINOIS MASONIC/IL CDC CONFERENCE/GA	EL PASO LOS ANGELES SAN ANTONIO SAN JUAN CHICAGO ATLANTA	PAULA WINKLER DR. ADRIAN ORTEGA DR. AUGUSTIN SICARD JESUS RODRIGUEZ DR. HUGO MURIEL	6/25/87	12/18/87	6
10	GUATEMALA	JOSE CRUZ, MD	33 PUBLIC HEALTH ADMINISTRATION CHIEF, CUMEN HEALTH DISTRICT, MOH	PROVIDENCE MEMORIAL/TX EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA LUTHERAN GENERAL/TX UNIVERSITY OF PUERTO RICO ILLINOIS MASONIC/IL CDC CONFERENCE/GA	EL PASO LOS ANGELES SAN ANTONIO SAN JUAN CHICAGO ATLANTA	PAULA WINKLER DR. ADRIAN ORTEGA DR. AUGUSTIN SICARD JESUS RODRIGUEZ DR. HUGO MURIEL	6/28/87	12/18/87	6
11	HONDURAS	HUGO CACERES, MD	30 OBSTETRICS/GYNECOLOGY ALDEA S.O.S. IN MIRAFLORES	PROVIDENCE MEMORIAL/TX EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/CA LUTHERAN GENERAL/TX ALBANY MEDICAL COLLEGE/NY	EL PASO LOS ANGELES SAN ANTONIO ALBANY	PAULA WINKLER DR. ADRIAN ORTEGA DR. AUGUSTIN SICARD DR. HERMAN RISENBERG	6/27/87	10/29/87	6

12 HONDURAS	LEONEL BADOS, MD	53 EMERGENCY MEDICINE	PROVIDENCE MEMORIAL/TX LUTHERAN GENERAL/TX LINCOLN HOSPITAL/NY WASHINGTON HOSP. CENTER/DC EMERGENCY MEDICAL SERVICE SYSTEMS/PR	EL PASO SAN ANTONIO NEW YORK WASHINGTON, DC SAN JUAN	PAULA WINKLER DR. AUGUSTIN SICARD DR. RENE RODRIGUEZ DR. MARIO COLOCOVSKY JESUS RODRIGUEZ	6/27/87 10/29/87	4
13 BOLIVIA	MARY TEJERINA, MD	34 PEDIATRICS/NEONATOLOGY	ALBANY MEDICAL COLLEGE/NY NORTH SHORE UNIV. HOSP/NY MIAMI CHILDREN'S HOSPITAL/FL PROVIDENCE MEMORIAL/TX	ALBANY MAHNASSET MIAMI EL PASO	DR. HERMAN RISENBERG DR. FIMA LIFSHTIZ DR. RAMON RODRIGUEZ T. PAULA WINKLER	7/9/87 12/25/87	5
14 BOLEVIA	OSCAR ZABALLA, MD	34 FAMILY MEDICINE	LUTHERAN GENERAL/TX PROVIDENCE MEMORIAL/TX ILLINOIS MASONIC/IL CDC CONFERENCE/GA UNIVERSITY OF PUERTO RICO	SAN ANTONIO EL PASO CHICAGO ATLANTA SAN JUAN	DR. AUGUSTIN SICARD PAULA WINKLER DR. HUGO MURIEL JESUS RODRIGUEZ	6/28/87 12/28/87	6
15 COLOMBIA	GUILLERMO SANCHEZ, MD	41 EMERGENCY MEDICINE	PROVIDENCE MEMORIAL/TX WASHINGTON HOSPITAL CENTER/DC UNIV. MD SHOCK-TRAUMA CTR/MD EMERGENCY MEDICAL SYSTEMS/PR UNIVERSITY OF PUERTO RICO	EL PASO WASHINGTON, DC BALTIMORE SAN JUAN SAN JUAN	PAULA WINKLER DR. MARIO COLOCOVSKY DR. AURELIO RODRIGUEZ JESUS RODRIGUEZ JESUS RODRIGUEZ	10/10/87 1/28/88	3.5
16 DOMINICAN REPUBLIC	DANILO RINCON, MD	41 HMO ADMINISTRATION EMERGENCY MEDICAL SYSTEMS	ANCILLA DEVELOPMENT/IL HEALTH INSURANCE PLAN OF NY COMPREHENSIVE AMERICAN CARE HMO	CHICAGO NEW YORK MIAMI	DR. HUGO MURIEL DR. ISOBEL POLLACK DR. BEATO-MUNEZ	7/28/86 10/30/86	3
17 ECUADOR	LUCIA DE BERNAL, MD	HOSPITAL ADMINISTRATION	ST MICHAEL'S MEDICAL CTR/VA	NEWARK	JESUS PENA	5/5/86 7/11/86	2

			HOSPITAL ADMINISTRATOR RURAL HOSPITAL	LUTHERAN GENERAL/TK	SAN ANTONIO	DR. AUGUSTIN SICARD			
18	ECUADOR	VICTOR BAEZ, MD	HOSPITAL ADMINISTRATION HOSPITAL ADMINISTRATOR RURAL HOSPITAL	ST MICHAEL'S MEDICAL CTR/NJ LUTHERAN GENERAL/TK	NEWARK SAN ANTONIO	JESUS PEÑA DR. AUGUSTIN SICARD	5/5/86	7/11/86	2
19	MEXICO	JOEL JUAREZ, MD	41 REHABILITATION MEDICINE MEDICAL SPECIALIST OF DIF DIF-NATIONAL SYSTEM OF INTEGRAL FAMILY DEVELOPMENT	WASHINGTON HOSPITAL CENTER/DC RUSK INSTITUTE/NY NAT. ORTHOPEDIC HOSPITAL/VA INTERNAT. CTR. FOR DISABLED/NY HUMAN RESOURCES CTR./NY INTERNAT. CTR. ON DEAFNESS/DC WOODROW WILSON REHAB CTR/VA FRANKLIN ROOSEVELT INSTITUTE/CA RANCHO LOS AMIGOS MED. CTR/CA	WASHINGTON, DC NEW YORK ARLINGTON NEW YORK ALBERTSON WASHINGTON, DC FISHERSVILLE WARM SPRINGS DOWNEY	DR. MARIO GOLOCOVSKY DR. BRUCE GYRNBAUM ELIZABETH PATERSON ANN BRANCATO MARCELLA PUTALA SILVIA GOLOCOVSKY MARIANNE CASHATT DIANA BLANKS DR. MATTHEW LOCKS	10/5/86	11/30/86	2
20	MEXICO	INES HERRERA, MD	47 REHABILITATION MEDICINE HEAD OF DIF ASSISTANCE UNIT CREE, SAN LUIS POTOSI	WASHINGTON HOSPITAL CENTER/DC RUSK INSTITUTE/NY NAT. ORTHOPEDIC HOSPITAL/VA INTERNAT. CTR. FOR DISABLED/NY HUMAN RESOURCES CTR./NY INTERNAT. CTR. ON DEAFNESS/DC WOODROW WILSON REHAB CTR/VA FRANKLIN ROOSEVELT INSTITUTE/CA RANCHO LOS AMIGOS MED. CTR/CA	WASHINGTON, DC NEW YORK ARLINGTON NEW YORK ALBERTSON WASHINGTON, DC FISHERSVILLE WARM SPRINGS DOWNEY	DR. MARIO GOLOCOVSKY DR. BRUCE GYRNBAUM ELIZABETH PATERSON ANN BRANCATO MARCELLA PUTALA SILVIA GOLOCOVSKY MARIANNE CASHATT DIANA BLANKS DR. MATTHEW LOCKS	10/5/86	11/30/86	2
21	MEXICO	MARIO IZAGUIRRE, MD	35 REHABILITATION ADMINISTRATION UPON RETURN: DIRECTOR OF THE NEW DIF REHAB CENTER IN MEXICO CITY	PROVIDENCE MEMORIAL/TK BAYLOR MED. COLLEGE TOUR/TK RUSK INSTITUTE/NY INTERNAT. CTR FOR DISABLED/NY	EL PASO HOUSTON NEW YORK NEW YORK	PAULA WINKLER DR. BRUCE GYRNBAUM ANN BRANCATO	5/4/86	7/27/86	3
22	MEXICO	MAXIMO VILLAGRAN, MD	39 REHABILITATION ADMINISTRATION HEAD, INTEGRATED REHAB UNIT, REHAB CENTER AND SPECIAL EDUCATION, DIF, TOLUCA, MEXICO	PROVIDENCE MEMORIAL/TK BAYLOR MED. COLLEGE TOUR/TK RUSK INSTITUTE/NY INTERNAT. CTR FOR DISABLED/NY	EL PASO HOUSTON NEW YORK NEW YORK	PAULA WINKLER DR. BRUCE GYRNBAUM ANN BRANCATO	5/4/86	7/27/86	3

* DR VARGAS WILL BE SPENDING ONE ADDITIONAL YR IN THE US TO GET HIS MASTER'S DEGREE (NOT FUNDED BY OUR PROJECT) THE UNIV. OF OHIO WORKED HIS TRAINING WITH OUR PROJECT AS PART OF HIS DEGREE

AVERAGE AGE OF TRAINEE IS 36.5

MATRIX OF FIELD NEEDS FOR TECHNICAL SUPPORT: PRIORITY AREAS FOR INTERVENTION *

COUNTRY RANKINGS (1=Highest Priority, 14=Lowest)

INTERVENTION AREAS	Ecuador	Bolivia	Peru	Brazil	Costa Rica	El Salvador	Honduras	Guatemala	ROCAF	Mexico	HUO/C	Jamaica	Haiti	Dom. Republic	Helize	Colombia	Average Rank Score	Rank
Child Survival	1	1	13	1		1	2	4	1	X			1	7	5	1	3.2	1
Maternal Health	4	4	9			2	3	5	3	X			6	10	6	2	4.9	3
Nutrition	2	2	10			8	4	6	4	X			4	4	7	3	4.7	2
AIDS	11	13	7	2		7		8	11	X	1		3	1	13	4	6.8	9
Malaria	5	8	12			5	6	10	11	X				13	10		8.9	12
Essential Drugs	12	11	8			6		7	11		2			14	11		9.1	13
ART	3	3	11			13	5	9	2				7	3	12	5	6.6	8
Management Training	7	6	4		1			3	7	X			5	8	3	6	5.0	4
Clinical Training	14	14	14			9		12	11					11	14		12.4	14
Health Care Financing	13	9	2			4	1	13	10	X		X		6	8		7.2	11
Private Sector	10	12	6			3		14	9	X	3	X	2	2	9		6.9	10
Health Info Systems	6	7	3			10		2	5	X	4			12	2	7	5.8	6
Health Svcs Management	8	5	5	3	2	11		1	8		5			9	4		5.5	5
Evaluation/Monitoring	9	10	1		3	12	7	11	6					5	1		6.5	7

* All data based on LAC Mission responses to LAC/DR/HN cable (State 386504) that described the Regional Health Technical Services Support project concept

** Average Rank Score: Total of Mission rankings for each activity divided by number of countries that ranked the individual activity

*** Ranking: Rank of average scores for each activity. The highest ranking (1) represents the lowest average rank score, since a Mission ranking of 1 was highest priority

X = Preference Areas (not ranked) by Mexico and Jamaica

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MATRIX OF FIELD NEEDS FOR TECHNICAL SUPPORT: PRIORITY SERVICES REQUIRED, EXPECTED PARTICIPATION and BUY-INS*

COUNTRY RANKINGS (1=Highest Priority, 14=Lowest)

<u>SERVICES REQUIRED</u>	Ecuador	Bolivia	Peru	Brazil	Costa Rica	El Salvador	Honduras	Guatemala	HOCA	Mexico	INDO/C	Jamaica	Haiti	Dom. Republic	Belize	Colombia	Average Rank Score	Rank
Strategy Development					1	2	1						4	4	1	2.0	2	
Project Design	1	1	3		4	1	1	1	1	1	1	1	3	2	2	1.8	1	
Project Implementation	2	1		1	5	3	1	3	3	1	3	3	1	3	3	2.3	3	
Project Evaluation	3	1	3		3	4	1	2					2	2	4	2.5	4	
Training		2	1		7	5	4							1		3.3	6	
Operations Research		3	2		2	6	2						3	2		2.9	5	
Information Exchange			4		6	7	3						5	3		4.7	7	
<u>PARTICIPATION</u> (y=yes will participate) (n=no will not participate)	y	y	y	y	y	y	y	y	y	y	n	n	y	y	y	y		14/16 Missions will participate
<u>EXPECTED BUY-IN</u> (\$ Million over 4 yrs)	.2	2.0			.5			.4					1.0	.7	.5			<u>LAC TOTAL</u> 5.3

* All data based on LAC Mission responses to LAC/DR/IN cable (State 386504) that described the Regional Health Technical Services Support project concept

** Average Rank Score: Total of Mission rankings for each activity divided by number of countries that ranked the individual activity

*** Ranking: Rank of average scores for each activity. The highest ranking (1) represents the lowest average rank score, since a Mission ranking of 1 was highest priority

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3. ADDITIONAL AREAS FOR INTERVENTION AND SUPPORT SERVICES
REQUESTED BY MISSIONS

In response to a LAC/DR/IN cable (State 386504) that queried Missions on 14 areas of need for regional technical support, some Missions suggested additional technical support needs they had in their country-specific programs. These suggestions, listed by category and Missions that identified them, were as follows:

Health Communications, education, or social marketing (Ecuador, Bolivia, Peru, Guatemala, Belize, Haiti, Dominican Republic)

Community Development (Bolivia, Guatemala, Belize, El Salvador)

Neonatal mortality (Ecuador)

Birth spacing (Bolivia)

Occupational safety and environmental health (RDO/C)

Water and sanitation, epidemiological surveillance, goiter, tuberculosis, dental health (Peru)

Dengue (El Salvador)

Interregional cooperation (Columbia)

INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS
"APRETON DE MAJORS CURATIVAS"

	A FUNDS SPENT TO DATE	B \$100,000 TO BE USED	C TOTAL A + B
A. Salaries/Benefits			
1. Salaries	\$303,320.72	\$25,939.80	\$329,260.52
2. Benefits	\$49,564.68	\$7,003.58	\$56,568.26
B. Consultants	\$27,705.89	\$784.36	\$28,490.25
C. Participants (Phase I)			
1. Per Diem US	\$197,734.33	\$26,479.09	\$224,213.42
2. Travel US	\$32,068.36	\$2,942.02	\$35,010.38
3. Per Diem LA			
4. Travel LA	\$18,388.29	\$2,353.53	\$20,741.82
5. Health/Accident Coverage	\$3,369.62	\$670.71	\$4,040.33
6. ICPS Membership	\$2,234.02		\$2,234.02
7. Book Allowance	\$2,751.11	\$141.17	\$2,892.28
D. Preceptors/Staff (Phase I)			
1. Per Diem US	\$27,684.92	\$1,229.44	\$28,914.36
2. Travel US	\$48,811.76	\$2,799.36	\$51,611.12
3. Per Diem LA	\$4,672.69	\$1,070.64	\$5,743.33
4. Travel LA	\$9,719.51	\$2,615.43	\$12,334.94
E. Preceptors (Phase II)			
1. Per Diem LA	\$4,587.66	\$3,258.62	\$7,846.28
2. Travel LA	\$3,077.86	\$5,000.00	\$8,077.86
3. Consultants	\$1,015.59		\$1,015.59
F. Training Books/Material/ Conferences	\$7,128.60	\$261.45	\$7,390.05
G. Orientation and Debriefing	\$2,772.51	\$522.91	\$3,295.42
H. Information Dissemination	\$13,661.49	\$1,307.71	\$14,969.20
I. Telephone/Telex	\$25,292.36	\$1,699.89	\$26,992.25
J. Equipment/Supplies	\$46,107.15	\$1,553.87	\$47,661.02
K. Overhead	\$118,328.68	\$12,566.42	\$130,895.10
TOTAL EXPENSES	<u>\$950,000.00</u>	<u>\$100,000.00</u>	<u>\$1,050,000.00</u>

TRAINING COSTS

I. FIRST YEAR
10 TRAINEES/NO TECHNICAL ASSISTANCE

SEPT. 1985 - DEC. 1986	491266.86
10 TRAINEES @ 3.98 MO.	\$12,343.39
COST PER MONTH PER TRAINEE	\$12,343.39

II. SECOND YEAR
12 TRAINEES/2 TECHNICAL

JAN - DEC 1987	395083.7
MINUS TECHNICAL ASSISTANCE	7892.11
12 TRAINEES @ 3.98 MO.	<u>387191.59</u>
COST PER MONTH PER TRAINEE	\$8,107.03

III. AVERAGE COST

TOTAL SPENT TO DATE	881148.41
- TECHNICAL ASSISTANCE (PHASE II)	7892.11 *
	<u>\$873,256.30</u>
DIVIDED BY 22 TRAINEES	\$39,693.47
DIVIDED BY AVERAGE 3.98 MO PER TRAINEE	\$9,973.23
AVERAGE COST PER MONTH PER TRAINEE	\$9,973.23

* Does not include salaries, benefits, telephone, equipment supplies, overhead

INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS
PHYSICIANS EXCHANGE PROGRAM

FUNDING STRUCTURE

I.	AMOUNT AUTHORIZED	\$950,000.00
	FUNDS SPENT TO DATE	\$881,148.41
	REMAINING AUTHORIZED FUNDS	\$68,851.59
	ADDITIONAL FUNDS	\$100,000.00
	REMAINING	\$168,851.59
II.	AMOUNT AUTHORIZED PENDING AUDIT	\$1,370,000.00
	FUNDS SPENT TO DATE	\$881,148.41
	REMAINING AVAILABLE FUNDS	\$488,851.59
III.	TOTAL BUDGETED (4 YEARS)	\$1,635,000.00
	ESTIMATED COST OF EVALUATION	\$50,000.00
	MONIES AUTHORIZED AS OF 2/10/88	\$1,585,000.00
	CONTINGENCY FUNDS AVAILABLE	\$1,370,000.00
	CONTINGENCY FUNDS REQUESTED FOR 1988	\$215,000.00
	CONTINGENCY FUNDS REMAINING FOR 1989	\$112,055.00
		\$102,945.00

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EDITORIAL

International Medical Scholars Program

The International Medical School - Program (IMSP), which is just getting underway, is the first nationally coordinated effort to provide planned educational opportunities in the United States for physicians from other countries. The program has been in the planning stage for over two years. It is sponsored by the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. The Educational Commission for Foreign Medical Graduates (ECFMG) will serve as the secretariat, providing staff support to the program's 15-member board of directors.

The purpose of the IMSP (as stated in the bylaws) is to promote educational opportunities in the United States for foreign physicians to prepare them for positions of leadership in medicine in their home countries. The function of the program will be to place foreign physicians who are sponsored by an agency in their country in educational programs suited to their needs as defined by them and their sponsors. This is quite different from the function of the ECFMG certification program, which only certifies that a candidate has acceptable credentials and is deemed eligible to enter an accredited residency program in the United States.

The sponsors of the IMSP also intend that the program will raise funds for both operations and for the support of IMSP scholars. The ECFMG has already committed \$100,000, and continuing support in the range of \$20,000 per year is expected from each of the five sponsors. Funding will also be sought from multiple sources, including foundations, the government, and international corporations. The amount and the sources of funding will be critical if the program is to achieve its purpose. Simply placing foreign physicians in unfilled residency positions will not accomplish the program goals or fulfill the obligations of this country to provide medical education resources to the rest of the world.

The major challenge to the program's newly appointed board is to identify and nurture the development of educational opportunities for physicians who will provide health care to the general citizenry of third-world countries. Most of these countries need improved services in public health and primary care rather than high-technology medicine. Physicians from developed countries who are seeking special training in advanced high-technology areas will also be served by the program, but there must be a balanced opportunity for the education of physicians across the full spectrum of medicine and public health.

In the 1960s and early 1970s, the United States was criticized for recruiting foreign physicians to meet its manpower needs. More recently, we have been accused of throwing up barriers to entry into graduate medical education and preventing foreign physicians from immigrating. The IMSP provides an opportunity to establish a positive role for the United States in international medical education. Imaginative leadership and multilateral support will be needed if its purpose is to be achieved.

AUGUST G. SWANSON, M.D., vice president for academic affairs, Association of American Medical Colleges, Washington, D.C.

MID-TERM
EXTERNAL EVALUATION
OF
TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH PROJECT
COMPONENT FOR HEALTH CARE FINANCING
(State University of New York
at Stony Brook)
Project Number: 597-0006/598-0632

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I. Purpose of Activity Evaluated

1. Problem Being Addressed

Infant mortality rates remain disturbingly high in many A.I.D. countries. Yet many of these deaths could be prevented through primary health care activities such as immunizations, oral rehydration therapy, and others. These simple and relatively inexpensive programs, however, are not being undertaken by governments because of other pressures: difficult economic times are limiting tax collections; repayment of international debts is placing new demands on many government budgets; and the urban population is putting strong pressure on governments to improve medical care in hospitals even though these curative, hospital-based programs are already taking the lion's share of the government's health budget. Thus, to meet A.I.D.'s Child Survival objectives and to assure that adequate health services can be made available to all citizens, means must be found to persuade people to protect their own health, to estimate health needs (demand analysis), to calculate the cost of providing different types of health services (cost studies), to place reasonable limits on the demands on the health care system, to provide services more effectively (cost containment), and to increase the total amount of funds--private and public--going to health activities (alternative financing mechanisms, i.e. alternatives to tax-supported health care).

Experts in health-care financing have paid particular attention to the alternative financing issue. Persons active in the health field have proposed a number of actions to help overcome the problems outlined above: to charge user fees for health services, to encourage non-governmental bodies to provide health services through organizations similar to Health Maintenance Organizations in the United States, and to encourage individuals to take more responsibility for financing their own health care through various types of private insurance programs.

The most thorough exposition of this new approach is given in the World Bank Publication BKO 900 "Financing Health Services in Developing Countries". Many persons have questions about the assumptions and conclusions of this World Bank report, e.g. is it correct to assume that most poor people can and will pay user fees for health services, as indicated by the Philippines study, or will user fees limit the use of health services by the poor, as implied by an analysis of household survey data from Peru? These important issues can only be decided through carefully designed studies and analyses of the study results. Even where there is agreement on the need for new programs involving health care financing, Government and USAID Missions will require expert technical assistance to design new programs and to evaluate their effectiveness. Thus, needed reforms in the health area are

hampered by a lack of good studies and a scarcity of effective technical assistance.

2. Technical Solution

Since health care involves money, i.e. financing, there are a number of contributions which health care financing activities should be able to make in solving the above problems, for example:

- o Studies can determine the total amount of money which is being spent on health by all groups within the public and private sector, its distribution, and its cost-benefit and cost-effectiveness. With this information, a country can estimate to what extent an additional percentage of gross national product could be devoted to health activities within prevailing political and economic policy.
- o Studies can determine how the money is being spent and how much different kinds of services cost. With this information a country should be able to find ways to use its monies more effectively.
- o Alternative financing schemes, i.e. approaches other than using tax money, can help to finance health activities. Governments can charge user fees for health services; health maintenance-type organizations can be formed to provide their members with health services; or private insurance programs can be expanded to help persons pay a manageable regular premium so that they will receive medical treatment when it is needed.

The ideal is to support the efforts of countries to achieve the most cost effective use of all natural resources for its national health systems.

The effectiveness of these efforts can be improved through a combination of studies and technical assistance. Studies can also be made of household expenditures/household health experience. These studies can indicate the prevalence of specific types of health problems, the types of health services used by a family, and the family's expenditures - all of which should give some indication of the percentage of families who are in a position to pay more for health services. Also, a pool of technical assistance experts is needed to design the new projects which are required in order to meet A.I.D.'s objectives in the health field.

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3. Intended Purpose of Project in Relation to the Problem

As mentioned above, one basic purpose of this sub-project has been to carry out specific financing studies and to develop standard methodologies for performing additional studies. A second basic purpose has been to provide technical assistance in the health care financing field. By the end of the project, LAC health officers should have "how to" information for studies of health care financing and for project design, and would be sensitized to the need to work on health care financing issues.

4. Addressing Mission or LAC Health Strategy

The health care financing project does address the Mission/LAC strategy. If one wants to reduce infant mortality as quickly as possible, one is tempted to finance large-scale vertical programs to deliver immunizations and oral rehydration services. A.I.D. does not have sufficient funds for many such programs and countries are unlikely to launch them until they have been able to bring some order into public and private programs which finance health care programs. Before there can be meaningful reform, countries must know where funds for financing health services are coming from and how they are used. This HCF/LAC "horizontal" program of studies and technical assistance should pave the way for new financing programs and provide the coherence which is needed to assure adequate and continuing financial support for sustainable Child Survival programs.

5. Constraints

There are a number of constraints which make it difficult to utilize improved health care financing methods and thus to reach A.I.D.'s health goals:

- few LAC Ministries of Health systematically carry out basic financial accounting and analysis in a way which permits a determination of financial options for provision of health care services;
- there are few guidelines that indicate what financing strategies and resource allocation patterns are best for any given country;
- health inputs differ from each other, and it is necessary to differentiate between activities which affect a broad group of people, e.g. immunizations, and those which affect only individuals, i.e. curative patient-care activities;
- there are many types of health suppliers and it is necessary to take a broader approach to health planning than Ministries of Health typically take;

- there is disagreement in many countries on the appropriate role of government within the public-private mix of health sector activities;
- the revenue raising potential of user charges in public sector institutions is limited;
- more information is needed on the conditions which are necessary to assure that the revenue-raising potential of insurance-type or prepayment programs is realized; and
- for the purpose of problem-solving in the relatively recent discipline of health care financing, many USAID health officers share a common constraint with national and other international professionals in the need to be progressively informed and updated on health care financing methodologies.

II. Purpose of Evaluation and Methodology

1. Reason for Evaluation

In line with general A.I.D. evaluation procedures, this four-year project has been scheduled to receive a mid-term evaluation. This mid-term evaluation is intended to evaluate progress made to date, to suggest possible changes or emphasis for the last part of the project, and to indicate whether IAC should continue to support the activities funded under this project once the present project is completed.

2. Methodology

The methodology was as follows:

- to determine what A.I.D. intended to have done under this project;
- to review the major issues in health care financing via interviews and reading literature;
- to read the project files and the studies undertaken to date, as well as related documents; and
- to interview face-to-face or by phone persons with a knowledge of project activities, e.g. several members of the Technical Advisory Group, A.I.D. officials involved in administering the project, health officers from all IAC Missions included in the study program, and the key staff of the implementing agency--the State University of New York at Stony Brook (SUNY). A short

list of questions was used as a basis for these interviews.

III. Findings and Conclusions

1. Background and Overview

The motivation for undertaking this project came from several factors:

- o a desire to help LAC Missions meet health strategy objectives by providing a source of funding for studies on health care financing; and
- o a desire to have a source of technical assistance which could be tapped quickly for providing missions with personnel who could provide help in the health area.

Although the original intention was to include studies and technical assistance, a contract was written with SUNY that was used primarily to carry out studies.

There are three health care cost studies:

- 1) Belize: Cost of hospital services in Belize's main hospital.
- 2) Ecuador: Comparison of health-care costs in 18 local health facilities.
- 3) St. Lucia: Costs of services in the country's main hospital.

There are three health care financing studies:

- 1) Bolivia: A market analysis for a private Health Maintenance Organization (PROSALUD) in a specific geographical area.
- 2) Guatemala: An assessment of the need for health care service in a rural area and methods of providing services through private organizations.
- 3) Peru: Economic Feasibility of Private Sector Prepayment Schemes in Lima.

There are two related demand studies, both in the Dominican Republic:

- 1) Household survey in Santo Domingo of health problems in families, the use of health services, and expenditures

on health services in absolute terms and as a percentage of total income.

- 2) Follow-up demand analysis on health care utilization in Santo Domingo and an estimate of the effect that prices of health services and methods of payment have on the utilization of health services.

2. Appropriateness of Design

The design of the project as discussed in the Project Paper was sound. LAC/DR/HN wisely decided that it would be more effective to have a single coordinating contractor carry out a series of related studies than it would be to ask several contractors to perform studies. This approach assured that there would be a knowledgeable professional who could assure coordination of methodology and of researchers with the necessary language capabilities. The Project Paper foresaw the possibility of working in Advanced Developing Countries such as Brazil, but the LAC Bureau decided to limit activities primarily to countries with A.I.D. Missions.

The coordination factor was further reinforced by requiring that an expert advisory committee, the Technical Advisory Group, be formed to assure that the conceptualization and performance of studies would meet high professional and academic standards.

Although the Request for Proposals did not ask for a specific dollar amount of technical assistance, the Project Paper identified a specific sum. Although technical assistance did not have to be supplied by the same contractor responsible for the studies, the decision to do so appears to have been logical in view of the possibility of using the knowledge and experience of persons carrying out studies for technical assistance activities.

The project concept included the idea of permitting Missions to use their own funds to obtain additional technical assistance and studies from the contractor over and above the projected core project cost, i.e. the contract was to include a "buy-in" provision.

The Request for Proposals (RFP) did not spell out clearly enough that the project was to have two major parts: a study component and a traditional technical assistance component. Nor did the Request for Proposals require that the budget in a contractor's proposal be presented in a way which would permit an analysis of the amount of budget money allocated for studies and the amount of money allocated for technical assistance.

The SUNY budget was calculated to provide the funds required to meet the basic objective of performing only the requested number of studies. SUNY assumed that studies and the exploratory

visits which were to precede the studies are a form of technical assistance and would also include some incidental traditional technical assistance. Attachments to the SUNY proposal clearly indicate that its budget covered basically the costs of studies plus related activities such as workshops, and provided only \$51,521 for pure non-study technical assistance except for limited time of two "key personnel", i.e. the Director and another SUNY employee. The contracting assumptions (see next paragraph) obviously affected the contractor's ability to meet and address contract objectives.

As explained below, the project evolved primarily as a study activity and short-term technical assistance requests were generally handled through other contractors (e.g. REACH). The SUNY contract was written without the mechanism for "buy-ins" and approved by both A.I.D. and SUNY even though the intention of the Project Paper had been to include "buy-ins".

3. Attainment of Contract Purposes and Objectives

The LAC Bureau provided the field with a summary of the objectives of the contract and the Missions had an opportunity to outline their needs. The contractor also outlined its capabilities at a meeting of the LAC health officers in November, 1986.

The contractor is ahead of schedule on 8 studies requested by Missions and the remaining funds in the contract are estimated to be just sufficient to pay the basic staff through the end of the project period - September, 1989 - and to finance personnel needed for scheduled activities, i.e. the preparation of the final revised state of the art paper, completion of studies, Workshop IV, and partial funding for a final wrap-up conference. A total of eight studies have been completed or are underway, instead of the nine studies originally specified in the contract. Assuming that there would be nine studies plus 40-70 person months of technical assistance, as stated in the contract, there has obviously been a shortfall. The contractor interpreted the reference to 70 persons/months of technical assistance in the contract as referring to the total use of consultants other than the project's two half-time and one full-time "key personnel" and it submitted its offer with this assumption clearly spelled out in the annexes. (It is not clear, however, that the technical evaluation group had these annexes when it reviewed the technical proposals.)

Consequently, the contractor has interpreted the contract to mean that persons working on studies are to be included in the total technical assistance figure. LAC/DR/HN indicated at an early stage in the contract implementation that SUNY would be expected to provide technical assistance if this action were an appropriate way to meet Mission needs. SUNY accepted this

approach and the contract was negotiated on the basis of a SUNY final offer which listed \$51,521 for short-term technical assistance. As this total could not reasonably support 70 person/months of technical assistance, if such assistance was to be additional to the country studies, the acceptance of this stated budget component would imply that the 70 person/months of technical assistance would have to include other channels for the accomplishment of this level of effort, namely through short term consultations provided in the course of exploratory visits, and the provision of technical consultation by SUNY senior staff to the 9 proposed country studies. While it is possible to view the SUNY budget of \$51,521 as underbidding the level of effort stated in the contract scope of work, it is equally possible to question the acceptance of the SUNY proposal unless the SUNY assumptions were understood.

SUNY has carried out some technical assistance through means other than through the 8 studies, i.e. in the form of specific Mission requests listed in Para III.7 ("Technical Assistance") and in the form of direct dialogue with Missions, on a variety of design and selection issues, during the pre-study visits by SUNY to requesting Missions. Significantly, the SUNY project began at about the same time in 1985 as the REACH Project. The availability of the latter project was followed by a Mission trend to request REACH to meet demands for short term technical assistance.

4. Scope of Work

The question of achieving the project's objectives can also be approached by looking at the Contract Scope of Work which provided for 6 categories of output (see Annex 1):

- 1) Overview and synthesis of existing A.I.D.-supported health financing studies.
- 2) Nine country studies, with the possibility of 3 additional studies from Mission funding.
- 3) Technical Assistance: "The Contractor will provide up to 70 person/months of short-term technical assistance during the life of the project to assist USAID/LAC and Missions with: the design and implementation of financing studies; the formulation of appropriate health financing policy dialogue agendas; economic analyses of health projects; and the implementation of financing-related components of health projects, e.g. establishing appropriate fee schedules or revenue-generating schemes for public sector programs, developing hospital cost containment programs, public/private sector cost-sharing schemes, etc."

- 4) Four regional workshops.
- 5) A final wrap-up meeting.
- 6) Establishment of an expert advisory committee.

The studies have contributed to several of the contracted technical assistance objectives, such as the design of financing studies (through the design of the 8 studies); the Belize and St. Lucia hospital studies on economic analyses of specific health projects; public/private sector cost sharing schemes (Bolivia, Peru, Guatemala studies); and developing hospital cost-containment schemes (Belize, St. Lucia). Studies have not yet addressed health financing policy dialogue agendas.

5. Management, Logistics, Procedures, and Processes

The prime contractor is the Research Foundation of the State University of New York (RF-SUNY), with the key staff being at SUNY's Stony Brook campus on Long Island. The person who has been the guiding force in SUNY's administration of the project is an experienced economist with a long history in health financing work. He is accepted as one of a relatively small group of real experts in the field with LAC Regional experience. Another SUNY employee, who has since returned to live in his Latin American home, has played an important role in leading project teams.

A number of studies have been carried out via two sub-contractors: the International Resources Group Ltd. (IRG), which specializes in sector studies in the energy and health fields, and the Group Health Association of America, Inc. (GHAA), the umbrella organization for health maintenance organizations in the United States. The use of these two organizations has enabled SUNY to tap into experts who work with these organizations and thereby to carry on more work than would have been possible for SUNY to do alone. The contract arrangements appear to have worked smoothly, although one sub-contractor found that responses to its inquiries on what is acceptable under government procurement regulations were not always appropriate.

LAC Bureau officials state that, generally, LAC does not try to insert itself into the communications loop between the Contractor and USAID Missions. SUNY informs the LAC project manager of planned actions and seeks required approvals. Communications are currently proceeding satisfactorily. However, there have been earlier communication problems, e.g. SUNY had not asked USAID Peru/the Government of Peru if the draft study of Lima Health Care Financing could be discussed at the contractor's annual workshop and the Government asked that no discussion be held on the substance of the Peru study since the government had not had time to review the study. There have also been failures on the part of SUNY to provide LAC/DR/HN with timely notice of

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changes in contract personnel and salary adjustments. Several months were required to establish good working relationships between LAC/DR/HN and SUNY.

6. Output of the Project

The output of the project to date includes the following:

- o studies (8 have been completed or are in progress) and debriefings of USAID Missions and government officials on the content and implications of the studies;
- o 3 annual workshops which combine a review of studies made during the last year and education/information on what has been learned about health-care financing;
- o training for national individuals and organizations as an element in their participation in the studies (the SUNY approach has stressed the use of local organizations in carrying out studies);
- o a limited amount of technical assistance not directly related to studies;
- o publication of a State-of-the-Art Paper on health care financing (SUNY plans to prepare a final, revised State-of-the-Art Paper toward the end of the project and the paper is to be discussed at a final conference);
- o publication every six months of a two page summary of project activities and project findings; and
- o creation of a Technical Advisory group to provide direction and oversight for the project.

6.1 Studies

A list of studies is shown in Annex 2. The studies can be grouped according to their major characteristics. There are three cost studies.

1) Belize: Estimated direct costs: \$92,000 (12% of direct costs of country studies). The final study was published in June, 1987. The Belize study analyzed the costs of operating the Belize Hospital which absorbs at least 50% of the government's health budget. The USAID has found the report to be excellent and the government has also praised the report. The report is expected to have an impact on the future course of the Belize health program, e.g. the government is exploring whether ancillary "hotel" services such as laundry can be turned over to the private sector. The USAID is maximizing the impact of the

report through a seminar of important government leaders held in Belize in February, 1988.

2) Ecuador: Estimated Direct Costs: \$80,000 (11% of direct costs). A Spanish version of the study was completed in July, 1987, and an English translation is currently being edited. The Ecuador study compared the costs of 18 local health facilities and covered government, social security and private facilities. The health officer who was in Ecuador when the studies were started has since been transferred. Current personnel at USAID find the study to be of limited usefulness for reasons of methodology and consultant selection. There is no indication to date that the report is influencing government action, although the study has been prepared with the help of an important Health Ministry Official. The study has not yet been officially transmitted to the Minister of Health. Thus, it is still too early to make a definite judgement as to whether the study will influence health programs.

3) Saint Lucia: Estimated Direct Costs: \$67,000 (9% of direct costs). A preliminary draft was completed in January, 1988. The St. Lucia study calculated general costs of broad categories of service in St. Lucia's main hospital which absorbs a high percentage of the country's health budget. The responsible USAID health officer has found the preliminary draft to be very useful and the local health ministry officials have been highly pleased with the report. A member of the study team returned in February, 1988 to make a presentation of report findings to the full cabinet. Based on the study, the Government is reconsidering an earlier concept to construct several outlying hospitals. The study demonstrated that there is low utilization of facilities besides the main hospital and that it would be more cost-effective to bring patients to the main hospital than to build new small facilities.

There are three alternative financing studies:

1) Bolivia: Estimated direct costs: \$77,000 (10% of direct costs). The preliminary English draft was completed in January, 1988. The Bolivia study examines the market for health services in an area where a private health care organization, PROSALUD, is expanding its activities with assistance from USAID/Bolivia. Both the USAID and the PROSALUD officials are highly pleased with the results. The study had some immediate practical results in helping the private health care group to develop an operating methodology for calculating revenue requirements for achieving self-financing. The study recommended that new clinics include two types of experts (a gynecologist and a pediatrician) whose services in the study area have been heavily used and have helped to improve the financial position of the clinics. The USAID has increased the potential for impact of the study by planning a seminar to disseminate the results.

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2) Guatemala: Estimated Direct Costs: \$105,000 (14% of direct costs). The preliminary draft is scheduled for completion in February/March 1988. The Guatemala study is examining health needs in a part of the country with few government clinics. After estimating needs, it will explore how to expand private health services to assist agricultural workers who currently do not have access to adequate health care. The USAID believes the study is providing an essential piece of information which will be used in the design of future activities. The USAID also expects to use the study in its dialogue with the government on the need to look at alternatives to direct government programs for providing health services to persons not currently adequately covered.

3) Peru: Estimated direct costs: \$106,000 (14% of direct costs). An English version of the study was published in August, 1987, and a Spanish summary is also available. (The key persons in the private groups working with the study are bilingual. However, few persons in the Government are able to absorb information quickly in English). The Peru study explored the economic feasibility of private sector prepayment schemes in Lima. The study thus meets the LAC objective of encouraging the development of the private sector. It is not clear to what extent private groups are utilizing the results of the study. This study has stimulated the Government's interest in having other studies performed.

There are two closely related studies on household demand and expenditure for health services (Estimated Direct Costs: \$227,000, 30% of total direct costs). The first study, being financed with funds allotted to USAID/Dominican Republic, is a household survey of the health problems in the capital city of Santa Domingo during a two week period, the types of health care sought by persons who were ill, income of the family and related questions. The second study will be an analysis of information available from this survey and other data sources. The second study will estimate the determinants of health care utilization in Santa Domingo. Field work on the household survey has been completed but no results have yet been published. However, based on work performed so far, the Mission believes the studies will be helpful in preparing a project to assist the private health sector.

6.2 Other Studies and Reports

The "Health Care Financing in Latin America and the Caribbean: Research Review and Recommendations" State-of-the-Art Paper (SOAP) was published in April, 1986. A revised chapter on "costs" is available in English and Spanish and the original chapter on "alternative financing" has also been translated into Spanish. The contract required the preparation of an overview and synthesis of existing A.I.D.-supported health financing

studies in Latin America. The contractor review also included non-A.I.D. materials. The document presents a review of the literature and offers conclusions.

Although there was an attempt to make the report readable, it remains fairly "heavy" technical reading and A.I.D. health officers must be prepared to work through references to "cross elasticities" and other terms of interest to the economist. As a literature survey rather than as strategy guidance, the document is not in a form to provide ready-made applications, e.g. a USAID about to discuss the issue of user fees with a government would not be able to use the paper to cite clear evidence as to criteria which should be used in considering a system of user fees. The report lays out questions worthy of further detailed study, i.e. a research agenda which was one objective envisioned in the Project Paper.

6.3 Updates

The contractor has prepared four "Updates", (see Annex 2), which summarize project developments during the most recent six-month period. These updates are a useful vehicle for keeping health officers and other interested persons abreast of developments under the project.

6.4 Country Study Guidelines

These guidelines outline the approach used by SUNY and its sub-contractors in preparing country reports.

6.5 Annual Workshops

Including the March 16-18, 1988 workshop in Antigua, Guatemala, SUNY has organized three workshops. At these workshops, the draft studies are discussed with a group that includes SUNY staff and consultants, the relevant IAC Missions, local research groups which participated in the study, and selected other individuals, e.g. members of the Technical Advisory Group and host country health officials. Since a major objective of the workshop is to reach agreement on the studies, the studies are the major end-product of the workshop and there are no separate reports on the proceedings. The evaluation questionnaires filled out by participants in the workshops indicate satisfaction with this format. The review serves as an effective means of transferring technology concerning health care financing studies through discussions of country studies and reviews of appropriate elements of the State-of-the-Art paper.

6.6 Technical Advisory Group (TAG) Meetings

Meetings of the Technical Advisory Group are held every six months, with every other meeting being combined with the annual

workshop meeting. The Advisory Group includes A.I.D.'s project manager for the SUNY contract, A.I.D.'s project manager for the REACH project and health financing experts from other development groups such as PAHO and the World Bank. This approach helps to assure that project activities are carried out with advice from leading experts in the field.

6.7 Documentation List

SUNY has created a computer file of documents relating to health care financing.

6.8 Technical Assistance

SUNY has pointed out that its studies have assisted USAID Missions to carry out their objectives and has indicated that the studies should be considered as a form of technical assistance (Annex 3). While recognizing the validity of this position, one should remember that the Project Paper envisaged more technical assistance of a traditional nature than has been provided under the contract (see issues of Contracting and Design, Para III B).

For technical assistance, SUNY cites the following specific tasks (see Annex 3):

- a scope-of-work for an evaluation of PROSALUD in Bolivia;
- household survey designs for El Salvador;
- household survey designs for the Dominican Republic;
- a meeting on study exploration for Panama, Stony Brook;
- a scope-of-work for technical assistance to the Belize Banana Control Board; and
- a PID concept paper for USAID/Guatemala.

Annex 4 lists 18.3 months of estimated short term Technical Assistance by key staff by 12/31/88. Estimated short-term technical advisory services by consultants and coordinators for all SUNY activities is 68.6 months by 12/31/88 (see Annex 4).

7. Quality and Efficiency of Work and Responsiveness

Although some criticism exists, the general quality of the studies has been good. The use of local research groups has provided training to local persons in research methodology and has improved access to local data bases and local information on health conditions. The need to coordinate with local groups on the text and tables of the report may lead to some delays in

completing the reports. The files and conversations with persons familiar with the project have also disclosed some slip-ups and delays, but on the whole the studies have been carried forward in an efficient manner.

Several Missions hoping for specific help from SUNY were disappointed. The USAID Mission in Jamaica requested technical assistance but turned down the person proposed because that individual did not have the skills requested by the Mission. USAID/San Salvador asked Washington to arrange help in organizing a survey, but there was a long delay before anyone was sent by SUNY. The Mission was highly pleased with the quality of the advice, but the delay meant it was not possible to proceed with the work as originally planned.

8. Budget Review

The original contract budget, as proposed by SUNY (see Annex 5) totals \$2,025,250. Annex 6 shows SUNY estimated expenditures through 9/30/87 to be approximately 54% (\$989,155) of the obligated total of \$1,812,950.00. Estimates of additional expenditures through 9/30/88 total \$711,250.00, leaving a balance available on 9/30/88 of \$112,545.00. This balance is premised on completion of current studies and completion of Workshop III. With the estimated balance by 9/30/88 and final project obligation of \$212,000.00, the estimated availability for the final project year would be \$324,845.00. Functional projections for the use of this balance, as stated in Annex 6 is for Stony Brook salaries (and their availability for HCF activities), direct and indirect costs, plus Workshop IV and the final contracted wrap-up meeting.

Annex 7 provides estimates and proposed budget allocation by time and function. Estimated costs for the current 8 approved studies is \$741,754 with an additional \$20,000 for "short term technical assistance".

The expenditure pattern suggests that country studies cost less than \$100,000 (varying from \$53,814 to \$112,950). Only one study exceeds \$100,000 (see Annex 8). This figure would need to be increased by the value of the time spent by "key personnel" on the studies and by a share of the costs of the workshops. (Precise information on these values is not available.) If one includes Belize in the Central America category, 26% of direct study expenditures are in the Central America region while Central American regional funds have provided 40% of obligations to date. Latin American regional funds have provided 60% of funds obligated to date. Direct costs of studies for the LAC countries other than Central America are expected to be 76% of total direct costs.

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As noted above, SUNY estimates a fourth year funding availability of \$324,845.00 after completion of current sub-contract (see Annex 6). By comparison, the original SUNY proposed budget estimated the fourth year budget to be \$359,067.00 (see Annexes 1 and 5). Assuming that SUNY is ahead of its work schedule on 8 studies, which are to be completed by the end by 9/30/88, the original SUNY provision for sub-contracts in the fourth year would not be required (\$94,869). Accordingly, the original fourth year contract budget estimate could have been decreased by this amount to give a fourth year estimate of only \$264,198.00. This decreased fourth year requirement would then be \$60,647.00 below the SUNY staff estimate of final year funding availability of \$324,845.00. The originally scheduled budget would have permitted a ninth study in the fourth year plus SUNY consultation to Missions on study applications.

In view of revised budget estimates approved by the A.I.D. Contract Office (see Annex 9, dated 9/15/87), the original estimates no longer apply. The revision in Annex 9 approves escalations in salaries and wages (30%); fringe benefits (32%); consultants (140%); and travel, transportation, and per diem (18%). "Other Direct Costs", which was supposed to fund technical assistance support in form of Workshops and conferences is reduced from \$243,000.00 to \$14,798.00. The approved fourth year budget further deletes sub-contract financing which has been fully utilized during the first three project years. Under this contract amendment, a ninth study - if requested from Missions - could not be funded without contingency funding at a level between \$50,000 and \$100,000.

9. Requests for Proposals (RFP)

The Scope of Work in the Request for Proposals did not adequately reflect the intention of the Project Paper. Specifically, the RFP did not state precisely enough what services were being requested and did not require that the bidder clearly indicate which part of its cost proposal related to studies and which part related to non-study technical assistance. Such a breakdown was essential since the RFP stated: "COST FACTORS WILL NOT BE ASSIGNED NUMERICAL WEIGHTING. YOU ARE CAUTIONED, HOWEVER, NOT TO MINIMIZE THE IMPORTANCE OF THIS FACTOR AS IT WILL BE CAREFULLY EVALUATED."

However, the RFP does carry a "level of effort" description that includes studies and technical assistance. The outcome and comments of the evaluation team are stated in Part III, sections 2 and 3.

10. Contract Requirements

The Contract Work Statement is provided in Annex 1. Beyond

the general categories specified, a number of details remained unclear. There was no reference as to whether reports for Hispanic countries were to be published in both English and Spanish. SUNY decided to publish at least a Spanish summary of all studies written in English for Hispanic countries. The contract also did not specify the number of English copies. SUNY printed and distributed 200 copies of the English version of its studies.

As noted earlier, a contract was written which is open to different interpretations for the division of work between studies and technical assistance. The contract also states: "The contractor will conduct a final wrap-up meeting during the last year of the project to disseminate research findings of studies implemented under this project."

11. Relationship to the REACH Project

S&T central funds have been used to finance "The Resources for Child Health Project" (REACH). This project includes both immunization programs and health care financing activities primarily in support of Child Survival activities. Although there apparently were some coordination problems in the early stages of the activities of the two projects, there now appear to be very good working relationships between HCF/LAC and REACH. The SUNY Director is on the advisory board of REACH. Although the S&T Project Manager is on the SUNY Technical Advisory Group, the REACH Deputy Associate Director for health care financing is not a member of this body.

However, the existence of the REACH project raises an obvious question: Is there a need for both the HCF/LAC project, which is intended to support national HCF issues irrespective of the Child Survival focus, and the REACH project, which is intended to focus primarily on Child Survival issues? According to the original Project Paper, the terms of reference for the HCF/LAC project were far broader than those for REACH and attempted to address basic underlying financial issues affecting the health sector. There is a substantial body of work to be done and both groups have been very active in health financial studies. There are advantages in having more than one organization involved in thinking through the theoretical and practical issues of health care financing. There is a need to tap as much talent as possible in this field, including a pool of talented Spanish-speaking experts. Aside from the difference in focus on financing studies, the two organizations appear to have been more effective than one would have been. Having an organization exclusively devoted to LAC countries may help to assure better understanding of problems in a region with such widely diverse financial problems.

12. Relationship between PRICOR and HCF/LAC

During its first phase of operations, PRICOR accepted suggestions for research from a wide variety of American and foreign researchers. A number of studies dealt with fees for services. In a few cases, fees were charged and the reaction of the intended users was studied and calculations were made of the percent of cost recovery. Most studies in this field, however, attempted to use polling techniques to find out if persons would be willing to pay if fees for service were instituted. The results have been well summarized in PRICOR's report "Community Financing of Primary Health Care: The Pricor Experience, A Comparative Analysis". Thus, the HCF/LAC activity does overlap the work that had been performed under PRICOR I.

However, under PRICOR II, the main emphasis is being given to operational aspects of health programs. PRICOR examines in detail very specific health operations, such as immunization, and attempts to determine how effectively they are being carried out and to identify the most efficient methods. This operational research should prove to be very useful in specific Child Survival operations. There does not seem to be any significant overlap with the economic-oriented research being carried out under the HCF/LAC project.

13. Methodology

The Project Paper stressed that LAC needs to develop methodologies for analyzing the various types of health financing problems which countries in the LAC Region are facing. The contractor has been very conscious of the importance of this aspect of the assignment and nearly all country reports include a section on methodology. LAC/DR/HN recognizes that health care financing is a relatively new field and that many A.I.D. health officials would benefit from training in the new methodologies and from jargon-free discussions of the issues in this field. This view lies behind the LAC/DR/HN request that the State-of-the-Art Paper on financing be revised for clarity.

14. SUNY's Approach to Carrying Out Studies

The contractor has developed a very effective approach to carrying out studies. First, there has been an attempt to make frequent use of several highly respected experts in leading the study teams. Second, the process begins with an exploratory visit by the person who will lead the study team to those countries approved by Missions and LAC/DR/HN. Several Health Officers mentioned that these preliminary discussions during the exploratory visit were extremely useful and often helped to refine the Mission's thinking and/or to identify new approaches to solving the problems at hand. Before departing, the exploratory person leaves a detailed outline of the proposed

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study which clearly indicates the type of information which will be collected and the types of analyses which will be performed. The exploratory person also contacts local research groups and arranges for these groups and/or government health officials to assist in carrying out the study. A budget is also prepared for the study.

Once the proposed study has been approved by the Mission and LAC/DR/HN, the contractor (sometimes SUNY directly, sometimes IRC, and sometimes GHAA) brings the team together at Stony Brook with the SUNY Project Director. This meeting helps to assure that the team members will work together smoothly and that the general methodology of the HCF/LAC project will be followed. One team member, usually a junior or mid-level person with research skills, is designated "Project Coordinator", i.e. project administrator. This person is responsible for handling all logistic matters and for assuring that the study is carried out within the budget limits. This approach appears to have worked very well: it assures that necessary logistic matters are arranged; it frees up other personnel from administrative matters so they can concentrate their energies on the research questions; and it helps to assure that the budget is respected. (Since the budget was originally prepared by the team leader in close cooperation with the Project Director, there also is strong pressure on the leader to live within the budget.) The team leader is held responsible for preparing the draft of the team report. This report is further edited by the SUNY staff, and, as explained above, it is reviewed in detail at the annual workshop.

15. Other Studies: Peru Health Sector Analysis

Several persons working on the HCF/LAC project, including the SUNY Project Director, had played key roles in working with local groups in Peru in preparing a Health Sector Analysis which preceded the HCF/LAC project. This analysis drew on the results of an A.I.D.-financed national nutrition and health survey carried out earlier. Although A.I.D. played a key role in terms of financing and providing personnel, the study was carried out in collaboration with PAHO, a relationship which was essential for its acceptance by all important groups in the government of Peru.

This study was broad enough in both its scope and in its involvement of Peruvian officials, that it led to a major reexamination of health financing policies on the part of the government and an increase in the funds allotted to the health sector and to meeting specific problems, e.g. primary health care for child survival activities and physical maintenance of health facilities. Recently, however, the Government's interest in health issues has reverted to ways of improving the quality of hospital care. Nevertheless, the original Health Sector Analysis is an essential initial approach used increasingly by

international funding organizations such as the World Bank. Health Sector Analyses are diagnostic steps necessary to permit alternative choices for action, even though the host country may not choose to accept the conclusions.

16. Have the Studies under the HCF/LAC Project Been too "Academic"?

Although the comments on the studies under the HCF/LAC have been generally quite favorable, there have been occasional questions as to whether the studies, particularly the original State-of-the-Art Paper, have been stated in language which is clear to those who may not be professional economists.

SUNY is aware of this issue. The Director has stated that an explicit effort is being made in editing to improve the readability of the studies. In addition, one of the important staff members brings an editing background to the project.

17. Cost Studies

Because of the nature of the cost information that is available, nearly all cost studies based on existing data will provide only general information on costs, e.g. the cost of operating different wards in a hospital. Practically no health units in the LAC Region have organized their record keeping in such a way that one can discover the specific types of health problems which have been treated, the success of the treatment, and costs of the treatment. Thus, the information from the Belize and St. Lucia studies is quite general. However, even the information on the costs of general types of services is still a vast improvement over the data previously available. The information from the studies is being used by the health authorities in the two countries in their health planning and management work.

The information from the Ecuador study was also quite general, e.g. costs of running different clinics. However, the study did show sharp differences in the costs of running various clinics and demonstrated that urban clinics are not always more expensive to operate than rural clinics.

IV. Recommendations

1. Clarify Content of Final Synthesis Report and Assure that the Best Available Experts are Obtained to Write the Report:

The contract requirement for the output at the end of the project is unsatisfactory. The contract now states: "The Contractor will conduct a final wrap-up meeting during the last year of the project to disseminate research findings of studies implemented under this project." The Contractor intends to prepare a written report for discussion and distribution, but this approach should be specified in writing and there should be a specific understanding of what will be covered. It is recommended that the report(s) include at least the following points:

- o Summary of methodologies: a listing of the types of problems which can be more easily resolved if health care financing studies are performed, and a short outline of the methodology(ies) which can be used in carrying out the study(ies).
- o Research Review: to cover all relevant health-care financing research, not just research under the HCF/LAC project.
- o Review of Evaluations of Health Projects involving health care financing carried out by A.I.D., World Bank, IDB, Asian Development Bank, African Development Bank, etc. (SUNY may need some A.I.D. support in order to obtain these evaluation reports.)
- o Lessons Learned: A summary of what the research and evaluation implies as to actions which LAC Governments and USAID Missions can take in dealing with health care financing problems. This material should be written in non-technical language and should provide USAID and host country officials with suggestions of specific health financing actions which can be taken to improve health programs. The World Bank's recent publication on health care financing presents a coherent summary of suggested reform actions. The final State-of-the-Art Paper could indicate to what extent existing research supports the conclusions of the World Bank Report, and/or how a country could proceed to implement/test the recommended programs. The preparation of this material will require the best drafts to be reviewed by persons with expert knowledge in the area. The editing of the documents should be completed before the final "wrap up" conference. Every attempt should be made to hold the conference at a time and place which

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facilitates attendance by LAC health officers from Washington and--particularly--the USAID Missions.

2. Increase Direct Dialogue and Technical Assistance For LAC Missions During Remaining Project Period

As a second priority, emphasis should be given to discussing the applications of country studies with the sponsoring Missions and Host Governments. While this type of discussion may take place in part at the annual workshops, not all studies are yet completed. Conveying the findings, lessons, and applications will be an important practical step in supporting health care financing knowledge in the LAC Region. A second advantage of direct discussions between SUNY contract staff and Missions is to review other concerns expressed by Missions and host governments in the area of health financing. In light of the current REACH concentration on issues primarily of relevance to Child Survival program sustainability, SUNY expertise should be used to engage in dialogue with Missions-- and with host governments if Missions concur-- on financing issues which affect the health sector in general.

3. Review the Need for a Ninth Study

As a third priority, depending on expression of interest from LAC Missions and the availability of contingency funding, a ninth study may be considered. However, such an additional study may not be critical to the underlying intent of the SUNY contract, which was to support the LAC Region's effort to address major issues in health care financing as perceived by the various LAC Missions. For this reason, such a single study may not be as useful to LAC Regional Strategy during the balance of the project period as greater dialogue with Missions to review major problems and needs for future study. It is noted, for example, that the Missions have stated their appreciation for discussions which took place during the early planning stages of the existing 8 studies.

The problem of financing will remain critical for the health sector as long as attempts are made to extend health services in an environment of high external debt, recession, and severe competition for social sector funds.

4. Provide New Contract for Health Care Financing Studies and Technical Assistance for Post FY 1989 Period

The identification of health care financing reforms which are generally applicable is at an early stage among all international organizations. HCF/LAC studies undertaken to date have played only a minor preliminary role in reaching this goal. Nevertheless, the HCF/LAC studies are proving to be useful and LAC should establish a mechanism for continuing Regional support

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to LAC Missions beyond the end of the contract period (September, 1989).

If LAC studies are to be continued, it would appear desirable to maintain the pattern of a separate contractor, i.e. LAC should have a separate contract for this work and should not depend on the REACH project because of the latter's more narrow Child Survival focus. However, replies from the LAC Missions to a cable asking for their future requirements for outside help, raise a question as to the amount of health care financing activity - studies and technical assistance - envisioned by the Missions.

Although it is tempting to think in terms of a LAC study agenda, in practice, a study will be most effective if it has the full support of both USAID and the host country. A decision on having separate LAC contracts for health care studies and technical assistance should depend, therefore, on an estimate of demand by LAC missions. If the demand justifies the overhead costs of a separate contractor, there should be a separate contract.

As for specifics, top priority should be given to mechanisms which encourage a country to seriously consider undertaking reforms in the health financing field. Effective action will undoubtedly require the interest and collaboration of not only the Ministry of Health/Social Security Office, but also the key economic ministries, e.g. the Planning Ministry, and the Finance Ministry.

In this connection, LAC should consider possible joint efforts with the World Bank and/or PAHO. Under the World Bank's new administrative arrangement of assigning health experts to the regions, the central pool of health funds for carrying out collaborative reform activities no longer exists and it is not clear whether the Bank will have alternative sources of funds for this purpose. As discussed above, the Bank through its PSI/ER reviews is in a position to identify countries with a real interest in reform. The LAC Bureau, if it has funds available, may be able to play a very helpful role.

LAC should attempt to study "natural experiments" in health care financing, particularly as concerns user fees. There is currently a debate as to whether imposing user fees at health facilities will make it unreasonably difficult for poor people to obtain essential health care. In general, priority should be given to performing studies to measure the impact of reforms which are being undertaken in various countries, i.e. what actually works in a health program/area where there has been reform. Thus, studies of the effectiveness of countries' efforts to decentralize the responsibility for health programs, might be undertaken.

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In considering the role of health care studies, LAC should support efforts of governments to undertake basic financial analysis of the health sector in order to determine the sources and distribution of public and private funding over time. Such basic analysis permits a first look at imbalances in the use of existing finances prior to special studies on cost and demand for health services.

5. Add REACH Official to HCF/LAC Advisory Group

As for formal administrative arrangements, it is recommended that REACH's Deputy Associate Director for health care financing be named a member of the HCF/LAC Technical Advisory Group.

V. Lessons Learned

From the point of view of effective utilization of a regional activity, it is incumbent on the contractor to engage Missions and host countries in repeated discussion on the opportunities and rationale of the project activity. Even with LAC Bureau endorsement at the Washington level, a regional activity is continuously dependent on reinforcement to define its usefulness and need in relation to the array of other projects in the health field.

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List of Persons Contacted

- *Mrs. Susan Abramson, S&T REACH Project Manager (REACH)
- *Mr. John Alden, PRITECH
- *Mr. Gerardo Arabe, USAID/Peru
- *Ms. Liliana Ayalde, GDO, USAID/Guatemala
- Mr. Gerald Bowers, LAC/DR
- Ms. Paulette Chase, Management Officer, HCF/LAC/SUNY
- *Mr. Sam Dowding, USAID/Belize
- *Ms. Lisa Early, USAID/Dominican Republic
- *Ms. Susan Gibson, formerly USAID/El Salvador
- *Mr. Bill Goldman, USAID/Ecuador
- Ms. Gretchen Gwynne, Research Associate, HCF/LAC/SUNY
- *Mr. Paul Hartenbergaer, Dep. GDO, USAID/Bolivia
- *Mr. James Heiby, S&T/Health Project Manager (PRICOR)
- *Mr. Lee Hougen, HDO, USAID/Dominican Republic
- Ms. Judith Johnson, SER/OP/OS/LAC
- *Ms. Katherine Jones-Patron, USAID/Ecuador, former HCF/LAC Project Manager
- *Ms. Joan LaRosa, HDO, USAID/Peru
- *Ms. Maureen Lewis, Urban Institute
- *Ms. Linda Lion, GDO, USAID/Peru
- *Mr. John Massey, Population Officer, USAID/Guatemala
- Dr. William McGreevey, World Bank
- *Ms. Linda Morse, Deputy Director, USAID/Haiti
- Ms. Patricia Moser, present HCF/LAC Project Manager
- Dr. Philip Musgrove, Advisor in Health Economics, PAHO
- *Dr. John Naponick, GDO, USAID/El Salvador
- Ms. Petra Reyes, LAC/DR/HN Child Survival Fellow
- Mr. David Osinski, SER/OP/OS/LAC
- *Ms. Catherine Overholt, Independent Consultant
- Mr. Philip Palmedo, CEO, IRG
- Mr. Alland Randlev, S&T/Health
- Mr. Gerald Rosenthal, REACH
- *Mr. George Strumpf
- Ms. Ethel Weeks, Coordinator, IRG
- *Mr. Theordore Weinberg
- *Ms. Louise "Holly" Wise, Chief, HPE, RDO/C Bridgetown, Barbados
- Dr. Dieter Zschock, Director, HCF/LAC (State University of New York-SUNY)

An "*" indicates that the individual in question was contacted by telephone. If there is no asterisk, there was a personal meeting with the individual listed.

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BIBLIOGRAPHY

- "AID Evaluation Handbook" AID Program Design and Evaluation Methodology Report No. 7.
- "AID Policy Paper: Health Assistance" Revised.
- "Health Technology and Transfer" AID/LAC/P-218. AID Project Paper Project Number 596-0136 & 598-0632.
- Ferranti, David de,
 "Paying for Health Services in Developing Countries-An Overview", World Bank Staff Working Paper Number 721.
- Gertler, Paul; Locay, Luis; Anderson, Warren,
 "Are User Fees Regressive? The Welfare Implications of Health Care Financing Proposals in Peru" National Bureau of Economic Research, Inc. Working Paper No. 2299.
- Meyer, Johnathan D.,
 "Private Sector Research Retrieval and Analysis Project No. 698-0135-3-6134605 Overview and Recommendations: Household Expenditure Survey" NTIS Accession Number JDMCG/TR 8417
- PRICOR (Primary Health Care Operations Research),
 "Community Financing of Primary Health Care: The Pricor Experience"
- World Bank,
 "Financing Health Services in Developing Countries: An Agenda for Reform" World Bank Policy Study
- Zschock, Dieter,
 "HSA Peru The Health Sector Analysis of Peru Summary Report. Health Sector Analysis of Peru: Summary and Recommendations"

PART I - THE SCHEDULE (cont'd)

SECTION C, DESCRIPTION, SPECIFICATIONS/WORK STATEMENT:I. Background:

Financing and resource allocation issues pose fundamental constraints to efficient, effective delivery and expansion of health care services in the LAC region. Total health expenditures for LAC countries are estimated at between 2-6% of GNP. Social insurance and payments by individuals usually account for at least half of the total but relatively little information is available regarding the nature of these expenditures. Public sector health budgets take up the remainder. Ministry of Health systems in the region are financed almost entirely by public sector health budgets which are generated by general tax revenues derived from duties, consumption taxes, licenses, fees, and income taxes. The recurrent cost burdens of these public sector health care delivery systems already account for a relatively large share of total government recurrent expenditures, yet they experience constant shortages of funds, drugs, supplies, and other resources as well as constant management and administrative problems.

Despite ambitious "Health For All" goals, LAC countries are not likely to increase the proportion of their budgets allocated to the health sector, particularly given economic austerity programs in many countries which restrict public sector spending. Without more efficient resource allocation in the public sector, additional revenue generated by the health delivery systems, and introduction of risk and cost sharing modes of health services, resources will remain insufficient to expand and/or improve primary health care services which directly address infant and child mortality and morbidity.

II. Objectives:

The objectives of this project are to: a) assist AID/LAC and Missions to design, implement and evaluate health projects which address key financing constraints in the health sector; b) develop operations research methodologies and models in the area of health services financing; c) assist AID/LAC and Missions in implementing operations research activities in the health financing area; d) assist AID/LAC and Missions to formulate health policy dialogue agendas; e) assist AID/LAC and Missions and LAC countries to ascertain the economic and financial implications of investments in the health sector; and, f) to assist AID/LAC and Missions to design and implement private sector health programs.

III. Scope of Work

The Contractor shall provide a core staff of individuals during the terms of this contract to design and implement the studies and to coordinate the technical services described below:

A. The Contractor will prepare an overview and synthesis of existing AID-supported health financing studies in LAC countries.

B. The Contractor will design and implement approximately 4 financing studies per year for the first three years of the project for up to 12 country studies. The contractor will design and implement studies which fall into the following categories:

(1) Cost studies: The Contractor will assemble and assess health sector cost data and estimate unit costs for public, semi-public and private systems (i.e. cost per unit of input, cost per unit of intermediate output, cost per unit of change in incidence or prevalence, cost per unit of mortality reduction). Estimation procedures for costs at different types of health facilities will also be established.

(2) Demand studies: The Contractor will design and implement studies which determine the willingness and ability of consumers to pay for health care services.

(3) Alternative financing studies: The Contractor will design and implement two types of studies covering alternative financing mechanisms including user fees and risk sharing models of health delivery.

These studies will test the concept that health services can be funded entirely, or in part, through payments made by or on behalf of the individual into a common pool without respect to individual utilization of services. These variations include prepayment systems such as health maintenance organizations or social insurance mechanisms through employers or cooperatives.

(4) Other Studies: The Contractor will design and implement other studies e.g. labor market analyses of physicians, HMO feasibility studies, etc. subject to the availability of funds.

(A minimum of nine country studies will be funded during the life of project. Additional studies will depend on the level of Mission participation in funding.)

C. The Contractor will provide up to 70 person months of short term technical assistance during the life of the project to assist AID/LAC and Missions with: the design and implementation of financing studies; the formulation of appropriate health financing policy dialogue agendas; economic analyses of health projects; and the implementation of financing related components of health projects, e.g., establishing appropriate fee schedules or revenue generating schemes for public sector programs, developing hospital cost containment programs, public/private sector cost sharing schemes, etc.

D. The Contractor will conduct at least 4 sub-regional meetings/workshops on alternative financing of health delivery systems, with special reference to private sector options.

E. The Contractor will conduct a final wrap-up meeting during the last year of the project to disseminate research findings of studies implemented under this project. (See evaluation section below).

F. The Contractor will be responsible for forming an expert advisory committee composed of individuals from the private sector, the World Bank and AID, among others, whose function will be to provide guidance on research methodology and review specific research proposals.

IV. Key Personnel:

The contractor will provide the following key personnel:

- 1 health economist/project coordinator (50% time)
- 1 health services research specialist (50% time)
- 1 management officer (100%)

Health Economist/Project Coordinator

Qualifications

- PhD in Economics or Operations Research or DrPH with emphasis on health care financing or equivalent;
- Minimum 5 years experience in health services research and/or design/analysis of health projects, including at least two years in developing countries.
- Familiarity with AID policy, procedures and project design requirements;
- Strong management and communication skills, supervisory experience;

ATTACHMENT A

	<u>B U D G E T</u>				<u>TOTAL</u>
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	
1. Salaries & Wages	\$ 84,955	\$ 88,706	\$ 85,956	\$ 88,556	\$ 348,173
2. Fringe Benefits	16,913	17,640	16,797	17,229	68,579
3. Consultants	25,167	12,690	13,664	- 0 -	51,521
4. Travel, Transp. & Per Diem	36,150	26,600	21,825	9,600	94,175
5. Other Direct Costs	57,200	57,200	57,200	72,200	243,800
6. Indirect Costs	75,503	69,673	67,134	64,436	276,946
7. Miscellaneous Costs *	13,490	13,074	12,966	12,177	51,707
8. Subcontracts	<u>232,155</u>	<u>268,297</u>	<u>295,028</u>	<u>94,869</u>	<u>890,349</u>
TOTAL	\$541,733	\$553,880	\$570,570	\$359,067	\$2,025,250

* Equipment maintenance, computer, postage, duplicating, printing, telephone, telegraph, travel insurance, DEA not subject to indirect costs.

HCF/LAC STUDIES

<u>Country</u>	<u>Title</u>	<u>Status</u>
Region	- "Health Care Financing in Latin America and the Caribbean: Research Review and Recommendations"	Completed April, 1986*
Belize	- "Financing and Costs of Health Services in Belize"	Completed June 1987
Ecuador	- "Costos de los Servicios Basicos de Salud en Ecuador"	Completed July 1987**
Peru	- "Private Health Care financing Alternatives in Metropolitan Lima, Peru"	Completed August 1987***
Bolivia	- "Toward Self-Financing of Primary Health Care Services, A Market Study of Prosalud in Santa Cruz, Bolivia"	Preliminary draft completed January 1988
St. Lucia	- "Health Care Financing in St. Lucia and Cost of Victoria Hospital"	Preliminary draft completed January 1988
Guatemala	- "Primary Health Care Services and Agro-Export Farmworkers in Guatemala"	Preliminary draft February 1988
Dominican Republic	- "Household Survey"	In Progress
Dominican Republic	- "Demand for Health Care in the Dominican Republic"	Waiting completion of survey data base

*Revised "Cost" chapter available in English and Spanish;
"Alternative Financing" Chapter also available in Spanish.

**English translation currently being edited.

***Spanish summary also available.

HCF/LAC REPORTSQuarterly Reports

- #1 - July 4, 1986
- #2 - September 30, 1986
- #3 - January 2, 1987
- #4 - April 10, 1987
- #5 - July 8, 1987
- #6 - October 9, 1987
- #7 - January 11, 1988

Updates

- #1 - April 1986
- #2 - November 1986
- #3 - April 1987
- #4 - January 1988

Guidelines

Country Study Guidelines - Jan.87

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HCF/LAC MEETINGSWorkshops:

Workshop I	-	Stony Brook, NY	Mar 19-22, 1986
Workshop II	-	Quito, Ecuador	April 1-3, 1987
Workshop III	-	Antigua, Guatemala (planned)	Mar 16-18, 1988

Advisory Committee Meetings:

March 21, 1986	-	Stony Brook, NY
October 10, 1986	-	Washington, DC
April 3, 1987	-	Quito, Ecuador
October 27, 1987	-	Washington, DC
March 18, 1988	-	Antigua, Guatemala (planned)

USAID HCF/LAC Staff Meetings:

Dr. Zschock, Project Director and Paulette Chase, Management Officer, meet with the USAID Project Manager and other USAID representatives as appropriate, approximately every 3 months in Washington, DC. The purpose of these meetings is to report on progress to date and discuss all issues of immediate concern to the project.

Country Study and Other Technical Assistance Meetings:

<u>Participants</u>	<u>Study Team/ HCF/LAC Staff</u>	<u>Study Team/ Host Country Counterparts</u>	<u>Study Team/ USAID Staff</u>
<u>Peru</u>	7/86	7/86 8/86	7/86 8/86
<u>Belize</u>	8/86	10/86 10/86	11/86 11/86
<u>Ecuador</u>	2/87	5/87 7/87	5/87 7/87
<u>Bolivia</u>	1/87	2/87 6/87	2/87 6/87
<u>Guatemala</u>	8/87	9/87 11/87	9/87 11/87
<u>St. Lucia</u>	8/87	10/87 11/87	10/87 11/87
<u>DR Survey</u>	8/87	9/87 11/87	9/87 (4/88)

HCF/LAC MEETINGS (cont'd)Other Technical Assistance Meetings

Meeting on scope-of-work for PROSALUD evaluation, USAID/Bolivia 2/86
Meeting on household survey, USAID/El Salvador, 2/87
Meeting on household survey, USAID/D.R., 3/87
Meeting on study exploration for Panama, Stony Brook, 6/87
Meetings on PID concept paper, USAID/Guatemala, 7/87, 9/87

HCF/LAC Staff Meetings

Meetings of the HCF/LAC Staff are held approximately once a month

Allocation of Key Staff and Short-term TA Time (months) as of 12/31/88

	SHORT-TERM TA					
	KEY STAFF *		CONSULTANTS		COORDINATORS	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
(1) Review paper, updates, synthesis	2.2	8.6	4.4	9.1	1.1	5.5
(2) Workshops, confs.	5.0	19.6	***	***	1.0	5.0
(3) Short-term TA (incl. explor. visits, country studies, and other techn. asst.)	18.3 **	71.8	44.1	90.9	18.0	89.6
	25.5	100.0	48.5	100.0	20.1	100.0
			┌──────────────────┐			
			68.6			

* DKZ and LCG only (not including PC)

** Adjusted upward for error (under-reporting) in quarterly reports.

*** Consultants' time not included here because it is included in workshop budgets rather than charged as short-term TA.

Stony Brook

Annex 5

Office of Research Administration
State University of New York at Stony Brook
Stony Brook, New York 11794-4466
telephone: (516) 246-7935

September 20, 1985

Vivian Prakash
Agency for International Development
Office of Contract Management (CM/ROD/LAC)
Rm. 723, Plaza West Building
1723 North Lynn Street
Rosslyn, VA 22209

Re: RFP-ROD/LAC-85-016
PN 71366

Dear Ms. Prakash:

In accordance with your request, enclosed is our best and final offer in the amount of \$ 2,025,250. for the above referenced project.

All questions raised by you in negotiation with Mr. Eugene K. Schuler on September 19, 1985 have been answered either by a budget adjustment or an explanatory note.

The indirect cost ceiling for this RFP is as follows:

Research Foundation of SUNY - 25% On Campus at 49.5% of MDIC and 75%
Off-Campus at 29.3% of MDIC

IRG - 36% - G & A and 8% fee
(documentation enclosed)

GHAA - 79% of Salaries
(documentation to be forwarded by GHAA)

In addition, in response to your questions concerning DBAC insurance coverage, we have incorporated the costs for this DBAC insurance into the proposed budget.

If you should have any questions, or should you need any further information, please contact Mr. Schuler at 516/434-7113.

Sincerely,

Kathryn S. Rockett
Kathryn S. Rockett
Asst. Vice Provost for Research
and Research Foundation
Endorsing Designee

KRS:eja
cc: Dr. D. Zschock
Mr. Eugene K. Schuler
Grants Management Office
file

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USAID RFP-ROD/LAC-85-016

TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH:

HEALTH CARE FINANCING IN LATIN AMERICA AND THE CARIBBEAN

STONY BROOK COST PROPOSAL

1. PERSONNEL	Year 1	Year 2	Year 3	Year 4	TOTAL
a) Key Personnel					
D.R. Zschock (50% Time)	32,825	33,970	33,970	33,970	134,735
R. Perdomo-Ayala (100% Time)	20,000	21,000	22,050	23,153	86,203
SUBTOTAL 1a.	52,825	54,970	56,020	57,123	220,938
b) Faculty and Staff					
L. Locay (2.5 months)	4,977	5,225	0	0	10,202
Secretary (full-time)	12,669	13,303	13,968	14,666	54,606
Graduate Asst. (2 @ 25% AY) (2 @ 44% Summer)	14,484	15,208	15,968	16,767	62,427
SUBTOTAL 1b	32,130	33,736	29,936	31,433	127,235
c) Fringe Benefits (24% OF Staff Salaries excluding graduate asst. (see explanation notes)	16,913	17,640	16,797	17,229	68,579
d) Short-Term Consultants					
C. Mesa-Lago	7,394	0	7,394	0	14,788
K. C. Gaspari	11,375	0	0	0	11,375
R. L. Robertson	6,398	6,710	0	0	13,108
C. A. Penaranda	0	5,972	6,270	0	12,242
SUBTOTAL 1d	25,167	12,690	13,664	0	51,521
SUBTOTAL (1a-b-c-d)	127,035	119,036	116,417	105,785	468,273

RFP-ROD/LAC-R5-016

Offeror: RF-SUNY

2. TRAVEL	Year 1	Year 2	Year 3	Year 4	TOTAL
a) International Travel					
Inter. Airline	15,000	11,000	9,000	3,000	38,000
Inter. Per Diem	14,690	10,140	7,865	2,860	35,555
Local Transp.	2,260	1,560	1,210	440	5,470
Terminal Cost	1,125	825	675	225	2,850
SUBTOTAL 2a	33,075	23,525	18,750	6,525	81,875
b) Domestic Travel					
Domestic Travel	1,500	1,500	1,500	1,500	6,000
Domestic Per Diem	1,575	1,575	1,575	1,575	6,300
SUBTOTAL 2b	3,075	3,075	3,075	3,075	12,300
SUBTOTAL TRAVEL (2a-b)	36,150	26,600	21,825	9,600	94,175
3. <u>OTHER DIRECT COSTS</u>					
Workshops & Conf.	35,000	35,000	35,000	70,000	175,000
Country Study Op.	20,000	20,000	20,000	0	60,000
Office Supplies	1,200	1,200	1,200	1,200	4,800
Books & Materials	1,000	1,000	1,000	1,000	4,000
SUBTOTAL (3)	57,200	57,200	57,200	72,200	243,800
SUBTOTAL DIRECT COSTS (1-3)	220,385	202,836	195,442	187,585	806,248
4. <u>INDIRECT COSTS</u>					
	Year 1	Year 2	Year 3	Year 4	TOTAL
a) 25% of Direct Costs on Campus @ 49.5%	27,273	25,180	24,186	23,214	99,773
b) 75% of Direct Costs off Campus @ 29.3%	48,430	44,573	42,948	41,222	177,173
SUBTOTAL (4a-b)	75,703	69,753	67,134	64,436	276,946

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5. MISCELLANEOUS COSTS	Year 1	Year 2	Year 3	Year 4	TOTAL
Equip. Maint.	800	800	800	800	3,200
Computer	1,000	1,000	1,000	1,000	4,000
Postage & Deliv.	750	750	750	750	3,000
Duplicating	2,000	2,000	2,000	2,000	8,000
Printing	2,000	2,000	2,000	2,000	8,000
Teleph. & Telegraph	3,500	3,500	3,500	3,500	14,000
Travel Insurance	2,197	2,091	2,098	1,673	8,061
DEAC (2.67)	1,243	932	818	453	3,446
SUBTOTAL (5)	13,490	13,078	12,966	12,177	51,707
SUBTOTAL STONY BROOK (1-5)					
	399,578	285,583	275,542	264,198	1,134,901
6. SUBCONTRACTOR COSTS					
INTERNATIONAL RESOURCES GROUP, LTD., (IRG)					
	145,167	197,270	181,602	78,898	602,936
GROUP HEALTH ASSOCIATION OF AMERICA, INC., (GHAA)					
	86,988	71,027	113,426	15,972	287,413
SUBTOTAL (6)	232,155	268,297	295,028	94,870	890,349
7. TOTAL PROJECT COST					
	541,733	553,880	570,570	359,068	2,025,250

NOTES: Please refer to explanatory notes, exhibits and annexes, attached. Also, please note detailed worksheets for Stony Brook, IRG, and GHAA cost proposal.

RFP-ROD/LAC 85-316

BUDGET REVISION NOTES

(1) Explanation of D.K. Zschock salary: In accordance with University policies, Prof. Zschock is scheduled for a salary increase to 49,250 effective Sept. 1, 1985 for the academic year 1985/86 (Sept. 1, 1985-May 31, 1986). His summer salary for June-August, 1986 is calculated also in accordance with university policies at 3/9 of his academic year salary for a total calendar-year salary equivalent of (Sept. 1, 1985 to August 31, 1986) \$65,650. Fifty percent of this total (\$32,825) is shown in the cost proposal for year 1 of the contract. Subsequent increases, are constrained by the maximum allowable salary of a FS-1 equivalent. The adjustment is shown in the attached cost proposal revision.

(2) Time allocation for D.K. Zschock: The cost proposal provides for 50% of Prof. Zschock's time on the project annually as called for in the RFP. This time will be scheduled as follows: Three months (or 33%) during the academic year (Sept. 1-May 31) and three months (or 100%) during the summer (June 1-August 31), for a total of six months (or 50%) over any 12 month period, regardless of the official starting and completion dates of the project. In this manner, Prof. Zschock's other responsibilities, for the remaining 50% of his time over any 12-month period, can be scheduled to conform with the needs of this project.

(3) Explanation of L. Locay salary: In accordance with University policies, Prof. Locay is scheduled for a salary increase to \$33,796, effective Sept. 1, 1985, for the academic year 1985/86. He is programmed to work for 1.25 months in year 1 and 1.25 months in year 2 of the project. The totals shown for him in the cost proposal are based on his academic year salaries in 1985/86 and 1986/87, respectively.

(4) Explanation of C. Mesa-Lago fee: Prof. Mesa-Lago, of Pittsburgh University, has an established consulting fee of \$260/day. His participation is calculated on the basis of 1.25 months in years 1 and 3, respectively. A correction has been made to maintain his remuneration at the current rate.

(5) When no costs are included for a particular individual in a given year, the workplan does not call for that individual to participate actively in the project that year.

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HCF/LAC STAFF ESTIMATES OF EXPENDITURES BY FUNCTION*
10/1/87 - 12/31/88

Currently obligated total	\$1,812,950
Expended as of 9/30/87	- 989,155
Balance as of 10/1/87	\$ 823,795

Actual:

GHAA subcontract completion	28,611
IRG subcontract completion	351,285
St. Lucia study completion	53,814
Workshop III completion (incl. indirect costs)	47,022

Estimates:

Stony Brook salaries 10/1/87-1/31/88	60,000
Salaries projection 2/1/88-9/30/88	120,000
Stony Brook direct and indirect costs 10/1/87-1/31/88	16,840
Projected Stony Brook direct and indirect costs 2/1/88-9/30/88	33,678
Balance as of 9/30/88	\$ 112,545
Additional obligation, Yr. 4	212,300
Estimated Year 4 funds available	\$ 324,845
<u>Functional projection, 10/1/88-9/30/89</u>	
Stony Brook salaries	176,000
Stony Brook direct and indirect costs	101,845
Workshop IV	47,000
Total projected for year 4	\$ 324,845

*Estimated by key staff; not an official financial report

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Estimated budget allocation by time and function

<u>Project staff</u>	(176.5 mos)	<u>Totals</u>	<u>Percent</u>
** (Zschock/mo = \$10,000 X 28.5 mos		285,000	
(Gomez /mo = 8,000 X 12 mos		96,000	
Chase/mo = 4,250 X 48 mos		204,000	
*** Gwynne/mo = 4,400 X 13 mos		57,200	
Sec'y/mo = 2,600 X 48 mos		124,800	
Res. Assts. = 3,100 X 24 mos		74,400	

Subtotal. staff	\$	841,400	41.5%
48 months S & E. Travel, etc. (Stony Brook & IRG)		187,096	9.3%
**** ST technical assistance (77.5 mos)		761,754	37.6%
5 Workshops/conference		<u>235,000</u>	11.6%
(238 mos) Total	\$	2,025,250	100.0%

* Estimates include unapproved assumptions on time allocation of Project Director.

** Zschock's time, originally budgeted at 24 months, is increased here to 28.5. This allows for an increase from 50% to 75% of his time for the remainder of the project period, Jan. 14, 1988 - Sept. 30, 1989. Gomez' time, in turn, is reduced from 24 to 12 months. The net difference, 7.5 months, is added to the short-term TA category (which is thereby raised from 70 to 77.5 person months).

*** Gwynne's 3 months of work as coordinator of the St. Lucia study are excluded here, instead, they are included in the ST technical assistance total of 77.5 months, show below.

**** 8 studies at \$741,754 + short term technical assistance at \$20,000

Country Study Budgets and Expenditures

Country*	Approved Study Budget	Study Coordinator**	Total Study Budget	Expended	Balance
(GSA) Peru	93,327	-	93,327	106,021	(12,694)
(TRC) Ecuador	79,959	-	79,959	79,959	-
(TRC) Bolivia	92,354	-	92,354	92,354	-
(GSA) Bolivia	77,283	-	77,283	71,280	6,103
(TRC) St. Lucia	59,014	13,200	67,014	63,212	3,802
(TRC) Guatemala	75,596	28,354	103,950	99,740	5,210
(TRC) La Sierra	112,950	-	112,950	80,256	32,694
(TRC) El Salvador	24,381	20,556	44,937	5,961	107,740
TOTAL	669,342	71,912	741,254	560,783	142,673

*Parentheses indicate whether study was directly administered by Stone Brook (GSA), or by one of our two subcontractors (TRC or GSA).

**In those cases where the study coordinator is not shown apart from the study budget, her/his time was included in the original estimate.

BEST AVAILABLE DOCUMENT

MS

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO. 3	3. EFFECTIVE DATE See Eik 250	4. REQUISITION/PURCHASE REQ. NO. 517-0000-2-70030	5. PROJECT NO. (If applicable) 508-0632
6. ISSUED BY Agency for International Development Office of Procurement Overseas Division/LAC Washington, D.C. 20523		7. ADMINISTERED BY (If other than Item 6) CODE	

8. NAME AND ADDRESS OF CONTRACTOR (No. street, country, State and ZIP Code) Research Foundation of State University of New York P. O. Box 9 Albany, New York 12201-0009 E. I. No: 14-1368361 DUNS No: 02-065-7151	9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 9C. MODIFICATION OF CONTRACT/ORDER NO. LAC-0632-C-00-5137-00 9D. DATED (SEE ITEM 13) 9/30/85
CODE	FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
(a) By completing Items 8 and 13, and returning _____ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of the amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Block #14

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

14. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
15. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation (ABR, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.303(b).
16. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: X The Foreign Assistance Act of 1961, as amended, and E.O. 11223 O OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 7 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UC) section headings, including solicitation/contract subject matter where feasible.)

The purposes of this Modification are to add \$112,950 in incremental funding to support a household survey in the Dominican Republic and to update the four year budget set forth in the contract.

A. In Section B-I-A delete the dollar figure "1,700,000" and substitute therefor the dollar figure "1,812,950".

B. In Section C-II entitled "Accounting and Appropriation Data", add the following:

(Continued on page two)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Patricia A. Winters, Administrator, OCSA	15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Judith D. Johnson
15C. DATE SIGNED 9/14/87	15D. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)
15E. CONTRACTOR OFFICER (Signature of person authorized to sign)	15F. DATE SIGNED 9/14/87

ORIGINAL

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BEST AVAILABLE DOCUMENT

Annex 9

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PIO/T No: 517-0000-3-70039
Appropriation No: 72-1171021
BPC: LDHA 87-25517-KG13
Source: Dominican Republic
Obligated Amount: \$112,950

C. Delete the Budget set forth in Attachment A to Section B in its entirety and substitute the following:

"Attachment A"

BUDGET

	Expended Yr. 1	Expended Yr. 2	Estimated Yr. 3	Estimated Yr. 4	Totals
Sal. & Wgs.	70,674	99,311	140,080	145,687	455,752
Fringes	15,550	17,063	27,859	30,645	91,117
Consultants	34,116	36,395	36,866	16,821	124,198
Trav/Trans.	10,714	29,340	42,650	28,400	111,104
ODC	1,331	2,305	5,100	6,062	14,798
Equipment	-	6,274	-	-	6,274
Ind. Costs	45,475	63,346	89,910	81,030	279,761
Misc. Costs*	14,799	16,617	17,500	16,200	65,116
Subcontracts	91,020	434,825	351,285	-	877,130
TOTAL	\$283,679	705,476	711,250	324,845	2,025,250

*Equipment maintenance, computer, postage, duplicating, printing, telephone, telegraph, travel insurance, DBA not subject to indirect costs.

D. The design for the Dominican Republic Household Survey and related budget shall be submitted for formal approval by the A.I.D. Washington Project Officer, K. Jones-Patron, LAC/DR, in accordance with the existing procedures under this contract.

E. The incremental funding being added by this amendment has been provided by U.S.A.I.D./Dominican Republic, therefore use of these funds must be individually tracked and reported to the following individuals:

Lee R. Hougen
Chief, Health & Population Division
U.S.A.I.D./Dominican Republic

T. Sebout
Controller
U.S.A.I.D./Dominican Republic

Except as expressly modified herein, all other terms and conditions of this contract remain unchanged and in full force and effect.

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