

ANNUAL REPORT FROM THE
AMERICAN PUBLIC HEALTH ASSOCIATION
TO
THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
IN RELATION TO

Contract AID/csd - 3423

May 30, 1973

1. Introduction.

This report summarizes the first year's activity under the above numbered contract. It records actions taken, takes note of interim specific reports that have been submitted, and projects plans for action during the second contract year.

2. Initiation of the Project.

The day after the contract became effective key staff members, the Director, Co-Director and Assistant Director plus beginning clerical support were appointed. Office space was assigned, requisitions for equipment, supplies, etc. were submitted and the project initiated. Basic operating procedures were immediately established and the project was under way. The Associate Director and a second administrative assistant were added during the following month.

3. Beginnings of Professional Action.

3.1 Prior to approval of the contract, the Director and Co-Director had made plans to attend the annual meeting of the World Federation of Public Health Associations and the World Health Assembly in Geneva, Switzerland in early May 1972.

Upon approval of the contract, advantage was taken of these meetings to meet with each of the five Regional Directors of WHO and of a number of country Ministers of Health to advise them of the project and the general plan of action.

During the discussions with the Regional Directors, agreement was reached that we would keep them advised of developments and we were assured of their interest and desire to be of any possible assistance.

In the meetings with the Ministers of Health we were primarily concerned with assessing their potential interest in the project and alerting them to the specific information that would be coming to their countries through the regular U.S. Embassy - AID Mission channels. After our return to Washington these discussions were followed up by letters to each of the representatives interviewed, with copies to Office of Health, AID/Washington.

3.2 An immediate priority in implementing the project was to get notification of the contract and descriptive information out to the A.I.D. Missions and through the Missions to the country Governments. Jointly with the staff of the Office of Health such notifications went out with a time frame requested for reply. There was wide variation in the time and nature of the replies received. In a number of instances, follow-up communications were necessary and in several instances actual interpretive visits of A.P.H.A. staff to the countries were found to be necessary.

3.3 The next definitive action was to establish criteria for country selection. This was done within the first two months. In this process there were numerous discussions with staff of the Office of Health and with an AID/Washington DEIDS (Project) Task Force assembled by the Office of Health. On the Task Force were representatives of relevant Washington AID offices and Regional Bureaus. These discussions proved to be most helpful in achieving consensus on the provisions of the criteria, which were then formally approved by the Office of Health.

3.4 By August 1972, a number of responses had been received from country governments. APHA staff immediately began developing background staff papers which summarized information obtainable here in Washington relative to geography, climate, demographic data, industry, health programs, etc., on each country to be included in Phase I, reconnaissance visits. These background documents were made available to and reviewed by each reconnaissance team member, as described below, prior to country visits.

4. Phase I - Reconnaissance Visits.

As indicated above, a number of months were involved in getting definite responses and specific invitations to implement Phase I in respective countries. There was an early response from Pakistan; somewhat later a request from five countries in Latin America; somewhat later a request from Thailand, followed in some months by requests from Korea and the Philippines.

For Africa the only formal request initially was from Niger. After a pre-reconnaissance visit by an APHA staff member in March, we have been assured that a request will come from Nigeria. A recent pre-reconnaissance visit to Zaire may result in a request, but negotiations are still in process.

4.1 Reconnaissance visit to Pakistan.

In August 1972 a reconnaissance team visited Pakistan. While there were a number of unresolved issues the decision was made in December, 1972, jointly by APHA and the Office of Health, to recommend Pakistan for Phase II.

This information was transmitted after quite some delay to the A.I.D. Mission in Pakistan and after some further delay to the Government of Pakistan. A formal invitation to proceed with Phase II has not yet been received. However, approval has been received for a pre-Phase II visit by an APHA staff member to discuss plans for a Phase II operation. This visit is being planned for late June/early July 1973.

4.2 Reconnaissance Visits to Latin America.

Requests were received for Phase I visits to five countries in Latin America. These were Ecuador, Panama, Nicaragua, Honduras and, as the teams were leaving for the country visits, from Paraguay. The reports on these five team site visits were transmitted to the Office of Health soon after the visits were made.

In subsequent conferences with AID staff, including representatives of the Latin American Bureau, it was decided to select Ecuador for a full Phase II planning operation and Panama for a modified planning project. This latter was on the basis that Panama had already initiated programs closely similar to the DEIDS concepts and that, through a project centered on evaluation, lessons might be learned at an early date that would be of help in all other DEIDS Projects.

4.3 Reconnaissance Visits to Western Pacific Countries.

A request was first received from Thailand and there was a team visit to that country. Later a request came from Korea and while the team was in that country a Philippine request that was originally for a pre-Phase I visit by one staff member was converted into a request for a full team visit. With modifications of composition, the team went on from Korea to the Philippines.

Reports on each of these visits were transmitted to the Office of Health. On the basis of the findings from these Phase I visits, again after full discussions and consideration with the Office of Health and a conference with staff of that office and representatives of the Asia Bureau, Thailand was selected as the Western Pacific country. Korea was listed as second priority, with the conclusion that there would need to be significantly more consideration given to the Philippines before that country could be considered a viable potential.

4.4 Africa.

As already indicated, response from African countries has been delayed in coming. Only Niger requested a Phase I reconnaissance visit as a result of initial and follow-up communications to the AID Missions or regional offices and through them to the countries.

Because of the lack of specific requests, it was determined that it would be necessary for a staff member to go to some African countries to consider the project directly with the AID representatives and the country governments. After some months delay, such pre-Phase I visits were requested by Nigeria, Ghana and Zaire.

As of the time of this report, a formal request has come only from Niger. A cable from Nigeria indicates that GON intends to ask for a reconnaissance visit in August. Ghana and Zaire are still considering such a possibility.

Reports of these pre-Phase I visits to the above three countries, as well as of time spent by an A.P.H.A. staff member in Ghana, has been transmitted to the Office of Health. The latter visit was made in conjunction with the annual review conference of the Danfa project. This program has many similarities to DEIDS and it was believed that an understanding of its development and operation would be helpful to the APHA as it begins its projects.

5. Phase II Developments.

In APHA's approach to both Phases I and II, attempts have been made to involve as consultants staff members of institutions that may later be interested in continuing work with the Association in providing consultants or serving as sub-contractors for Phase III.

To this end, the Association widely publicized its program and solicited manifestations of interest. A file of organizations that have potential for providing assistance to APHA has been developed. This now includes over thirty organizations, institutions or agencies. Such factors as stability of the organization, level of interest, level of professional competence, availability of personnel at the times required, experience in international health and other programs, acceptability of the institutions in the host countries, and potential for working in a sub-contractor role with A.P.H.A. were all taken into consideration.

From these analyses, personnel from certain institutions that seemed to have the requisite qualifications were selected to participate as consultants on Phase I teams and for Phase II planning.

5.1 Phase II - Panama.

As soon as the DEIDS contract was approved, discussions were initiated with the University of Texas School of Public Health to ascertain the level and

nature of their interest in Latin America. We were guided to this to some extent through discussions with several staff members of the Pan American Health Organization at a meeting set up by Dr. Charles L. Williams, Jr., Deputy Director General. WHO advised us of PAHO's interest in considering the development of a South-North Center for Health at the School of Public Health, University of Texas.

Furthermore this school already had other projects, either operational or projected, in Panama that could add considerable strength to a DEIDS project. A representative of the University of Texas participated on Phase I team visits to some of the Latin American countries. Added to these factors was a high level of interest and competence within the faculty.

At the conclusion of Phase I there were a number of discussions with the faculty with reference to Phase II. Out of these came a plan for the Dean of the School of Public Health, the Director of the International Health Program, the potential director of the Phase II planning, plus other key faculty members to spend a few days in Panama to review the requirements for Phase II and to be sure that the AID Mission, Ministry of Health, the Texas University School of Public Health and APHA were all in agreement on requesting the School to assist in the Phase II operation. After this decision, the Associate Dean of the School was designated Director of the Phase II planning and within a week the planning was under way.

It is anticipated that a plan for Phase III in Panama will be submitted to AID in June 1973.

5.2 Thailand.

In general the plan involved for Panama was followed in connection with the Western Pacific countries. The APHA had already had a most favorable experience in working with the U. of Hawaii School of Public Health on an AID contracted project in Korea in 1969-70. There were early discussions with reference to their possible interest in DEIDS. This was found to be of high level and faculty competence was concluded to be excellent. Consequently faculty members were involved as consultants as part of the team

in Thailand, Korea and the Philippines. The experience reinforced the view that we might look to that institution to help with Phase II. At the end of this report period negotiations are in progress to request faculty of that institution to participate with APHA in the Phase II in Thailand.

5.3 Ecuador.

Just at the end of this report period clearance was obtained to move to Phase II in Ecuador. There have been extensive discussions with PAHO and a number of U.S. institutions. Active negotiations are under way with the School of Public Health, University of California at Los Angeles to work with us in this Phase II Program.

5.4 Other developments.

As indicated above, negotiations are still under way with Pakistan. Should the decision be reached to proceed in that country, Phase II may get initiated in Mid-summer 1973.

6. Conferences.

The contract calls for annual conferences. In lieu of a general conference being called during this first year several smaller consultation sessions have been undertaken. Among these are the following:

6.1 A meeting was held in Geneva with representation of WHO, The Population Council, Family Health Foundation of Tulane University, APHA, and AID to exchange plans for implementation of the DEIDS like programs of the respective organizations. A second such meeting to focus on evaluation is planned for October 1973.

6.2 APHA called together a group of some twenty carefully selected consultants for a one-day conference in our office to advise the DEIDS staff on priorities in Maternal and Child Health, Family Planning and Nutrition programs that should be taken into consideration in developing DEIDS programs. Staff papers were developed and distributed to consultants in advance of the conference. A summary report is under preparation.

6.3 A comparable one-day conference was called to focus attention on priorities in evaluation in DEIDS programs. As in the preceding conference, staff papers were developed and distributed in advance of the conference and a summary report is in preparation.

6.4 Staff participated in a three-day conference that focused on health delivery systems that was held in Arlington, Virginia in April 1973. Here programs similar to DEIDS were considered by the 350 participants.

6.5 Advantage was taken of the opportunity to meet with the five foreign participants in that conference (6.4) during a two-day session in the Association offices preceding the above conference.

7. Plans were also initiated for the literature search called for in the contract. With the beginning of the project APHA staff started accumulating references and literature that related to the project. However, it early became evident that with the many demands for developing field services there would be inadequate staff time for a systematic and thorough review of the relevant literature. A plan was then developed to arrange a subcontract with George Washington University, Biological Sciences Communication Project, for this task. The subcontract was approved by the Office of Health and the Contract Office of A.I.D.

The first annotated bibliography was submitted in February 1973 and a supplement is due by June 30, 1973. Copies of the report in numbers requested have been submitted to the Office of Health.

8. Observation of Ongoing Field Delivery Systems.

Through the literature search and through conversations with others engaged in international health, DEIDS staff has compiled a list of projects to which a visit would be a worthwhile learning experience. One of these, to which a visit was possible, is the Danfa project in Ghana (see 4.4). Several programs in Guatemala have been visited by our staff. The lack of time has prevented our visiting additional projects during the first year.

9. Plans for second year include but are not limited to the following:

- 9.1 Implement Phase III in Panama.
- 9.2 Complete Phase II and begin Phase III in Thailand.
- 9.3 Complete Phase II and begin Phase III in Ecuador.
- 9.4 Complete Phase II and begin Phase III in Pakistan.
- 9.5 Complete Phase I in several African countries and complete Phase II in one of them.
- 9.6 Conduct conferences as stipulated in the contract.
- 9.7 Continue the study of DEIDS - like activities in other countries, as time and resources permit.
- 9.8 Continue a literature search on integrated health delivery systems.

10. The following reports and papers have been submitted to the Technical Assistance Bureau/Health/AID Washington, during the first year of the contract.

- 1) Criteria for Identification of Pilot Demonstration Areas
- 2) DEIDS Reconnaissance Report - Pakistan
- 3) DEIDS Reconnaissance Report - Panama
- 4) DEIDS Reconnaissance Report - Ecuador
- 5) DEIDS Reconnaissance Report - Nicaragua
- 6) DEIDS Reconnaissance Report - Honduras
- 7) DEIDS Reconnaissance Report - Paraguay
- 8) DEIDS Reconnaissance Report - Thailand
- 9) DEIDS Reconnaissance Report - Korea
- 10) DEIDS Reconnaissance Report - Philippines

- 11) Report on WHO Sponsored Consultation on DEIDS - like programs.
- 12) Literature search on "Delivery of Health Care Systems in Less Developed Countries with Emphasis on Integration of Family Planning with Maternal and Child Health"
- 13) Report on Interpretive Visit to Niger and Nigeria.
- 14) Report on Intepretive and Observational Visit to Ghana.
- 15) Background Papers and Agenda Book for the Meeting on Priorities in MCH Services for DEIDS.
- 16) Background Papers and Agenda Book for the Meeting on Priorities in Evaluation for DEIDS.