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AID 1020-25 (10-70) REPORT U-446

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
931-11-540-035	6/30/74 TO 6/17/75	Worldwide	

5. PROJECT TITLE

Training LDC Health Planners

14p

6. PROJECT DURATION: Began FY 75 Ends FY 79	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	4/3/74		None

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $100,000	b. Current FY Estimated Budget: $125,000	c. Estimated Budget to completion After Current FY: $375,000

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
University of Michigan	AID/ta-C-1101

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
X	X		Identify and process participants for next years course	May 1, 1976
X	X		Find solution to funding of participants from countries with no current health program and no manpower development funds as change base.	May 1, 1976
	X		Revise funding for years 3, 4, and 5.	May, 1976

D. REPLANNING REQUIRES REVISED OR NEW: [X] PROP [ ] PIP [ ] PRO AG [ ] PIO/T [ ] PIO/C [ ] PIO/P

E. DATE OF MISSION REVIEW: June 11-12, 1975

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE: W. E. Worcester, Jr. [signature] June '75

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE: Lee M. Howard, M.D. [signature] July '75

III. Standard/Key Questions

A. Project Inputs

1. Are key inputs being supplied according to plan by: (a) AID, (b) action agent, (c) cooperating countries, (d) multilateral organizations, and/or (e) other donors?

NO

reasons cause - not ?

Comment: Several African countries identified qualified candidates for training. However, there is no ongoing AID program in these countries other than population, and PHA/POP has been unwilling to fund these candidates in what they consider a non-population specific course although the course is designed for planning at the national and senior ministry level so, is applicable for health, population, and nutrition.

2. Are assumptions regarding the supply of inputs still valid?

YES

3. Rate performance of action agent(s) against plan:

SATISFACTORY

Comment on key factors determining rating: (1) Development of courses. (2) Hired new professor. (3) Arranged for collaboration with other departments in School of Public Health, Center for Research on Economic Development (CRED) and Department of Economics. (4) DeVries tour of western Europe to pick up materials of studies on health care, state-of-the-art on measurement and evaluation of health care in LDCs. - tools for students to use.

B. Transformation of Inputs into Outputs

4. Given the answers above, i.e., progress to date in supplying inputs, changes in assumptions, etc., is the management hypothesis that the totality of the resources applied to the project will be sufficient to produce the predetermined outputs by the specified target dates still valid?

NO - There will be a one year time lag on student load.

why ?

5. Is the approach or course of action originally selected, i.e., project design and/or methodology, still the most appropriate?

NO

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TRAINING DEVELOPING COUNTRY HEALTH PLANNERS

CONTRACT NO. AID/TA-C-1101

DEPARTMENT OF HEALTH PLANNING AND ADMINISTRATION
SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN

PROGRESS REPORT
JUNE 1975

Training Developing Country Health Planners

(1) Substantive Report

Contractual formalities between the Agency for International Development and the University were settled too late in 1974 for recruitment and admission of students for September 1974. A number of students from developing nations took courses in the Department, but these were admitted earlier for other curricula. Included among students working closely with us were a physician and a health educator from Indonesia, an operations research analyst from Colombia, and a statistician from India, all supported by the World Health Organization.

In response to an inquiry from the Technical Assistance Bureau Office of Health (TA/H), we agreed to admit students in January, but no applications were filed for that period.

TA/H has informed us of interest in fall 1975 attendance from several countries, and we have a few applicants supported from other sources (WHO, CIBA-Geigy, HEW). Inquiries have come from Nigeria, Botsuanaland, Guatemala, Papua New Guinea, Ghana, South Korea, and Indonesia.

The Department recruited Professor Jan de Vries, who is now working full-time in the new program. Dr. de Vries is a physician whose most recent experience was as Assistant Director of Health Services, WHO Regional Office for South-East Asia. In addition, we have secured the participation of Professor Peter Heller of the Department of Economics and the Center for Research on Economic Development, Professor Arnold Monto of the Department of Epidemiology, and Professors Demetrius

Plessas and Kenneth rner of the Department of Heal Planning and Administration. Each of these faculty members (including Professor Grosse) is responsible for the development and teaching of courses specifically for the students from developing countries, will advise students, will be available for field follow-up, and will serve on the Advisory Committee for Training Developing Country Health Planners. Professor Myron E. Wegman, formerly Dean of the School of Public Health and Secretary-General of the Pan American Health Organization, also serves on the advisory committee.

During the year, work on curriculum and course development got underway. Curriculum options have been worked out for students with special interest in population planning. The following new courses were developed (outlines are included as Appendix A):

International Comparative Health Care Systems (de Vries)

Health and Economic Development (Heller, Grosse)

Environmental Planning in Developing Countries (Plessas)

Infection and Disease in Developing Countries (de Vries, Monto)

Seminar on National Health Planning in Developing Countries (Grosse, de Vries)

During each of the fall and winter terms, an integrative seminar for planning students from developing countries will be in session once a week.

Steps have been taken to introduce extensive material on developing countries into several courses, including Principles and Practice of Public Health and Analysis and Resource Allocation in Health Planning.

Professor de Vries surveyed the research and methods planning and evaluation in Western European countries in October, traveling on a grant from the U. S. Office of Education. Professors Berki and Plessas are engaged in research on Eastern European planning methods.

We have established links with the National Institute of Medical Research of the Ministry of Health of Indonesia. We are participating in identifying research needs in health planning, in developing research protocols, and in reviewing progress. This year we trained an Indonesian physician selected by the Institute in health planning and economic development. The work involves Michigan faculty, the AID mission in Jakarta, and the Jakarta office of the Representative of the World Health Organization.

We are also linked with the Research Project on Health Planning in Cali, Colombia. Professor Grosse serves as an advisor to the project, and one of their staff is currently in residence in our Department of Health Planning and Administration.

This July Dr. Grosse will discuss training in planning and socio-economic development at WHO/Geneva, and in the fall he will visit the Department of Tropical Hygiene of the Royal Tropical Institute in Amsterdam with regard to their International Course on Health Development, economic analysis in health planning, and models for determining health priorities.

TRAINING DEVELOPING COUNTRY HEALTH PLANNERS

(2) ADMINISTRATIVE REPORT

Expenditures during the first fiscal year amounted to $55,723.00. This was less than anticipated, as student admissions were deferred to September 1975, and advantage was taken of alternative sources of funds for some activities. Major categories of expenditures are estimated at:

JULY 1974 - JUNE 1975

Salaries and Fringes	$42,231
Supplies	8,064
Travel	700
Other (Includes indirect cost)	4,728
	$55,723

APPENDIX A

COURSE OUTLINES

INTERNATIONAL COMPARATIVE HEALTH CARE SYSTEMS

HEALTH AND ECONOMIC DEVELOPMENT

ENVIRONMENTAL PLANNING IN DEVELOPING COUNTRIES

INFECTION AND DISEASE IN DEVELOPING COUNTRIES

SEMINAR ON NATIONAL HEALTH PLANNING IN DEVELOPING COUNTRIES

INTERNATIONAL COMPARATIVE HEALTH CARE SYSTEMS

Professor Jan de Vries

I. Introduction. Terminology; gross comparison of health status; health care and health service concepts; limits of subjects; relation of course to other courses in School; review of models of total health care and health in society (3 hours).

II. Health Care Systems Structures. Governmental role in personal and community health care; other organizational and societal structures involved in health care; major differences in manpower mix and utilization, including patterns in developing countries; roles of health insurance and market; health status as a function of specific variables; effects of investment systems on decisions in health care utilization; effects of resource allocation on health care systems (3 hours).

III. Financing of Health Services (community and personal). Health insurance, pre-paid practice, special or general revenue sources, trade- or employment-related finance systems; levels of finan:ing; levels of met demand; measurements for comparison; effects of budget and finance systems on decision making (3 hours).

IV. Resources Other Than Financing Operations. Manpower, including manpower mix comparisons, with outcome measurements where relevant and available; traini and employment patterns; relation to other social services and social security systems; special programs and categorical disease programs; governmental and private resources for investments, potential for coordination, in various countries (including developing countries) (3 hours).

V. Function Allocation among Categories of Health Manpower. Legal and actual levels of health care categories, categorical programs, and general practices at institutional level; specialists versus generalists; related social services care of the aged; role allocation in decision making (3 hours).

VI. Costs of Health Care. Total costs, percentage of GNP per capita and relative prices over time, cost of primary care, GNP per capita and relative prices cross-sectionally, between, and longitudinally within countries; trends in costs of in-patient care, drugs, other services, manpower mixes; disincentives and incentives for consumers and providers and possible measurement of effects (3 hours).

VII. Health Insurance Systems. Governmental, trade-related, and private; eligibility, scope of benefits with possible effects on health status; restrictions; complementary costs to participants; costs as per cent of income; indirect costs relation to social security systems (6 hours).

VIII. Cash Flows. Effects of physician remuneration on care and utilization; morbidity data and total costs; patterns in developing countries, physician expectations, commitments from training costs; remuneration of nurses, midwives; charges versus costs in private insurance systems; hospital payments, drug payments, environmental health charges, preventive care costs; problems in comparison between countries (3 hours).

IX. Coverage and Accessibility of Health Care. Patterns in coverage, geographical coverage (particularly in developing countries), expansion of coverage, manpower potential; accessibility and utilization of health care; problems in measurement (3 hours).

X. Health Status. Indices, aggregate variables, measurement, methodology, comparisons, varying conceptions of health and disease among consumers; health status and social strata; measurements of objectives of health service systems (3 hours).

XI. Measurements of Efficiency. Measurements of health care components and interdependence of components of efficiency, of health care systems, of measurements and indices; comparison between countries; effects of patterns of care systems; cash flow and remuneration patterns; cost efficiency and cost effectiveness (3 hours).

XII. Measurements of Effectiveness. Effectiveness models of total systems and system components; effectiveness and objectives; measurements and problems of comparison between countries; tracer diseases and proxies; cost effectiveness within and between health care systems; priority differences between developed and developing countries; measurement problems (6 hours).

XIII. Societal Differences. In health care, utilization, consumer participation, satisfaction and self-care; projection of trends in health care systems and role of consumer.

XIV. Conclusions and summary of research indications.

HEALTH AND ECONOMIC DEVELOPMENT

Professor Peter S. Heller

I. Introduction: Topics in E.onomic Development Relevant to Analysis of Health Sector
   A. Economic Development Issues
   B. An Overview of the Health Sector and Development Process
   C. Concepts of Disease and Health in Developing ountries

I. Health and the Development Process
   A. Introduction
   B. Microeconomic Impact of Improvements in Health Status on the Development Process
      1. Introduction
      2. Impact on Worker Productivity
      3. Impact on Technological Change
      4. Impact on Educational Attainment
      5. Impact on Fertility
      6. Impact of Specific Disease Intervention Programs on Development
   C. Macroeconomic Models of the Impact of Health on Development
      1. Population-Health Interactions
      2. General Models
   D. Economic Models of the Determinants of Health Status: The Impact of Development on Health

Market for Health & Medical Services in Developing Countries
The Demand for Health & Medical Services
   1. Cultural Factors
   2. Economic Factors
   3. Policy Issues
B. The Supply of Medical and Health Services
   1. The Role of the Private Modern and Traditional Sectors
   2. Theory and Operating Characteristics of Public Sector Health Referral Systems
   3. Supply of Nonmedical Services
   4. Manpower Policies
   5. Case Studies on the Provision of Health Services: The Socialist and Capitalist Alternatives

. Economic Policy Issues for Health Planning
   A. Alternative Models for Planning Health and Medical Sector Programs
      1. Noneconomic Models
      2. Economic Models
   B. Case Studies in Evaluating Alternative Disease Intervention Programs
      1. Tuberculosis
      2. Schistosomiasis
      3. Epidemiological Planning Models
      4. Nutrition Planning

ENVIRONMENTAL PLANNING IN DEVELOPING COUNTRIES

Professor Demetrius Plessas

I. Environmental Pollution in the Context of Economic Development (6 hours)

1. Nature and Dimensions of the World Environmental Crisis (1 hour)
2. Economics of Development and Foundations of Concern with Environmental Pollution (2 hours)
3. Health and Epidemiologic Aspects of Pollution in LDC's (2 hours)
4. World Models of Environmental Control (1 hour)

Overview of processes of economic growth and pollution generation. Clarification of environmental health problems in LDC's, within the total social, cultural, and economic context, as they are influenced by such factors as urbanization, industrialization, population pressure and the rapid deterioration of the physical and social environments. Examination of [dynamic] world models of environmental pollution as they particularly affect LDC's.

II. Environmental Planning: A System of Solutions (6 hours)

1. Market Mechanism as Allocator of Environmental Costs (2 hours)
2. Environmental Control in Non-Market Economies (2 hours)
3. Transfrontier Pollution Problems and International Cooperation (2 hours)

Identification and estimation of social costs due to environmental pollution. Analysis and comparison of specific intervention [planning] mechanisms in both market and non-market economies. Discussion of the role of taxes, charges, prices, and standards in reducing health damages. The role and effectiveness of international cooperation in dealing with both transfrontier pollution problems and the disseminating of technological and planning capabilities to LDC's.

III. Choosing Envrionmental Targets for Control (10 hours)

1. Social and Environmental Profitability of Environmental (Health) Investments (2 hours)
2. Disease Control Models and Techniques (2 hours)
3. Air Pollution Control Strategies (2 hours)
4. Urban Water Supply and Sanitation (2 hours)
5. Human Social Environments: Housing, Industrial Health, Vector Control, Radiological Health, Nutrition (2 hours)

Development of analytic framework for evaluation of social and economic feasibility of environmental health investments. Role of time, uncertainty, technology in investment decisions. Analysis of cost information and measurement of benefits. Construction of cost/benefit models and their application to specific environmentally linked diseases. Examination of air pollution control strategies. Urban water supply investment decisions. Critical analysis of programs to improve the human/social environments. Discussion of their feasibility in the context of specific developmental priorities (growth, employment, education and manpower development policies)

IV. Alternative Strategies for Environmental Pollution Control (4 hours)

1. Urban Development Strategies, Controlling Urban Size and Scale (2 hours)
2. Human Resource Investment Strategies (1 hour)
3. Rural Development (1 hour).

Discussion and relevance of non-health programs in improving health levels and minimizing the social costs of environmental pollution. The role of urban life, densities, and congestion. Framework of national urban policies. Criteria and profitability of resource allocation decisions to human resources as alternatives to specific enviornmental health programs. Stress on rural community development.

V. Summary, Conclusions (2 hours)

1. "Third World" Models of Environmental Control (2 hour)

INFECTION [illegible] DISEASE IN DEVELOPING COUNTR

Professors Jan de Vries and Arnold Monto

I. Methods of measurement and surveillance of infection and disease. Identification of infections of importance, general description of their disease patterns including mechanisms of transmission and maintenance. (2 hours)

II. Review of principles of disease control and of control methods. Infectivity (duration and infective dose). Factors affecting transmission of major infections in developing countries and the consequences for disease control methods. (2 hours)

III. Effects of development on infection frequencies and resulting disease patterns. Consequence of inadequate application of control methods in the face of these changes. (2 hours)

IV. Methods and costs of vaccine production. Feasibility of production in regional centers. (1 hour)

V. Review of various control methods, present and future, with regard to their health service requirements (manpower, supplies, and equipment). Exploration of control methods feasible for the potential health services in developing countries for the next 20 to 30 years. Urban, rural, and social class differences. Relative costs of prevention and cure. Decision criteria involved in embarking on control. Projection of costs of maintenance of control, including service requirements and costs of treatment of unavoidable disease. (2 hours)

VI. Nutrition and infection: priorities in amelioration of health. Age groups at risk. Nutritional waste due to infection and nutritional needs to compensate for loss. Relationship between nutritional state, effective infective dose, and severity of disease. Priorities in treatment and health services as applicable in prevailing health service patterns, particularly in rural areas of developing countries, and treatment of childhood diarrheas, rehydration, P.C.M. (2 hours)

VII. Poliomyelitis. Natural course of infection and disease. Specific measurement of infection. Sampling methods, immunization, interference, other enteroviruses, effectiveness of vaccines. Cost of production, quality control, and pharmaceutical control of vaccines, relative to available resources. (2 hours)

VIII. Diphtheria. Natural course of infection and disease under hyperendemic conditions and receding endemicity of infection. Measurements of surveillance and infection. Cost of treatment of cases, and cost of immunization. Health service requirements for alternate forms of vaccine application. Trends of infection and disease in developed and developing countries. (1 hour)

IX. Tetanus. Natural course of infection and disease. Alternate control methods and their feasibility in relation to prevailing health services in urban and rural areas in developing countries. (1 hour)