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**AMERICAN PUBLIC HEALTH ASSOCIATION**  
International Health Programs  
1015 Fifteenth Street, N.W.  
Washington, D.C. 20005

*SEMIANNUAL REPORT*

*October 1, 1980 - March 31, 1981*

*Contract Number: AID/DSPE-C-0053*

*Project Number: 936-5900*

*Project Title:*

*Accelerated Delivery Systems Support (ADSS)*

*Submitted by:*

**International Health Programs  
American Public Health Association**

1015 15th Street, N.W.  
Washington, D.C. 20005

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## Introduction

Through the Accelerated Delivery Systems Support (ADSS) contract, the American Public Health Association (APHA) is called on to help the Agency for International Development (AID) exert a leadership role in promoting and developing health delivery systems and primary health care in the developing world.

APHA's program under this contract is carried out through three inter-related activities:

- providing expert consultants to advise on field assignments;
- helping to meet the information and training needs of AID field staff and host country health workers engaged in providing basic health services to the rural underserved, through workshops, conferences, and publications; and
- carrying out studies and analyses on issues in the delivery of primary health care.

This report details progress through to the midpoint of the three-year ADSS contract. The planning phases and preliminary steps so important in earlier phases of the contract have now given fruit in the realization of an increasing number of contract outputs. Of particular note during the last six months are:

- conduct of an international congress on primary health care, in Calcutta, India, attended by 700 health workers from some 50 countries;
- finalization of the conference schedule for the entire second year of contract;
- completion of all four regional tracking reports and work on the draft for the analysis volume;
- final drafts of two issues papers;

- a continued high utilization of technical advisory services;
- publication of two issues of Salubritas;
- dissemination of three information packets;
- conduct of a workshop on community participation.

It is hoped that these outputs, along with those that will be accomplished during the second half of contract life, will be of genuine assistance to AID and to host governments in moving effectively in implementing affordable health delivery systems and primary health care universally.



Susi Kessler, M.D.  
Director  
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**SUBSTANTIVE REPORT**

## A. Specific Contract Activities

The purpose of the ADSS project is to reinforce and expand AID's capability to exert a leadership and supportive role in the promotion, planning, development, and evaluation of affordable health and family planning delivery systems and primary health care in most of the developing countries. The ADSS contract took effect on September 30, 1979, and is scheduled to terminate on September 29, 1982.

Services provided by APHA under the contract are grouped into three categories:

- technical advisory services;
- promotional information and education;
- evaluation and special studies.

## 1. Technical Advisory Services

The Technical Advisory Services Unit arranges short-term rapidly responding consultant services in the fields of primary health care, family planning and population, nutrition, health services delivery, and water supply and sanitation.

### Assignments

#### Contract requirement:

- Provision of 360 person-months of such services to AID regional programs, governments, and non-governmental organizations in developing countries as requested through the Regional Bureaus and Technical Offices of AID.

During the six months covered in this report, requests for 85.36 person months of consultant services were received. A total of 71 consultants (41 for population and 30 for health) participated in 51 assignments. Of these assignments, detailed in Appendix A, 30 (including 3 cancelled) were in the population field and 21 (including 1 cancelled) in the health field. Since the initiation of the contract, 308.53 person months of services have been rendered, 268.73 directly under the ADSS contract and 39.8 funded by other groups.

TABLE A  
Person Months of Consultant Services  
Under ADSS Contract

<u>Six-Month Period</u>	<u>Health</u>	<u>Population</u>	<u>Total</u>
Oct. 1, 1979-March 31, 1980	34.88	55.66	90.54
Apr. 1, 1980-Sept. 30, 1980	55.43	77.20	132.63
Oct. 1, 1980-March 31, 1981	<u>33.98</u>	<u>51.38</u>	<u>85.36</u>
	124.29	184.24	308.53

In the population field, six assignments were fielded in Latin America and the Caribbean, ten in Asia, one in Africa, six in the Near East and five inter-regionally.

In the health field, eight assignments were fielded in Latin America and the Caribbean, three in Asia, none in Africa, six in the Near East and three inter-regionally.

TABLE B  
 Number of Assignments by Region  
 During Six-Month Period\*

	<u>Population</u>	<u>Health</u>	<u>Regional Totals</u>
Latin America and the Caribbean	6	8	14
Asia	10	3	13
Africa	1	-	1
Near East	6	6	12
Inter-regional	<u>5</u>	<u>3</u>	<u>8</u>
TOTAL	28	20	48

\* Does not include cancelled assignments

Several major evaluations occurred during this period, including a three-consultant team evaluation of the UNFPA (United Nations Fund for Population Activities) intercountry program, and an Evaluation of the Family Planning International Assistance program, for which five consultants visited programs in twelve countries.

An equally interesting assignment ensued from a request from the Philippine Population Institute for assistance in the design of a survey of adolescent fertility, use of contraceptions, and sexual behavior.

During this period, initial steps have been taken to make selected technical advisory assignment reports available to a wider readership through the Department of Commerce National Technical Information Service. Reports disseminated in this manner would be chosen from among those waived by project officers for unlimited distribution.

APHA evaluates technical advisory assignments and their management through separate questionnaires sent to the consultant(s), the requesting mission, and AID/W. The return rate of the questionnaires varies.

In the last six months, 21 of 51 evaluation forms sent to AID/W were returned (41%). Of the 49 forms sent to USAID missions, 33 (67%) were returned. These return rates do not reflect an improvement from the last reporting period, during which AID/W returned 77% of the questionnaires and USAID missions returned 80%, despite special efforts to stimulate rapid returns. Lower rates for this last period may indicate that many questionnaires are still being worked on. Also, it may be that lower return rates from AID/W are caused by a lack of direct, concrete knowledge on the part of Washington officials on the quality of performance of consultants on field-initiated assignments.

APHA will investigate, during the next reporting period, factors associated with relatively low rates of return of evaluation questionnaires.

### Registry

#### Contract requirement:

- Establishment and maintenance of a registry of consultants. By end of contract, 3000 qualified consultants should be enrolled in the registry.

PROJECTED AND ACCOMPLISHED OUTPUTS

Contract #AID/DSPE-C-0053

ADSS

1. Technical Advisory Services

Output	Quantity	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES
Technical Advisory Services	360 person-months by end of contract	Year 1:												120 pm
		Year 2:												240 pm
		Year 3:												268.73 person months expended 360 pm
Consultant Registry <sup>1</sup>	3000 consultants by end of contract	Year 1:												1000
		Year 2:												2000
		Year 3:												2367 enrollees 3000
		Year 1:												
		Year 2:												
		Year 3:												

o planned

/// ● accomplished

<sup>1</sup>Bar graphs show accomplishments through 3/31/81; months show progression of outputs if distributed evenly over life of contract.

3/31/81  
18 months into contract<sup>∞</sup>

The APHA Consultant Registry presently contains information on 2367 health and health-related specialists. Records of academic training, work experience, language abilities, and other information allow APHA and AID to choose consultants tailored to the specific assignments (Appendix B).

In its continuing recruitment process, APHA makes a concerted effort to seek out and attract the enrollment of minorities and women. Since inception of the ADSS contract, the percentage of registrants that are female has increased from 30 percent to 38 percent. The percentage of registrants that are minorities has risen from 20 percent to 28 percent (Appendix C).

During this period, APHA has taken several additional steps to recruit new registry enrollees.

- Recruitment packets were sent to 30 deans of schools of public health. Each packet contained a letter seeking the cooperation of the dean and colleagues in making consultant opportunities with APHA known, a special announcement designed for circulation and posting, and a booklet describing the work of APHA International Health Programs.
- Through the cooperation of the American College of Preventive Medicine, recruitment letters and brochures were mailed to 87 chairpersons of departments of preventive medicine.
- Special recruitment announcements were published in several publications, including "Public Health Service Report," The Institute of Management Services newsletter, "OR/MS Today" and, The Public Health Service Retired Commissioned Officers newsletter. An announcement will appear in the Society for International Development Newsletter.
- Personal contacts and exchanges of materials were carried out with the International Consultant Foundation, which provided APHA with its Consultant Registry, as well as with the American Management Association, the Academy of Health Care Consultants, and International Voluntary Services.

These steps have shown positive results. During the past five and one half months, there has been a considerable increase

in the number of registry forms submitted to APHA. Since October 1980, that number has risen by 360 consultants (18%) from 2,007 to 2,367. While it is not possible to determine exactly how many submissions were stimulated by special IHP efforts, it is believed that many of the more highly qualified submissions did result from this program.

The registry recruitment form has recently been revised to include specific categories for health educators and computer specialists. Categories rarely called for have been improved, and a computer program has been developed to integrate the earlier and revised systems.

In addition, APHA has designed and implemented a system to stratify the registry in order to rank skills. Incoming enrollees are classified into two groups: consultants in the first group must have at least five years experience in their skills area plus a minimum of two years experience working in a developing country; consultants in the second group do not meet the minimum requirements and are less likely to be selected as full consultants.

#### Future Objectives

To continue recruitment efforts, particularly those targeted at additional universities and departments other than public health; to recruit additional qualified third-country nationals, minorities, and females.

To begin work on a procedures manual for management of technical advisory services.

## 2. Promotional Information and Education

### a. Conferences

APHA is mandated to undertake conferences and workshops on subjects vital to the promotion, development, operation, and better understanding of primary health care and affordable health and family planning delivery systems.

#### Conferences with AID

Contract requirement:

- One conference per year in collaboration with AID and designed primarily to keep AID and AID contractors, field staff, and developing country participants up to date on current developments in all areas of primary health care and to provide for an exchange of information about lessons learned from AID-assisted country programs.

#### Africa and Near East Regions

Dr. T. Georges discussed a possible APHA-managed conference with the health and population officers at their regional meeting in Abidjan, Ivory Coast, in December 1980. Suggestions relayed to APHA include:

- Type: the conference should serve as in-service education for the health officers and thus should be approved for continuing education credits.
- Content: should include at least one technical area, i.e., development of water supply systems.
- Participation: should be open to African counterparts.
- Scheduling: The Gambia, April 1981 (subsequently delayed and tentatively rescheduled for September 1981).

Subsequent meetings with the Africa Bureau resulted in the decision to poll the missions regarding their preference of combining French-speaking and English-speaking counterparts in one conference or convening two sessions of the same conference, one in English and one in French.

Participation of the health officers in the conference will be funded by the missions and is therefore contingent on mission concurrence.

### Asia Region

An Asia regional conference for AID field staff will be held in October 1981, in Penang, Malaysia. Planning meetings with the Asia Bureau were held on January 6 and March 16. Tentative plans call for the following:

- a five-day conference in the last week of October 1981
- a program of 3.5 days devoted to topics concerning all AID field staff and 1.5 days set aside for a seminar resulting in continuing education credits for physicians.
- solicitation of information of facilities from four hotels in Penang

### Latin America and the Caribbean Region

This conference is still tentatively scheduled for 1982, under the general theme of administrative and management reforms that will facilitate the delivery of essential health services. Status unchanged.

## Conferences with Other Donors

### Contract requirement:

- One conference per year in collaboration with other donors and designed to help the health leadership in developing countries plan and extend national primary health care programs.

Conference in collaboration with WFPHA, WHO and UNICEF, Calcutta, India, February 1981

This international congress on primary health care was attended by over 700 participants from some 50 countries, during February 23-26, 1981. The four-day meeting program coupled plenary sessions with scientific workshops examining issues and experiences relevant to the sub-themes of planning, implementation, field projects, manpower, and community participation.

Sponsoring agencies, which included the World Federation of Public Health Associations, the World Health Organization, and the United Nations Children's Fund, in addition to AID, provided both financial and material support in the form of participant support, keynote speakers, and other direct Congress costs.

A series of eleven recommendations for the further implementation of primary health care were drawn up during the Congress. These, along with other selected highlights of the meeting, are being published by the WFPHA in a Congress report due out this summer. Contents of the meeting were also disseminated in the April editions of the two periodicals which the APHA publishes in collaboration with the WFPHA -- SALUBRITAS and WFPHA NEWS (Appendix D).

A survey was conducted among Congress participants: In part it demonstrated that:

- The two subjects of greatest interest to participants were community participation and training.
- More than a majority of participants found the meeting of direct value to their work.
- An overwhelming number of those polled found the most valuable part of the meeting was hearing about new ideas and sharing experiences.

- The major criticism was that not enough time was allotted to discussion.
- Background documentation supplied to all registrants was found useful by over two thirds of those responding to the survey.
- Concerning logistics, overall organization was rated good, transportation good to fair, facilities good, and cultural events and meals were both rated excellent to good.
- Rating the Congress overall, 44% of the participants said the meeting met their expectations quite a bit, 31% said it met them somewhat, 12% found the meeting exceeded their expectations, and 13% said the Congress only met their expectations minimally.

Copies of a full report on the meeting were delivered to AID on March 27.

Conference in collaboration with PAHO/WHO on  
"Expanded Programs of Immunization and Their  
Integration into Primary Health Care"

This conference will be held in two sessions -- one Spanish-speaking and one English-speaking. The Spanish session will take place in Quito, Ecuador during May 17-22, 1981. The English session will be held August 2-7, 1981 in Kingston, Jamaica.

These conferences will bring together EPI program managers and representatives from agencies to discuss problems related to the following topics:

- implementation of the EPI, problems, and solutions;
- integration of the EPI within PHC, identification of problems and solutions;
- setting of quantifiable goals for the next two years in relation to the implementation of EPI within PHC.

## Workshops

### Contract requirement:

- Two workshops per year in collaboration with other donors and designed to focus on the interest, problems, and needs of developing country health personnel at the intermediate level who have operational responsibility for planning or executing primary health care programs, particularly in poor urban or rural areas.

## Africa

At the request of the Ministry of Health of Botswana, APHA provided technical assistance to the workshop on "Health Sector Financing Surveys," in Gaborone, October 6-17, 1980. The basic subject of the workshop was to teach participants how to do a health sector financing survey, based on a model developed for Botswana. Sixteen participants attended the workshop from Botswana, Lesotho, Malawi, Swaziland and Zambia.

## Latin America and the Caribbean Region

In February 1980 APHA provided assistance to a WHO workshop on community health workers in Kingston, Jamaica. This was reported in detail in previous semiannual reports.

PHA is collaborating with the Caribbean Community Secretariat (CARICOM) on a workshop for June 1981 that will focus on formulating a regional policy for primary health care development in the Caribbean. Two planning meetings of the local working committee have taken place. Plans for APHA collaboration call for travel support for two resource persons and four attendees, provision of literature and films on primary health care, and APHA/AID representation.

## Near East

A regional workshop on primary health care entitled "Interventions for Community Health Workers" was planned for June 8-11, 1981, and has recently been moved back to the first or third week in September of this year. The workshop

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ADSS

2. Promotional Information and Education

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES	
Conferences in collaboration with AID	1 per year	Year 1:														
		Year 2:														
		Year 3:	o*						o*							
Conferences in collaboration with other donors	1 per year	Year 1:														
		Year 2:					●			o			o			
		Year 3:														
Workshops	2 per year	Year 1:					●									
		Year 2:	●								o			o		
		Year 3:														

o planned

● accomplished

\* completion date scheduling tentative

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18 months into contract

will be held in Tunis, Tunisia. Workshop planning was initiated with an APHA staff visit to Tunisia in December 1980, at which time a provisional program was developed, a site identified, and arrangements made for translation services and logistic support. The program is now being finalized.

### Newsletter

#### Contract requirement:

- Publication of the quarterly newsletter Salubritas

Salubritas, the APHA/WFPMA quarterly newsletter on innovative approaches to health care delivery, now reaches more than 14,000 health workers in its three language editions. The overwhelming bulk of Salubritas readers are working in developing countries. As noted in the last report, more and more requests are coming from primary health care workers in the field.

Two issues were published during this six month period: October, 1980 (Volume 4, Number 4) and January, 1981 (Volume 5, Number 1). The issues contained articles on projects in Mali (health manuals written by villagers), Liberia (convincing village elders to join a health network), special features on Leprosy and sexually transmitted diseases, "How To" columns on keeping records and finding medical supplies and equipment, and a new column, "Notes", which gives news briefs and information on new developments and other items of note.

Dr. Derrick Jelliffe of the University of California at Los Angeles asked for several copies of Salubritas to use as a "textbook" for a seminar on international health. Jelliffe's main source for this course will be APHA's newsletter on infant and maternal nutrition, Mothers and Children.

In preparation is a reader survey to be sent to a random sampling of Salubritas subscribers. The survey will be mailed with the July issue.

Recent increase in overseas mailing rates has pushed up postage costs by about \$1,000 per issue (\$4,000 per year). The future rise in domestic rates will add another \$400 to our annual mailing costs, resulting in a total annual increase of \$4400 per year.

### Information Packets

#### Contract requirement:

- Distribution, six times a year, of informational materials to AID staff. Materials selected for the packets should represent recent documents and publications that will keep field and Washington staff up to date on the literature related to primary health care.

Packets were distributed in October, 1980 (#14), December, 1980 (#15), and March, 1981 (#16). The contents of these packets are listed in Appendix E.

The mailing lists for packets # 14 and # 15 were identical. Both listed 116 recipients (64 AID Overseas and 52 AID/Washington). The mailing list for packet # 16 weeded down the number of recipients from 116 to 113 (63 AID Overseas and 50 AID/Washington). Each AID mission was sent all three packets.

### Other

The Economic Development Institute of the World Bank requested thirty copies of APHA monograph # 1, "Health Care Financing in Developing Countries," for use in a February seminar on "Design and Implementation of Programs and Projects for Meeting Basic Needs." Seminar participants were senior government officials.

PROJECTED AND ACCOMPLISHED OUTPUTS

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ADSS

2. Promotional Information and Education

Output	Quantity		Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES	
Salubritas Newsletter	4 per year	Year 1:	●			●			●			●			Vol. 4	
		Year 2:	●			●			○				○			Vol. 5
		Year 3:	○			○			○				○			
Information Packets	6 per year	Year 1:	●		●		●		●		●		●		#8-#13	
		Year 2:	●		●		●		○		○		○		#14-#16	
		Year 3:	○		○		○		○		○		○			
		Year 1:														
		Year 2:														
		Year 3:														

- planned
- accomplished

3/31/81  
18 months  
into  
contract

### 3. Evaluation and Special Studies

The Evaluation and Special Studies unit has responsibility for several related activities that review the progress in implementing primary health care in the developing world and that present decision makers with information on alternative strategies for primary health care implementation.

#### Tracking Report

Contract requirement:

- To track the progress being made towards improving and extending health delivery systems and primary health care in AID-assisted countries.

The Tracking Report is intended to be a reference document with a summary description of all active AID primary health care projects, as well as an analytical document that traces the progress made by projects and that looks at problems common to a number of projects across the lines of the regional bureaus. Projects are studied through reports and information available in Washington.

Volume I: Covers nine primary health care projects in Asia. Status: completed.

Volume II: Covers sixteen projects in Latin America and the Caribbean. Status: completed.

Volume III: Covers sixteen projects in Africa. Status: completed.

Volume IV: Covers eight projects in the Near East. Status: completed.

Volume V: Comprises summary analysis of problems common to AID's primary health care delivery experience in all four regions. Status: first draft to be completed by May 15. A preliminary analysis was submitted to AID on April 9.

## Data Bank

### Contract requirement:

- To establish and maintain a data bank concerning primary health care programs in developing countries.

APHA is extending the data bank of 180 projects, researched under a previous contract, to contain readily retrievable information on 350 projects. Questionnaires from another 120 projects have been received, bringing the present data bank total to 300 projects. A computer-based retrieval system assists in the analysis of data from the questionnaires and a condensed version of the questionnaire has been prepared to obtain information on additional projects.

## Global Review - Issues Papers

### Contract requirement:

- To prepare and publish reviews for the global "state of the art" applicable to primary health care.

The Global Review is directed primarily to individuals at institutional, national, and international levels who are responsible for translating policy into action. Those working with or for multinational and bilateral organizations, private and voluntary organizations, and foundations are included in the target audience.

The Global Review will provide its readers with information useful in choosing among policy options and improving skills for designing and implementing national primary health care programs. Information on experiences with various approaches, technologies, methods, policy designs, and other aspects of primary health care are gathered from multiple sources, including general development literature in the fields of education, community development, and agriculture. Rather than appearing as a single volume, chapters of the review will be published regularly for inclusion in a loose-leaf binder distributed with the first chapters. By the end of the three-year life of the ADSS project, readers will have on hand a comprehensive review of primary health care issues organized under appropriate chapter headings and arranged for easy reference.

Selection criteria for the subjects of the issues papers chapters are derived from tracking report findings, suggestions from the AID missions, and consultations with primary health care specialists.

Nine stages of development guide the preparation of the issues papers:

1. identification of topic
2. development of outline
3. selection of specialist
4. technical working session
5. data collection and analysis
6. completion of first draft
7. internal review and revision
8. external technical review and revision
9. delivery to AID for distribution

Status of ten chapters in the global review as of March 31, 1981:

<u>Chapter</u>	<u>Content</u>	<u>Stage of Development</u>
I	<u>Overview of Progress in Primary Health Care Movement</u> Delivered to AID 3/31/81	9
II	<u>Immunizations in Primary Health Care</u> Broad coverage immunizations require considerable infrastructure but have the same target groups as nutrition and other health interventions. Delivered to AID 3/13/81	9
III	<u>Local Financing in Primary Health Care</u> Developing country government resources are not sufficient to support primary health care at the present time unless local resources are also mobilized.	8

<u>Chapter</u>	<u>Content</u>	<u>Stage of Development</u>
IV	<u>Community Participation in Primary Health Care</u> More than any other criterion, guidelines for planning community participation is the mark of successful primary health care programs.	5
V	<u>Simplified Health Information Systems in Primary Health Care</u> Too often primary health care workers must complete and send in forms they find meaningless and whose subsequent use they are not aware of. What are the minimum requirements for information for use in planning, implementation and evaluation?	6
VI	<u>Community Health Workers Functions in Primary Health Care</u> The community health workers cannot be responsible for all health/population/nutrition tasks at the village level. What is the appropriate span of responsibilities for the c.h.w.?	5
VII	<u>Training of Community Health Workers in Primary Health Care</u> Successful training experiences are identified and analyzed.	6
VIII	<u>Trends and Alternatives in National Health Financing</u> Current and possible new sources for primary health care funding are outlined.	on hold
IX	<u>Health Communications in Primary Health Care</u> An empirical review of mass communications and other educational techniques draws from experiences in primary health care, family planning, and nutrition.	6
X	<u>Supervision of Community Health Workers in Primary Health Care</u> An empirical review outlines the effectiveness of alternative methods	on hold

## Special Studies

### Contract requirement:

- To conduct special studies and/or workshops that focus on particularly vital subjects and problems.

Special studies and workshops are designed to provide AID with a timely response to concerns on critical issues in primary health care that may have surfaced during the preparation of "issues papers" for the global review or that have been raised in some other context.

During November 6-7, 1980, APHA organized a workshop on community participation that engaged a group of 24 experienced researchers, professionals, and agency administrators. Their discussions centered on the concept, program design, administration, and assistance strategy aspects of community participation.

The contents of the workshops have been synthesized into a report, submitted to AID, that deals with the basic concepts, the framework for analyzing community participation, field level program considerations, district and national level administration, international assistance guidelines, and the capacities of agencies to provide community participation-oriented assistance.

The following studies and workshops are in preparation.

- A study of weighing practices and the use of weight charts. Visit to Egypt completed, literature review and drafting underway. Status: First draft expected May 31, 1981.
- A study of country level coordination of donor agencies. Status: on hold.
- Special research to develop and test a method of assessing community participation in PHC projects. Reports completed: a) methodology; b) assessment done in Honduras as test of method. Status: submitted to AID 3/31/81.
- Revision of report on First Health Officers Conference, Africa Bureau. Status: submitted to AID April 1981.



PROJECTED AND ACCOMPLISHED OUTPUTS

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ADSS

3. Evaluation and Special Studies

Output	Quantity	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	NOTES
Special Studies/ Workshops	Year 1:													
	Year 2:													
	Year 3:													
-----														
	Year 1:													
	Year 2:													
	Year 3:													
-----														
	Year 1:													
	Year 2:													
	Year 3:													
-----														

- o planned
- accomplished

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## B. Liaison Activities

### World Federation of Public Health Associations (WFPHA)

The WFPHA, with a current membership of 32 national public health associations from both developing and industrialized nations, strives to facilitate communication and collaboration among national public health associations in working toward improvement of personal and community health around the world. (Dr. Susi Kessler is Executive Secretary of the WFPHA.) The close affiliation with the WFPHA, which has official relations with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), greatly facilitates APHA's mandate to collaborate with international organizations in carrying out its activities.

The conference with international organizations reported on under the conferences section of this report was held under the auspices of the WFPHA, which convenes such an international congress every three years. On behalf of the WFPHA, APHA was active in publicity, program planning, identification of program participants, and information dissemination on the Congress. Additional information on the Congress is contained in Appendix D.

The WFPHA will hold its 15th Annual Meeting on May 7 in Geneva, during the time of the World Health Assembly. At that time a site will be selected for the Fourth International Congress, scheduled for 1984. All member associations are invited to offer to host the meeting.

### Visitors to APHA

Last November, Dr. Lee Howard, Director of the Office of Health of AID, gave a seminar to APHA staff and guests on donor resources for "Health for All by the Year 2000." Dr. Howard has spent the last year on special assignment to WHO researching this topic.

In Dr. Howard's view the challenge of Alma-Ata is not how to carry out pilot primary health care projects, but how to extend basic services on a wide scale. Yet in the Declaration of Alma-Ata, all points were raised but that one: "Who is going to pay the bill?" Multi-lateral organizations, donor agencies, and recipients are asking where the resources are to pay for and sustain "health for all."

Dr. Howard's study indicates that the resources for development are adequate, but that the major problem lies in underrepresentation of the health sector in funding allocation.

His study revealed no a priori bias against health among donors; this representation seems rather to come from the relatively low priority attached to health by most national planning boards.

Dr. Howard feels that it is more feasible to work to increase the amount of health expenditures within overall development aid than to expect increases in the total amount of overall aid. We should channel our efforts in helping countries to plan their health programs at the local level and in helping the health sector to compete with other development sectors.

In sum, it seems that the resources available now are probably adequate if a new system of development cooperation is evolved. The results of Dr. Howard's study show five recommendations for a new system of development cooperation: (1) a data management system for donor health resources; (2) a data management system for recipients, i.e., country resources and needs; (3) analysis and rationalization of resource flow; (4) mobilization and matching; and (5) training.

Dr. Lydia Novak and Dr. Natalia Vorobieva of the Soviet Medical Workers Union made a visit to Washington and to APHA last fall after attending the APHA Annual Meeting of APHA in Detroit. The Soviet Medical Workers Union has related to APHA through the World Federation of Public Health Associations for the last several years.

In preparation for his participation in the WFPHA Third International Congress, Dr. Samir Banoub, Head of the Health Planning Division of the Ministry of Health of Kuwait, visited APHA while on an overseas tour. At the Calcutta meeting, Dr. Banoub represented Dr. Al-Awadhi, the Minister of Health of Kuwait and immediate past president of the World Health Assembly, and also delivered a paper on implementation of primary health care in his own behalf.

Dr. Helio Aguinaga, Brazilian Ministry of Health, visited APHA to explore areas of mutual interest and to investigate a role for the Brazilian government in the Calcutta Congress.

Dr. Fortunato Vargas Tentori, one of the Mexican representatives to the Calcutta Congress, visited APHA headquarters on his way back to Mexico after that meeting. The Mexican Public Health Association has offered to host the Fourth International Congress, scheduled to take place in 1984.

Dr. Katherine Elliott of the Appropriate Health Resources Technology Action Group (London) recently visited APHA in conjunction with a technical advisory assignment in this country.

Merle S. Goldberg of the International Women's Health Coalition briefed APHA staff concerning the activities of her organization.

Dr. Amara Toure of the Ministry of Health of Chad paid a call to APHA to inquire about opportunities for fellowships to study health services within the U.S.

### Participation in Meetings

APHA was represented at the Calcutta Congress by a group of 20 association members and staff. Most of the members who participated were part of the continuing education study tour that offered technical sessions and city tours of Kathmandu, Delhi, Agra, and Bombay, in addition to Calcutta. The APHA delegation was headed by Stanley Matek, President-elect of APHA. Participation of APHA staff members was financed through a grant awarded by the Office of International Affairs of the Health Resources Administration, HHS.

The APHA Annual Meeting last October in Detroit attracted over 8000 registrants, including foreign visitors from Guyana, Indonesia, the United Kingdom, the U.S.S.R., Canada, and Ghana. Foreign visitors were honored at a breakfast in the President's Suite, hosted by Dr. June Jackson Christmas, outgoing president of APHA.

In February, Dr. Susi Kessler addressed Johns Hopkins University MPH students at the International Health Career Information Forum. Staff member Alberta Brasfield addressed a similar group on the topic of nurses in non-traditional roles.

In March Dr. Susi Kessler and Dr. Paul Burgess met with the staff of the World Bank Department of Health, Population, and Nutrition to discuss with them activities in the field of primary health care and insights gained from studies into various issues in primary health care.

### Liaison with Other Groups

To promote collaboration and strengthen concerted efforts in international health, APHA keeps in close contact with many governmental and non-governmental groups. During the past six months APHA has had active contact with the following groups:

Academy for Educational Development  
African Bibliographic Center  
Africare  
AID Library  
American Nurses Association  
Boston University Health Policy Institute  
CARE  
Caribbean Community Secretariat (CARICOM)  
Catholic Relief Services  
Center for Population Activities  
Center for Population Options  
Columbia University  
Cornell University  
Educational Development Center  
Equity Policy Center  
Food and Agriculture Organization  
Georgetown Medical Library  
George Washington Library  
Harvard School of Public Health  
Howard University  
Human Life and Natural Family Planning Foundation  
Inter-American Development Bank  
International Council for Educational Development (ICED)  
International Health Section of APHA  
International Medical and Research Foundation  
Inter-Study  
Johns Hopkins School of Hygiene and Public Health  
League for International Food Education  
Library of Congress  
Manoff International  
Medical Service Consultants, Inc.  
National Council for International Health (NCIH)  
National Council of Negro Women  
National Library of Medicine  
North Carolina School of Public Health  
Office of International Health (HHS)  
Operation Crossroads Africa  
Organization for Economic Cooperation and Development (OECD)  
Overseas Development Council (ODC)  
OXFAM  
Pan American Health Organization (PAHO)  
Partnership for Productivity  
Pathfinders Fund  
Peace Corps

Planned Parenthood Federation  
Population Information Program of Johns Hopkins University  
Population Crisis Committee  
Population Reference Bureau  
Rural Health Promoters' Project, Guatemala  
Secretariat for International Year of Disabled Persons  
Society for International Development (SID)  
Technical Assistance Information Clearinghouse (TAICH)  
Uniformed Services University for Health Sciences  
United Nations Children's Fund (UNICEF)  
United Nations Development Programme (UNDP)  
United Nations Information Centre  
USAID Bureau for Africa  
USAID Bureau for Asia  
USAID Bureau for Latin America and the Caribbean  
USAID Bureau for the Near East  
USAID/DS Office of Development Information and Utilization  
USAID Office of Health  
USAID Office of Nutrition  
USAID/PPC Office of Evaluation  
U.S. Catholic Conference  
U.S. Department of Agriculture  
U.S. Department of Health and Human Services  
University of Pittsburgh  
University of the West Indies  
Volunteers in Technical Assistance (VITA)  
Water and Sanitation for Health Project  
The World Bank (International Bank for Reconstruction and  
Development)  
World Conference of the U.N. Decade for Women  
World Federation for Medical Education  
World Federation of Public Health Associations (WFPHA)  
World Health Organization (WHO)  
Yale University School of Management

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**ADMINISTRATIVE REPORT**

IDENTIFICATION

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FINANCIAL REPORT

FOR PERIOD ENDING MARCH 31, 1981

CONTRACT AID/DSPE-C-0053

<u>CATEGORY</u>	<u>FUNDS OBLIGATED FROM: 9/30/79 TO: 9/29/81</u>	<u>DISBURSE- MENTS IN ADD'L DEC. '80</u>	<u>TOTAL EXPEN- DED 9/30-79 THRU 3/31/81</u>	<u>UNEXPENDED BALANCE OF FUNDS OBLIGATED</u>
SALARIES	1,183,166	- 0 -	868,646	314,520
CONSULTANTS	917,280	- 0 -	980,118	(62,838)
FRINGE BENEFITS	236,633	- 0 -	146,803	89,830
OVERHEAD	851,881	*140,703	783,200	68,681
TRAVEL/TRANSPORTATION	1,146,912	- 0 -	738,161	408,751
OTHER DIRECT COST	442,874	- 0 -	313,485	129,389
EQUIPMENT & SUPPLIES	24,960	- 0 -	25,313	(353)
TOTAL	<u>4,803,706</u>	<u>140,703</u>	<u>3,855,726</u>	<u>947,980</u>
TOTAL ESTIMATED CONTRACT COST	\$7,497,476			
TOTAL AMOUNT FUNDED	\$6,074,563			
MINUS TOTAL EXPENDED	(\$3,855,726)			
MINUS FUNDS ENCUMBERED	<u>(\$ 551,634)</u>			
ESTIMATED BALANCE OF FUNDS	<u>\$1,667,203</u>			

\*Reflects final overhead rate for  
1979; provisional rate for 1980. SEE ATTACHED

EMPLOYEES ASSIGNED TO THE ADSS CONTRACT MARCH 31, 1981

<u>EMPLOYEE NAME</u>	<u>RESPONSIBILITY/TITLE</u>
Dr. Susi Kessler	Director
Dr. Alfred Gerald	Program Manager
Ronald Augustin	Courier Clerk
Jenny Aung	Registry Coordinator
Alberta Brasfield	Conference Manager
Susan Brems	Executive Program Assistant
Dr. Paul Burgess	Chief, Evaluation & Special Studies
Martha De la Rosa	Senior Administrative Assistant
Michael Favin	Research Associate
Carollyn Gibson	Administrative Assistant
Danielle Grant	Program Assistant
Sallie Jennings	Clerk Typist
Dr. Barry Karlin	Technical Advisory Services Manager
Susan Klinfelter	Administrative Assistant
Saundra Looper	Administrative Assistant
Maria McMurtry	Resource Center Manager
Stuart Mowatt	Fiscal Manager
Suzanne Olds	Chief, Technical Advisory Service
Robin Ryder	Administrative Assistant
Karen Said	Documentation Typist
Ina Selden	Editor, Salubritas
Sandra Singleton	Administrative Assistant
Dr. Wayne Stinson	Special Studies Analyst
Lisa Vest	Administrative Assistant
Catherine Wu	Travel and Logistics Coordinator
Catherine Young	Administrative Assistant

## APPENDICES

Appendix A

Technical Advisory Assignments for  
Six-Month Period

HEALTH ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
583056	de Tanco, M.	Peru	"Family Planning Training and Supervision: Review of the Development of a Guide for the Primary Health Care Project in Peru"	10/12-10/26/80	8.5
*057	Blaise, H., Ph.D. Nagel, J. Worstell, M.	Barbados Guyana	(Evaluation of Basic Health Management Training Project)	10/16-11/7/80	(55)
*058	Ault, S., M.Sc.	All Regions	(Literature review focusing on the impact of Non-Health Sector Projects on Health)	12/1/80-1/31/81	(20)
*059	Nalin, D., M.D. Sullesta, E., R.N.	Jordan	(Assist in establishment of Oral Rehydration Therapy as National Program)	3/25-4/3/81 3/25-4/13/81	(35)
*060	Reynolds, J., Ph.D.	All Regions	(Review "Guidelines for Managers: Evaluation of Primary Health Care in Developing Countries")	December	02
*061	Wilson, R., M.D.	Thailand	(Review Technical Plans and Problems of the Lampang Project in Thailand)	12/17-12/19/80	(07)
*062	Marnane, P., Ph.D.	Ecuador	(Assist in evaluation of OPG 518-022 with MAP International)	12/7-12/20/80	(17)
*063	Elliott, K. Simmons, F., Thorne, M.,	U.S. Pakistan Lesotho	(MEDEX Evaluation)	1/3-1/31/81 1/5-2/7/81	(102)

HEALTH ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
583064	2 Consultants	Jordan	(Training of Division of Health Education's Central Staff)	April	(126)
*065	Early, E., Ph.D.	Egypt	(Analyze data from a socio-cultural survey on health practices in urban poor areas in Egypt)	12/26/80-1/17/81	(26)
*066	Blaise, H., Ph.D. Worstell, M.	Barbados Guyana	(Assist in preparation of PP amendment for the Basic Health Management Training Project.)	1/5-1/26/81	(26)
*067	Boostrom, E., Ph.D.	Egypt	(The Evaluation of Strengthening Rural Health Project No. 253-0015)	1/25-2/15/81	(25)
*068 (582077)	Holley, J., M.B.A., MSPH	Peru	(Evaluation of health and population project)	1/19-2/15/81	(28)
*069	Bicknell, W., M.D.	Haiti	(Analysis of current relationship to rural health services of secondary and tertiary care facilities)	1/18-1/24/81	(10)
*070	King, J.	Tunisia	(Develop two workshops coordinating national and rural centers in Tunisia)	2/4-6/30/81	(42)

HEALTH ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
583071	Wassenberg, B., MPH	Thailand	(Editing of Lampang Health Development Project)	2/13-3/24/81	(30)
*072	Rohde, J.	United States	(Present information on Haitian health delivery sys- tem to AID participate as re- source person in the NCIH Nutrition Workshop)	Cancelled	
*073	Bertolis, S., Ph.D. Bertolis, F., Ph.D.	Morocco	(Assist MOH in Morocco in utilization of APPLE II Computer and maintenance/ analysis of work activity and data files)	3/11-3/19/81 3/16-3/19/81	(18)
*074	Alexander, P. Makiner, W., Ph.D.	India	(Project paper for MCH pro- ject)	3/10-4/10/81	(60)
*075	Le Roy, A.	Honduras	(Review basic drug list and evaluate drug distribution system)	4/6-4/13/81	(12)
*076	Stivers, J.	Honduras	(Assist in Malaria Control Workers Training Course)	4/19-5/19/81	(30)

\* Active assignments

POPULATION ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
532067	de Tanco, M.	Peru	"Family Planning Training and Supervision: Review of the Development of a Guide for the Primary Health Care Project in Peru"	10/12-10/26/80	8.5
*068	Margolis, A., M.D.	Bangladesh	(Evaluation of AID assistance to Bangladesh population program)	10/27-11/21/80	(32)
069	Seltzer, J.	All Regions	"An Interim Assessment of the RAPID Project"	10/28-12/31/80	(20)
070	Howell, B.	Egypt	"Technical Assistance Report on the Family of the Future Contraceptive Sales Program"	11/21-12/4/80	(17)
071	Wishik, S., M.D. Mishell, D., M.D.	All Regions	"An Evaluation of the Program for Applied Research on Fertility Regulation of Northwestern University."	12/2-12/4/80	(5)
*072	Fishburne, J., M.D.	Bangladesh	(Review anesthesia regimen, develop training procedures and manual.)	12/4-12/17/80	(14)
*073	2 consultants	Jordan	(Evaluate Jordanian Family Planning and Protection Association)	March	(50)

POPULATION ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
582074	Stinson, W., Ph.D.	Bangladesh	(Complete evaluation of demographic impact of contraceptive distribution project in Matlab, Thana.)	1/2-1/24/81	(25)
*075	Naponick, J., M.D.	Bangladesh	(Assist USAID/Bangladesh Govt. to develop technical aspects of a sterilization surveillance plan)	1/2-1/17/80	(16)
*076	Pullum, T., Ph.D.	Philippines	(Evaluation of current population project)	1/19-2/15/80	(28)
*077 (583068)	Holley, J., M.B.A., MSPH	Peru	(Evaluation of health and population project)	1/7-2/3/81	(28)
*078	Chen, L., Ph.D. Laufer, L., Ph.D. Parker, D., MPH	All Regions	(Evaluation of UNFPA's intercountry programs.)	2/6-4/10/81	(45)
*079	Larson, D.	Egypt	(Consult with Egyptian Information Service on the 1981 Mass Media Plan)	2/1-2/17/81	(20)
*080	Knodel, J., Ph.D. Menken, J., Ph.D.	Jordan	(Review panel on methodology for analyzing mortality and infant feeding statistics on Near East Countries)	March	(16)
081	Buckner, B.	Nepal	(Develop Resource Center for Population Commission)	Cancelled	

POPULATION ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
582082	Trott, M., Ph.D.	United States	(Draft paper to develop comprehensive worldwide IEC project.)	Cancelled	
*083	Swezy, C., Dr. P.H.	Nepal	(Assist Health Planning Unit of Government of Nepal)	2/23-5/22/81	(90)
*084	Mitchell, F., Ph.D. Lipton, H., Ph.D.	Jamaica	(Design methodology for Evaluation of Oral Contraceptive Retail Sales Program in Jamaica)	4/1-4/4/81	(9)
*085	Robinson, W., Ph.D.	Jamaica	(Economic analysis for project paper)	3/2-3/13/81	(15)
*086	Carlson, B.	Ecuador	(Assist USAID/Quito in development of population project paper)	2/22-3/7/81	(19)
*087	Gura, B. Taeuber, C., Ph.D. Hogan, D., Ph.D.	All Regions	(Evaluation of POPLABS and NCHS Project (VISTIM))	2/22-4/24/81 3/11-3/23/81 3/10-4/25/81	(76)
*088 (583073)	Bertolis, S., M.S. Bertolis, F., Ph.D.	Morocco	(Assist MOH in Morocco in utilization of APPLE II Computer and maintenance and analysis of work activity and data files)	3/11-3/19/81 3/16-3/19/81	(18)
*089	2 consultants	Kenya	(Evaluation of bilateral project "Population Studies and Research Center")	5/1-6/30/81	(120)

POPULATION ASSIGNMENTS

<u>Ref. No.</u>	<u>Consultant</u>	<u>Country</u>	<u>Report Title (Assignment Description)</u>	<u>Dates To/From Field</u>	<u>(Est.) Person Days</u>
582090	Hays, C., M.D.	Nepal	(Assist Govt. of Nepal in design organizational, administrative and financial structures for "Community Health and Integration Project")	3/15-4/14/81	(24)
*091	Farley, J.	Thailand	(Evaluation, Family Planning Health and Hygiene Project, the CBFPS, Thailand)	3/23-4/6/81	(20)
*092	Thorne, M., M.D., MPH	Tunisia	(Review family planning services with MOH)	3/23-3/26/81	(7)
*093	David, H., Ph.D.	Thailand	(Analysis of on-going incentive programs of Community Based Family Planning Services	4/19-5/8/81	(25)
*094	Epstein, S., M.I.A. Estrada, A., M.D., M.P.H. Lane, K.W., M. Muller, W., M.P.A. Reyes, P., M.P.H.	Inter-regional	(FPIA Evaluation )	5/4-6/8/81	(175)
*095	Zelnik, M., Ph.D.	Philippines	(Assist University of Philippines Population Institute with design of National Survey of Young Adult Fertility)	5/5-5/22/81	(18)
*096	Birker, B.	Jamaica	(Conduct training courses in use of mobile units for family planning and nutrition education)	5/13-5/30/81	(22)

\* Active assignments

Appendix B  
Representation in Consultant Registry  
by  
Academic Qualifications and Work Experience

Appendix B

Representation in Consultant Registry by  
Academic Qualifications and Work Experience,  
Cross-Referenced by Language Capability

CODE	DESCRIPTION	L1	L2	L3	L4	L5	L6	L7	L8	L9
010	Public Health Services	972	276	257	63	32	33	17	8	183
020	Communicable Disease Control	270	80	73	19	11	14	5	1	68
030	Vector-Borne Disease Control	50	9	15	1	4	0	1	3	15
040	Epidemiology	292	86	82	30	13	15	7	7	64
050	Health Laboratory Science	68	12	11	4	3	0	0	2	17
060	Ground Water Development	122	26	29	11	4	2	3	2	24
070	Water Treatment, Distribution	21	7	7	0	0	1	0	1	7
080	Human Waste Disposal	24	3	7	0	1	1	1	2	11
090	Medical Care	498	148	123	33	19	14	7	5	82
100	Population/Family Planning	850	233	222	57	30	27	32	13	166
110	Demography	211	53	49	12	9	7	13	3	45
120	Food and Nutrition	280	87	85	23	10	4	11	7	62
130	Behavioral Sciences	316	83	91	23	9	10	7	7	61
140	Anthropology	106	45	47	10	4	4	4	6	31
150	Economics	143	51	45	14	7	4	6	0	27
160	Political Science	96	33	22	6	4	3	6	2	18
170	Sociology	184	52	60	7	7	5	1	0	26
180	Computer Sciences	36	8	6	2	1	3	2	0	6
990	Other	582	151	141	41	20	9	10	9	102
01	Administration & Management	1064	280	270	67	35	27	28	13	193
02	Statistics & Vital Data	267	69	67	14	12	6	9	3	46
03	Community & National Planning	635	184	181	41	22	23	8	9	124
04	Project Evaluation	1004	293	274	75	45	24	26	13	159
05	Operational Research	197	57	57	13	9	6	6	4	41
06	Program Planning	950	263	251	68	37	22	23	12	164
07	Systems Analysis	86	17	20	5	3	2	4	1	9
08	Community Org. & Education	504	138	134	28	18	16	14	7	105
09	Info. & Communications Media	228	70	63	15	8	8	8	2	50
10	Manpower Training	680	199	176	46	24	24	15	9	143
11	Clinical & Tech. Service	353	105	77	23	5	8	4	5	73
12	Logistics & Transportation	47	10	8	3	0	1	1	0	7
13	Architecture & Equipment	17	9	7	1	1	0	0	0	3
14	Cost Analysis	89	32	30	14	3	2	3	0	15
15	Rural Development	348	108	103	23	12	14	17	8	106
16	Women in Development	72	23	23	1	7	2	3	3	18
99	Other	278	74	67	23	12	10	9	4	59

CODE LANGUAGE

L1	ENGLISH	L6	ARABIC
L2	FRENCH	L7	HINDI
L3	SPANISH	L8	THAI
L4	GERMAN	L9	OTHER
L5	PORTUGUESE		

Appendix C  
Growth in Representation in Consultant Registry  
of Minorities and Women

Appendix C

Growth in Representation in Consultant Registry  
of Minorities and Women

	Number of Registrants as of 10/1/79			Number of New Registrants as of 03/16/81		
	Female	Male	Total	Female	Male	Total
American Indian	4	2	6	-	3	3
Asian or Pacific Islander	11	42	53	21	53	74
Black/not Hispanic	44	76	120	51	97	148
Hispanic	16	54	70	27	47	74
White/not Hispanic	285	697	982	305	465	770
Not Identified	<u>23</u>	<u>40</u>	<u>63</u>	<u>0</u>	<u>4</u>	<u>4</u>
Total	<u>383</u>	<u>911</u>	<u>1294</u>	<u>404*</u>	<u>669</u>	<u>1073</u>

Total registrants 10/1/79	1294
New registrants 3/31/81	<u>1073</u>
Total in registry	2367

\* Since inception of the ADSS contract (10/1/79), the percentage of registrants that are female has increased from 30% to 38%; the percentage of registrants that are minorities has risen from 20% to 28%.

Appendix D  
Dissemination of Content of International  
Primary Health Care Congress



# WFPHA NEWS

World Federation of Public Health Associations

April 1981

## CALCUTTA CONGRESS ASSESSES HEADWAY IN IMPLEMENTING PRIMARY HEALTH CARE



Speaking at the keynote session were (from left) James Grant, Dr. William McBeath, Dr. David Tejada, Dr. J.W. LeSar, and Dr. N.S. Deodhar.

Over 700 health practitioners representing some 50 countries assembled in Calcutta, India, on February 23 for a four-day meeting that examined plans and progress in implementing primary health care as a means of providing "Health for All by the Year 2000."

The meeting was hosted by the Indian Public Health Association, one of the founding members of the WFPHA.

Dr. Yousif Osman, Vice-President of the WFPHA, presided over the Inaugural Session, during which

dignitaries from the local state government of West Bengal, the IPHA, the World Health Organization (WHO), and the United Nations Children's Fund (UNICEF) addressed delegates.

Dr. N. S. Deodhar, Congress Chairman, delivered a warm tribute to Dr. John B. Grant, in whose memory the meeting was dedicated. Accepting on behalf of Dr. Grant's family were his widow, Denise Grant, and his son, James Grant.

The afternoon session, chaired by Dr. John LeSar of the US Agency (p. 2)

### Member Associations:

- Asociación de Salud Pública de Argentina
- Australian Public Health Association
- Association Belge d'Hygiène et de Médecine Sociale
- Sociedade Brasileira de Higiene
- Canadian Public Health Association
- Comunidad Chilena de Salubridad
- Asociación Costarricense de Médicos Especialistas en Salud Pública
- Comunidad Cubana de Administración de Salud
- Fiji Branch of the South Pacific Public Health Association
- Société Française d'Hygiène de Médecine Sociale et de Génie Sanitaire
- Gesellschaft Allgemeine und Kommunale Hygiene der DDR (Dem. Rep. Germany)
- Bundesverband der Ärzte des öffentlichen Gesundheitsdienstes e.V. der BRD (Fed. Rep. Germany)
- Asociación Médica de Salud Pública de Guatemala
- Commission Medicale Chrétienne d'Haïti
- Hungarian Society for Public Health
- Indian Public Health Association
- Iranian Public Health Association
- Israel Public Health Association
- Associazione Italiana per l'Igiene e la Sanità Pubblica
- Japanese Public Health Association
- Korean Public Health Association
- Malaysian Public Health Association
- Comunidad Mexicana de Salud Pública
- New Zealand Branch of the Royal Society of Health
- Society of Health of Nigeria
- Public Health Association of Pakistan
- Philippine Public Health Association
- Sudanese Society of Preventive and Social Medicine
- National Association of Public Health Inspectors of Trinidad and Tobago
- The Royal Society of Health (U.K.)
- American Public Health Association (U.S.)
- Sociedad Venezolana de Salud Pública

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Susi Kessler, M.D., Executive Secretary

for International Development, featured keynote addresses by James Grant, Executive Director of UNICEF and Dr. David Tejada de Rivero, Assistant Director General of WHO.

Day two began with a plenary session in which primary health care leaders gave an overview of the issues at hand. The five sub-themes covered were developing national plans of action, implementation of field programs, manpower planning and training, special demonstration and research projects, and community participation.

Under the chairmanship of Dr. John Evans of the World Bank, speakers from Kuwait, the U.S., the Inter-American Development Bank, the U.S.S.R., India, Thailand, the U.K., Sri Lanka, and Nigeria considered these questions: What are the obstacles to implementation of primary health care? What are the simplest and most effective pathways to accomplishment? What successful efforts can be noted?

WHO regional offices presented the plans of their regions for working toward health for all.

Following an hour of open discussion from the floor in the concluding session, Chairman Dr. Banoo Coyaji presented the recommendations of the Congress (p. 4), drawn up by a steering committee.

Dr. Coyaji commented that "Health for All" depends above all on three important things: the will to do it; the extent to which it is possible to reduce poverty, to achieve social and distributive justice, and to spread education; and the extent to which it is possible to organize the poor and underprivileged to work for their basic rights.

The WFPHA is indebted to Dr. N. S. Deodhar, Congress Chairman, Dr. P. N. Khanna, Congress Organizing Secretary, and their colleagues at the IPHA and the All-India Institute of Hygiene and Public Health for their fine work in hosting the Congress. ●●●



*Among participants in the Tuesday morning plenary session were (from left) Dr. George Silver, Dr. John Evans, Dr. Honponu-Wusu, Dr. David Morley, and Dr. A.R. Rozov.*

Group workshops on the sub-themes on Tuesday afternoon and Wednesday morning facilitated exchange of information on specific field experiences. Some fifty presentations were given, including ones on projects and programs in Bangladesh, the Caribbean, Canada, Egypt, Guatemala, India, Korea, Lesotho, Niger, Nigeria, Sudan, and Thailand.

In the afternoon plenary session on regional strategies, representatives of

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*More information on the Congress is available in the April 1981 issue of SALUBRITAS and will be contained in the Congress report to be published by the WFPHA Secretariat later this year. Address inquiries to WFPHA Secretariat, c/o APHA, 1015 15th Street, N.W., Washington, D.C. 20005, U.S.A.*

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# JAMES GRANT, DAVID TEJADA ADDRESS CONGRESS

The Executive Director of UNICEF, James Grant, and the Assistant Director General of WHO, Dr. David Tejada de Rivero, helped set the tone of the Calcutta Congress with provocative keynote addresses that scrutinized the goal of health for all and the notion of primary health care. Both WHO and UNICEF co-sponsored the meeting.



## Real Test of Growth

In his keynote address, designated as the Second Hugh Leavell Lecture, Mr. Grant warned that as long as goals for improving health remain merely the interest of Ministries of Health, those goals are undoubtedly doomed to failure.

"It is only possible to overcome the worst aspects of absolute poverty if alternative strategies are devised in virtually every major field," he stated. We in the front line of the primary health care movement must work to advance national will to devise and implement strategies for social growth.

The first step is to convince the global community that human progress is as important as economic progress. National decision-makers must be shown that growth as indicated by reduction in infant mortality or increase in life expectancy is as or more important than growth in gross national product.

"We desperately need a series of examples to illustrate how investments in health can bring dramatic returns on the development front.....Recent history shows that progress often comes when it is people-led, when people are ahead of government," Mr. Grant added. Consequently, we who are interested in improv-

ing health must lead the cause by contributing to the will and by facilitating progress.



## Nature of Primary Health Care

Dr. Tejada analyzed the concept of primary health care and the role of WHO as a coordinating authority and technical resource. In his view, the complex nature of health problems has in some circles led to an oversimplification of what primary health care means, while in other circles an overconceptualization has occurred.

In practice primary health care calls for the "development of a set of health activities that should correspond to health needs of the people, to the resources available, and to the constraints existing at national or community levels."

Certain requirements in the development of primary health care are much more important than fulfilling all eight components enumerated in the Declaration of Alma Ata, according to Dr. Tejada. The challenge is not to make a package of the eight components, but to initiate some primary health care activities while trying to fulfill such necessary ingredients as political commitment, transference of responsibility in delivery of health services, use of appropriate technology, multi-sectoral coordination, community participation, and a supportive referral system.

International non-governmental organizations such as the WFPHA have an important role in supporting national non-governmental organizations and facilitating exchange of experiences, information, and expertise. ●●●

*The full texts of both keynote addresses will be contained in the WFPHA publication on the Congress (p.2).*

## CONGRESS RECOMMENDATIONS

Examination of progress in the two and a half years since the Alma-Ata Conference resulted in the formulation of eleven Congress recommendations for the further implementation of primary health care. Presented in full to the delegates during the concluding session, the recommendations follow in abbreviated form.

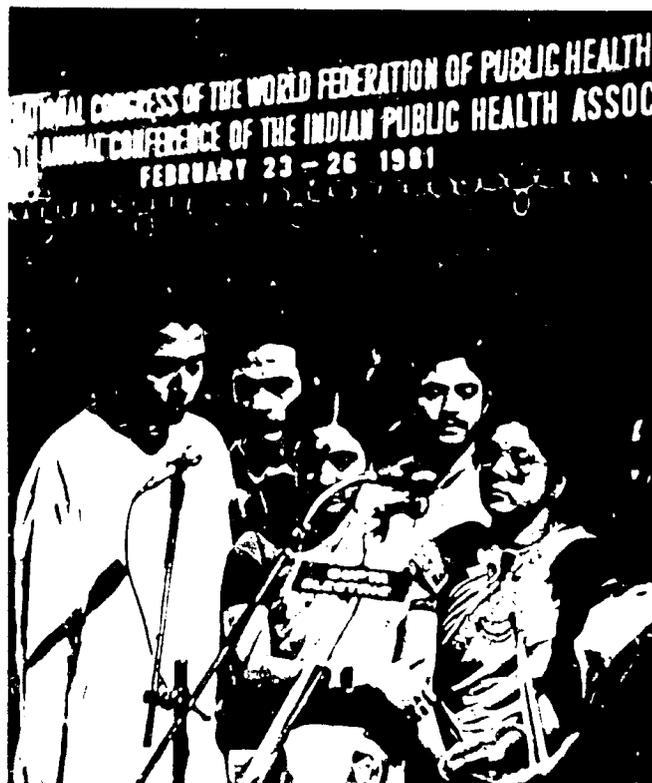
They will be contained in full in the WFPHA Congress publication and circulated, among other groups, to decision makers not present at the meeting who may not be specialized in the health field.

1. Reaffirmation: Two and one half years have passed since the goal of "Health for All by the Year 2000" was officially declared by the signatories of the Declaration of Alma-Ata. As we have taken initial steps to meet that goal, our conviction that it can be achieved stands firm. Today we reaffirm that goal as well as the recommendations of the Declaration of Alma-Ata.

2. Achievements: The emphasis on primary health care has raised the consciousness of policy-makers and has achieved a landmark shift in public thinking so that the universal availability of health care has become an accepted goal. In the spirit of Alma-Ata, a wide range of actions has been initiated. In particular, the health system is searching for new working relationships with communities and is beginning to collaborate with other development sectors.

3. Fulfillment of Commitments: The next few years will be critical as directions are set for the twenty-year journey we have begun. The time has come for governments to fulfill the commitments they made at Alma-Ata and in adopting the UN New International Development Strategy. The process of developing national and regional strategies has been initiated and will continue to evolve. We now need carefully structured implementation plans defining targets and timing and assigning direct responsibilities.

4. Synergism: National health policy should be designed specifically to promote self-reliance. Health services should stimulate and support a process by



*The Inaugural Session of the Congress ended with the singing of the national anthem of India.*

which communities and families become primarily responsible for planning, implementing, and funding their own care. Synergistic national and community planning can result in programs that are economically feasible, culturally and politically viable, and based on appropriate technology.

5. Role of Private Groups: Such private groups as professional associations and voluntary organizations can be especially influential by carrying out three functions: to help create and maintain the political commitment and public motivation that is required for implementation; to pioneer new approaches through special projects; and to help shape the values that determine the day to day work of all health workers and, through them, of society generally.

6. Exchange of Experiences: More opportunities must be created for exchange of experience among those involved in field activities in primary health care. Institutions must play a major role in this area.

(p. 5)

Congress Recommendations...

7. Urgency for Research: High priority should be given health services research that leads directly into implementation. Governments should commit themselves to expand field projects to cover populations large enough to test and demonstrate all components of an effective primary health care system.

8. Evaluation and Monitoring: Better evaluation and monitoring must become a continuing process so that substantive learning from experience occurs. New approaches are needed for systematic surveillance and feedback using indicators that not only measure inputs, but also outcomes as shown by impact on health status.

9. Concomitant Steps: Measures to improve the socioeconomic status of communities must occur concomitantly with health services development. In particular increasing opportunities of women through access to education, income,

and participation in decision-making will lead to health improvements.

10. Framework for Implementation: The practical process of implementation requires immediate attention to providing a new framework of management including supervision, logistics, referral, evaluation, and surveillance. A fundamental need is reallocation of roles among the various categories of health personnel, community representatives, and family members, with appropriate training at each level. Rationalization is required of the use of drugs and technology with specific new control measures such as is provided by the new WHO/UNICEF code on infant feeding.

11. Resource Realignment: Underlying all these recommendations is the absolute necessity for more financial support. A realignment of world priorities will help make a better quality of life for the world's people a feasible goal. ●●●



*Mrs. Denise Grant and James Grant accepted Congress tributes to husband and father, John B. Grant.*

*The Calcutta Congress was dedicated to the late John B. Grant, who pioneered many of the principles underlying the primary health care movement today. In his honor, the Johns Hopkins University Press has issued a special edition of his collected writings, Health Care for the Community, edited by Conrad Seipp. Copies are available from APHA at US \$8.50. Indicate "Grant book" when ordering.*

## WE WISH TO THANK...

...Dr. N.S. Deodhar, Congress Chairman, and Director, All-India Institute of Hygiene and Public Health.

...Dr. P.N. Khanna, Congress Organizing Secretary, Indian Public Health Association.

...our colleagues at the Indian Public Health Association and the All-India Institute of Hygiene and Public Health.

...the Office of International Affairs, Health Resources Administration, U.S. Department of Health and Human Services.

...the U.S. Agency for International Development.

...the World Health Organization and its regional offices.

...the United Nations Children's Fund and its regional offices.

...the Government of West Bengal.

...and all other organizations and individuals that helped to make the WFPHA III International Congress a success.

WFPHA Annual Meeting -- May 7, 1981, in Geneva. Selection of site for the IV International Congress in 1984 will take place. Associations wishing to host the meeting should present their letters of invitation at the meeting or send them to the Secretariat before May 1.

## WFPHA OFFICERS

Dr. N. Sotoodeh, President  
(Iranian Public Health Association)

Dr. Yousif Osman, Vice-President  
(Sudanese Society for Preventive and Social Medicine)

Dr. Susi Kessler, Executive Secretary  
(American Public Health Association)

Mr. A.C. van Pernis  
Honorary Secretary-Treasurer

Dr. I. Tabibzadeh, WHO Liaison  
(Strengthening of Health Services Division)

### April 1981

Israel Public Health Association Workshop,  
"Home Care Services in Chronic Disease"  
Costa Rican Public Health Association Annual Meeting, "Human Resources in Health"  
Royal Society of Health (U.K.) 88th Annual Health Congress

### May 1981

WFPHA 15th Annual Meeting, May 7, Geneva, Switzerland  
Korean Public Health Association Workshop  
Israel Public Health Association Annual Meeting, "Evaluation of Public Health Services"

## UPCOMING MEETINGS OF MEMBER ASSOCIATIONS.....

### June 1981

Canadian Public Health Association Annual Meeting  
Public Health Association in the Federal Republic of Germany 31st Scientific Congress, June 1-5

### July 1981

Japan Public Health Association National Conference for Health Education

## Letter from Calcutta: Primary health care congress

More than 700 health practitioners from 50 countries met in February in Calcutta, India, for the Third International Congress of the World Federation of Public Health Associations (WFPHA). Hosted by the Indian Public Health Association, the meeting assessed the progress of primary health care since the 1978 Alma Ata declaration of "Health Care for All by the Year 2000."

Here are brief descriptions of some of the innovative practices that were described in papers during the meeting.

### West Indies: Primary health care physicians

Since 1977, the Medical Faculty of the University of the West Indies has taught its students community health. In the first clinical year, students learn the skills they would need in primary care in urban areas. In the second clinical year, students learn about rural areas. The departments of social and preventive medicine, child health, nutrition, and psychiatry helped put together the curriculum.

For more information write Dr. Esmond J. Garrett, Department of Social and Preventive Medicine, University of the West Indies, Mona, Kingston 7, Jamaica, West Indies.

### Egypt: Oral Rehydration Therapy (ORT) Study

Egypt has launched a major study to find out the most effective way of distributing and administering oral rehydration fluid in rural areas. Five control groups or "cells" are being studied. In the first four cells, nurses visit all homes with pre-school aged children every 4-6 weeks and provide intensive health education on diarrhea and oral rehydration.

In the first cell the nurses instruct the family how to prepare the sugar and salt preparation with ingredients already in the home. In the second cell, the nurses provide the same education and training, but distribute a prepared ORT mixture and instruct the families how to use it. In the third cell, the nurse does not distribute any rehydration salts; she

refers the mothers to pharmacies and shops where the prepared mixture can be bought. In the fourth cell, the nurses distribute prepackaged sugar and salt to families. Health education on how to mix and administer this mixture is provided.

The fifth cell is the "control group." In this cell, oral rehydration salts are available in health centers as they are in the rest of rural Egypt. No special instructions or training is given.

For information on the preliminary findings of this study, contact Dr. Ahmad I. Gomaa, Director of Rural Health Services, Mansoura, Egypt.

### Nigeria: Fathers' clubs

Fathers usually share the tasks of child care only when a child becomes seriously ill. Then it is the father who must buy expensive drugs, carry the child great distances to seek help, or visit children in hospitals. Most fathers find these experiences distressing and have proven receptive to the idea that simple health practices at home can help prevent serious illnesses. For example, fathers have shown enthusiasm for learning how to administer oral rehydration fluid to control diarrhea or give cool sponge baths to reduce fever. In Lagos, a fathers' club raised money to buy a generator for a clinic.

For more information write Drs. A. Bamisaiye and O. Ransome-Kuti, Institute of Child Health, Department of Pediatrics, University of Nigeria, Lagos, Nigeria.

### Sri Lanka: Child-sized latrines

Typical adult-sized latrines (simple pit latrines and aquaprivines) can frighten a small child. The interior of the latrine is dark. The hole in the ground is wide, deep, and dark. The plate for the feet is usually far too large for the child's feet. And there is often a long walk to and from the house to use the latrine.

In Sri Lanka, a child's latrine has been developed. Everything from the plate to the hole is small and designed for a young child. Next to the privy is a table with a basin of water and soap so that the mother or older child can clean the

younger child. The relatively small volume of a child's fecal matter makes it possible to maintain this latrine without risk to the environment for about a year and a half before digging a new pit.

For more information write Dr. Raymond Isely, Associate Director, Water and Sanitation Project (WASH), 1611 North Kent, Suite 1002, Rosslyn, VA 22209, USA.

### India: "Link workers"

On each plantation or estate, one worker is chosen to be a "link" between the community and the plantation's health facilities. The link workers' tasks vary from place to place. But generally he or she monitors the health of about 20 families, informs the families when the clinic is holding health training meetings, and encourages the families to attend these meetings. The link workers also see to it that latrines and drains are clean, report breakdowns, and supervise repairs.

For more information contact Dr. C. R. Ramachandran, Deputy Director, ICMR Regional Occupational Centre, Bangalore, India.

The Calcutta Congress was dedicated to the memory of Dr. John B. Grant, a pioneer in primary health care. The Johns Hopkins University Press has issued a special edition of Dr. Grant's writings, HEALTH CARE FOR THE COMMUNITY, edited by Conrad Seipp. Copies are available from the American Public Health Association (APHA), 1015 15th Street, NW, Washington, DC 20005, USA. Price: US\$8.50. Please indicate "Grant book" on orders.

WFPHA will publish an annotated index of the papers given at the congress. The index will be available later this year from APHA.

The Indian Public Health Association will publish the full proceedings of the congress. For information write the association at 110, Chittaranjan Avenue, Calcutta-700 073, India.

Appendix E

Contents of Information Packets  
during Six-month Period

AMERICAN PUBLIC HEALTH ASSOCIATION  
INTERNATIONAL HEALTH PROGRAMS  
Resource Center  
Information Packet No. 14

Contents

APHA REF. NO.

- (042) *Mothers and Children: A Bulletin on Infant Feeding and Maternal Nutrition*- 1 (1) Washington: APHA, September 1980.

APHA has initiated this new publication to make more readily accessible the growing body of information on infant feeding and maternal nutrition and to disseminate the increasing amount of research being conducted in this field. Both technical material and program and policy issues will be addressed. Initially, publication will be three times yearly.

- (043) *World Health Forum: An International Journal of Health Development*. Vol. 1, Nos. 1 & 2. Geneva: WHO, 1980.

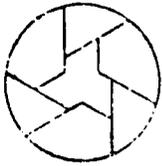
This is the experimental issue of a new WHO - sponsored journal for professional health workers and other colleagues in related fields of development; its purpose: "to provide a platform for the international exchange of ideas -- genuinely new ideas or new ways of dealing with old problems." The format consists of editorial comment, a reader's forum and literature review, as well as feature articles on the entire spectrum of international health concerns. If the publication is successful, specific categories of international health will be addressed in special supplements in a variety of languages and in already existing journals.

- (044) King, Maurice, King, Felicity, and Matepoero, S.  
*PRIMARY CHILD CARE: A Guide for the Community Leader, Manager and Teacher*. Book Two. Oxford: Oxford U. Press, 1979.

The first volume of *PRIMARY CHILD CARE* (included in an earlier packet) presents a selection of health services for the instruction of the health worker. This volume, directed towards the manager, provides evaluation guides and service targets for measuring and improving health services.

- (046) *Diarrhoea Dialogue* - Issue No. 1. London: AHRTAG, May 1980.

This new quarterly newsletter, published by the Appropriate Health Resources Technology - Action Group, covers the latest developments, research, and programs in diarrheal disease control. Emphasis is on the practical exchange of information and sharing of field experiences. Upcoming issues will cover the role of feeding, drugs and traditional remedies, and future possibilities for immunization.



# AMERICAN PUBLIC HEALTH ASSOCIATION

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## International Health Programs Resource Center

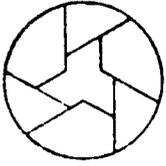
### Health Information Packet #15

APHA REF. NO.

(047)

APHA is very pleased to provide you with a copy of Meeting the Basic Needs of the Rural Poor by Dr. Philip H. Coombs. Upon reviewing this volume, we found it to be a most valuable resource for people interested in the challenge of making community participation a meaningful component of developmental efforts. Each of the nine case studies presented in this book contains important insights into the process and potential of community participation. The introductory chapter pulls many of these experiences together and presents issues in cogent and stimulating ways.

A short time ago, APHA held a two-day workshop for representatives of AID, PAHO, the Inter-American Development Bank, The World Bank, and other agencies, to provide them with a concentrated span of time to explore how their agencies can strengthen community participation at projects which they support. Dr. Coombs' book was selected as the major background document for the workshop where he also served as a consultant. In the near future, we will be sending you a copy of the workshop report.



# AMERICAN PUBLIC HEALTH ASSOCIATION

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International Health Programs  
Resource Center  
Health Information Packet #16

APHA is pleased to provide you with the enclosed packet of materials on oral rehydration therapy (ORT). ORT is an excellent example of an "appropriate technology" in primary health care. Should a therapy program be introduced in your area, these materials contain a discussion of the debate surrounding ORT. In addition, you will find handbooks to help set up a program and an annotated bibliography for further study.

Packet #16 includes the following publications:

APHA Ref. No.

- (048) "Oral Rehydration Therapy (ORT) for Childhood Diarrhea." Population Reports, L(2), Nov./Dec. 1980: L41 - L75.

This issue is devoted to a discussion of ORT. It describes existing programs and teaching materials and can serve as an introductory "primer" for persons not familiar with ORT.

- (049) Diarrhoea Dialogue, vol. 1, nos. 1-3, 1980.

The first 3 issues of this quarterly include articles on ORT, news about ORT activities from around the world, and letters and comments from readers.

- (050) Guidelines for the Trainers of Community Health Workers on the Treatment and Prevention of Acute Diarrhoea. Geneva, Programme for Control of Diarrhoeal Diseases, World Health Organization, 1980. 29 pp. (WHO/CDD/SER/80.1)

This guide outlines essential information about the prevention and treatment of diarrhea. It also offers examples of how ORT programs have been carried out in different communities and suggests how these programs might be adapted to local situations.

- (051) Manual for the Treatment of Acute Diarrhoea. Geneva, Programme for Control of Diarrhoeal Diseases, World Health Organization, 1980. 25 pp. (WHO/CDD/SER/80.2)

This manual is written for persons with some medical training. It defines diarrhea and provides information about its etiology and prevention, lists steps in the diagnosis, and discusses treatments which depend on oral rehydration solutions, intravenous fluids, or drug treatments.

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The publications listed below are also part of the World Health Organization's ORT Guideline Series. They may be obtained from the Diarrhoeal Diseases Control Programme, World Health Organization, 1211 Geneva 27, Switzerland.

Guidelines for the Production of Oral Rehydration Salts. Geneva, Programme for Control of Diarrhoeal Diseases, World Health Organization, 1980. 58 pp. (WHO/CDD/SER/80.3)

This guide provides detailed technical information on oral rehydration salts (ORS). Among the topics discussed are: plant specifications, raw materials and equipment, personnel, steps in the production of ORS, and measures to ensure quality.

Guidelines for Cholera Control. Geneva, Programme for Control of Diarrhoeal Diseases, World Health Organization, 1980. 14 pp. (WHO/CDD/SER/80.4)

This guide is written for managers of national diarrheal disease control programs. It focuses on cholera as a specific diarrheal disease and discusses measures to control epidemics.

**50%**