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QUARTERLY REPORT #9
(JULY - SEPTEMBER 1980)
MEDEX Phase III, Primary Health Care Systems
Contract No. AID/DSPE-C-0006

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(JULY - SEPTEMBER 1980)
MEDEX Phase III, Contract No. AID/DSPE-C-0006

I. Specific Services to be Provided:

2.(a)(1) Exploratory briefings in LDCs; informational briefings with AID Missions and host officials:

Drs. Richard Smith and Mona Bomgaars went to Tanzania in August to consult with the USAID Mission and the Ministry of Health about the application of the MEDEX technology for that country's health system.

Subsequently, Dr. Smith met in Banjul with the Chief Medical Officer of the Ministry of Health and with the USAID Mission to discuss the development of a MEDEX program in The Gambia.

The third draft of the matrix checklist was reviewed, revised, and retitled, "Guideline for Assessing and Strengthening a National Primary Health Care Program."

2.(a)(2) Exploratory briefings in LDCs; seminars for Ministry of Health officials, health planners, and other leaders within the medical community:

Drs. Smith and Bomgaars held a primary health care seminar for staff members of the Division of Community Medicine, University of Dar es Salaam, Tanzania, August 11.

Primary health care seminars were conducted for several visitors to Honolulu this quarter: Dr. Malla of Nepal, Dr. Isa of Indonesia, Dr. Nobe of Canada, Drs. Lobit and Mamane of Niger (this seminar was conducted in French), and Dr. Philip Gowers of The Gambia. See Section III.C.

2.(b) The Contractor shall draft, develop and produce training modules and related teaching materials for the following four specific categories of training:

2.(b)(1) MEDEX Training Modules:

Drafts of twenty modules for the training of middle-level health workers were shipped to AID/Washington, Office of Health/DSB, this quarter. See Addendum A for a copy of the cover letter and a list of the modules.

A first draft of the Primary Health Care module was initiated and reviewed by HMDS. The module, "Working with the Health Team," was conceptualized and a first draft of the task analysis table prepared. The task analysis tables for the STEM community health modules were reviewed. Progress was made on rationalizing the clinical reports and forms. The texts of the following modules have been simplified: Diseases of Infants and Children, Common Medical Conditions, and Common Skin Problems.

Ms. Sandra Tebben consulted with HMDS in July to revise the Prototype Labor and Delivery Module, including a unit on home delivery.

2.(b)(2) Management Training Modules:

Three management systems workbooks were drafted this quarter. Facilities and Equipment Systems Analysis Workbook was written by MEDEX network resident Richard Blakney, who also began the General Supplies System Analysis Workbook. Mr. George Jamieson, consultant, prepared a Personnel System Analysis Workbook. Mr. Seymour Greben assisted HMDS with the preparation and review of MEDEX management systems materials.

A standard set of forms for health information was developed for the middle-level health worker training module, Working with Support Systems. Mr. R. Moses Thompson, consultant, drafted Unit #1 - Information and Unit #6 - Personnel for this module. Drafts were written for Unit #2 - Communications and Unit #3 - Transportation.

Mr. Ernest Petrich met with DSB/H representatives in Washington, D.C., August 4, and discussed the status of the management materials being developed at HMDS.

2.(b) (3) Community Health Worker (CHW) Training Modules:

Ms. Norma Kehrberg prepared a working annotated bibliography of materials available on community health workers. This consultation updated the bibliography compiled by Ms. Kehrberg three years ago.

2.(b) (4) *Continuing Education Materials:*

No activity this quarter.

2.(c) Technical assistance and leadership in conducting training programs and project planning in LDCs:

2.(c)(1) Technical guidance in project design to USAID Missions and/or host governments in those LDCs where a decision has been made to pursue a MEDEX Primary Health Care program:

Cameroon

Dr. Eugene Boostrom completed the MEDCAM program design activities in June. This quarter, the MEDCAM PP was reviewed by AID/Washington and the necessary approvals were given. However, the ProAg was not signed by the Government of Cameroon before the technical assistance funds lapsed at the end of the fiscal year. Discussions are underway at this time between the Government of Cameroon and the USAID office in Yaounde.

Guyana

Dr. Bomgaars and Mr. Petrich met with USAID/Guyana officials to complete negotiations of the Technical Assistance Contract for the Guyana Rural Health Systems Project, including a memorandum of understanding regarding long-term advisors for the project, personnel and other project implementation matters. Final signing of this contract was on September 15.

2.(c) (2) Curriculum Adaptation Workshops:

A Curriculum Adaptation Workshop Preparation Guide was conceptualized and outlined this quarter.

2.(c) (3) Teacher Training Workshops:

Ms. Joyce Lyons, Mx. Tom Coles, and MEDEX network resident Ms. Bonnie Bata assisted in the Tutor Training Workshop in Maseru, Lesotho, in July. While there, a Tutor Training Workbook Manual was drafted and field tested.

2.(c)(4) Management/Logistics Workshops:

Mr. Petrich visited Pakistan in September to assist in the preparation for, and to help conduct, the first national management workshop for primary health care. He gave the keynote address, presented a lecture on program evaluation, and visited field sites. Dr. Andrew Penman, MEDEX/Washington Network resident, accompanied Mr. Petrich.

On his return home from the management workshop in Pakistan, Mr. Petrich met in London with Miles Hardie, Executive Director, of the International Hospital Association. They exchanged information of current "state of the art" on management training for health workers, management systems design and development, and discussed the role of hospitals in primary health care in developing countries, in anticipation of the upcoming International Health Service Conference. Mr. Petrich discussed current progress in research and development in appropriate technology for the support of primary health care with AHRTAG.

In Washington, D.C., Mr. Petrich briefed AID officials, including the Asian Bureau, about current conditions in Pakistan and the status of the MEDEX Program there.

Conceptualization of the District-Level Management Workshop Manual was initiated, and a first draft prepared.

*2.(c)(5-7) Preceptor Deployment Workshops; Continuing Education Workshops;
and Evaluation Workshops:*

As part of the National Management Workshop for Primary Health Care held in Islamabad, Pakistan, in September, a sub-workshop was conducted to initiate development of PHC evaluation capability by developing national guidelines for evaluation including suggested evaluation indicators to be utilized for monitoring PHC program performance. Mr. Petrich served as a resource advisor during the workshop process.

2.(d) Network strengthening and strategizing:

2.(d)(1) Mobilization of U.S. MEDEX expertise and experience through a network organization of U.S. universities with MEDEX experience:

The MEDEX Network Conference was held in Seattle September 3-5, with participants from the Universities of Washington and North Dakota, HMDS, and AID/Washington. See Addendum B for the summary notes of the conference and a participant list.

Ms. Sandra Tebben, University of North Dakota, completed her individual residency study in Honolulu July 15.

Ms. Sharon Erzinger, University of Washington, was in Honolulu July 2 - August 29 for individual residency study.

Mr. Richard B. Blakney, University of Washington, was in Honolulu July 13 - August 9 for individual residency study in management. He continued his residency study in Seattle, September 2-26.

Ms. Bonnie Bata, University of North Dakota, participated in the MEDEX/Lesotho Tutor Training Workshop in Maseru, July 16 - August 11.

Dr. Andrew Penman, University of Washington, traveled to Pakistan September 6-25 as part of his residency study. While there, he assisted Mr. Petrich

at the Basic Health Services National Management Workshop and became familiar with the health services administration in Pakistan. This trip was part of the program to provide international experience for the network staff.

2.(d)(2) Inclusion in the network of those institutions within LDCs which will have become centers of MEDEX expertise:

Plans were made for the Second Annual International Conference, which will be held October 1-3, 1980. Invitations were distributed. See attached invitation list.

II. Contract Amendment for the services of a development communications specialist, to bring the expertise and findings of development communications to bear on the planning, design, and eventual implementation of MEDEX projects in developing countries.

After a complete review of audio-visual materials in S.T.E.M. modules, it was decided to revise all a-v presentations in S.T.E.M. modules with the following considerations in mind:

- a. the content of the a-v materials should be made more consistent with the content of the modules;
- b. the language level of a-v materials should be made more consistent with the language level of the modules;
- c. the a-v narratives should be presented so they will be more easily read when they are used;
- d. the language level should be made more understandable as a spoken rather than written medium and at the level of the intended audience: the mid-level health worker;
- e. additional a-v materials should be included where necessary and development plans noted.

Revisions of all audio-visual presentations for S.T.E.M. prototype modules were completed during this quarter in time for the Tutor Training Workshop in Lesotho. These revisions subsequently have been incorporated into the training curriculum for nurse clinicians in Lesotho.

Participated in the planning and organization of the materials development meetings held on August 18-29 and September 15-26, emphasizing the role of communication in HMDS materials.

Assisted with development of a first draft Primary Health Care module.

Assessed community education materials included in CHW training modules and defined the scope of proposed community education materials, using a new and innovative approach to community education.

Orientated long-term advisors for Lesotho in aspects of communication relevant to middle-level health workers and community health workers.

Mr. Kenneth W. Tull consulted with HMDS in July to begin compiling an annotated bibliography and article collection on development communication related to the training of community health workers, middle-level health workers, and other aspects of primary health care in developing countries. When completed, this bibliography will be used by HMDS core and field staff, and associated universities.

III.A. Travel by HMDS Personnel:

Ms. Lyons, July 14 - August 2, in Maseru, Lesotho. Funded by MEDEX/Lesotho contract. See Section 2.(c)(3).

Mx. Coles, July 19 - August 11, in Maseru. Funded by MEDEX/Lesotho contract. See Section 2.(c)(3).

Mr. Petrich, July 30 - August 3, in Georgetown, Guyana; and in Washington, D.C., August 4. See Sections 2.(c)(1) and 2.(b)(2).

Dr. Bomgaars, in Georgetown, July 30 - August 3; and in Dar es Salaam, Tanzania, August 5-12. See Sections 2.(c)(1) and 2.(a)(1 & 2).

Dr. Smith, in Dar es Salaam, August 5-15; Geneva, August 15-18; and Banjul, The Gambia, August 19-23. See Sections 2.(a)(1 & 2) and *III.D.*

Mr. Petrich, in Islamabad, September 3-17; London, September 18-20; and Washington, D.C., September 21-22. See Section 2.(c)(4).

Mr. Alt, Dr. Bomgaars, Dr. Boostrom, Mx. Coles, Ms. Lyons, Ms. Morgan, Dr. Powell, and Mr. White were in Seattle September 3-5. See Section 2.(d)(1).

III.B. Consultants to HMDS:

Mr. Kenneth W. Tull, in Honolulu, six days in July. See Section *II*.

Ms. Sandra S. Tebben, R.N., M.P.H., P.N.P., C.N.M., in Honolulu
July 16-25. See Section 2.(b)(1).

Mr. R. Moses Thompson, in Honolulu, July 20 - August 13. See Section 2.(b)(2).

Mr. Seymour Greben, in Honolulu, August 2-10. See Section 2.(b)(2).

Mr. George Jamieson, in Honolulu, August 16-30. See Section 2.(b)(2).

Ms. Norma J. Kehrberg, M.P.H., in Honolulu, two weeks between July 1 and
August 31. See Section 2.(b)(3).

Mr. John P. Hoover, M.L.S., in Honolulu, September 2-31. Mr. Hoover
cataloged HMDS's middle-level and community health worker modules,
management materials and adaptations. He cataloged a backlog of books,
pamphlets, audio-visual materials, and ephemera, and prepared catalog
worksheets.

III.C. Visitors to HMDS:

Ms. Estella Rose Villarett, Training Coordinator, Unified Services for Health Project for Depressed, Baranguys, Panay, Philippines, July 1.

Dr. Fati Bahadur Malla, Chief of Planning Unit, Department of Health Services, His Majesty's Government of Nepal, July 11. See Section 2.(a)(2).

Mack C. McCoy, M.H.S., M.P.H., and Alvin Kessler Hottle, B.S., M.P.A., in Honolulu August 1-22 for orientation to the MEDEX/Lesotho program as the health planner and management specialist. See Section 2.(c)(1).

Dr. Mohammad Isa, Director of the National Center for Education and Training, Ministry of Health, Indonesia, August 26. See Section 2.(a)(2).

Dr. Charles Nobee, Health and Population, Social Development Division, Canadian International Development Agency, Quebec, Canada, September 11. See Section 2.(a)(2).

From Niger, Dr. Andre Lobit, Deputy Health Director for the Department of Zinders (in charge of village health Theurs) and Dr. Soso Bawa Mamane, Division Chief in the National Headquarters for Health Care Establishments and Assistant Director of the USAID/Niger Rural Health Improvement Projects, for meetings with HMDS on September 30, preceding participation in the International MEDEX Conference in October. See Section 2.(a)(2).

Dr. Philip Gowers, Medical Officer of Health, The Gambia, September 30. See Section 2.(a)(2).

III.D. Significant Core Staff Time Devoted to Country Project Activities:

Lesotho

From August 1-22, two new long-term advisors to the Lesotho program, Mr. McCoy and Mr. Hottle, were in Honolulu for intensive orientation to the MEDEX/Lesotho program.

Pakistan

Please refer to the letter (on the following page) from Dr. Chaudhri regarding the Pakistan Basic Health Service Program Review held in Honolulu in June.

Dr. Smith met in August with officials at the World Health Organization to discuss the possibility of continued WHO assistance to the MEDEX/Pakistan Program, following the completion of the current MEDEX contract.



MAJ. GEN. IQBAL MOHAMMAD CHAUDHRI,

Director General, Health,
Additional Secretary to the
Government of Pakistan

No.F. 1 - DGH/AS-80.

Islamabad, the 14th. JULY, 1980.

My dear *Dr Smith*,

On behalf of the Pakistan Delegation, I would like to thank you and your colleagues in MEDEX for the useful discussions and exchange of ideas we had during our review meeting in Honolulu, Hawaii. The meeting was very helpful in sharing our achievements and analysing the problems in the field of Basic Health Services in Pakistan. It has helped us to draw our future line of action in this joint venture in the field of Primary Health Care. Though it is a very practical approach to provide health coverage, it is still open to many tests as a new programme. I am pleased to say that we in Basic Health Services in Pakistan have been helped by MEDEX who after testing various approaches of Primary Health Care in its field laboratories has guided us in launching the Basic Health Services Programme.

2. It is hoped that the matters discussed during the meeting will get due attention and importance particularly those relating to management, improvement of modules and their translation into Urdu, improvement of teaching and health education materials, etc.

3. The Government of Pakistan would be happy to send a delegate consisting of persons involved with Basic Health Services Project to participate in 2nd Annual International MEDEX Conference to be held from 5th October, 1980. We will await a letter from MEDEX inviting the Government of Pakistan to send the delegation for the Conference.

4. Thank you once again for your hospitality. I hope we get the opportunity again to meet each other in the future. We were most appreciative of the efforts of Mr. David Alt to make our stay useful and comfortable and please convey our deep regards and many thanks. Kindly convey our regards to Dr. Wellington and also convey our best wishes and thanks to him and the other members of the staff of MEDEX.

With personal warm regards,

Yours *Richard A. Smith*



Dr. Richard A. Smith,
Director,
Health Manpower Development Staff/
MEDEX, School of Medicine,
University of HAWAII,
1833 Kalakana Avenue Suite 700 Honolulu,
Hawaii 96815 U.S.A.

IV. Fiscal Status

<u>Budget Category</u>	<u>Total Awarded Yrs 01 - 03</u>	<u>Previous Expenditures/ Encumbrances</u>	<u>9th Quarter E&E</u>	<u>Total E&E To Date</u>	<u>Balance</u>
Salaries	\$1,155,079	\$ 678,610	\$127,013	\$ 805,623	\$ 349,456
Consultant Fees	80,748	36,464	13,970	50,434	30,314
Fringe Benefits	186,669	103,432	25,257	128,689	57,980
Overhead	333,463	183,657	27,383	211,040	122,423
Office Rental	127,902	79,419	8,685	88,104	39,798
Travel & Transportation	159,707	79,805	20,005	99,810	59,897
Allowances	84,402	33,247	5,920	39,167	45,235
Other Direct Costs	141,487	103,938	4,278	108,216	33,271
Equipment, Materials & Supplies	114,579	95,183	4,652	99,835	14,744
Sub-Contracts	726,723	426,076	Ø	426,076	300,647
TOTAL	\$3,110,759	\$1,819,831	\$237,163	\$2,056,994	\$1,053,765

ADDENDUM A.

Draft Modules for Training
Middle-Level Health Workers*

*See Section 2.(b)(1)

31 July 1980

Mr. John Alden
Director, Office of Health/DSB
Rosslyn Plaza East, Room 301
Agency for International Development
Washington, D.C. 20523

Dear Mr. Alden:

Under separate cover, we are sending one copy each of 20 draft modules for the training of middle-level health workers. These drafts include inputs from field adaptations in Pakistan and Guyana. They should replace the 1977 drafts you have in your offices and will be replaced by modules ready for publication at the end of the contract period.

As we have discussed, there are illustrations and diagrams included for which we have not yet received copyright clearance. In fact, they contain some material for which we have just recently been refused permission to publish. Therefore, we request that copies not be made of this set. We have an ongoing process of requesting for copyright clearance and will be substituting or eliminating anything for which we cannot get copyright clearance.

These copies are in draft status. They contain numerous editorial and typing errors, cumbersome language and incomplete illustrations. The facing sheet in each module asks for comments by anyone who reviews the module and we would request that these be sent to us when comments are made. We plan a structured external review by experts in the field of competency-based training and middle-level health worker training prior to publication.

In addition, you will notice a reference sheet at the beginning of each module. This is included as a professional recognition of the source of the content base for some of the modules. This is not a legal requirement but a professional credit reference.

31 July 1980

We encourage USAID health officers and others to spend time in our offices reviewing any of the materials we are developing. They are best viewed in the context of the whole system and the process used to develop them.

Sincerely,

Richard A. Smith, M.D., M.P.H.
Director

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LIST OF MODULES SENT TO WASHINGTON, D.C. 1 AUGUST 1980

VIA AIR EXPRESS MAIL MR. JOHN ALDEN (ATTENTION: J. PEASE)

Core Skills

Anatomy and Physiology
Medical History
Physical Examination
Causation of Disease

General Clinics

Common Skin Problems
DEENT Problems
Respiratory System and Heart Problems
Gastrointestinal Problems
Genito-urinary Problems
Infectious diseases
Common Medical Conditions

Trauma and Emergency

Maternal and Child Health

Problems of Women
Child Care
Family Planning (Clinical)
Diseases of Infants and Children
Prenatal and Postnatal Care

Community Health

Community Environmental Health
Community Family Planning
Community Nutrition

TOTAL 20 Modules

NOTE: "Illustration Reference" sheets not included.
Adaptation Aids - "Drug and Equipment Lists" ONLY included

ADDENDUM B
MEDEX Network Conference*

*See Section 2.(d)(1)



University of Hawaii at Manoa

John A. Burns School of Medicine
Health Manpower Development Staff
1833 Kalakaua Avenue, Suite 700 • Honolulu, Hawaii 96815 U.S.A.
Telephone: (808) 948-8643 • WUI Telex: MEDEX 634144 • WUI Cable: MEDEX

Summary Notes: Network Conference

University of Washington*
September 3-5, 1980

Wednesday, Session 1:

- I. Opening remarks: Introduction: R. Harmon
Reiteration of network objectives: R. Smith
- II. John Alden/Jean Pease presentation: Overview of AID policy vis a vis International Health activities**:
 1. Major emphasis of AID Health Policy. Policy Paper was approved in April by Bennett
 - a. Primary health care
 - b. Environmental Health i.e., water and sanitation
 - c. Certain tropical diseases
 - d. Planning and management
 2. Legislation
 - a. Health usually receives good support from congress but, because of economic recession, this year the entire AID budget is on a continuing resolution until April 1981.
 - b. Current efforts by Javits/Kennedy to shift I.H. responsibility from AID to Health and Human Services could be successful next year. The legislation would also (1) grant funding to schools of Public Health for International Health Activities, (2) allow for the establishment of International Health Service Corps.

*See Appendix 1 -- Participant List and Agenda

**The March 1980 AID Health Sector Policy Paper was distributed to participants.

- c. The current administration is not supporting the proposed legislation. Senator Javits held hearings this year with Hamburg, Banta (Tulane) and Morgan (NCIH) testifying for the bill. Dr. Steve Joseph testified against the bill.
3. Current Problems in International Health as perceived by John Aiden:
 - a. Gap exists between rhetoric about PHC and commitment to PHC efforts. This problem was particularly evident in World Health Assembly meeting.
 - b. Policies regarding PHC are being established and implemented without testing. The gap between reality and rhetoric might be solved with operations research in PHC.
 - c. The recurrent cost of IH programs is often larger than the total health budget of a LDC country. (example: Somalia) AID has proven incapable of intercepting unrealistic program proposals prior to funding.
 - d. Donor agencies need coordination. Lee Howard has prepared a list of donor activity profiles in health development. He has also found that MOH's are not tied to national development agencies, that underdonor influence (for funding) MOH's are doing things they otherwise wouldn't do, and that MOH's would like the donors to change.
4. DSB/Health is being reorganized with Health development and Health Planning merged to form a new Health Services Division including some new personnel.
5. Relationships between AID and HMDS:
 - a. January Evaluation -- team will be assessing HMDS efforts regarding the following issues:
 - The future direction of collaborative efforts between HMDS & AID
 - The viability of University of Hawaii as a centrally funded project
 - The response capabilities of UH; beyond training (i.e., in management)
 - The validity of criticism regarding perceived rigidity of HMDS

- b. John Alden suggests our efforts (including those related to the January evaluation) be devoted to defining what we are doing and develop common understanding among clients, especially AID's regional bureaus, about the objectives of MEDEX, so that judgements can be rational and sound. He noted that the October international conference will help shape AID/W views.
6. John Alden's interest in Network Conference and future Network development (at end, each network university should be a potential contractor.)
 - a. Review what has been accomplished to date.
 - b. Identify Network problems.
 - c. Determine what market exists for services which the network universities will offer.
 - d. Determine potential for institutional commitment of the network universities.
 - e. Specify the progression of schools toward independence from Hawaii.
 - f. Explore the extent there is a market for those Mx type services.
7. At a conference in Washington, D.C., last summer, it was felt that rather than add additional universities to the network, efforts should strengthen the two present Network universities and the present relationships to have a "solid test".
8. Jean Pease distributed and reviewed sheets summarizing AID Health funding in 1979-80-81. A reporting and tracking system is being established for all USG-IH project funding.
9. AID's future decisions in Health development will be influenced by the following policies:
 - a. Continued USAID commitment to utilizing university resources in IH activities.
 - b. Collaboration with World Bank development efforts: i.e.
 - TA from AID; other money from WB
 - program emphasis: community water supply systems.

- c. Bend Amendment is an Impact Evaluation being performed internally on 6-10 projects in order to prepare for 1981 congressional review.
- d. CDC/AID collaboration in field programs originates from a core grant from the central office. CDC will have representatives at AID missions responsible for EPI, epidemiological surveillance. There remains some questions about the role of the CDC officer in the AID Mission.

Wednesday, Session 2: Mid Morning through Afternoon

All staff received the documentation* of Network Activities to date:

- A. Network Activities -- University of North Dakota
- B. Network Activities -- University of Washington
- C. Summary of Overseas Activities HMDS and Network
- D. Person Month Assignments to University of Hawaii Residences and Field Operations
- E. UH/UND/UW Network Activities June 1979 - August 1980 (flow chart)
- F. Objectives and Activities for Residencies: Planning, Management, Training, Administration, and Core.

Each Network Staff member reviewed and critiqued residency experiences in the 01 year, reflecting experiences against previously stated objectives.

General comments included:

1. The core residency was emphasized as an important element in the preparation of network staff. Network Universities now have copies of the core readings and will prepare new team members prior to core experience.
2. The log frame course is a valuable experience and the network staff recommend offering the log frame course to both trainers and management specialists, in addition to planners.
3. Network staff members would benefit from more active participation in design team efforts.
4. The network staff requested a newsletter to improve communications concerning program activities.

*See Appendices 2-6

5. The funding of trips for international experiences was discussed at length. The present budget is seen as inadequate. Inflation and airline rate increases are impeding attempts to plan expenditures on this budget category. HMDS will maintain travel opportunities at the current cost levels. HMDS will make consultant opportunities available under country contracts when possible. If all travel allowance is used prior to contract completion, HMDS will attempt to provide travel for additional field experiences within budgetary constraints.
6. Both network universities are concerned about external support for the maintenance of the institutional capacity which they are developing to provide TA for PHC. The UND staff is hoping to find supplemental funds to enhance their international health activities, and recommends this approach to other network members. (Jean Pease/John Alden support such efforts and had noted earlier that other donor support of HMDS activities would also be looked upon favorably by AID/W.)

Thursday, September 4, Session 1:

- I. The following agenda items regarding network progress and plans were discussed:
 - a. Relative to joint/collaborative efforts with HMDS for MEDEX program reconnaissance visits, design and implementation.
 - b. Relative to network independent program reconnaissance visits, design and implementation.
 - c. Relative to collaborative or independent efforts in countries requesting component parts of MEDEX design approach.

II. Issues:

1. Viability of the network universities continued capacity to provide TA for MEDEX style program development and implementation after subcontracts is in question. The subcontract does not address the mechanism to be used by AID for utilizing the network expertise.
2. The following suggestions were advanced as possibilities for increasing the viability of network schools as providers of TA for PHC programs:
 - a. Extend Network contracts to 4 years.
 - b. Obtain additional non AID support.
 - c. Accelerate and expand the objectives of the network residency to include participation in project development and implementation activities.

- d. Obtain AID support for short-term consultancies in international health.
- e. Obtain country specific PHC contract prior to the end of network subcontract agreements.

III. AID position regarding network future:

1. AID expects network schools to be applying MEDEX design approach to primary health care upon completion of subcontract.
2. AID is not interested in increasing the individual staff members' ability to respond to requests for consultations unrelated to development of MEDEX PHC programs. But is interested in Network response capabilities in PHC.
3. AID will be more receptive to core support of network universities if teams are involved in long-term TA relationship with host country programs. Independent activities or collaboration with UH are both acceptable to AID.

Thursday, Session 2: PM

I. Presentation and discussion of HMDS Development Activities

1. Evolution of MLHW curriculum.
2. Management Approaches
3. Country Project updates

Guyana
Lesotho
Pakistan
Micronesia
Cameroon

Friday, September 5, Session 1: Morning

- I. Summary statements by Alden/Smith/Harmon/Eelkema
- II. Schedule developed for 02 year network activities (see Appendix 7)

Friday, Session 2: Afternoon

- I. Discussion of administration and contract policy.
- II. Conference follow-up activities:
 1. Honolulu requires specification of Core activities scheduled for completion prior to Honolulu core so that remaining core elements can be planned.

2. *Objectives/activities and schedule for proposed network university on-site residencies will be forwarded to Honolulu.
3. University of Hawaii will investigate ways to supplement existing communication channels.
4. Final decisions on network participation in International Conference will be forwarded to Honolulu as soon as possible.
5. Honolulu awaiting notification of B. Callen availability for Guyana C.E. Seminar November 21-23.
6. Honolulu will notify network of management workshop dates as soon as possible.
7. The following network members are on the list for log frame -- Callen/Blakney/Eelkema.
8. University of Washington will send Honolulu a proposal outlining team development activities to take place at University of Washington for cost reimbursement under the network subcontract.

*See Appendix 9 -- Tentative Network Residency Schedules

PARTICIPANTS IN NETWORK CONFERENCE

AT UNIVERSITY OF WASHINGTON - September 3-5, 1980

University of Washington

Blakney, Richard

Callen, William

Erzinger, Sharry

Harmon, Robert

Ketcher, John

Perman, Andrew

Schlittenhard, Sharon

University of North Dakota

Bata, Bonnie

Eelkema, Robert

Kleckner, Edward

Knutsen, Mickey

University of Hawaii

Alt, David

Bomgaars, Mona

Boostram, Gene

Coles, Tom

Lyons, Joyce

Mrogan, Marian

Powell, Rodney

Smith, Richard

White, Frank

United States Agency for
International Development

Pease, Jean

Alden, John



University of Hawaii at Manoa

John A. Burns School of Medicine
Health Manpower Development Staff
1833 Kalakaua Avenue, Suite 700 • Honolulu, Hawaii 96815 U.S.A.
Telephone: (808) 948-8643 • WUI Telex: MEDEX 634144 • WUI Cable: MEDEX

INVITATION LIST

INTERNATIONAL MEDEX CONFERENCE

1-3 October 1980

Gambia

Dr. Philip Gowers
Medical Officer of Health
Ministry of Health
Banjul, The Gambia
West Africa

Guyana

Dr. C. Harry
Director, IADB Programme
Ministry of Health
Government of Guyana
Georgetown, Guyana
South America

Dr. Hugh Holder
Assistant Director for Training
Guyana MEDEX Program
Ministry of Health
Georgetown, Guyana
South America

Dr. Linda Lion
USAID Mission to Guyana
POB 25
65 Main Street
Georgetown, Guyana
South America

Lesotho

Mrs. N. Borotho
Chief Planning Officer
Health Planning Unit
Ministry of Health and
Social Welfare
Maseru, Lesotho

Dr. Lester Wright
Chief of Party
MEDEX/Lesotho Program
Private Mail Bag MEDEX
Maseru, Lesotho

Micronesia

Dr. Eliuel Pretrick
Director of Health Services
Federation of Micronesia
Ponape District Hospital
Kolonias, Ponape
Eastern Caroline Islands 96941

Dr. John Steele
Director of Education and Training
Trust Territory
Health Manpower Development
and Training Program
P.O. Box 297
Kolonias, Ponape
Eastern Caroline Islands 96941

Mx. Joe Saul
Amer Ishoda Memorial Hosp.
Majuro, Marshall Islands 96960

9/30/80

Niger

Dr. Andre Lobit
Direction Departemental Sante
ZINDER (Rep. NIGER)

Dr. Soso Bawa Mamane
Ministere Sante Publique et Affaires
 Sociales
BP 623 Niamey
Niger, Ouest Afrique

Pakistan

Dr. Mushtaq A. Chaudhary
Deputy Director General
Ministry of Health and
 Social Welfare
Islamabad, Pakistan

Dr. Nazir-Ul-Haque
Director, North West Frontier Province
Basic Health Services Cell
Ministry of Health
Peshawar, Pakistan

Dr. Liaquat Ali Shah
Program Training Officer
Basic Health Services Program
Ministry of Health
Sukkur, Pakistan

Dr. Khalid Munir Sulari
Program Training Officer
Basic Health Services Program
Ministry of Health
Sialkot, Pakistan

Dr. Michael Porter
Chief of Party
MEDEX/Pakistan Program
Basic Health Services Cell
Ministry of Health
Islamabad, Pakistan

9/30/80

Thailand

Dr. Choomnoom Promkutkao
Formerly:
 Division Chief for Manpower
 Development
 Lampang Health Development Project
Currently:
 Professor of Community Medicine
 Chiang Mai University
 Consultant to Lampang Health
 Development Project
 Chiang Mai, Thailand

Dr. Ronald G. Wilson
Project Manager
Lampang Health Development Project
P.O. Box 23
Lampang Thailand

USAID/Washington, D.C.

Dr. Anthony Meyer
Communications Division
Agency for International Development
Washington, D.C. 20523

Dr. Clifford Pease
Deputy Director
Office of Health/DSB
Agency for International Development
Washington, D.C. 20523

Mrs. Jean Pease
Office of Health/DSB
Agency for International Development
Washington, D.C. 20523

University of North Dakota

Dr. Robert C. Eelkema
Chairman and Professor
Department of Community Medicine
University of North Dakota
Grand Forks, North Dakota 58202

Ms. Mickey Knutsen
Director, Division of Health Practitioners
University of North Dakota
Grand Forks, North Dakota 58202