

PD-NBA-929  
CD 12  
BNA 6/23/90

# A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

IDENTIFICATION DATA

<p><b>A. REPORTING A.I.D. UNIT:</b> <u>S&amp;T/H/ARD</u> (Mission or AID/W Office)  (ESE )</p>	<p><b>B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?</b> yes <input type="checkbox"/> skipped <input type="checkbox"/> ad hoc <input type="checkbox"/>  Eval. Plan Submission Date: FY ___ 0 ___</p>	<p><b>C. EVALUATION TIMING</b> Interim <input type="checkbox"/> final <input checked="" type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/></p>																		
<p><b>D. ACTIVITY OR ACTIVITIES EVALUATED</b> (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Project #</th> <th style="width: 55%;">Project/Program Title (or title &amp; date of evaluation report)</th> <th style="width: 10%;">Firm PROAG or equivalent (FY)</th> <th style="width: 10%;">Most recent PROAG (m/y)</th> <th style="width: 10%;">Planned LOP Cost (\$000)</th> <th style="width: 10%;">Amount obligated to date (\$000)</th> </tr> </thead> <tbody> <tr> <td>936-5954</td> <td>DEVELOPMENT OF INTERNATIONAL LINKAGES IN MEDICAL EDUCATION WITH AFRICAN, LATIN AMERICAN, AND CARIBBEAN COUNTRIES.</td> <td></td> <td>12/31/89</td> <td>\$750</td> <td>\$897</td> </tr> <tr> <td></td> <td>MOREHOUSE SCHOOL OF MEDICINE INSTITUTIONAL DEVELOPMENT IN INTERNATIONAL HEALTH</td> <td></td> <td>12/31/89</td> <td>\$677</td> <td>\$697</td> </tr> </tbody> </table>			Project #	Project/Program Title (or title & date of evaluation report)	Firm PROAG or equivalent (FY)	Most recent PROAG (m/y)	Planned LOP Cost (\$000)	Amount obligated to date (\$000)	936-5954	DEVELOPMENT OF INTERNATIONAL LINKAGES IN MEDICAL EDUCATION WITH AFRICAN, LATIN AMERICAN, AND CARIBBEAN COUNTRIES.		12/31/89	\$750	\$897		MOREHOUSE SCHOOL OF MEDICINE INSTITUTIONAL DEVELOPMENT IN INTERNATIONAL HEALTH		12/31/89	\$677	\$697
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ACTIONS

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR	Name of officer responsible for Action	Date Action to be Completed
Action(s) Required		
<p>Morehouse is presently undergoing reaccreditation as a medical school. This reaccreditation is its major, current activity. A transmittal letter forwarding the evaluation report to Walter Sullivan of Morehouse will be prepared by the CFO for transmittal by S&amp;T/H Director.</p> <p>No action is formally required in as much as S&amp;T/H grant to Morehouse terminated on December 31st. No request by A.I.D. or by Morehouse has been initiated for follow-on activity by Morehouse.</p> <ol style="list-style-type: none"> <li>Formally acknowledge MSM's contribution to international health through the subject grant. (Letter)</li> <li>Endorse findings and recommendations of evaluation team, encourage MSM to adopt evaluation findings in planning future activities in less developed countries.</li> <li>Encourage MSM to continue to encourage faculty interested and participation in international health, particularly primary health care, both in teaching and research, including such programs as ST/ARD's and the Science Advisors.</li> </ol>	<p>E. McJunkin</p> <p>McJunkin, E. (D-485)</p> <p>Van Dusen, A.</p> <p>As above</p>	<p>Feb. 28, 1990</p> <p>March 5, 1990</p> <p>March 10, 1990</p> <p>March 10, 1990</p>

(Attach extra sheet if necessary)

AFFIDAVITS

**F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:** mo 11 day 7 Y 89

**G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:**

<p>Signature: <u>[Signature]</u> Typed Name: <u>F. E. McJunkin</u> Date: <u>3/20/90</u></p>	<p>Signature: <u>[Signature]</u> Typed Name: <u>W. Sullivan</u> Date: <u>3/20/90</u></p>	<p>Signature: <u>[Signature]</u> Typed Name: <u>G. Pettigrew</u> Date: <u>3-22-90</u></p>
<p>Signature: <u>[Signature]</u> Typed Name: <u>Francis R. Pielmeier</u> Date: <u>3/23/90</u></p>		



H. EVALUATION ABSTRACT (do not exceed the space provided)

ABSTRACT

This three-year institutional development grant, resulting from an unsolicited proposal, aimed to increase the capacity of a relatively new, historically black, medical school to engage in international health activities, specifically establishing an international health programs office, establishing formal links with African medical schools, and developing training programs in the U.S. for the African faculty. This final evaluation is based on a review of relevant documents and a site visit to the Morehouse School of Medicine in Atlanta, Georgia. Major conclusions and recommendations:

In general, Morehouse achieved the spirit of the goal of the grant, while carrying out only four of the 21 specific training activities, an agenda which the Evaluation Team found to be too ambitious for the institution's capacity and budget.

As with many institutional development grants, this period was more a time of learning for MSM than a contribution to international development activities.

As with many U.S. medical schools new to international health, MSM held two misperceptions:

A premature conception of what they could contribute to LDC health institutions before themselves undergoing a period of learning about the field.

An assumption that the lessons of primary health care in the U.S. could be more easily applied to primary health care programs in developing countries than is the case.

MSM lacks a "real feeling" for what an American medical school with a focus on medical care of underserved populations can offer to well-established African institutions with a broad, multi-disciplinary, often non-medical approach to primary health care.

MSM established formal links with four African medical schools. The most appropriate future activity may lie in joint research and medical faculty/student exchange, rather than in running training programs for African faculty in the U.S.

The evaluators recommended that MSM: (1) Increase faculty and staff understanding of the differences between primary health care in the U.S. and in developing countries and (2) Seek outside counsel in clarifying priorities for their future role in international health.

Lesson Learned: Institutional development grants should build in a period of learning for the institution new to international health before "outputs" are required.

ABSTRACT

I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
STATISTICA, INC.	S&T/H Contract	80	30,000	STATISTICA, INC. CONTRACT

2. Mission/Office Professional Staff Person-Days (estimate) \_\_\_\_\_

3. Borrower/Grantee Professional Staff Person-Days (estimate) \_\_\_\_\_

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3  
1

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# A.I.D. EVALUATION SUMMARY PART II

## I. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: S&T/H/ARD

Date this summary prepared: November 22, 1989

Title and Date of Full Evaluation Report: DEVELOPMENT OF INTERNATIONAL LINKAGES IN MEDICAL EDUCATION WITH AFRICAN, LATIN AMERICAN, AND CARIBBEAN COUNTRIES - MOREHOUSE SCHOOL OF MEDICINE - INSTITUTIONAL DEVELOPMENT IN INTERNATIONAL HEALTH

### SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS, RECOMMENDATIONS

The purpose of the three-year, \$897,000 grant, in response to an unsolicited proposal, was institutional development in international health of the Morehouse School of Medicine, a relatively new, historically black, medical school. Specific objectives: (1) Development of linkages with overseas medical institutions; (2) Transfer of skills through manpower training activities; and (3) Sponsorship of an international health conference.

This was the final evaluation of the achievements in institutional development. Evaluators reviewed relevant documents, corresponded with and interviewed personnel related to grant activities in Washington, New Orleans and Africa, and made a site visit to the Morehouse School of Medicine (MSM).

**FINDINGS:** As one of only four predominantly African-American medical colleges in the United States, MSM wishes to share with developing countries their expertise in providing primary health care to underserved areas of Georgia.

MSM is a young institution, founded in 1978 and currently focused on its own accreditation process. The development of international programs has placed an exciting, but time-consuming, responsibility on the four international health staff (mostly part-time) and the limited number of faculty (23).

In response to an unsolicited proposal, the Office of Health awarded MSM this institutional development grant which allowed MSM considerable latitude in carrying out the objectives of the grant. While MSM did not fulfill all of the specific outputs cited in the grant (many of which, in the view of the Evaluation Team, were overly ambitious), MSM fulfilled in most respects the spirit of the grant.

More specifically, MSM achieved four Joint Memoranda of Understanding (JMOU) with four African medical schools in Liberia, Nigeria, Zimbabwe, and Burkina Faso and sponsored four, three-week health workshops for international participants nominated by their JMOU partners.

**CONCLUSIONS:** As with many institutional development grants, this three-year period has been a learning period for MSM--and an active one. MSM has taken advantage of many opportunities to develop international contacts, promote visibility of its Office of International Health Programs (OIHP) to their own faculty and to health institutions in Africa, welcome international visitors, host seminars and become involved in cross-cultural exchanges. However, MSM still lacks a "real feeling" for their strengths and weaknesses in the international health arena.

The Evaluation Team is of the opinion that two misperceptions--not unusual to U.S. medical schools new to international health--need to be addressed before MSM can move forward with an appropriate role in the field. One has been a premature perception of the contributions that MSM might make to counterpart health institutions in Africa before undergoing their own period of learning and understanding of international health in the developing world, the needs and constraints of LDC health care programs, and the wide range of

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capabilities of LDC medical schools.

Secondly, the Evaluation Team concludes that there remains among some MSM/OIHP staff and faculty a perception that the lessons of primary health care as practiced in the United States can be more readily applied to developing countries than is the case. Until MSM leadership and faculty develop a clearer understanding of the differences between U.S. primary health care and primary health care as carried out in less developed countries, they cannot make decisions about their future role from an informed position.

There is a strong need, with their limited resources, to refine priorities: geographic areas, types of activities, long-term goals, specific objectives, sources of funding, etc. As they do so, they may find faculty/medical student exchanges and joint research to be more appropriate avenues than participant training activities for their JMOU agreements.

There are positive signs: interest and enthusiasm are high; a large percentage of MSM faculty (9 of 23) have significant overseas living and work experience, (although most of it not related to A.I.D. priorities); and both the Chairman of the Department of Community and Preventive Medicine and the new MSM President have substantial international health experience. The President is a former director of the A.I.D. Office of International Training, Dr. James Goodman.

In their international training programs, MSM has been quite constrained as to staff and financial resources and underestimated the resources needed to implement the extremely ambitious (21) training activities specified in the grant. The lack of international health experience and training expertise among OIHP staff produced programs for overseas health personnel that did not take full advantage of the potential for mutual learning among U.S. and African health professionals.

In summary, MSM has valid reasons in the long run to develop and pursue international health programs, such as the JMOU relationships with African medical schools that would involve interchange, joint research, and dialogue among physicians of a common heritage.

However, it is important to recognize the limitations as well. The early stage of MSM's own development, the limited faculty size, and the extensive range of disciplinary skills required for international health are all constraints. The "fit" between the priorities and resources of MSM and the health, nutrition and population priorities of the Agency for International Development should be carefully assessed and, in fact, may be quite limited.

**RECOMMENDATIONS:** The MSM Office of International Health Programs can rightly assume that there is a role for MSM in international health over the long term. In the immediate future, however, MSM should concentrate on the accreditation process and move slowly in laying the groundwork for future international activities.

After completing the accreditation process, the priorities for the Office of International Health Programs should be:

(1) Increase Understanding of International Primary Health Care

MSM should take steps to increase staff and faculty understanding of the distinct differences between primary health care in developing countries--both components and current issues--and primary health care as practiced in the United States. Only when this understanding is more complete will MSM be able to make decisions about their future from an informed position. This will also make them more responsive to the needs of their JMOU partners.

(2) Clarify Priorities

MSM should clarify the most appropriate focus for OIHP, including a reflective and thorough assessment of MSM capabilities and MSM's potential role in international health. This role may or may not match priorities or needs identified by the Agency for International Development. Outside counsel may assist MSM in this assessment, which should take place before taking any further initiatives in program funding.

Should MSM continue with the JMOU partner agreements, MSM should make a greater effort to solicit the suggestions of the JMOU institutions in Africa regarding potential areas of research, joint projects and faculty and student exchanges.

The importance of developing a focused long-range strategy cannot be emphasized strongly enough. Joint research and faculty/student exchange programs may be more appropriate directions than training programs. If MSM continues to pursue international health activities, the institution should actively seek to broaden its funding base. After several years of MSM reliance on A.I.D. funding, it now appears that the special expertise of MSM programs may be quite limited in relevance to A.I.D. priorities.

**LESSONS LEARNED:** While institutional development grants and Cooperative Agreements are not common within A.I.D., when they do occur, there are basic lessons that bear repeating: (1) The need for the grant recipient to become aware of the global status of the field of interest and (2) The need to concentrate on unique features of the U.S.-based institution.

What this means for A.I.D. is that institutions which are relatively new to international development require a period of time and exposure to understand the best application for their potential contributions. In such institutional development grants, adequate time should be set aside for orientation and exposure before requiring "output."

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

ATTACHMENTS

EVALUATION REPORT

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

Cables were solicited from four missions in Africa in which Morehouse had JMOUs with indigenous medical schools. Evaluation also discussed the JMOU experience with Africa counterparts at two of the schools. Comments were generally supportive overall with numerous suggestions from counterparts and participants for planning, participating in and implementing the course.

S&T/H also has discussed with Morehouse the need for building its domestic activities, institutional strength, and considering alternative relationships and activities with counterparts other than (or in addition to) conventional short term training.

Morehouse School of Medicine needs to clarify its own goals and objectives its comparative advantages, and its priorities in international health, Morehouse School of Medicine should weigh the evaluation report carefully in coordination with its priorities, resources, and interactions with LCD institutions. The Office of Health fully concurs with the evaluation teams recommendations in Section H, page 2.

MISSION COMMENTS ON FULL REPORT

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