

SEMI-ANNUAL REPORT FROM THE
AMERICAN PUBLIC HEALTH ASSOCIATION
TO
THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
IN RELATION TO CONTRACT AID/csd-3423

January 15, 1975

1.0 Introduction.

This report summarizes activities under Contract AID/csd-3423 which have taken place since May 21, 1974, the date of the second and last annual report. The report covers operations primarily under Amendments III, V and VI. Operations under Amendment IV covering the Thailand DEIDS project will be discussed in a quarterly report on that project to be submitted in January 1975 with a report of the December organizational meeting. The status of the project, however, is given below.

2.0 Project Staff.

The DEIDS staff has been expanded during the past six months with the addition of four professionals and two secretarial/clerical staff members as well as one part-time professional under the budget provided in Amendment III to the DEIDS contract. The core budget of the contract continues to fund two Co-Directors, one of whom has been fully employed on this project since July 1974 as well as two other professionals and three secretary/administrative staff members.

Extensive recruitment efforts for an evaluation specialist have been carried out resulting in nomination of a candidate whose employment is expected this quarter.

The work of the above staff has been augmented by 1191 man-days of professional consultant assistance, 236 during the first year; 749 during the second and 206 during the past six months.

3.0 DEIDS Project Activities.

Activities and accomplishments during the past six months have dealt primarily with preliminary aspects of Phase III in both the Thailand and Ecuador projects.

3.1 Thailand.

Amendment IV dated June 28, 1974 provided \$1,117,000 for the first two years of this project. An APHA/AID team of four went to Thailand in July for negotiation of an agreement with the RTG. The agreement was completed despite numerous political problems, signed officially in September by both the APHA and RTG and was accepted by AID in December after extensive review.

This approval, required by contract terms, was delayed by the condition added subsequently to original discussions in Thailand that the Thai contribution to the project exceed 25% of its total cost over the life of the project. This requirement has been met. The Thai DEIDS staff has begun operations, staffing all divisions and developing administrative and operational plans. Three groups of communicators, the initial outreach aspect of the project, have completed two day training programs, and are already publicizing DEIDS activities.

The subcontract with the University of Hawaii, APHA's agent of technical assistance in the Thailand project, was approved by AID, signed and made effective December 1974. A two man DEIDS staff has been fielded to date by the University headed by Dr. Ronald Wilson. A third member is to be added shortly.

APHA staff member, Dr. Barry Karlin, has provided advisory assistance to the project in two field visits, the latter made with the DEIDS Project Director and Contract Manager in connection with the DEIDS Organizational Workshops in Lampang Thailand, December 18-23. Out of the meeting attended by two DEIDS consultants and five University of Hawaii consultants as well as by two consultants, were developed operational plans and procedures in the areas of Evaluation, Medical and Health Services, Manpower Development, and Administration. Details are provided in the Thailand Report mentioned earlier.

3.2 Ecuador

A Project Proposal (PROP) on the Ecuador project was signed by AID on September 12, 1974 covering activities for a five year period. Funding was made available for an initial two year period, and provision made that a decision would be taken by the end of the fourth year as to the need for further funding. Amendment VII signed December 13, 1974 provided \$1,120,000 to the DEIDS contract for the Ecuador project.

An APHA/AID/W team went to Ecuador during the week of November 18 to develop a Project Agreement (PROAG) for the DEIDS project with the Government of Ecuador and USAID. The utilization of a PROAG for the project represents a departure from the original plan for DEIDS programs which were to be based on agreements made between the host country and the APHA. In this case, however, USAID/Ecuador and the U.S. Ambassador insisted that the Agreement be negotiated between the Government of Ecuador and USAID in the form of a PROAG to which APHA could be a signatory. The AID Office of Health/Technical Assistance Bureau concurred in the arrangement.

As of January 15, 1975, USAID/Ecuador is continuing negotiations with the Government of Ecuador which has requested several changes in the PROAG. It is hoped that the document will be signed by mid-January so that negotiations with UCLA the potential subcontractor can be carried out.

UCLA elected not to take part in negotiation of the PROAG, but plans to take full implementation responsibility under a subcontract with APHA. AID and APHA participated in conferences in August and again in October with UCLA officials including the Vice Chancellor of the University, the Dean of the School of Public Health, and the head of the University's committee on inter-departmental projects on the roles of the various parties in the project once the PROAG and subcontract are signed.

Its essentials will be incorporated in the subcontract, a draft of which is being prepared by UCLA.

4.0 Phase III Developments.

4.1 Panama.

On June 10-11, 1974 a meeting was held in Panama attended by the MOH, Director General and the Chief of Integrated Health Services in one region of Panama, the USAID/Panama Health Advisor, the Dean of the School of Public Health, University of Texas, an APHA consultant from the University and a member of the APHA staff. The group came to an agreement that the Ministry would designate a representative who would join a representative of the University of Panama and the consultant from Texas to develop a DEIDS plan for evaluation revising materials already produced by APHA and its consultants. After a 3-week period a working committee to include the Director of TA/H was to meet in Panama to review the proposal which, if accepted, was to be presented to AID/W. The Minister was to notify the University of Texas when his representative and that of the University of Panama had been appointed so that APHA could send its consultant. Panama efforts were delayed, however, and at a later date the APHA-designated consultant became unavailable. On December 3, 1974, APHA received an unsolicited proposal from Practical Concepts, Inc., relative to the development of an evaluation activity under DEIDS for Panama. This has been made available to the USAID Health Advisor and is being reviewed by TA/H. The Health Advisor felt it should not be pursued with the MOH of Panama until February, at which time other negotiations relative to health programs will be ended.

4.2 Pakistan.

At a meeting of AID/TA/H and APHA/DEIDS staff in late June, it was decided in view of difficulties described in the last report that a DEIDS project would wait the initiative of the Pakistan Health Ministry or the Mission.

4.3 Nigeria.

Possibilities for a DEIDS project in Nigeria were extensively explored during the past six months with the assistance of an APHA U.S. consultant and advisory assistance from Dr. Irene Thomas, retired Senior Medical Officer and former Director of Maternal and Child Health for the Federal Government of Nigeria.

A program in Benue Plateau State was ruled out and for the moment, efforts in Nigeria are connected with the re-view of health delivery systems. Dr. Thomas has agreed to serve as a consultant to APHA for collection of information on such systems in Nigeria and on a regional basis as well as to assist in the development of any specific DEIDS projects that may evolve in Africa.

5.0 Consultation B Budget

By Amendment III to the Contract, APHA has been asked to provide technical assistance in low cost delivery systems particularly through work on a consultantship and survey basis to discover innovative activities that are a part of such projects and which may be applicable to other areas. APHA work in this area may involve project design and development, evaluation or the hosting of meetings, seminars and conferences. Out of this charge in the last six months APHA staff members or consultants have undertaken the following assignments on each of which specific reports have been filed with AID:

5.1

At the request of the Latin American Bureau, APHA staff reviewed a proposal for evaluating the rural health technician program of Guatemala. The review was followed by a six day visit of one staff member which resulted in a recommendation for a procedure to strengthen a Guatemala institution so that it could design and undertake the evaluation with some technical assistance. Five months later, APHA was again requested to send 3 consultants for 2 weeks each to Guatemala as a follow-up of this request. Their visit resulted in a somewhat expanded version of the earlier recommendation.

5.2

In June a three person APHA consultant team was sent to Honduras to participate in the health sector assignment. The team conducted a survey of specific rural health care systems and assessed the human resource and institutional capacity to expand the system.

5.3

In July an APHA consultant travelled to Zaire to help the Government develop and implement a measles immunization program in Kinshasha.

5.4

At the request of AID/TA/H and AID/TD/EA, an APHA consultant surveyed the existent health delivery system in the Khmer Republic. The resultant report is serving as the basis of an AID/W/Mission meeting in late January which will determine the nature of AID assistance to the civilian health program in the Khmer Republic.

5.5.

A APHA's suggestion and with appropriate AID/W and USAID clearances, the above consultant travelled also to Laos where he discussed DEIDS possibilities in two areas of the country with Mission officials and the Ambassador. Discussions continue on the possibility of DEIDS activity in Laos, perhaps involving country-wide health planning in view of the phase down of other external assistance to that country.

5.6

A consultant was sent to Korea in April to assist the ROKG in developing procedures for establishing a health planning unit. Part of this procedure was the development of research proposals. As a sequel to this effort, the ROKG requested assistance in planning a health demonstration project, which was met by assigning one staff member to work with AID personal for the month of November in Korea.

5.7

A consultant was sent to Bolivia in June to participate in the on-going health sector analysis.

6.0 `Study of Low Cost Health Delivery Systems

Under this assignment APHA in the early summer suggested a plan of action including a literature search and visit to selected projects for the purpose of completing an extensive questionnaire on LCHDS. AID/TA/H, after consultation with regional offices, asked APHA to postpone implementation of the project until AID could refine the scope of work. In early October, a revised scope was provided to APHA for comment. Following the Conference on International Health at Reston, Virginia, October 16-18, and the APHA convention, October 18-25, APHA/DEIDS held extensive staff discussions on the project.

A task force on the project established under the chairmanship of one of the DEIDS co-directors has developed, and in December delivered to AID a revised proposal which included a work plan and calendar. The project includes a research and data collection phase, a phase for field investigation, and finally a selective case study phase. The three phases run semi-concurrently. The proposal submitted to AID is attached.

6.1

In connection with this study a field trip to Israel was undertaken by one of the project co-directors in November during which he reviewed the new and innovative "Education-Training Service Integrated" program at Beer Sheva and the rural health delivery system which has been developed in the Gaza Strip.

The co-director also attended the Christen Medical Commission's annual meeting in Zurich to exchange information on LCHDS and in November presented a paper on the subject at the Public Health Seminar of the meeting of the International Federation of Architects in Nairobi, Kenya. He and a member of AID/PPC consulted with WHO/Geneva on evaluation aspects of LCHDS.

8.0. DEIDS Conferences and Meetings Participation

8.1.

At the request of TA/H, DEIDS sponsored the attendance of nine foreign delegates to this year's National Conference on International Health, the theme of which was Health of the Family, considered both in terms of health promotion within the family and as a part of health delivery systems. DEIDS sponsored attendees included representatives from seven (7) countries. The delegates met with APHA staff during their visit to discuss projects in their countries selected as a part of the State of the Arts Project.

8.2.

The APHA/DEIDS staff participated in the APHA Convention held in New Orleans both to recruit personnel and to inform the attendees of DEIDS programs. Meetings were also held with DEIDS potential subcontractors, UCLA and the University of Hawaii to discuss those two projects, and with certain APHA consultants on the subject of evaluation. An APHA/DEIDS staff member presented a paper at the annual meeting of the U.S. Society for International Health on the subject of health delivery systems for rural populations in developing countries.

9.0 APHA/AID Relations.

9.1

DEIDS was a major subject of the meeting of the APHA's Advisory Committee on International Health which indicated its concern for the length of time required to achieve approval of a DEIDS project from initiation of planning through award of funds for implementation of Phase III. AID officials attending the meeting attempted to explain the difficulties of working with the multiple AID, potential subcontractor, and host country bureaucracies in such projects.

9.2

Discussions held with APHA consultants on evaluation represented continuing efforts to resolve conflicting guidance on the part of various elements of AID regarding the kind of evaluation to be accepted as satisfactory for the various DEIDS projects. In June, several working sessions were held with APHA staff and that of the American Institutes of Research (AIR) on the report to be provided by AID to AID/PPC suggesting an evaluation plan for DEIDS based specifically on the DEIDS/Ecuador project.

The report was completed in draft and submitted in July to AID in an open conference attended by APHA staff and consultants from each of the potential subcontractors as well as AIR and AID officials. Substantial revisions were recommended at the meeting, and it was agreed that the final report would reflect some of the changes. APHA indicated its willingness to use the report as an additional input to efforts being made by the Association and each subcontractor to develop an effective DEIDS evaluation plan. To this end, APHA convened consultants from each of the potential DEIDS subcontractors to draft a set of DEIDS evaluation guidelines. The guidelines of necessity were general, focussing on objectives rather than methodology. It is APHA's view that the evaluation plan will have to be developed within each project based on objectives set for that project. At the moment each potential subcontractor is moving ahead along these lines with host country officials and with the guidance of AID project evaluation guidelines. APHA is continuing its use of the advisory assistance of its consultants and the APHA Advisory Committee on International Health to achieve consensus on certain overall DEIDS evaluation tenets -- objectives against which all DEIDS projects will be measured. Current objectives of the projects to be evaluated include at a minimum:

1) accessibility -- are two thirds of the women of reproductive age and children under the age of 5 receiving services offered?

2) replication -- is the system being developed one which can be replicated in other parts of the country within resources which one can reasonably expect to be made available for health programs?

Discussions continue on (1) how these items are to be measured; (2) what are reasonable changes in health status of the community that can be measured within the time and financial constraints of DEIDS, and (3) to what extent is baseline data for the population of the DEIDS project areas necessary.

9.3 Additional Prospects

The addition of the evaluation specialist to the DEIDS staff in the spring is expected to bring these efforts into focus and provide the desired priority to this activity. At the end of this report period several potentials for DEIDS projects in Africa are under consideration. The Central African Republic has submitted a request for an APHA visit to discuss project possibilities. Discussions have taken place also on possibilities in Malawi and in Togo. In Kenya discussions suggested the possibility of substantive consultations in health delivery system planning, implementation and management. In Asia potentials have arisen for further consultave assistance in Afghanistan, Nepal, Laos and Korea.

As the concepts of health delivery systems for the rural peoples of developing countries become better understood by country ministries of health and AID Mission personnel, requests for APHA participation are expanding. APHA's staff additions make it increasingly possible to respond to their requests expeditiously and effectively.

State of the Art Activity
PROPOSAL
for Worldwide Health Systems Studies

State of the Art Activity

Proposal for Worldwide Health Systems Studies

I. Proposal:-

It is proposed that American Public Health Association undertake a worldwide study of health systems and elements thereof, currently in use for the delivery of health services in communities with limited resources be undertaken.

II. Purpose:-

The purpose of this "Study" is to:

1. Survey worldwide experiences in various types of low-cost health delivery systems (LCHDS) in order to identify and analyse useful elements which appear to be worth looking at more carefully and to ascertain possible impact.
2. Make a more detailed examination of those programs which appear to be promising with a view to extracting lessons which might be applied elsewhere.
3. Assist AID and other agencies to provide advice on and participate in the design of low-cost health delivery systems, by making available to them in a concise and organized form, information on innovative elements that may be used in such LCHDS. Such elements should show promise for replication at low cost. This activity is pursuant with the following clauses the APHA DEIDS contract with the AID: (Amendment #3 AID/csd-3423, page 10).

4. (b) "At the written request of AID (TA/H), perform up to 300 additional man-days of additional survey work in LCHDS projects and in so doing the contractor will take special care to discover innovative activities that may be replicable to other project and country activities."

5. "Observe ongoing field delivery system patterns, in countries mutually agreed upon, beyond those specifically designated as demonstration areas, for the purpose of relating the patterns of Phase I and Phase II efforts."

III. Scope of Work and Methodology

Organization and Results

A. The study will be conducted in three phases which will overlap chronologically. Each phase will be designed to produce definitive materials which will constitute integral parts of the total study.

The Phases and materials to be produced are as follows:

Phase I.- Research and Data Collection Materials:

(1) A basic file/inventory on health systems and elements obtained through literature research, correspondence with health systems' directors and personnel in various countries and reports on site visits to an adequate sample of the systems and elements cataloged.

(2) A special file of approximately 100 health systems or elements of health systems having innovative features.

(3) A summary report which analyzes and describes various patterns of LCHDS in the developing countries.

Phase II.- Field Investigations

Materials:

1. A document setting forth criteria for the designation of health systems or elements as innovative and warranting case studies.
2. A descriptive report on approximately thirty (30) selected LCHDS which have been identified as having innovative features and which have been visited.

Phase III.- Selective Case Studies Materials

1. Individual in depth case studies on the innovative features of six to ten LCHDS or elements thereof.
2. Monograph which describes the study, summaries the data, analyses and compares a representative sample of systems investigated and set forth recommended guidelines for AID's participation in health planning.

B. Work Plan and Schedule: The work to be accomplished is divided into twenty steps as follows:

- | | |
|---|---|
| <p>May 1974 - Sept. 17, 1975:</p> | <p>1. Initiate and develop a basic file/inventory of health systems and elements thereof currently in use for the delivery of services in communities with limited resources.</p> |
| <p>Oct. 15, 1974- Dec. 13, 1974</p> | <p>2. Prepare a calender of actions to be accomplished with target dates for undertaking and completing the "Study".</p> |
| <p>Nov. 15, 1974- Dec. 16, 1974</p> | <p>3. Prepare and submit to AID/TA/H a proposal for the "Survey and Study of Worldwide Experiences in Low-Cost Health Delivery Systems as one "Study" in the State of the Art Activity.</p> |

Dec. 1, 1974-
Dec. 16, 1974

4. Prepare a descriptive listing of innovative features or areas of health services operations in which innovative features are desired and provide copies to AID/TA/H as needed.

May 5, 1974-
Dec. 20, 1974

5. Prepare a draft three part questionnaire outlining the content of the data required for an analytical study of LCHDS in developing countries.
Part-One, to obtain information on the health system "per se" or elements thereof.
Part-Two, to provide information on the overall organization and delivery of health services in the country in which the system exist.
Part-Three, to set forth the political and social economic environment in which the system functions.

Dec. 15, 1974-
Jan. 20, 1975

6. Secure : .. appropriate consulting assistance in revising format of draft questionnaire to facilitate receipt of information content in form which will permit it to be easily and systematically stored and retrived as needed in the preparation of descriptive and/ or statistical comparisons and analysis.

Feb. 1, 1975-
March 1, 1975

7. Translate the material in the basic file to Part-One of the Revised Questionnaire.

Feb. 5, 1975-
March 5, 1975

8. Send Part-One of Questionnaires containing basic file information to Health Systems Directors or Correspondents in field for completion or verification. Each Questionnaire to be sent to field as soon as available basic information has been entered on form with request to Health Systems Director or Correspondent to verify and complete information on Questionnaire Part-One and return same within 15 days.

March 1, 1975-
Apr. 3, 1975

9. Organize the replies from the field and literature research for Part-One Questionnaire for approximately 100 health systems or elements having innovative features into a "Special File" and reproduce materials to make 1 at least ten files for AID/TA/H use.

March 15, 1975-
Apr. 15, 1974

10. Prepare a summary report which analysis and describes the various patterns of LCHDS in the developing countries utilizing the information contained in the "Special File".

- Jan. 6, 1975-
Jan 24, 1975 11. Prepare and discuss with the staff AID/TA/H for concurrence, a document setting forth the criteria for the designation of health systems and elements as innovative and warranting site visits and case studies. Provide copies of documents to AID missions in all countries in which innovative Health Delivery Systems have been identified.
- March 15, 1975-
Apr. 15, 1975 12. Established with AID concurrence a priority listing of HDS or elements which should be site visited under Phase II of the "Study" and a priority listing of HDS or elements which should be studied in depth under Phase III of the "Study".
- Jan. 6, 1975-
March 15, 1975 13. Develop with the appropriate offices in AID (TA/H and Country Desks) written procedures to be followed by APHA staff and AID headquarters and mission staff to expedite both the site visit to approximately 30 HDS and the "in-depth" studies of six to ten.
- March 15, 1975-
Apr. 30, 1975 14. Translate material in basic file to Parts-Two and Three of Questionnaires for the thirty HDS to be site visited under Phase II and the six to ten HDS or elements to be studied in-depth under Phase III.
- Apr. 15, 1975-
Aug. 1, 1975 15. Initiate site visits and organize and dispatch five APHA teams to the countries in which priority HDS or elements are located for the purpose of (1) obtaining complete information on the establishment and operation of the system or element as outlined in Parts I, II and III of Questionnaire and (2) making an independent appraisal of the systems and elements.
- Aug. 1, 1975-
Sept. 15, 1975 16. Review and analyse the completed Questionnaires and Appraisal reports from the site visits and prepare a descriptive report on the thirty HDS or elements visited. Reproduce approved report in 200 copies for distribution by AID/TA/H.
- May 15, 1975-
June 15, 1975 17. Prepare work plans and schedules for the six to ten indepth case studies to be undertaken Phase III.
- June 15, 1975-
Dec. 15, 1975 18. Organize and dispatch a suitably constituted team to each of the HDS or elements selected for indepth study.

These visits will be made for the length of time appropriate for development of a case study.

The amount of time required for the in-depth case studies will vary, depending on the complexity of the components to be studied. However, U.S. staff and consultant time may average three man-months and national counterpart, two man-months. These case studies will analyse the appropriateness of the innovations to their social setting and to the national health system in which they are embedded and the possibilities for adoption or adaptation in other areas. Wherever possible, detailed analysis will be made of costs, or resource requirements and of the impact of the innovation on the accessibility and use of health services and on health status.

Aug. 15, 1975-
Feb. 1, 1976

19. Each team develops a detail comprehensive document on its research activities, using a format which will permit publication. Report must contain graphs, charts and other visuals which will provide a full description of the study and its results.

Sept. 1, 1975-
May 1, 1976

20. Prepare and publish monograph which describes the study, summarizes the data, analyses and compares a representative sample of the systems investigated and sets-forth recommended guidelines for participation in health planning of HDS in developing countries.

IV. Staffing:

The following staff will be utilized in undertaking the study. Senior staff positions will be filled from the core staff of the Division of International Health Programs. The consultants will be selected from the Division's roster of intermittent consultants. The positions and man-days or man-years of work follows:

- (1) Principal Investigator (physician) 1/5 man-yr.
 - (2) Associate Investigator-Regional Investigator
Middle East-North and East Africa 2/3 man-yr
 - (3) Regional Investigator-West, Central and
South Africa. 1/3 man-yr
 - (4) Regional Investigator-Americas 1/3 man-yr.
 - (5) Regional Investigator-South
Asia 1/3 man-yr.
 - (6) Regional Investigator-East Asia
and Western Pacific 1/3 man-yr.
 - (7) Research Associate 1 man-yr.
 - (8) Consultant (Questionnaire and Survey
Design) 30 man-days
- Consultants for Field Investigations 260 man-days