

BIBLIOGRAPHIC INPUT SHEET

Batch 69

1. SUBJECT CLASSIFICATION	A. PRIMARY Serials	Y-DA00-0000-G229
	B. SECONDARY Development and economics--General--North Africa	

2. TITLE AND SUBTITLE
 Feasibility study on the relationship of health and education investments on social and economic development; progress report, July, 1963-March, 1965

3. AUTHOR(S)
 (101) Harvard Univ. Research Project in North Africa

4. DOCUMENT DATE 1965	5. NUMBER OF PAGES 11p.	6. ARC NUMBER ARC
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7. REFERENCE ORGANIZATION NAME AND ADDRESS
 Harvard

8. SUPPLEMENTARY NOTES (Sponsoring Organization, Publishers, Availability)
 (Research summary)

9. ABSTRACT
~~(health R&D)~~

~~(DEVELOPMENT R&D)~~

10. CONTROL NUMBER PN-AAE-594	11. PRICE OF DOCUMENT
12. DESCRIPTORS Development North Africa Socioeconomic status	13. PROJECT NUMBER
	14. CONTRACT NUMBER CSD-297 Res.
	15. TYPE OF DOCUMENT

FAK

OSD-107 R.
H. C. ...
PN-AAE-594

REPORT
ON
FEASIBILITY STUDY OF THE RELATIONSHIP OF HEALTH AND EDUCATION INVESTMENTS
ON
SOCIAL AND ECONOMIC DEVELOPMENT

July 1, 1963 - March 15, 1965

(AID-Harvard University Contract cts/297)

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March 15, 1965

Report
on
Feasibility Study of the Relationship of Health and Education Investments
on
Social and Economic Development

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In studying the part that health and education investments can play in economic and social development, the following analytical steps must be taken:

1. Objectives or plans for the health and education programs of the area under study must be established, and the relationship of these objectives or plans to economic and social development postulated. For study purposes the objectives or plans initially should be relatively short-term and limited; as evolving study methodology permits, longer-term and broader objectives and plans can later be developed for analysis.
2. Measures which can be quantitatively evaluated of both input and output of selected programs must then be developed; output measures should include the following: a) measures of health status, b) measures of behavior and attitudes, and c) measures of economic behavior and productivity.
3. Comparisons must then be made between variations in intensity of the same inputs in similar geographic and population regions, of equivalent inputs in different geographic and population regions, and of different types of inputs in similar geographic and population groups; these comparisons must be based upon the standardized measures that permit quantitative analysis.
4. Generalizable conclusions should then be drawn from the comparisons and these conclusions evaluated.
5. Follow-up and adjustment of health and education objectives or plans can then be made, and, advisably for study purposes, re-evaluated in accordance with the procedures previously outlined; an inflow of timely and accurate data must be designed to permit continual evaluation of objectives and plans.

This step-by-step analysis of a postulated relationship between investments in health and education and social and economic development is an undertaking of major dimensions. The project staff has conducted an intensive international review of relevant current studies of this type, and has found a widespread, intensive, and extensive interest on the subject but little research in which the relationship between health and education investments and social and economic development is being quantitatively investigated.

As a result of its review of the international literature, its field observations during the first year of the project in the Middle East, East Africa, and North Africa, and many discussions with interested professionals in many countries, the project staff decided to concentrate its efforts during the second year in one country--Tunisia. The present effort is directed mainly toward the development of quantitative measures of output, using rather general health and education inputs which are part of the carefully developed and generally well-administered Tunisian economic development plan.

In no way does the project staff wish to imply that its current progress or results are outstanding, or even significant. Many questions still remain concerning important aspects of the methodology and approach to be used in this type of research. The staff has learned more about what not to do than about what should be done. As a result of much effort by a dedicated, capable staff, it has developed a fruitful, cooperative relationship with the Government of Tunisia, but most of the work remains to be done in Tunisia if significant research findings which may be applicable elsewhere are to be achieved.

On the basis of its work over the past twenty months, the project staff believes that the following are the most important areas on which effort should be concentrated, whether by it or by other groups, if this type of extremely difficult, exploratory, but important research is to be continued:

1. Further emphasis on microeconomic studies with discrete populations, such as the one under way in Tunisia, designed to develop quantitative measures of health and education program output, such as health status, attitudes and behavior, and economic behavior and productivity. Initially the emphasis need not be on careful quantitative measurement of the inputs, since gross differences in health and education inputs are apparent in the different areas of Tunisia selected for study. It is quite apparent, however,

that techniques for careful measurement of variations in inputs must be developed if quantitative measures of output are to be realistic and applicable to different inputs.

It is an exploration of the possibility of associating research staff (economists and health personnel) with selected, high calibre, national economic planning groups so that the research staff could concentrate on health sector analysis and planning as part of an overall national economic planning effort. Usually, analysis and planning for the health sector are given quite low priority and are poorly carried out in national economic planning. If a special health sector analysis and planning staff could be associated with a general national economic planning group, special quantitative data from the health sector could be compared with data from other economic sectors. Since national economic planning is a continuous process in countries with good planning staffs, there should be a continual flow of data over the years which would permit periodic comparisons of health sector development with the development of other economic sectors. This type of research should be relatively inexpensive compared with the cost of microeconomic studies of the type under way in Tunisia, and the results, particularly those of value to national planners, might well be obtained in less time.

Both types of research should be carried out concurrently if at all possible. Both are essentially prospective forms of analysis. The project staff currently believes that retrospective studies are of limited value in achieving results that have significant application to the planning of health and education investments in developing countries.

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The remainder of the report presents in greater detail the activities of the project staff for the period July 1, 1963 to March 1, 1965.

Phase I. Preliminary survey of current and past studies. Delineation of important issues.

Work during this phase of the project included numerous conferences

among both senior and junior members of the Harvard research group with considerable experience in the disciplines of economics, health, education, and sociology, as well as in the areas of the world under consideration as research sites. Dr. Rolde and Mr. Hudson made trips to Washington, New York, and Baltimore for interviews with members of the following groups: United States State Department, Agency for International Development, United States Public Health Service, National Institutes of Health, Peace Corps, Ford Foundation, Rockefeller Foundation, Carnegie Corporation, United Nations, World Health Organization, United Nations Economic and Social Commission, and the School of Public Health of Johns Hopkins University. Interviews were also held with faculty members of several schools of Harvard University and of the Massachusetts Institute of Technology.

An initial survey of pertinent literature was begun. Emphasis was placed on: a) the substance and methodology of research relating health to economic development; b) the literature of the economics of health and education; c) present programs in health and education in Africa and the Middle East. A list of sites in Africa and the Middle East was prepared, and arrangements were made for field visits to investigate future research opportunities and past and present research experience.

Most organizations dealing with the problems of the developing world have some active interest in the relationships between health and education and economic and social change. There is a consensus, however, on the difficulty of executing meaningful research. This combination of interest and difficulty is represented by literature which is extensive but which consists for the most part of repetitions of first-level generalities and unproven assumptions. The sparsity of valid and reliable information on which to base decisions has remained a constant disappointment to governments, universities, and foundations.

Phase II. Field Studies.

Countries and places visited by members of the research group included the following: Dr. Hamlin: Tunisia, Libya, and World Health Organization Headquarters and Copenhagen Regional Office; Professor McClelland: Tunisia, Greece, Lebanon, United Arab Republic, Kenya, and Uganda; Professor Meyer:

Lebanon, Cyprus, Tunisia, Algeria, and Morocco; Professor Curle: Tunisia; Professor Levine: Geneva, Pakistan, Uganda, and Tunisia; Professor Scotch: Geneva, Pakistan, Uganda, and Tunisia; Dr. Geiger: Uganda, Tunisia, and Nigeria; Dr. Rolie: Geneva, Pakistan, United Arab Republic, Uganda, Ethiopia, Lebanon, Jordan, Libya, Tunisia, Yugoslavia, Turkey, and Saudi Arabia; Mr. Hudson: Libya and Tunisia.

Dr. McClelland was in residence in Tunisia during most of the year. Several meetings were held in Tunisia among members of the research group, and numerous reports and working papers were prepared and distributed for comment during the course of the year. These consisted of reports on research opportunities and research activities in the various countries visited (including a consultation report to the Agency for International Development on the economic and social effects of the malaria eradication program in Pakistan), reports on the meetings held in Tunisia, proposals for further research, and some theoretical papers on health, education, and economic development.

It was found that research was being done or had been done in a number of the countries visited that added useful information about the relationships between health and economic and social development. These projects include measurement of disease incidence in relation to economic and social organization, attempts to evaluate the effects of medical programs, and analysis of program administration and the supply and functioning of medical personnel. Countries with varying cultural and social patterns often seem to be concerned with similar types of problems, including population pressures, migration from the countryside to new urban complexes, similar patterns of infectious and nutritional disease, and the pervasiveness of poverty and ignorance. Thus work done in one culture often proves applicable in a number of other cultures.

Except for a few cases where there is extreme restriction of activities for political reasons, or marked underdevelopment of an existing, internal structure for research, it was felt that the majority of countries visited could serve as a site for a pilot research project. It is evident that existing information is poor in all of the countries visited, and that the

crucial problem of research involves the development of practical and efficient techniques for collecting primary data as well as the delineation of indices that can reliably and validly serve as guide lines for the measurement of change.

Phase III. Design and Preparation for an Exploratory Study in Tunisia.

It was decided to concentrate work in Tunisia during the year 1964-1965. Tunisia was chosen because of its relative cultural homogeneity and political stability, its active health and education programs, its well-developed national economic plan, and the experience gained by several members of the research group who had worked there. The major task for the year was set as the investigation and development of reliable and valid measures of output involving changes in levels of health and economic and social organization.

Work proceeded along three lines:

First, practical preparations were made for the work in Tunisia. These included language study, recruitment of supporting personnel, arrangements for living quarters, and so on. At present Dr. Rolde, Dr. Goethals, and Dr. Kinsey are working full time in Tunisia.

Second, investigation of the pertinent literature, with emphasis on studies specifically related to Tunisia, and on the methodology of investigation of health, economic, and social levels was continued. This included a series of conferences and working papers discussing the possible approaches and issues that would be involved in work in Tunisia. A weekly seminar was held for the field workers and invited guests, and several members of the project staff participated in a weekly seminar on current research in health economics with members of the Department of Economics at Harvard.

Third, the specific sites in Tunisia in which the field research would be conducted was selected. Extensive negotiations were undertaken and excellent cooperation obtained from the Government of Tunisia in selecting the site and conducting intensive household interviews. A suburb of Tunis (Djebel Djelloud) is now being studied in depth by the project staff and it is hoped that preliminary work can be begun in two additional areas before the present project staff in Tunisia returns to the United States in June, 1965.

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Attached is the time schedule for project activities in Tunisia which was prepared by the project staff in October, 1964, to guide its activities during the period October, 1964, to June, 1965, when the present Agency for International Development--Harvard University contract expires.

RESEARCH ON THE RELATION OF PROGRAMS IN HEALTH AND EDUCATION
TO
ECONOMIC AND SOCIAL DEVELOPMENT

October 1964

Tentative Time Schedule of Activities during
the Coming Year

Mid-October to Mid-November: Preliminary Contacts and Protocol

1. Negotiation of permission and cooperation with Tunisian Government.
2. Exploration of related work and interests of the Tunisian Government, universities, foreign and international agencies.
3. Familiarization with source materials available in Tunisia.

Mid-November to Mid-December: Choice of Pilot Communities

1. Field visits to possible pilot communities.
2. Acquisition of background information on possible pilot communities.
 - a) Conferences with knowledgeable informants, familiarization with government statistics and other special studies.
 - b) Regional information obtained in the fields of health, education, economics and social psychology.

Mid-December to Mid-January: Preliminary Contacts with Pilot Communities

1. Finding, meeting, gaining confidence of key people in community.
2. Establishing contact with schools, hospitals, and other appropriate community and governmental agencies.
3. Evaluation of background information available from above sources.

Mid-January to Mid-March: Investigative Field Work

1. Establishing contact with, and initial interviewing of a small number of families in the community.
2. Extensive observation of hospitals, schools, and other community development programs.
3. Use of the above two sources of information in consideration of possible indices of changing health, education, economic, and socio-psychological variables.

Mid-March to Mid-May: Extension of Field Work

1. Extensive interviewing with selected families. Exploration of the place of health and education in their lives.
2. Construction of questionnaire to be used in pre-test.
3. Selection of sample for pre-test.
4. Selection and training of interviewers.

Mid-May to Mid-June: Pre-test of Questionnaire

1. Continued interviews and observation of selected families and community institutions.
2. Administration of questionnaire to a selected sample of the community.