

Draft - 1.

For Review & Comments

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Masters in Primary Health Care: MPH Program of studies for Leadership in
Health and Development

INTRODUCTION:

Primary health care as a global movement has progressed significantly, especially in the SEARO and Asian-Pacific Regions. The extension of coverage, expansion of basic health services, and utilization of community volunteers and incorporation of aspects of traditional health care systems are among the key indicators of achievement contributing to improvement of health status. However, some major approaches and critical areas such as effective intersectoral involvement and integrated strategies in program implementation with community support remain underutilized and are likely to constrict further growth in PHC development. This will inevitably hinder the progress towards achieving the major goal of Health For All around the turn of the century for people especially the underserved and disadvantaged groups in countries of the SEARO Region.

Aspects of the Problem:

One of the major constraints in bringing about consensus for a PHC approach are difficulties in reorienting existing health systems towards giving primacy for the PHC approach. Even when the National health care systems have reached agreement and developed plans to integrate their efforts for the promotion of PHC, there has been less than adequate collaborative involvement of the key sectors - Education, Agriculture, Planning, Labor, Community Development etc - in government and nongovernmental agencies and community institutions.

Rapidly growing populations in the region and rising expectations for better health care with limited health budgets is beginning to show tremendous strain on the provision and quality of services. The continued

drain of major components of the health budget to maintain essential and sometimes expanding high tech curative services limits the sufficient growth of preventive and promotive PHC efforts to be effective. In this dilemma where the discrepancy between health and social needs and available resources continues to increase alarmingly, there is an immediate need to search for both innovative, urgent, and long term solutions. The acquisition of new resources to impact on Environmental Nutritional, social and other factors affecting health through intersectoral approaches is a necessary condition for health improvement. The commitment and cooperation of persons in key governmental and nongovernmental agencies including health is therefore an essential step in the orientation of ministries towards health and quality of life issues. The utilization of the health sector effectively to develop community and intersectoral resources and support systems; and improve the efficiency in providing health care services are major strategy that needs enhancement. The PHC approach also needs to adequately contain inappropriate demands on the system through preventive and promotive strategies in selfcare and community care by creating a more dynamic set of relationships with the traditional systems of health care in communities.

Thus, the emphasis and direction in training, needs to address the major concerns in Health and Development, Community involvement, traditional Health Care providers as well as the promotion of leadership and managerial skills.

Current Situation:

The Network of Public Health and Medical Schools in the Asia Pacific Academic Consortium for Public Health currently serves in providing a significant component (approximately 60% - 70%) of Public Health Professional training in the region. Some of these institutions besides developing health manpower in their own countries also service the needs

of other countries. For example Mahidol University provides training for WHO fellows from SEARO and other regions as well as conduct an International program of studies in Urban and Rural PHC and management of PHC. The University of Colombo's Masters in Health Education has the potential for supporting intercountry training in this field. The University of Indonesia's, School of Public Health, serves as a nidus for the development of four other schools of Public Health in the country. University of Malaysia's Department of Preventive and Social Medicine in the Medical School is developing programs to strengthen its managerial program of studies and is providing support to the ministry of health in this area. Even though the University of Hawaii is not within the SEARO Region approximately a third of the students in the School of Public Health come from the Asian Pacific Region. A significant proportion of these are faculty from schools in the SEARO and Asian-Pacific Region. As the National Universities and training systems evolve, and are often overwhelmed by current needs, they need support for institutional development and change from external agencies conversant, competent and committed to the national PHC goals. Universities like the University of Hawaii with their cross cultural focus on developmental issues in Asia Pacific Region and priority for International Health Development have a long standing and continuing relationship with the Asian Universities now firmly and organizationally linked through the Asia Pacific Academic Consortium.

The available influence and potential of APAC network of training institutions needs to be stimulated to take further action steps to give emphasis and new direction in PHC training efforts. Even though the network of institutions have individually provided courses and instruction in PHC, these have largely been within traditional programmatic structures - MCH, Epidemiology, Health Services Administration etc. A study of these institutions has detailed out the strengths and needs of these institutions in terms of designing an appropriate Masters program of studies in PHC. The incountry resources among MOH, NGO's and other sectors for PHC is currently being documented. The activation of these incountry resources through training, service and research projects is anticipated as part of the package of development of a MPH in PHC.

Based on the study of available course offerings in the are of PHC in the APAC institutions, there is a need to strengthen programs of study in:

1. Health, Development, and Quality of life issues for intersectoral focus.
2. Leadership and Management aspects for PHC - for Socio Political focus.
3. Community Involvement - for local level community participation.
4. Problem Solving approaches in implementation of PHC, utilization of HIS and skill development through field work.

Phase 1 of the curricular development process for the MPH in PHC will be activated by designing the above three courses in three APAC Universities.

Initially these are planned to be carried out as follows:

- * INDONESIA - Leadership and Management for PHC
- * MAHIDOL - Health and Development and Quality of Life issues.
- * UNIVERSITY OF COLOMBO/TRIBUVAN UNIV. - Community

Involvement.

The process of curriculum development envisages initiating activities in

closely related areas of instruction, institutionalizing changes through formal course development, and developing the capacity of selected faculty to teach in the program of studies. Current course materials from the 3 universities will be shared, reviewed and areas needing development identified. It is anticipated that a one month consultancy at each of the three universities by curriculum/PHC specialists would be necessary. This would be to:

1. Assist in the development of curricular and course materials.
2. Teach the course/conduct faculty development sessions.
3. Identify MOH, intersectoral and university resources to support teaching, research, and field-work relevant to the course.

At the end of 3 months course evaluations and experiences will be shared and materials developed by the respective universities will be reviewed and tested out among the 3 universities.

The next phase (phase II) is to develop a design for the field training and conduct the training with a current group of students. This would require review of current field training plans and practices in the 3 universities and determination of specific experiences and skills needed for the MPH in PHC. This segment of the design will require:

1. A field training consultant.
2. Counterpart support from the MOH/University.
3. Coordinators from Intersectoral agencies.
4. Transport and resources for 3-4 students for field work (WHO fellows could be scheduled into this effort without additional cost).

The University of Hawaii has initiated plans to redesign its PHC courses in the International Health Program to develop a track for the MPH in PHC leadership. The HE program resources will assist in the development of a cluster of courses related to community involvement, Health manpower development and field practice.

Using these 4 new areas described earlier to redirect the MPH courses

to a problem solving approach in PHC, the program of studies will continue to include studies in social and cross cultural variations in health, epidemiological and quantitative aspects of health status among disadvantaged groups and managerial aspects in providing alternative modalities of health care. However, these essential core areas will be focused to address applications in PHC in a more direct and comprehensive manner. As internal mechanisms are developed in phase III PHC applications will be incrementally added on to these courses.

BUDGET

Course Development and Faculty Training in 1 University (Mahidol)

Course I - Health and Development: Quality of Life issues and intersectoral focus.

Review of Materials

Preparation of Bibliography(UH consultant 6 days x \$250)	1500.00
Prepare selected handouts	50.00
Purchase appropriate texts	200.00
Compile list of case studies, select and develop 5	200.00
Design Exercises	50.00
Prepare AV Materials: Slides	50.00
Videotape	300.00
One month consultancy and Perdiem	6000.00
Air Travel(to and from Honolulu)	1500.00
Preparation of Materials in country, edit video tapes	200.00
Cost of consultative meeting MOH/University	500.00
Total	10550.00

Course II - Leadership Development for PHC (Univ-Indonesia)

As per course I

10550.00

Course III - Community Involvement in PHC(Sri Lanka/Nepal) 10550.00

Design for fieldwork and testing out

5000.00

Total

36,650.00