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PROGRAMME IMPLEMENTATION

JIU report on the Commonwealth Caribbean project for the Education and Training of Allied Health Personnel

Note by the secretariat

The Administrator wishes to draw the attention of the Council to the attached report which includes recommendations concerning UNDP.

JIU/REP/79/17

The Commonwealth Caribbean Project

for

The Education and Training of Allied Health Personnel

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FOREWORD

1. This Report examines a Commonwealth Caribbean project for the education and training of allied health personnel. The Project is a regional one and depends greatly on functional co-operation among several developing territories. It has been assisted in significant ways by certain UN organizations (UNDP, PAHO/WHO, UNICEF) and in varying degrees by other International or bi-lateral agencies (CIDA, CFTC, Project Hope, the Commonwealth Foundation, the British Development Division).

2. The Joint Inspection Unit is interested to compare ways of realizing technical co-operation among developing countries (TCDC) in the field of regional training. This Report attempts to assess what has been attained so far in the Commonwealth Caribbean Project.

3. One important lesson emerges from the study: it is that success in TCDC presupposes a certain flexibility, a certain capacity for adaptiveness in the UN organizations which share in the technical co-operation effort. Two landmarks of the UN's thinking on this still point the way. One is the 1966 call expressed in General Assembly Resolution No. 2188 (XXI) for a "flexible, prompt and effective response to the specific needs of individual countries and regions, as determined by them, within the limits of available resources". The other is the call for "maximum flexibility on the part of Governments and the system alike to permit adaptability to changing circumstances and a speedy and effective response to new challenges and opportunities as they arise" identified in the UN Capacity Study as the Tenth Precept governing development co-operation.

4. This study finds these aims both plausible and necessary.

5. The Inspector wishes also to thank all those officials of UNDP, PAHO/WHO, UNICEF and CIDA who, both at Headquarters and in the field, gave him useful information for the Report. A word of appreciation is also due and gratefully offered to the officials of several of the Governments and educational institutions for their comments on the Project. He also acknowledges with thanks UNDP's arrangements for him to attend the Fifth Meeting of the Conference of Caricom Ministers responsible for Health held in Antigua in July, 1979.

Chapter 1

THE SETTING

A. The Early Thrust

6. The Project spans seventeen English-speaking countries of the Commonwealth Caribbean. Twelve are full members of the Caribbean Community (Caricom): Antigua, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts/ Nevis/Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago. The remaining five are associated with Caricom in various forms of functional co-operation: Bahamas, Bermuda, British Virgin Islands, Cayman Islands, Turks and Caicos Islands.

7. Nine of the seventeen countries are independent, three of these achieved independence within the past twelve months.

8. As early as 1969, the Conference of Ministers of Health of the Commonwealth Caribbean countries (now an Istitution of the Caribbean Community) identified the shortage of trained Allied Health personnel as a major constraint on the delivery of Health Services. The Tripartite Plan of Operations agreed on by the Governments, the Pan American Health Organization/World Health Organization (PAHO/WHO) and the United Nations Children's Fund (UNICEF) for the execution of the Project, put it succinctly: "It is the poor utilization of the few expensively trained and highly qualified doctors and dentists that makes the health manpower situation in the area so critical. With low ratios of supporting health personnel, the productivity of health professionals is of necessity low, the delivery of health services to a large percentage of the population is inadequate".

9. This judgement stands confirmed by PAHO/WHO statistics which set out the ratios of allied health personnel to statistical units of 10,000 population in the Caribbean and Latin America in 1970. The table below shows these ratios as well as the regional goals set by the October 1972 Special Meeting of Health Ministers of the Americas:

Category	(1970) English-speaking Carib/10,000	(1970) Latin America /10,000	(1980) Regional Goal /10,000
Dental Auxiliaries	Less than .1	.6	2.2
Nursing Auxiliaries	2.2	8.8	14.5
Nursing Personnel (aggregate figure)	12.4	11.1	27.7
Public Health Inspectors 1/	1	.1 to 4.23	3
Laboratory Technicians 1/	.5	.9	3
Nutritionists and Dieticians 1/	.05	-	3
Health Educators 1/	.01	-	3

10. In the light of these known deficiencies, the Commonwealth Caribbean Health Ministers' Conferences of 1970 and 1971 had reiterated the call for a systematic assault on training of allied health personnel.

11. In response, PAHO/WHO set up a Human Resources (Caribbean) Unit in Barbados in late 1971 and recruited a Consultant to work out proposals for a Regional Project. The Health Ministers in early 1972 studied the consultant's proposals and by Resolution No. 7 instructed their Executive-Secretary (who is also the Chief of the Health Section of the Caricom Secretariat) "in consultation with PAHO/WHO and other external agencies, to proceed with the development of a Regional Project".

12. These efforts led to the appointment by the United Nations Development Programme (UNDP) of a Preparatory Mission to "shape the draft proposals into a large-scale project". The terms of reference of the Mission were approved in June 1973 and the Mission submitted its report in December 1973.

1/ These categories along with radiographers, physiotherapists, and medical records staff have been given a 3/10,000 minimum goal.

13. On the basis of the Report, the UNDP undertook to supply funds for the Project, with PAHO/WHO as the "Executing Agency". UNICEF, with its interest in alternative methods of delivering health care, also gave its support. The Canadian International Development Agency (CIDA) donated grants for fellowships to the lesser developed of the seventeen countries. These lesser developed countries are referred to hereafter in this Report as the LDCs - the acronym by which they are known in the Commonwealth Caribbean.

14. The People-to-People Health Foundation Inc. (Project Hope) supplied tutors for the training. Other international or bi-lateral agencies, including the Commonwealth Fund for Technical Co-operation (CFTC), The Commonwealth Foundation, the British Development Division as well as foreign Universities gave assistance with fellowships, grants for convening regional meetings of professionals, or experts.

15. The preparatory Mission in its report did not envisage any single or central institution carrying out the training for the whole region. In Jamaica, there were many institutions, including the College of Arts, Science and Technology (CAST), supplying Training in the Allied Health disciplines. The University of Guyana had opened in October 1974 a new Department of Health Sciences and in the following month, Barbados similarly added a Health Sciences Division to its Community College.

16. The Mission had sought to identify national training centres which were willing to open their courses to health personnel from other territories of the region or were capable of developing in this direction: four such centres or would-be centres fitted the bill, one in each of the following territories:

Barbados:	The Community College
Guyana:	The Department of Health Sciences of the University of Guyana (UG)
Jamaica:	The College of Arts, Science and Technology (CAST)
Trinidad & Tobago:	The College of Health Sciences (to be established)

These national institutions were named Regional Centres for the purposes of training under the Project. By the start of the Project in July 1975, the College of the Bahamas was identified as the fifth Regional Centre.

17. Other "co-operating institutions" such as the Department of Social and Preventive Medicine of the University of the West Indies (UWI) and the Caribbean Regional Epidemiological Surveillance Centre (CAREC) also supplied training as required.

18. To complement the work of the Regional Centres, the Mission saw the need to strengthen local centres in the smaller and Less Developed Countries viz. Antigua, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, St. Kitts/Nevis/Anguilla, St. Lucia, St. Vincent and Turks and Caicos Islands. Local Centres would conentrate on the education and training of nurses and nursing assistants as well as on pre-health services programmes and induction courses. Governments, it was hoped, would expand their Technical or Teacher Training Colleges to include Divisions of Health Sciences which would become local centres for and would offer the basic non-specialist training urgently required.

19. Barbados was made Headquarters for the Project which is headed by a Project Manager, a Commonwealth Caribbean national.

B. Funding

20. Funding for the Project has come from the UN as well as other international or bi-lateral sources:

	Phase I (July 1975 - 31 Dec. 1976)	Phase II (Jan. 1977 - 30 June 1980)
UNDP	US$ 549,200	US$ 875,000
UNICEF	US$ 500,000 2/	
CIDA	US$ 150,000	US$ 650,000
PAHO/WHO	US$ 68,438	US$ 48,533

Of its contribution of US$ 500,000 UNICEF reserved US$ 150,000 for "experimentation with alternative health care delivery systems". CIDA's contribution was earmarked for the training expenses of personnel from the LDCs. Part of the funds given by UNDP have been allocated to training: US$ 101,202 (Phase I) and US$ 110,525 (Phase II), the latter including a transfer of over US$ 50,000 from savings under "Personnel".

21. The UNDP Project Document estimated that the Governments' counterpart contribution in kind amounted to US$ 8,015,480 over the period 1975 to

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2/ UNICEF's contribution covered both Phases.

1980. Even though the actual figure would need to be revised in the light of inflation and other factors, it is clear that the Governments have invested significantly in the Project. Their contribution has comprised:

Cost of tutors, Administrative and technical support	US$ 2,092,380
Salaries/stipends of trainees	1,560,600
Premises and Equipment	3,800,000
Miscellaneous including operation/ maintenance of equipment	562,500
Total	8,015,480

22. The funding secured fell far short of requirements as estimated by the UNDP Preparatory Mission. The Mission's proposals for the period 1974-1978 and the actual funding secured over the two phases 1 July 1975 - 31 December 1976 and 1 January 1977 - 30 June 1980 are set out below by way of comparison:

	Mission's Recommendations (1973)	Funded (1975-1980)
	(million US$)	(million US$)
1. Fellowships		0.15 UNDP 0.80 CIDA 0.18 PAHO/WHO
Inter-Regional	2.7	1.13
Extra-Regional	1.5	Nil
2. Supplies/Equipment		0.35 UNICEF 0.06 UNDP
	2.2	0.41
3. Buildings	3.0	Nil

C. Fellowships

23. The Mission identified a need for 889 inter-regional fellowships over the four-year period, making a total requirement of well over 13,000 fellowship months. The UNDP Project Document provided for a total of 231 fellowships covering 4,163 fellowship months in the five-year period, July 1975 to June 1980. 148 fellowships have been taken up and completed over a three and one-third year period (July 1975 - November 1978) consuming 2,242 fellowship months.

24. The programmes covered and the fellowships awarded in each programme over the three and one-third year period are set out below:

Advanced Nursing Education	1
Community Health (Diploma)	3
Dental Auxiliary	16
Epidemiology	2
Food Service Supervision	11
Health Records and Statistics	2
Health Sciences Tutors 4/	41
Medical Lab. Technology	18
Medical Record Technology	5
Nursing (Specialized post-basic)	8
Occupational Therapy Assistant	4
Pharmacy	14
Physiotherapy	1
Pre-health Services	2
Public Health/Community Nursing	13
Public Health Inspection	7
	148

4/ This comprises the largest fellowship component. The fellows came from Guyana (14), Barbados (9), Jamaica (6), St. Lucia (4). Trinidad & Tobago (3), St. Vincent (2). Dominica, Grenada and St. Kitts supplied one (1) each. Their specialist fields of training were: Medical Laboratory Technology (2), Nursing (29), Public Health Inspection (8) and Pharmacy (2).

25. Individual countries secured fellowship training for their nationals as follows during the same period:

Country	Fellows	Fellowship Months
Antigua	8	91.5
Barbados	17	172
Belize	4	52
Bermuda	2	36
Dominica	12	238
Grenada	8	154
Guyana	18	164
Jamaica	6	60
Montserrat	7	123
St. Kitts	17	308
St. Lucia	24	370.5
St. Vincent	21	419
Trinidad & Tobago	3	30
Turks & Caicos	1	24
TOTALS	148	2,242

26. Four of the lesser developed territories, viz. St. Vincent, St. Lucia, Dominica and St. Kitts, have utilized more than half of the fellowship months. Approximately 100 students of the LDCs profited from awards during the period:

Antigua	8
Belize	4
Dominica	12
Grenada	8
Montserrat	7
St. Kitts	17
St. Lucia	24
St. Vincent	21
	101

Chapter II

THE PLAN OF ACTION

"What is health in the Caribbean context? It is certainly not just the absence of disease. It is much more. It means that working people are fit and productive and able to acquire and use new skills, that school children are fit and able to benefit from their education.....It means that there is dynamic management of the health services. It means that people have determined for themselves the most important community health problems and are playing their part in solving them".

27. In these words the Executive Secretary of the Commonwealth Caribbean Conference of Ministers responsible for Health has described the philosophical framework within which the Project falls.

28. The Project Document for Phase II (1 January 1977 - 30 June 1980) itemizes the long-range objectives as follows:

1. To improve the quality of life in the English-speaking Caribbean region by ensuring the supply of personnel adequately and appropriately trained to meet the manpower needs of the health services of the region.

2. To reduce reliance on more expensive extra-regional programmes for the preparation of allied health personnel.

3. To promote the health team concept by developing integrated training programmes relevant to the needs of the area and as a permanent feature of vocational, technical and professional education in the region.

4. To optimise the use of scarce physical and human resources within the region.

29. In addition, the Project Document identifies ten immediate objectives covering among other things:

- the strengthening of the 'training potential' of the regional centres;

- the development of locally-based training programmes, seminars and workshops;

- the promotion of the multi-disciplinary/ multi-professional approach to Health Sciences Education;

- co-ordination "at the national and institutional levels"; and

- the development of regional standards for the education and training of health personnel.

30. UNESCO in particular supported two aims of the Project: the training of community health aides and the pursuit of innovative methods of delivering health services. These aims were meant to bring the Project into primary contact with community needs.

31. The Project is geared to certain principles:

First is the premise that "no highly trained person should spend time routinely doing tasks that could be undertaken by a lesser trained person" (The Reference Manual "Primary Health Care - The Jamaican Perspective" discusses this principle at page 27). Out of this premise emerges the concept of a Health Team (e.g. community health aide, midwife, public health inspector, public health nurse, nutritionist, nurse-practitioner and medical doctor) working together under the leadership of the doctor and performing their duties in such a way as to relieve the more highly trained of their routine tasks.

Second: Training must help to remove the strict divisions between health professions. For this purpose, an interdisciplinary core of training is devised in which members of different health professions study common themes.

Third: Training programmes should relate to specific tasks or functions to be performed. For this purpose, the training caters to three levels:

Aide or Assistant
Basic
Post-basic or Advanced

32. Community health aides (CHAs) are at the foot of the pyramid of health workers: they are the point of contact between the local community and the formal health care delivery system. Their training is modest, varying in length with the needs. Plans are afoot for the adaptation of the WHO Primary Health Work manual for use in the CHA training process. This process also includes a Flow Chart format which itemizes and explains the competencies which each aide must master and the steps each aide

must take in arriving at decisions within his/her sphere of responsibility.

33. The basic courses lead to Certificates/Diplomas in, for instance, Nursing, Pharmacy, Public Health Inspection, Medical Laboratory technology.

34. The post-basic training sets out to produce for the Health Services a leadership cadre and to provide opportunities for career mobility. Ministries of Health in Barbados, Jamaica and Trinidad and Tobago estimated a need, over a period of 3 years, for leadership posts as follows:

Barbados	= 69
Jamaica	= 114
Trinidad	= 84
	267

35. Training at this level is divided into two one-year segments, the first leading to a Certificate or Diploma in Health Sciences Education or Health Services Management. The student then returns to work for at least two years after which he enters on the second segment which will culminate in the award of a B.Sc Degree in Health Sciences. So far under this programme 41 Health Sciences Tutors have done one-year training in Barbados and gained the post-basic Certificate of the University of Guyana which has accredited the programme.

36. The University of the West Indies also offers post-basic Certificate/Diploma programmes in Nursing Education, Nursing Administration and Community Health (with Health Services Administration and Health Education as options).

37. Overall, this plan of action reflects the expressed needs and wishes of governments. The stated long-term and immediate objectives provide an organic framework of the rational development of education and training of Allied Health Personnel in the Commonwealth Caribbean region.

Chapter III

A SYSTEM OF TECHNICAL CO-OPERATION

A. Regional Centres

38. The President of the Caribbean Development Bank in a 1974 article on "What is the Caribbean Community" had this to say on the need for co-operation within the Caribbean:

> "..... apart from strictly economic integration related to production and trade, there is a need in other spheres (such as Health and Education ... etc., etc.) to organize common services and systems of co-operation in order to remove or reduce costly duplication of effort and to pool limited regional resources of know-how, expertise and experience".

The network of Regional Centres operating within the Project has provided a base for co-operation among the participating countries. At the start of the Project, CAST, the Jamaica "Regional" Centre, was the most advanced of the institutions chosen. Other institutions such as the University of the West Indies (UWI) Advanced Nursing Education Unit, the West Indian School of Public Health, the UWI Hospital (for courses in Physiotherapy and Radiography) and the Dental Auxiliary School conducted training in areas of Health in Jamaica. Jamaica was therefore able to offer a wide range of courses to the other countries being far better supplied with training facilities and programmes.

39. As a commitment to improved health manpower training, nationally and regionally, the Government of Guyana established a Department of Health Sciences in the University of Guyana in 1975. The Department provides courses in Pharmacy, Medical Laboratory Technology, Micro-biology and X-ray Technology. Similarly motivated, the Barbados Government established in 1974 a Division of Health Sciences in the Barbados Community College. The courses offered include Pre-Health Services, Public Health Inspection, Occupational Therapy and Medical Records Technology. Both of these Regional Centres received useful assistance from UNDP and UNICEF foraudio-visual, laboratory and library equipment and supplies - Barbados $ 30,000 (UNDP) and $ 64,426 (UNICEF) and Guyana $ 26,500 (UNDP) and $ 11,766 (UNICEF) in the first phase of the Project.

40. The College of the Bahamas was able to offer training in Community Nursing. The Bahamas authorities also agreed to concentrate all Health Sciences training in the College in future. Trinidad and Tobago's Ministry of Health offered a two-year course for Dental Auxiliaries, the intention being that this course would form part of the curriculum of a new College

of Health Sciences to be established at a future date. The Caribbean Epidemiology Surveillance Centre in Trinidad also supplied training under the Project.

41. Tuition fees have either been waived or reduced to a minimum for the nationals of other participating countries. The costs thus absorbed by the Regional Centres are sometimes significant, particularly for programmes such as that of Dental Auxiliary.

42. The co-operation has shown itself in another way: the College of the Bahamas for instance, continued to run its course annually in Community Nursing chiefly to meet the needs of other Caribbean countries and to honour its earlier undertaking. The Barbados Community College also has more non-nationals enrolled in some of its programmes than nationals.

B. Co-operating Institutions

43. Other institutions co-operating with the Project in furnishing advice and in discussing development are:

- The Ministries of Health in all the countries;
- The Department of Social and Preventive Medicine, University of the West Indies (UWI);
- The School of Education, UWI (Cave Hill);
- The Caribbean Food and Nutrition Institute (CFNI);
- The Health Section, Caricom Secretariat

c. Regional consultants as external examiners

44. Another facet of co-operation has been the recruitment from within the region of "external examiners" to act as moderators of examinations in Regional Centres. The Medical Technology programme of the College of the Bahamas and all the Certificate programmes of the Barbados Community College are monitored by project consultants chosen from within the region. Taking the co-operation a stage further, the Health Sciences Tutors' Programme, though conducted in Barbados "is monitored, moderated and certificated by the University of Guyana".

45. The majority of the consultants employed in the Project have been nationals of the Commonwealth Caribbean: of Antigua, Grenada, Trinidad and Tobago, Guyana, St. Lucia, Jamaica and Barbados. They have given expert advice on subjects such as: Community Health Aide Training, Public Health Inspectorate organization, the training of Public Health Inspectors (PHI), Curriculum development of Tutors' Programme, Medical Records, Environmental

Health aspects of the Tutors' Programme, Organization and Management of a School of Health Sciences, the education and training of Rehabilitation Therapists and on subject fields such as Anatomy and Physiology, Human Biology, Chemistry and Pharmacy.

46. One interesting offshoot of this co-operation: with the support of the Governments concerned, a Dental Auxiliary who had been trained in Jamaica and was in the Public Service of Barbados was "loaned" to the Trinidad & Tobago Ministry of Health to assist with its Dental Auxiliary Progamme.

D. The Role of the Governments

47. The participating Governments undertook, inter alia,

- to assign the Heads of Regional Centres as "national counterparts" to the Project Manager;

- to provide the number of tutorial posts required to cover the educational and training programmes at each Regional or local training Centre;

- to pay the salaries and emoluments of the tutors as well as administrative and technical staff of the training Centres; and

- to pay the local salaries and other emoluments of national project personnel during fellowships away from the Project.

48. They agreed also to award scholarships and fellowships, within their financial capabilities, to suitably qualified nationals for training at Regional Centres. Such awards could be arranged, through bi-lateral or regional arrangements, with national or international funding agencies.

49. Each Government accepted responsibility for defraying the recurrent operational costs of its own training centre and agreed to provide the facilities, land, buildings and other services required for training. The costs involved in the Governments' support of the Project are referred to at paragraph 21 of Chapter I. The Barbados Government provided office accommodation for the Project and pays the standard monthly telephone rental and the electricity charges incurred.

50. All Governments have supported the objectives of the Project. Some of the LDCs have grasped the opportunity for instituting community health aide training suited to their special needs. There is also a strong impetus towards the strengthening of the educational institutions which can provide Allied Health training as well as an expressed desire among the smaller territories to "get more" out of the Project.

E. Regional Standards and Links

51. One of the immediate objectives of the Project has been to develop and promote regional standards in the education and training of health personnel. The use of external examiners (from within the region) to monitor and evaluate certain educational health programmes contributes to this aim.

52. Another ingredient important in attaining regional standards is the ensuring that entry qualifications to training programmes are equivalent everywhere. It has been part of the function of the Project to see to it that entry qualifications are properly relevant to the training to be undertaken and that experience counts where it matters. The acceptance of the Barbados Community College's Pre-Health Services' Certificate as an alternative to five Ordinary-Level G.C.E. subjects for entry to basic Health studies under the Project is an advance in the planned direction.

53. The attitude of the health professionals in any crusade to attain sound regional standards is crucial: the professionals are the backbone of the system and can provide a stimulus to or brake upon it. UNICEF, in keeping with its aim to generate changes, committed some of its funds towards the holding of Regional Meetings of Health professionals:

Pharmacists (1976)
Medical Technologists and PHIs (1977)
Rehabilitation Therapists (1978)
Health Records/Statistical Officers (1978)

These meetings provide opportunities for inputs into the Project's training plans and are a resource of regional know-how on which moves towards standardization may rely. As a result of these meetings, the West Indies Society of Medical Technologists has revived and two new Regional Associations, for Rehabilitation Therapists and for Health Records/Statistics, have been formed. Dialogue with other regional professional bodies, such as the Caribbean Association of Public Health Inspectors, has been on-going as well as with national Health professional Associations.

54. On the wavelength of collaboration with national Associations, it was possible through the co-operation of the Guyana Pharmaceutical Corporation to have produced and published an interdisciplinary Caribbean Journal of Health Sciences, the Editor of which is a member of the Faculty of Sciences of the University of Guyana, with Associate Editors in the other four Regional Centres. The publication which appeared in 1978 aims at improving the degree of "communication among all Health workers in the Caribbean".

55. Actions leading towards standardization have benefited from the formation of other links between people and institutions. The annual Project Advisory Committee which brings together the Project Manager, the

Heads of the Regional Centres, officials of Ministries of Health, representatives of the University of the West Indies and representatives of the United Nations and other international donor agencies gives a critical appraisal of performance and helps to map out the broad development of the Project. The Heads of the Centres are able to bring to bear on the planning their individual insights and perspectives.

56. Similarly at the national level, advisory committees assist with the operation of the Health Sciences Divisions or programmes in the participating countries. The Faculty of Medicine of the University of the West Indies (Barbados) is represented, for instance:

- on the Advisory Committee of the Division of Health sciences of the Barbados Community College and

- on the Advisory Committee for the Health Sciences Tutors' Programme

The Vice-Dean of the University of West Indies' School of Education, Barbados, is Chairman of this latter Committee.

57. Conversely, staff of the Project have participated in three workshops, on Educational methodology, organized jointly by the University's Faculty of Medicine and School of Education in Barbados for teachers on the staff of the Medical Faculty. Project audio-visual and Library resources were used in these workshops.

58. There have also been linkages with external Universities. One such is the Faculty of Health Sciences of McMaster University in Hamilton, Ontario. This University is well-known as a centre of innovation in Health Sciences Education. Through travel grants provided by the Government of Canada, the Vice-Deans of the Medical Faculty and the School of Education of the University of the West Indies visited McMaster. So too, under a PAHO fellowship, did the then Senior Tutor of the Division of Health Sciences of the Barbados Community College (now Head of the College). Staff members of McMaster have also visited the Project office and contributed to the development of the leadership programmes in Health Sciences Education and Health Sciences Management.

59. The interaction of the Project with the UWI Department of Social and Preventive Medicine and with the advanced Nursing Education Unit has been a profitable resource in the field of community health aide training and nursing education.

60. In sum, the Project relies on a web of relationships with interested parties who seem committed in varying degrees to certain goals of change which the Project represents. This network has a capacity to carry the regional collaborative effort forward if the will continues.

Chapter IV

PROBLEMS AND CONSTRAINTS

A. Governmental

1. Lack of international assistance for physical facilities

61. Complementary to the use of Regional Centres for certain types of Allied Health Training, the proposition had been supported by the UNDP Preparatory Mission that, in the LDCs, multi-disciplinary schools of Health Sciences should be developed where possible as part of Technical or Teacher Training Colleges already established or planned. Other flexible arrangements could be made for Health Sciences teaching as an adjunct to other training facilities where no Technical or Teachers Training College existed.

62. The reason for this proposition was that the Regional Centres could not possibly cope with all the training required: it would therefore be a better use of limited resources if Health Sciences Training could as far as possible take place *in situ* where the services of the trainee would not be lost completely to his government or agency for extended periods and in an environment where facilities such as laboratories already existed. The LDCs have accepted this thesis in principle but have so far not been able to give effect to it. The Project to date therefore has not mobilized all the Health Sciences training it had hoped within the LDCs. The UNDP Preparatory Mission recognizing the need for capital assistance to the Project for Health Sciences accommodation had included in its recommendations a sum of US$ 3 million for this purpose, about US$ .8 million of which was for accommodation in the LDCs. The Project secured no funds for physical facilities. This deficiency has affected the speed with which Project training could take place over a wide scale.

2. Inadequacy of training opportunities in local centres

63. At the Fifth Meeting of the Conference of Ministers responsible for Health held in Antigua in July 1979, Resolution No. 29 proposed by two of the LDCs referred *inter alia* to:

> "The inadequacy of regional centres to turn out trained personnel in the numbers required".

and sought the support of the University of the West Indies, The University of Guyana, the Caricom Secretariat and PAHO in upgrading LDC tertiary institutions "to permit training of personnel to the level of proficiency necessary to cater for the special needs in Belize and the LDCs and to reduce the length of time the trainees have to be away during the period of training".

64. Recognition of these problems shows in two decisions of the Fourth Project Advisory Committee meeting held in December 1978:

> that "internships" for LDC candidates who qualify in training programmes at regional centres should be arranged whenever possible in their home countries, provided that there are well-qualified and experienced supervisory staff available locally and
>
> that consideration should be given by regional centres to the principle of modular development of all Health Sciences programmes, the aim being to "reduce the period that candidates would need to be released from time to time from the Service".

Despite the problem of infrastructure, the Project through UNICEF has assisted Community Health Aide (CHA) training programmes in Grenada and St. Lucia. Other LDCs are also interested in this type of training.

3. Bureaucratic shortcomings

65. A great deal depends on the aggressiveness with which Governments press for training and seek international or other assistance. Sometimes they were not prompt enough in following up opportunities for funding fellowships and, in securing supplies and equipment, their orders were sometimes slow to materialize.

66. There were cases in which plans for new training were delayed as Governments were unable to decide early enough on measures to be taken in advance of the new courses. Sometimes also, posts which should have been established, or otherwise ready to accommodate trainees at the end of their training, were not so established. The attitude of some supervisors was an additional source of frustration to the newly-trained: older heads do not always take kindly to suggestions that they do not know all they should. The orientation of supervisory staff to the goals of new Allied Health programmes is a "must". Dependent on this and on the rewards they can earn (aesthetic and other), trained personnel will repay the investments made.

67. There were indications also that audio-visual and library supplies and equipment were in some cases under-utilized either because there was no trained staff to use the resources to their optimum or because physical arrangements even for custody of the resources were not properly worked out in advance. Governments should ensure that staffing and accommodation arrangements are conducive to the optimum use of supplies and equipment delivered under the Project.

B. Institutional

68. There are a number of constraints of an institutional character which affect the Project:

One: while the idea is accepted that Health Sciences training should transcend the boundaries of individual disciplines and professions and that there should be a "common core" knitting them together in the educational process, the fact is that the Regional Centres are structured in the traditional separatist manner in which professions and disciplines tend to operate in isolation. The training of tutors in all the Regional Centres in the ten months' Project course, following the newer concept of inter-disciplinarity, is not possible. It may be that some shorter training courses should be devised for this purpose.

Two: the recruitment and retention of staff at the regional centres is a serious problem. In some disciplines it is difficult for lack of funds to secure the specialists required. Much use therefore has to be made of part-time staff to fill the gaps. This expedient does not necessarily assist the thrust towards "inter-professional" training. It would also be helpful if UN organizations could find ways of assisting Governments to attract well-qualified staff, particularly where salary factors make recruitment of such staff difficult.

Three: while the University of the West Indies has collaborated with the Project in the design of certain of its training programmes, the University has not, as had been hoped, "accredited" any of the courses implemented by the Project. The University does not practise the credit system whereby approved training outside the University could count towards the subsequent attainment of other University qualifications and, though the Project has sought this approval, it has so far not been gained.

The University of Guyana on the other hand has monitored, accreditd and certificated the leadership (post-basic) programmes of the Project and recognized their certificates as qualifications leading towards more advanced studies.

Four: apart from the annual Project Advisory Committee meeting at which the Heads of Regional Centres meet their counterparts, there is not a great deal of on-going contact between the Centres. The thinking

has been that an interchange of visits and even assignments between tutors could profit the development of the teaching programmes.

C. The United Nations Component

1. The Financial Constraint

69. Just about 20% of the financial resources estimated by the UNDP Preparatory Mission as necessary for the Project has been forthcoming from UN sources. Less than 1/3 of the number of fellowships estimated as necessary can be awarded on the funds available.

70. The newest estimate (March 1979) of requirements among the LDCs shows a picture of training needs similar to that reported on by the Preparatory Mission in 1973; in effect the problem of providing the Health personnel necessary still remains substantial.

71. It might be mentioned here that PAHO undertook to award and meet the cost of ten fellowships annually for the training of Health Sciences Tutors but has not managed to fulfil the commitment.

2. Organizational Constraints - PAHO

a) The roles of Country Representatives and Project Manager

72. PAHO's organization is in large measure country-oriented. This is historical and understandable. Headquarters in Washington operates through its Country Representatives to "control" whatever inputs PAHO is making in a Representative's country of accreditation.

73. Difficulties arise in the implementation of a project which, like this one, has a truly regional character. How can each Country Representative "control" the inputs in his country of accreditation where the Project is and has to be co-ordinated by a Project Manager working outside the system of Country Representatives? Can he, in theory, work outside the scope of the Country Representative?

74. By the nature of the Project, as one involving seventeen countries in a co-ordinated plan, it seems that special organizational arrangements are desirable. These would have to entail some degree of autonomy being given to the Project which is being conducted by PAHO/WHO "on behalf of the Governments of the Region". It is therefore not the type of Project that falls normally within the day-to-day "control" of a Country Representative. It would be mandatory, however, that the Project Manager keep each Country Representative properly briefed on the steps and actions he is taking in the Country Representative's territory. This Regional Project could well be accorded something of the comparative autonomy exercised by the Caribbean Epidemiology Surveillance Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI).

75. There has been evidence of conflict between the traditional lines of authority in PAHO and the capacity for response which the Project needs in order to develop its own direct forms of communication with the Caricom (regional) Secretariat and with the several participants, in the interest of speed in determining problems, settling issues and achieving cost effectiveness.

76. Collaboration with the Caricom Secretariat is in fact mandated by the UNDP Project Document and direct communication with the participating countries can only advance the purpose of the Project. PAHO should expect its Country Representatives to be briefed on the Project inputs being planned in each country and should devolve as far as possible responsibility for the Project to the Project Manager. Some accommodation in outlook seems necessary to cater to this type of Regional Project.

b) The role of the Caribbean Programme Co-ordinator

77. There is another aspect to this question. PAHO has in place a "Caribbean Programme Co-ordinator" (CPC). It would seem logical that, the framework of the Project having been properly established, the CPC could assume the responsibility for many decisions which now have to be made at Headquarters. Such decentralization could further advance PAHO's aims of encouraging the growth of self-reliance within the region.

3. Administrative constraints - PAHO

(a) Decentralization of certain financial arrangements

78. All funds for the Project are held in Washington and released in portions on the submission of monthly imprest reports or on demand to meet a specific obligation. If a Regional meeting is planned, a collective travel authorization is made up by the Project Manager and forwarded to Washington with the name and address of each participant. Washington then instructs each Country Representative by telex to issue travel tickets and cheques drawn in Washington are sent to each participant either directly or through the Country Representative. These are arrangements which could well be handled by the Project Manager so long as the framework for the meeting has been cleared by the CPC and the funds are placed in a suitable account for which the Project Manager would be responsible. The necessary reporting on transactions can follow.

(ii) Delegation of authority to award fellowships

79. At the start of the Project the authority to award fellowships was delegated by PAHO's Director to the Project Manager. The delegation covered the preparation of all documentation including the Certificates of Award to be signed by the Director in Washington. Recent

correspondence from Washington has proposed the withdrawal of this delegation from the Project Manager and its transfer to the CPC within whose office it is understood the Project Office will soon be relocated. This step does not appear to be an improvement on the present method especially as the memorandum mentioning the withdrawal of the delegation specifically states "This delegation cannot be re-delegated". Again it would appear that the special regional nature of this Project which is being conducted "on behalf of the Governments" is running into conflict with the traditional country emphasis of projects. There is ample room for both concepts: appropriate decentralization in the case of regional projects could improve the PAHO contribution and effort.

(iii) Delegation of authority to hire consultants

80. At present the Project Manager must apply 45 days in advance of hiring consultants and await approval therefor from Washington. It might be helpful if a roster of Caribbean consultants could be prepared and updated from time to time and permission be given to the Project Manager to hire consultants as required from the approved list. Such hiring of consultants would of course be within the framework set for the implementation of the Project.

iv) Support for the leadership programmes

81. In 1976 the Conference of Caribbean Ministers responsible for Health asked PAHO to support the implementation of leadership (post-basic) programmes in Health Sciences Education (HSE) and Health Services Management (HSM). These were planned by the Project to begin in August 1979. In his report to the July 1979 Conference of Health Ministers, the Project Manager stated that "at least 10 Ministries of Health have so far signified an interest in placement and fellowship support for 58 candidates on the leadership programmes in Health Sciences Education and Health Sciences Management. Clearly all of these cannot be accommodated on the 1979/80 programmes but it does mean that the demand is more than adequate for the planned student intake of 30 (15 at Level 1 and 15 at Level 2)".

82. The 1979 Conference itself supported the programmes, requesting the Secretary-General "in consultation with PAHO and other development agencies, to mobilize the additional resources that are required for implementation in 1979". Resolution No. 28 went on to urge that "a meeting be convened by PAHO at which the UWI and the University of Guyana could develop a plan for their collaborative involvement in the post-basic education and training of Allied Health personnel". It is hoped that PAHO will be able to bring its considerable expertise to bear on the problem.

v) Permission for local purchases

83. From time to time the Project has had to await the late delivery of items which it had sought permission to purchase locally. The permission was not granted and the Project suffered in some instances. Depending on the nature and cost of supplies, it would seem desirable to allow for local purchases where these would affect the on-time delivery of a project undertaking.

4. Administrative Constraints - UNICEF

Supplies and equipment

84. Discussions with UNICEF mentioned communications as a serious problem within the area. It was therefore expected that there would be some difficulties in the dispensing of supplies and equipment, as well as difficulties of gauging the precise needs of individual countries and of co-ordination of their requirements.

85. The UNICEF procedures for purchase and despatch of supplies and equipment, however, appeared too slow to match requirements: there were many complaints of delays in the furnishing of supplies and equipment. Three factors influencing these delays were:

> One: detailed descriptions of the training programmes for which the supplies or equipment would be utilized have been requested by UNESCO before the supplies and equipment are released;
>
> Two: catalogues, specifications and price lists were not always issued in time or in the numbers required.
>
> Three: the decision that UNICEF should visit countries and hold discussions with Governments on the supplies and equipment requirements.

It would seem that if the Plan of Operation has made provision for supplies and equipment, no effort should be spared to have the supplies and equipment delivered in accordance with the terms of the plan. Sometimes, in this Project, the supplies and equipment arrived after the training programmes were ended and in a minority of cases were not received even after three years.

86. The view was expressed by some educationists that insufficient support was given to the Project by way of supplies and equipment: that the importance of the audio-visual and library resource had been insufficiently assessed - or realized. A greater degree of flexibility in the discharge of this responsibility seems necessary.

Chapter V

CONCLUSIONS

A. An Indigenous Training Delivery System

87. An official of one of the non-UN funding agencies described his country's interest in the Project in the following words: "our interest is to help the Commonwealth Caribbean countries, and particularly the LDCs, to develop an indigenous training delivery system". These words are at the heart of the matter: they strike the keynote of self-reliance which the Project has set out to foster. "The weaning away from dependence on training outside the region is a positive step forward", a University medical doctor commented.

88. The Project has made a consistent effort to mobilize and channel regional efforts towards the goal of satisfying the needs for trained Allied Health personnel. It has not achieved the goal. The funds it has been able to attract to the Project are just about 20% of the estimated needs. Despite this and other factors outlined in the Chapter "Problems and Constraints", the Project has stimulated regional activity and awareness in the area of Allied Health education and training.

89. The Project is still some distance away from providing a multi-disciplinary, inter-professional framework for the education and training of Allied Health personnel. The disciplines in Regional Centres are still compartmentalized and most tutors have had no special training to enable them lightly to cross these discrete boundaries. In the world outside the training room there are still conflicts between professions and identity of interest is not yet the by-product of a common view. Nevertheless, in the educational area, the philosophy behind the multi-disciplinary and inter-professional approach is pretty well accepted. With its emphasis on the "Health Team", it offers, in the delivery of health services, better economic and more socially rewarding returns in the use of scarce (doctor) resources.

90. The Project has taken a composite view of the health landscape and has identified the need for a broad stairway of training, graded, but permitting sideways as well as upward movement. There is provision for aide, basic and post-basic training: there is also provision for leadership training (such as for Health Services Management). Training in specialist fields such as that of dietetic technicians is catered for. Training for extended roles is incorporated: Jamaica has produced its first nurse-practitioners, whose duty it will be to assume some of the routine chores now performed by doctors.* In one Regional Centre nursing education,

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* In the LDCs the training of community health aides has profited from the experience of Jamaica in this field and has taken root.

which hitherto had been undertaken within the ambit of the main hospital, will transfer to the educational environment of the Community College: a sign that a new view of health training is permeating the region. The Project has been the mould within which changes are proselytized on a regional scale.

91. Something has been achieved but a great deal more needs to be done. The post-basic training needs to be set on a firmer footing. The collaboration of the UWI and the University of Guyana in this effort is important. Other prospects beckon. The LDCs have expressed their wish to have more of the training take place "on site": they are moving towards a strategy of strengthening their tertiary level institutions to incorporate health sciences training. There is need for special materials, special texts to be evolved for multi-disciplinary tuition and learning. It will be necessary to gather the "educational units of experience" acquired in the different courses to see how far they can assist in the adaptation of material for new training. Distance teaching, by correspondence or by radio, are possibilities for meeting some of the demands. All these measures intend to lead to an indigenous capacity for the delivery of health sciences training.

92. The UN funding agencies and other international and national organizations have made useful contributions to the Project. The Project concept, endorsed by UNDP and "executed" by PAHO/WHO during the past four years, has been boosted by CIDA's grant of approximately US$ 800,000 to meet expenses of training LDC candidates. UNESCO supplied a stimulus to the programme by devoting substantial funds to meetings and seminars seeking "innovative methods" of health training and bringing regional professionals together. The People-to-People Health Foundation (Project Hope) provided tutors and CFTC assisted with fellowship expenses. Dialogue with McMaster University introduced some liberal ideas. The situation now calls for a consolidation and refinement of effort.

93. This report does not include an evaluation of the extent to which each objective of the Project has or has not been attained. An external evaluation Mission appointed by PAHO gave in-depth consideration to this in April/May 1979. The Inspector has seen the Mission's draft Report which is comprehensive and has recommended that the Project "receive continued support to consolidate the efforts made in previous years".

94. The Inspector would normally not recommend the continuation of or increased resources for a specific project. These decisions should be made as part of the programming process during which regional projects compete for limited resources. However, this Project has several innovative features which if allowed to mature could lend useful guidance to many projects in other regions. JIU has found that there are not many significant innovations being tested in regional projects while there is an obvious need for new approaches if TCDC is to be more than a mere catchword.

95. If therefore the governments share this view of the Project and believe it to be a meaningful way of combining to reach their aims, the Inspector considers the Project qualifies as one which should be continued and reinforced. If this is done, the UN organizations should carefully note the techniques used and in the light of evaluation, suggest similar approaches where feasible and as circumstances warrant.

B. Execution of the Project

a) Staff

96. In conversations with persons who speak from experience of the UN development system, one from time to time hears the following view expressed:

> "The concept of technical expertise of itself is a barren one: it needs to be informed by the capacity and the will of the expert to feel himself into the local situation and to grasp the human aspects of the problems he encounters".

This view gives to the expert more than a mere implementing role but at times a creative role as well.

97. UNDP, PAHO/WHO and UNESCO are to be commended for aiding in the design and implementation of the Project in accordance with the expressed policies of the annual Health Ministries' Meetings against the backdrop of the involvement of nationals of the participating countries. The appointment as Project manager of a national of one of the countries participating was a step in the right direction. The reliance on nationals in their roles as Heads of Regional Centres, officials and technical advisers of Ministries of Health, and leaders of professional organizations, has given the Project a Caribbean stamp and flavour.

98. On this Project - as happens elsewhere - the salary and emoluments of the Project Manager have been mentioned to the Inspector as being excessive when compared with the salaries of other persons in the education and training environment in the Caribbean and with the total amounts expended on the project for training scholars and fellows. Taking into account UN policy for payment of its servants, there appears no ground for a different policy with regard to this Project.

b) Inventory of Consultants

99. The use of Commonwealth Caribbean nationals as consultants or experts in this Project has been a notable feature. It is a sound practice and has injected a good degree of self-reliance into its implementation. An inventory of consultants or experts available within the region should

be prepared and approved by PAHO and the Project Manager given authority to recruit from it as circumstances dictate.

c) Evaluation

100. The Project Document spelt out in its work plan a description of Project activities, the location and duration of each and the proposed date of commencement of each. The Annex to the Budget provides a Training Schedule which by country sets out the number to be trained and the fellowship months to be used up in the training. It is therefore possible at a given time to calculate whether the Project is moving according to plan and to analyze the reasons for any problems that may have arisen. This capacity for measuring progress should be retained in any extension of the Project.

d) Technical Support

101. The Inspector has gained the impression that PAHO could extend more technical support to the Project than it has so far given. Obviously the extent of such support will depend on the nature of the problems the Project faces. However, PAHO/WHO technical advice which can draw on quite varied global experiences should be a more significant ingredient in the execution of the Project.

C. Innovation and Co-operation

102. The Project has made some achievements in building bridges between interested persons, groups and institutions. There is however scope for closer contacts between Regional Centres as well as between Regional and local centres. Opportunities for tutors to work for prescribed periods in a Centre other than their own would provide a useful service.

103. Viewed as a whole, the Project incorporates certain elements which have combined to give it an innovative character:

- it stresses the emergence of a capacity for training within countries and within the region;
- its training courses are monitored and evaluated by Commonwealth Caribbean nationals;
- it encourages the development of regional standards of training;
- it seeks to forge links with Commonwealth Caribbean Universities for the accreditation of its training;
- it aims at reducing the barriers between health professions by fostering an interdisciplinary core of study in its leadership training;

- it links a number of national educational institutions as Regional Centres and uses a multiplicity of "co-operating institutions" which also feed prescribed services to the training programme;

- it works in collaboration with the CARICOM Secretariat, with governments, Ministries of Health, Departments of Training and regional and local professional associations;

- it has stimulated meetings of professionals on a regional basis;

- its training programme is tailored to meet the perceived and expressed needs of governments;

These features also give ample scope for technical co-operation among the developing countries (TCDC) in the Commonwealth Caribbean as well as between the Caribbean and other countries or regions.

D. After UN Assistance, what next?

104. UN Agencies have to help governments to plan the continuation of work after UN assistance ends. The question arises what arrangements should the region make for continuation of the Allied Health training system once it is in place. One possibility is that the regional scheme should be operated from one of the Regional Centres. This course does not however appear to be advisable adding, as it would, an administrative burden which individual Centres may be unable to discharge during this period of time.

105. It would seem more advisable to provide for the transition of the Project to the Health Section of the Commonwealth Caribbean Community (CARICOM) Secretariat which has the technical support on call and which plays a pivotal role in the development of regional health services.

106. Some aspects of the Project, for instance "Health Manpower Planning" or the Communications aspect of Allied Health education by correspondence or radio, could well develop into separate (though related) projects eligible for new UN assistance.

107. In any case, a good basis in self-reliance has been created. The need for the future is to fortify the foundation.

Chapter V

RECOMMENDATIONS

Recommendation No. 1: Taking into account:

(a) the distance reached by the Project towards building a capability for a health services education and training programme operated by nationals of the Commonwealth Caribbean; Paras. 38-50.

(b) the need to place the leadership programme on a firm footing; Paras. 81 and 82.

(c) the need for consolidation of the work so far achieved, and Paras. 91-95.

the UNDP, PAHO/WHO, UNESCO and other organizations in the UN System should give every consideration possible to the continuation of the Project, if the countries concerned so request.

Recommendation No. 2:

(a) In considering whether UN technical co-operation should continue to be extended to the Project, the UN organizations should take into account the scope of the Project for Technical Co-operation among Developing Countries. Paras. 38-42, 44-50 and 103.

(b) The opportunities of the Project for extending technical co-operation among developing countries (TCDC) should be pursued and PAHO/WHO should give impetus to efforts to widen the contacts of the Project with similar work being planned or executed in the Latin-American region or elsewhere. Para. 103.

Recommendation No. 3:

(a) UNDP and other UN Agencies should find ways of assisting Governments to attract well-qualified staff, particularly where salary factors make recruitment of such staff difficult. Para. 68 Two.

Recommendation No. 4: Taking into account the brake placed on training plans through the absence of proper physical facilities in many territories, UN funding agencies which can render such capital assistance should consider providing funds for this purpose. Paras. 61 and 62.

Recommendation No. 5:

(a) Bearing in mind the special regional nature of the Project PAHO/WHO should approve the necessary procedures to allow for decentralization and delegation of authority to the Project Manager where these would facilitate speed of action, reduce administrative chores and improve Project delivery. Paras. 72-80.

(b) PAHO/WHO, drawing on the considerable global experience at their command, should increase the technical support being given to the Project. Para. 101.

Recommendation No. 6: A roster of specialist and other resource personnel within the region should be prepared and approved by PAHO and the Project Manager given authority by PAHO to select consultants or experts from the list according to need and within prescribed budget limits. Paras. 80 and 99.

Recommendation No. 7:

(a) Catalogues, specifications and price lists should be made available by UNESCO as a matter of course, in due time and in the necessary quantity, to institutions and persons ordering supplies and equipment. Supplies should also be issued as expeditiously as possible. Paras. 84-86.

(b) Local purchases should be permitted within limits set by PAHO wherever such purchases would advance the aims and activities of the Project. Para. 83.

Recommendation No. 8:

(a) Governments should ensure that posts are available for trained personnel to occupy when their training under the Project is complete. Some training will also be necessary for supervisors who have not been exposed to the objectives of the newer approaches in the education and training of health personnel; Para. 66.

(b) Governments should ensure that staffing and accommodation arrangements are conducive to the optimum use of supplies and equipment delivered under the Project. Para. 67.

Recommendation No. 9: For any extension of the Project quantitative information on the targets for training and for continuing education should be supplied to facilitate periodic evaluation. It is important to promote within the Project a self-sustaining capacity for measuring its progress. Targets should be reviewed annually in the light of changing circumstances. Para. 100.

Recommendation No. 10: On the phasing out of United Nations assistance to the Project, governments should consider vesting in the Health Section of the CARICOM Secretariat the responsibility for continuing the regional scheme. Proper arrangements should be devised for the transition. Paras. 104-107.