

APPENDICES

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Nominated Focal Points in Commonwealth Countries
for Linking Arrangements
1989

BOTSWANA

Mrs Kegalale Gasannelwe
Acting Under-Secretary, Manpower
Ministry of Health
Private Bag 0038
Gaborone
Botswana

INDIA

Shri. R.K. Ahooja
Joint Secretary
Ministry of Health and
Family Welfare
Nirwan Bhavan
New Delhi 11
India

JAMAICA

Chief Medical Officer
Ministry of Health
Kingston
Jamaica
West Indies

ZAMBIA

Dr. L. Chiwele
Deputy Director of Medical Services
Ministry of Health
P O Box 30205
Lusaka
Zambia

A Model Proposal for Funding a Programme of
Institutional Collaboration in the Health Sector

Please submit 4 copies
in English

1. Submission Date _____

2. Title of Programme

3. Principal Proposer

Name _____

Department: _____

Organisation/Institution: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Telex: _____ Telefax: _____

Type of Organisation:

University Public Body

Educational
Institute Non-Govt.
Organisation

Employees in Organization:

Total No: _____

No. of employees
attached
to this
application: _____

4. Name of proposer responsible for the proposal, address, telephone, telex and fax numbers (if different from above)

5. **Associated Link Partner:**

This information must be supplied for each link partner associated with the principal proposer. [Please photocopy this page to ensure information is given for each partner.]

Department: _____

Organisation/Institution: _____

Address: _____

City: _____ Country: _____

Telephone: _____ Telex: _____ Telefax: _____

Name of principal proposer	Title or Appointment
_____	_____

Is Financial Assistance requested by the Associated Link Partner?

Yes

No

Type of Organisation

- University Public Body
 Educational Institute Non-Govt. Organisation

Employees in Organization:

Total No: _____

No. of employees attached to this application: _____

6. Present state of the art in proposed area, or state of knowledge in field of collaboration.

7. Aim of the proposed link and benefits expected. Please state these separately and give as much detail as possible, e.g. granting of degrees, curriculum development, fellowship programmes, new training programmes, research, publications, journal articles, books, preparation of information service on expertise in particular areas, development of local culture-appropriate approaches to health management problems, etc.

8. Detailed description of the activities proposed, including an allocation of tasks between partners, and a timetable (over period not exceeding 60 months).

9. (i) Duration of the proposed collaboration (not more than 60 months from date of conclusion of the contract).

(ii) Commencement date proposed.

[N.B. The proposed date for the commencement of the link should, in general, be set at a minimum of six months after the date of despatch of the proposal.

No responsibility can be accepted for any costs incurred before the formal commencement date specified in the contract of assistance, if one is concluded.]

10. Has this or a similar proposal been submitted to any other donor agency? (Specify agency, date of submission and result.)

11. List of any recent publications by link leaders, their colleagues and partners in the proposed link.

12. Are there any other link arrangements or prior commitments such as co-operation agreements with other institutions which could affect this proposal, or any other commitment or interest which could affect the availability of information or the functioning of the link?

13. Breakdown of Costs

Please complete separately for each institution which is requesting financial support. [Photo-copy this section as necessary]

Type of link contract requested:

Full Cost
contract

Marginal Cost Contract
[Mainly for Universities,
Medical Colleges, Training
Institutes etc.]

Marginal Costs are the additional costs (staff, travelling expenses etc.) that are incurred during the operation of the link.

Currency Used: £ (or US\$ if preferred)

COST ESTIMATE

	YR 1	YR 2	YR 3	YR 4	YR 5	TOTAL
Labour costs						
Travel and Subsistence						
Equipment						
Other Expenditure (separate major items)						
1.						
2.						
3.						
Other						
Overheads						
Total						

Amount requested from donor agency _____ £/US\$ (Please delete accordingly)

Percentage of total cost _____ %

Other sources of funds _____

Please use your columns as appropriate (e.g. three year link - exclude years 4 and 5).

14. **ONLY FOR MARGINAL COST CONTRACTS**
Personnel allocated to Link Proposal

a) Personnel to be supported by donor - Scientist - Administrative Staff - Secretarial Staff etc. - Other (specify)	Number	Man-years for duration of link
b) Personnel charged to other sources. - Scientist - Administrative Staff - Secretarial Staff etc. - Other (specify)	Number	Man-years for duration of link

15. Any other information to justify Request for Funding.

16. Summary of Principal Proposer's and Link Partner's Costs

Name of Principal Proposer and Partners	Country	Total Cost		Share	
		Currency £ or US\$	Amount	Amount requested from donor	% of total cost

Value of Local Currency against £ or US\$ _____

Date of above valuation _____

I, the undersigned signify that all the information given in this document is true and accurate.

Signed at
PLACE _____ DATE _____

Signatures of Chief Proposer, and Administration Officer responsible for the proposal.

A Model Draft Link Memorandum

1. **LINK TITLE**

Link Partners' names and subject.

2. **AGREEMENT**

A link, leading to co-operation between [A.....] and [B.....] is agreed for an initial period of (C) years with effect from (D). The general framework set out below indicates how the co-operating partners will endeavour to develop their association; the inputs represent a defined programme, but circumstances may well suggest variations as the co-operation develops. Support from appropriate prospective donors is available. Some US\$ out of total budget ofUS\$ is promised by [E].

3. **WIDER OBJECTIVES**

The wider objectives of the link are as follows:

[Here should be stated the impact outside the link partners on national, economic and social development.]

eg development of a national cadre of high-level specialists qualified in (subject) and capable of contributing specialist skills to the implementation of national policy in (subject).

4. **IMMEDIATE OBJECTIVES**

In order to achieve the wider objectives the following immediate objectives have been set:

[Here should be stated the impact within the institutions]

eg provision of well-trained graduates and postgraduates through development of a fully-trained cadre of local staff

use of action-oriented research to produce local teaching materials for the institution, and to create a role for the Department as a centre for solution of practical problems.

5. OUTPUTS

[Here should be stated the results to be achieved in terms of measurable outputs]

- eg o the strengthening of (subject) nationally, with enhanced high-level staffing of public sector, parastatal and private sector institutions.
- o the production of publications.
- o the existence of a new course curriculum.

6. SCHEDULE OF ACTIVITIES

[Here should be given a schedule of activities over the life of the link agreement arranged by financial year. Where possible a bar chart showing activity should be produced. The schedule should give an order of priority for each activity. It is desirable to separate out inputs of long term training, book provision and major pieces of equipment from short visits, small equipment purchases, lecturing assignments, etc].

7. MONITORING AND EVALUATION

[Here it should be stated that an annual report will be submitted at the end of each financial year giving a summary of the aims and objectives of the link and how each one has been met. The report should identify problems, assess achievements and identify possible programme changes to be made in the light of the previous year's link activity. It should also account for expenditure incurred].

At the end of a link agreement, outside evaluation frequently takes place.

A useful model Contract and Letters of Agreement are given in Cooper 1984.

**Donor Agencies in the Commonwealth,
the European Economic Community and the United Nations**

Most official aid agencies will accept applications to fund institutional links. A linkage will frequently be put in place as part of a larger project and tied to the objectives of that project. The normal period of support is about five years. Agencies will examine an application closely to find out if it can be sustained after project funding ceases.

A comprehensive survey of Commonwealth bilateral and multilateral programmes of assistance in the health sector has already been published by the Commonwealth Secretariat. This is the 2-Volume Report "Development Co-operation for Health in Commonwealth Countries": An Inventory of Donor Sources of Aid to Health July 1986. A brief summary follows of donor assistance that might be available to finance linking schemes.

I Commonwealth

Commonwealth Bilateral Assistance

Australia, Canada, New Zealand and the United Kingdom are the principal Commonwealth donors. In addition some Commonwealth LDCs engage in small co-operative programmes with Commonwealth partners.

In the case of the United Kingdom, British assistance to links is funded by the Overseas Development Administration (ODA) with the British Council usually acting as ODA's agent. Assistance to a link arrangement is normally provided as part of a bigger project.

Commonwealth Multilateral Assistance

Commonwealth Fund for Technical Co-operation

The multilateral resources available for health through Commonwealth channels are small. The overall budget of CFTC is approximately £25m per year and this covers 5 programmes. Two programmes, Fellowships and Training, and The Technical Assistance Group [TAG] would be able to provide resources for activities that might usefully precede a firm link being put into place. Fellowships and Training Programme provide long and short duration training opportunities and study visits mainly in Commonwealth LDCs. The Technical Assistance Group provides experts on long and short term

assignments to carry out defined terms of reference in many areas, including health. The provision of assistance in each sector depends on a formal government request being submitted.

The Commonwealth Foundation

The Foundation is an international organisation of the Commonwealth countries established to develop and strengthen professional co-operation within the Commonwealth. The Foundation's income, derived largely from contributions of member governments, is £1.54 million. It supports activities, amongst others, that relate to rural development, social welfare and the handicapped. It has helped sponsor the link between Herefordshire Area Health Authority, U.K. and the Muheza District, N.E. Tanzania [Wood and Hills 1988].

Health Programme of the Commonwealth Secretariat

The Commonwealth Secretariat's Health Programme serves as a catalyst and an intermediary as well as a secretariat for the exchange of information and experience. It disposes of no funds of its own though it can tap small amounts of CFTC funds for developmental and training activities. The Health Programme would not be able to finance a link, per se.

Relevant Addresses

Australian Development Assistance Bureau (ADAB)
P.O Box 887
Canberra City 2601
Australia
Telephone: (062) 495733
Telex No: 62631
Facsimile No: (062) 487521

Canadian International Development Agency (CIDA)
Place du Centre
2000 Promenade du Portage
Hull, Quebec
Canada
K1A 0G4
Telephone: (613) 997 5456
Telex No:

New Zealand Aid Programme
Ministry of Foreign Affairs
Private Bag
Wellington,
New Zealand
Telephone:
Telex No: 3441

U.K. Overseas Development Administration
Eland House
Stag Place
London SW1E 5DH
U.K.
Telephone: 01-273 3000
Telex No: 263907/8
Telegraphic Address: Overseas - Ministrant, London
Inland - Ministrant, London Telex

The British Council
10 Spring Gardens
London SW1A 2BN
U.K.
Telephone: 01-930 8466
Telex: 895 2201 BRICON G

The British Council has offices in most Commonwealth countries.
Addresses are obtainable from the British Council or from the Annual
Report and Accounts 1988/89 [British Council 1989].

[The Commonwealth Fund for Technical Co-operation]
[The Commonwealth Foundation]
[The Health Programme of the Commonwealth Secretariat]
are all based at:

The Commonwealth Secretariat
Marlborough House
London SW1Y 5HY
Telephone: 01-839 3411
Telex: 27678
Fax: 01-930 0827
Cables: COMSECGEN LONDON SW1

Commonwealth Regional Health Community for East, Central
and Southern Africa
P.O. Box 1009
Arusha
Tanzania
Telephone: 2961 Arusha
Telex:
Cable No: REGHEALTH ARUSHA TANZANIA

Eleven countries make up the Health Community. Most activities aim to improve operational infrastructure of health systems in member states. There is also a special focus on curriculum development. The Community has a small budget only.

The Caribbean Community and Common Market (CARICOM)
P.O. Box 10827
Bank of Guyana Building
Georgetown, Guyana
Telephone: 69281-9
Telex: 2263 CARISEC GY

Thirteen countries in the area belong to CARICOM. Health is a principal area of interest and current activities cover, in particular, the development of health management systems. The operational budget is small.

II. The European Economic Community

Application for the funding of a link may also be made to the Commission of the European Communities (EEC), Brussels. The EEC actively promotes and finances economic and social development in a large number of developing countries. Directorates General VIII (Development) and I (External Relations) are responsible for administering the assistance programme. In addition, DG XII (Science and Technology for Development) has a sub-programme, Medicine, Health and Nutrition in Tropical and sub-Tropical Areas. This is a science based programme aimed at bringing together European research institutes and institutes in developing countries. It encourages small, well-focussed projects on a wide spectrum of scientific topics [Commission of the European Communities 1989].

The agreements under which the EEC supports the developing countries are entitled the Lome Conventions. The Fourth Lome Convention was agreed and signed in Brussels in December 1989 [ACP-EEC Council of the European Communities, Brussels 1990]. The original Lome 1 agreement signed with 46 countries in 1975 has been extended to cover agreements with 53 African, Caribbean and Pacific countries (the ACP States). Many Commonwealth countries are party to the Lome 4 Agreement. The two major concerns of the EEC at the present time are food security and rural development with particular reference to the promotion of self-reliance and sustainable development.

Projects that provide assistance under these two heads are given priority. The Articles of the Lome 4 agreement that are relevant to institutional linking arrangements are found in Title XI Cultural and Social Co-operation (ACP-EEC 1990), Pg. 103. They are Article 151 Education and Training, Article 152 Scientific and Technical Co-operation, Article 154 Health and Nutrition and Article 159 Regional Co-operation. There is specific reference in these Articles to "associations, twinning, exchanges and transfers of information and technology."

The policy of the EEC is that a developing country which has signed the Lome Conventions must define its own priorities in health (as in other sectors) and submit proposals for funding of projects that fit in with the country's indicative programme. The proposals are passed to the EEC delegate in the ACP country. The addresses of the Delegations are given in "The Courier", a magazine which is published jointly by the ACP and EEC every 2 months. The Delegations have the responsibility for forwarding funding proposals to the relevant Directorate in Brussels.

Relevant Addresses

[Directorate-General for Science & Technology XII]
[Directorate-General for Development VIII]
[Directorate-General for External Relations I]
Commission of the European Communities
Rue de la Loi, 200
B-1049 Brussels
Belgium
Telephone: 235.11.11
Telex: COMEU B 21877
Cable: COMEUR Brussels

III U.N. Agencies including WHO

The UN Agencies have provided financial assistance for link arrangements for many years. In a recent draft report, the UN has emphasized the fundamental underlying relationship between human resource development and social and economic development [Martohadinegoro and Williams 1989]. The Report gathered together information from various agencies of the UN System as to the amount spent on "developing knowledge, training and improving skills". All

of the following agencies had expenditure in the health sector, but the Report does not give a breakdown for sectors or for expenditure on link arrangements by the agencies.

UNDP

Out of a total of US\$4,062 million budgeted over 1980-87, about US\$453 millions (11%) were allocated for training purposes. What is identified in the report is the need for a more co-ordinated effect to strengthen LDC national and regional training institutions instead of using those in developed countries.

UN Department of Technical Co-operation for Development (DTCD)

Over 3,000 awards are granted annually for the pursuit of academic and professional studies. About 50% of the awards are for university studies and 50% are for practical training. There is emphasis in the practical training programme on developing water resources and also in furthering integrated rural development.

UN Population Fund

Around US\$138 million was spent over 1980-85 and about one-third of this sum was spent on human resource development: fellowships, seminars and equipment.

UN Regional Commissions

All are involved in significant expenditure on human resource development. The Economic and Social Commission for Asia and the Pacific (ESCAP) is the first of the Commissions to initiate a regional plan for the region's 3 billion people. It has stated that human resource development should be addressed through comprehensive planning, not haphazardly with each agency and each sector acting separately.

UNESCO

Virtually all the activities undertaken at UNESCO are aimed at human resource development. Over 1980-88 some \$105.5 million was made available for training, averaging about 14% of total project expenditure. Over 1986-7 UNESCO provided a total of 4,216 individual fellowships, study grants and travel grants. A small amount only of this sum related to health and to link arrangements.

WHO

The World Health Organisation's human resource development activities are mainly the responsibility of the Division of Health Manpower Development [from 1990 this will be known as Development of Human Resources for Health]. Over 1980-87 expenditure from WHO's Regular Budget totalled \$320 million (about 17% of the WHO Regular Budget for that period). Other extra-budgetary expenditure over 1980-87 amounted to a further \$155 million, bringing the total to \$475 million. Within Regular Budget activities the largest item of expenditure is on fellowships (62%). In 1986-87 HMD Programme distributed some 7,000 fellowships and provided travel and subsistence allowances for almost 6,000 participants to attend educational meetings or WHO courses. Again, no separate breakdown was available to show support for link arrangements.

The UN Report concludes that the contribution of the UN System to human resource development is substantial and member states are the principal beneficiaries. Two major problems are recognised:

- i) The high wastage rate of trained manpower after completion of training, particularly after return to a LDC.
- ii) The problems encountered in placing fellows and trainees in institutions of higher education in the 'North' because of stringent entry qualification rules.

Three recommendations emerge from the report:

- [1] Establishment of an inter-agency "focal point" [this could be UNDP] which would monitor and assess co-ordination and implementation of human resource programmes by member states and UN agencies. This is felt to be urgent.
- [2] Human resource development activities should be more oriented to human fulfilment at grass roots level.
- [3] Invitation to member states to consider Human Resource Development as a permanent agenda item in the meetings of the Ad-Hoc Committee of the Fourth International Development Strategy.

These recommendations are to be discussed further at a UN meeting on this report in 1990.

They have major implications for the development of the Commonwealth's own LINKS programme [if this were agreed]. There would be a necessity to:

- i) put in place a Commonwealth Secretariat/UNDP Link so that Commonwealth LINKS and UN Links are developed along the same lines.
- ii) encourage the focus of LINKS to a primary health care oriented approach to foster "grass roots" development in line with UN thinking and in accord with WHO's Health for All policy.
- iii) decide how the Commonwealth LINKS programme would proceed, to avoid overlap and duplication with UN/Member State programmes.

Relevant Addresses:

UNDP
 One United Nations Plaza
 New York, N.Y. 10017
 U.S.A.

Tel. (212) 906 + extension
 (212) 906 5302 [Mary Hanley - Information Officer]
 Telex 236286
 Fax. (212) 750 9315

UNDP has a special TCDC programme to encourage South-South links.

Proposals for funding should be addressed to:

Surinder M.S. Chadha
 Special Unit for Technical Co-operation among
 Developing Countries
 304 East 45th Street
 Room FF-1204
 New York, New York 10017

UNFPA
 220 East 42nd Street
 New York, N.Y. 10017
 U.S. A.

Tel. (212) 850 + extension
 (212) 850 5841 [Mr. Joyoti Singh - Information Officer]
 Telex 236286
 Fax. (212) 557 6416

UNICEF
 Headquarters
 United Nations
 New York, N.Y. 10017
 U.S.A.

Tel. (212) 415 8000
 Telex 239521
 Fax. (212) 754 4416

WHO
 Avenue Appia
 1211 Geneva 27
 Switzerland

Tel. (022) 791 21 11
 Telex 27821
 Fax. (022) 791 07 46

Names and Addresses of Existing Professional and other
Associations in Health in the Commonwealth

It would be possible for an enquiry for a link partner to be directed to one of the Commonwealth Professional Associations. The following associations could be approached:

Association of Commonwealth Universities
36 Gordon Square
London WC1H 0PF

Telephone: 01 387 8572

Commonwealth Medical Association
BMA House
Tavistock Square
London WC1H 9JP U.K.
Telephone: 01-387 4499

Commonwealth Association for Mental Handicap
and Developmental Disabilities
c/o National Institute of Mental Health and Neurosciences
P.O. Box 2900
Bangalore 560 029
India

Commonwealth Nurses Federation
Commonwealth House
18 Northumberland Avenue
London WC2N 5BJ U.K.
Telephone: 01-930 1863

Commonwealth Pharmaceutical Association
Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN U.K.
Telephone: 01-735 9141

Royal Commonwealth Society for the Blind
Commonwealth House
Haywards Heath
West Sussex RH16 3AZ U.K.
Telephone: 0444 412424

Commonwealth Society for the Deaf
105 Gower Street
London WC1E 6AH U.K.
Telephone: 01-631 5311

Special mention should be made of:

World Federation for Medical Education
17 Teviot Place
Edinburgh
Scotland, U.K.
Telephone: 031-226 3125

The World Federation aims at global reform in the education of doctors. A World Conference on this theme was held at Edinburgh in 1988. The Report of the Conference sets out an International Collaborative Programme for Reorientation of Medical Education. [World Federation for Medical Education 1988].

**NETWORK
 OF
 COMMUNITY-ORIENTED
 EDUCATIONAL INSTITUTIONS FOR
 HEALTH SCIENCES**
 University of Limburg, P O Box 616
 6200 MD Maastricht, The Netherlands

List of Members
 in Commonwealth Countries
 as at November 1989

	Commonwealth	All Countries
Full members :	13	44
Associate members :	22	71
Corresponding members :	10	27

Network Telephone Numbers

Tel. 043-888.888/888.303/888.313

Telex: 56880 fgrlnl

Telefax: 43-437266

FULL MEMBER INSTITUTIONS

1. University of Newcastle
Faculty of Medicine
Rankin Drive
Newcastle N.S.W. 2308
AUSTRALIA (WP)

Repr. 1: Dr. John Hamilton

2. McMaster University
Faculty of Health Sciences
1200 Main Street West
Hamilton, Ontario L8N 3Z5
CANADA (AM)

Repr. 1: Dr. Stuart M. MacLeod, Dean

3. University of Sherbrooke
Faculty of Medicine
3001, 12th Avenue, Fleurimont
Sherbrooke, Quebec, J1H 5N4
CANADA (AM)

Repr. 1: Dr. M.A. Bureau, Dean

4. University of Science and Technology
School of Medical Sciences
University Post Office
Kumasi
GHANA (AF)

Repr. 1: Dr. J.O. Martey, Dean

5. Christian Medical School
Bagayam
Vellore - 632 002, Tamil Nadu
INDIA (AS)

Repr. 1: Dr. M. Booshanam Vasanthakumar, Principal

6. University Sains Malaysia
School of Medical Sciences
Penang, Minden 11800
MALAYSIA (WP)

Repr. 1: Dr. A.M.M. Roslani, Dean

7. Ogun State University
College of Health Sciences
P.M.B. 2001
Sagamu, Ogun State
NIGERIA (AF)

Repr. 1: Prof. O.O. Ajayi, Provost

8. Obafemi Awolowo University
Faculty of Health Sciences
Ile-Ife
NIGERIA (AF)

Repr. 1: Dr. W.O. Odesanmi

9. University of Ilorin
Faculty of Health Sciences
PMB 1515
Ilorin
NIGERIA (AF)

Repr. 1: Dr. O. Ogunbode, Dean

10. Bayero University Kano
Faculty of Medicine
P.M.B. 3011
Kano
NIGERIA (AF)

Repr. 1: Dr. O.K. Alausa, Dean (Coordinator)

11. The Aga Khan University
Faculty of Health Sciences
Stadium Road, P.O. Box 3500
Karachi 74800
PAKISTAN (EM)

Repr. 1: Dr. David D. Ulmer, Dean

12. Makerere University
Faculty of Medicine
P.O. Box 7072
Kampala
UGANDA (AF)

Repr. 1: Dr. Raphael Owor, Dean

13. University of Zambia
School of Medicine
P.O. Box 50110
Lusaka
ZAMBIA (AF)

Repr. 1: Prof. Kopano Mukelabai, Dean

ASSOCIATE MEMBER INSTITUTIONS

1. University of Western Australia
Department of General Practice
328 Stirling Highway
Claremont, WA 6010, Perth
AUSTRALIA (WP)

Repr. 1: Dr. Douglas MacAdam, Head

2. University of New South Wales
School of Medical Education
P.O. Box 1
Kensington, New South Wales
Sydney 2033
AUSTRALIA (WP)

Repr. 1: Dr. K.R. Cox, Head

3. University of Chittagong
Institute of Applied Health Sciences
63 Central Road, Dhanmondi R.A.
Dhaka - 1205
BANGLADESH (AS)

Repr. 1: Dr. Nurul Islam, Coordinator

4. University of Guyana
Faculty of Health Sciences
Turkeyen Campus, Box 841
Georgetown
GUYANA (AM)

Repr. 1: Dr. Oswald Simon, Dean

5. Christian Medical School
Ludhiana 141008, Punjab
INDIA (AS)

Repr. 1: Dr. A. Zachariah, Dean

6. Dayanand Medical College
Post Box No. 265, Civil Lines
Ludhiana 141001 (Punjab)
INDIA (AS)

Repr. 1: Dr. Livtar Singh Chawla, Head Dept. Med.

7. St. John's Medical College
Bangalore - 560 034
INDIA (AS)

Repr. 1: Dr. A.F.A. Mascarenhas, Principal

8. Medical Council of India
Dr. B.C. Roy Foundation
Medical Education Centre
Kotla Road, Temple Lane
New Delhi - 11002
INDIA (AS)

Repr. 1: Dr. P.S. Jain, Secretary

9. Miraj Medical Centre
Medcol Project, Wanless Hospital
Miraj. 416 410 Dist: Sangli
Maharashtra
INDIA (AS)

Repr. 1: Dr. P. Zachariah, Coordinator

10. Pravara Medical Trust
Pravara Rural Hospital & Medical College
Loni - 413 736, Shrirampur Taluka
Ahmednagar District, Maharashtra
INDIA (AS)

Repr. 1: Shri Ashok Patil, Joint Man. Trustee

11. University of the West Indies
Faculty of Medicine
Mona, Kingston 7
JAMAICA (AM)

Repr. 1: Dr. Samuel R. Wray, Dean

12. AMREF Training Centre
Wilson Airport, P.O. Box 30125
Nairobi
KENYA (AF)

Repr. 1: Dr. Sem Singh Bhachu, Course Coordinator

13. Moi University
Faculty of Health Sciences
P.O. Box 3900
Eldoret
KENYA (AF)

Repr. 1: Prof. Haroun N.K. arap Mengech

14. University of Malawi
Medical School Project
P.O. Box 5576
Limbe
MALAWI (AF)

Repr. 1: Dr. John D. Chipangwi, Project Coord

15. Universiti Kebangsaan Malaysia (UKM)
Faculty of Medicine
Jalan Raja Muda
50300 Kuala Lumpur
MALAYSIA (WP)

Repr. 1: Dr. Sharifah Hapsah Shahabudin, Assoc.Prof

16. University of Maiduguri
Dept. of Comm. Med.
College of Medical Sciences
Unimaid, P.M.B. 1069
Maiduguri, Borno State
NIGERIA (AF)

Repr. 1: Dr. Michael K.O. Padonu, Head

17. Baqai Medical College/Baqai Foundation
III-B, 1/7, Nazimabad
Super Highway, POB 2407
Karachi-18
PAKISTAN (EM)

Repr. 1: Dr S. Mahmood Alam

18. University College & Middlesex School of Med.
66-72 Gower Street
London WC1E 6EA
UNITED KINGDOM (EU)

Repr. 1: Dr. Anthony Zwi, Lecturer Comm. Med.

19. Wellcome Tropical Institute
200 Euston Road
London NW1 2BQ
UNITED KINGDOM (EU)

Repr. 1: Dr. E.H.O. Parry, Director

20. University of Southampton
Faculty of Medicine
Centre Block, General Hospital, Tremona Road
Southampton SO9 4XY
UNITED KINGDOM (EU)

Repr. 1: Dr. C.F. George, Dean

21. University of London
Medical College of St. Bartholomew's Hospital
West Smithfield
London EC1A 7BE
UNITED KINGDOM (EU)

Repr. 1: Dr. I. Kelsey Fry, Dean

22. University of Zimbabwe
School of Medicine
P.O. Box A178
Avondale, Mt. Pleasant, Harare
ZIMBABWE (AF)

Repr. 1: Dr. Harid, Dean

CORRESPONDING MEMBER INSTITUTIONS

1. University of Adelaide
Dept. of Community Medicine
3rd Floor, Bice Building
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A Note on the Aims of the Network of Community-Oriented Educational Institutions for Health Sciences.

General Aim

The general aim of the Network is to provide mutual support to member institutions who wish to adapt their curricula to the health needs of the communities which they serve.

Main Objectives

There are 5 primary objectives:

- o Assisting institutions in countries that have decided to introduce innovations in the training of health personnel with the ultimate goal to improve health care and to contribute to the achievement of "Health for All".
- o Development of techniques, approaches, methods and tools appropriate to a community-oriented curriculum, e.g. problem-based learning.
- o Strengthening of faculty competence related to community-based education.
- o Promoting population concepts in the health services system and the curriculum.
- o. Strengthening of membership institutions in their implementation of community-oriented learning and appropriate instructional methods.

Membership

Over 1979 - 1989 the membership has grown to a total of 37 full members and 60 associate member institutions.

Clearing House

The Secretariat has established at Maastricht a large information retrieval bank containing almost every item that has been written about community-oriented education since 1980.

Annals

The Annals of Community-Oriented Education are published each year.

Network Institutions

There is an African Chapter and a Latin American Chapter and special organisations for the Eastern Mediterranean Region, the European Region and for the 8 Thai Medical Schools. More information is available from Mrs. Ine Kuppen, Secretary of the Network.

The Work of INRES-SOUTH Data Base
Health Institutions in Commonwealth Countries
registered with INRES-SOUTH

The Work of the INRES-SOUTH Data Base

INRES-SOUTH is an Information Referral Service. It is housed in the Special Unit for TCDC in the Office of the Administrator of UNDP at New York. It maintains a computerized database on training programmes and expertise capabilities of institutions in developing countries only. If one institution wishes to collaborate with another, INRES-SOUTH can identify an institution.

What the INRES-SOUTH Data Base contains

INRES-SOUTH currently contains the equivalent of some 30,000 pages of information in English, French and Spanish. In July 1988 INRES-SOUTH became operational on computer. The composition of the data base was as follows:

<u>Region</u>	<u>No. of</u> <u>Developing countries</u>	<u>No. of</u> <u>institutions registered</u>
Africa (excl N. Africa)	29	400
Asia & Pacific (excl W. Asia)	24	1,180
Arab States	14	343
Europe (developing countries)	11	325
Latin America and Caribbean	29	1,011
	----	-----
	107	3,264
	---	-----

By the end of 1989 it is hoped that 5,000 institutions will have registered.

The institutions are mainly, but not limited to, universities, government organizations, research centres, consulting firms and non-profit organisations.

The Information on each Institution

INRES-SOUTH maintains basic information on each institution such as address and annual budget; whether it is a government organisation, a NGO or in the private sector; its purpose and main activities; research and testing equipment and computer hardware/software configuration; technical staff; information services; and the affiliations, associations, or joint ventures in which it participates.

For each training programme there is a description of the programme, basic elements of the curriculum, starting date, duration and application deadline, degrees or certificates awarded, language requirements, required educational and professional qualifications, and financial cost to participants.

For each expertise capability there is information on the projects the institution has implemented, with the level of the contracts, name of the sponsor and the country or countries in which they were implemented.

All printouts carry the date that the information was entered. All institutions were requested in March and April 1987 to update their information. Information is coded in accordance with the 9,000 terms of the UNBIS Thesaurus.

Registration Procedure

An INRES-SOUTH Information Request form can be obtained from the local UNDP field office. Languages used should be English, French or Spanish. The forms can be returned to UNDP or sent direct to:

INRES-SOUTH
Special Unit for TCDC
United Nations Development Programme
One United Nations Plaza, FF-1200
New York, N.Y. 10017
U.S.A.
Telephone: (212) 906 5141
906 5140
Cable: UNDEVPRO NEW YORK attention INRES
Telex: 125980 attention INRES

UNDP Finance

To encourage South-South projects (TCDC projects) structured on the INRES-SOUTH data base, the Special Unit for TCDC of UNDP will provide financial assistance to projects that are submitted and approved.

"Co-operation South"

UNDP publishes a magazine entitled "Co-operation South" three times a year in English, French, Spanish and Arabic. There is a special information column on INRES-SOUTH.

Example

An example is attached of information relating to the Faculty of Medicine, College of Health Sciences, University of Nairobi, Kenya.

Health Institutions in Commonwealth Countries registered with INRES-SOUTH (1989)

<u>Country</u>	<u>No. of Health Institutions</u>
Bangladesh	1
Barbados	1
Cyprus	1
Guyana	1
India	5
Jamaica	1
Kenya	1
Malaysia	4
Sri Lanka	1
Trinidad & Tobago	2
Zimbabwe	1
Total	<u>19</u>

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Consultancy of Margaret Thomas

1989

1. To consider the responses to requests for information on twinning arrangements for human resource development between institutions in Commonwealth countries.
2. To examine successful and unsuccessful projects and consider the reasons for the outcome.
3. To investigate in detail, if appropriate, any particularly valuable examples which could serve as models for future arrangements.
4. To prepare a report on the above for the CHDP Steering Grup;
 - a) setting out critical comments on the present situation.
 - b) making suggestions for arrangements which should be developed further or for which support might be sought with benefit.
 - c) considering those influences or procedures which may lead to success or failure.
 - d) making recommendations to the steering group on how to proceed with the development of this part of the programme.