

2014 Program Summary



Global Health Summer Program 2014

Supporting a Sustainable Healthcare Workforce

Participants names and affiliations

(Titles removed)

Aiko Inoue	Ritsumeikan University
Yuta Inoue	University of Tokyo
Hideki Kabata	Chuo University
Yuko Kamahori	Sophia University
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Miyako Otsuka	Shiga University of Medical Science
Yoshiyuki Saito	Kyoto University
Ayami Shigeno	Toyama University
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Kaori Takahashi	Hitotsubashi University
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Staff

- Program and Fieldwork Advisor
Ryoji Noritake (Fellow, HGPI)
- Program Officer
Anne Smith (Senior Associate, HGPI)
- Program Officer
Yukiko Tanisho (Senior Associate, HGPI)
- Program Officer
Mariko Oyamada (Manager, HGPI)
- Fieldwork Coordinator
Divya Bhat (Project HOPE, Site Coordinator)
- Moderator
Kazumi Kubota (Senior Associate, HGPI)
- Moderator
Miki Kunimura (Manager, HGPI)



Global Health Summer Program

Each year, HGPI's Global Health Summer Program (GHSP) gathers 10-20 university students and young professionals in global health related fields, such as medicine and public health, and presents familiar global health issues from a new perspective encouraging participants to think critically about their role and responsibility as future global health leaders. The 2014 GHSP will focus on health systems and health workforce development in the Camotes Islands, Philippines, an area affected by Typhoon Haiyan (Yolanda) in November 2013.

The program will be conducted in English and take place in Tokyo, Japan and in Cebu and the Camotes Islands in the Philippines.

Program Points

1. Global perspective

This program will start in Tokyo, where students will meet with Japan's top global health leaders and learn about current issues in global health. Next, we will travel to the Philippines to learn from those affected by Typhoon Yolanda and the global healthcare workforce shortage. By communicating with local stakeholders, students will experience global health from a whole new perspective.

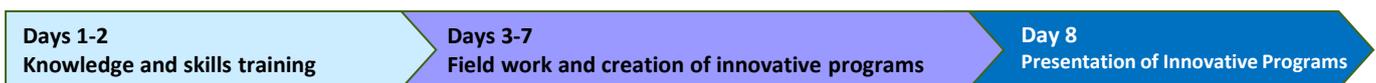
2. Health systems and program design

To understand the multiple factors that lead to the current healthcare workforce shortage in the Camotes Islands, students will be challenged to gather information in the field, identify the drivers of this issue, and modify an existing program to help sustainability increase the number of healthcare workers.

3. Teamwork

The students will be divided into three teams. Students will work, learn, create and communicate within these teams during the fieldwork and program design process. Because of the intense pace of this program, communication and teamwork skills will be essential.

Program Flow



2014 GHSP Dates

Friday, September 5, 2014 – Friday, September 12, 2014

Location

Tokyo, Japan: GRIPS (National Graduate Institute for Policy Studies)
Cebu and Camotes Islands, Philippines: various fieldwork sites

Sponsors

Project HOPE
Global Health and Innovative Technology Fund (GHIT)
Global Health Innovation Policy Program at the National Graduate Institute for Policy Studies (GRIPS)

Program contents

- Lectures from global health leaders, professionals, and advisors
- Program design workshop
- Fieldwork (including meetings with local stakeholders, visits to medical facilities, and volunteering)
- Innovative program creation
- Presentation session

Background

The shortage of health care professionals, particularly in rural areas, is a significant issue that affects not only developing countries, but developed countries as well. Therefore, focusing on ways to address this issue can be applied in various countries around the world, including Japan.

Outline of Project HOPE's current program

To address the healthcare workforce and secure at least one doctor, Project HOPE has developed a project that will employ a doctor for two years at 1.5 times the current salary (approximately 720,000 pesos per year) offered by the provincial government. The doctor will be required to work 48/week, which includes one 24 hour shift on Mondays at Maningo Hospital followed by three 8 hour shifts (Wednesday, Thursday, and Friday) at one of the municipal health centers rotating between Poro, Tudela, Pilar and San Francisco from week to week.

Task

Project HOPE sought input from GHSP participants on how to make the project more sustainable. The participants, working in groups of four, were asked to propose amendments to Project HOPE's plan to increase the feasibility and sustainability of the program. The participants were given free range to use the money (approximately 720,000 pesos per year) that Project HOPE has allocated for the program.

The final proposals were presented on the final day of the program to Project HOPE and members of the HGPI Board of Directors. The presentations were evaluated based on problem solving skills, awareness of complexity, innovativeness, degree of multi-stakeholder buy in, sustainability, replicability, feasibility, and presentation skills.

In order to prepare for the program and the fieldwork, it was suggested that participants read the following:

- WHO and Department of Health, Philippines, *Health Service Delivery Profile: Philippines*, 2012.
Available at this link: http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf
- Leonardia, J.A., et. al., *Assessment of factors influencing retention in the Philippine National Rural Physician Deployment*, BMC Health Services Research, 2012.
Available at this link: <http://www.biomedcentral.com/content/pdf/1472-6963-12-411.pdf>
- O'Brien, P. and Gostin, L., *Health Worker Shortages and Global Justice*, Milbank Memorial Fund, 2011.
Look over the tables and figures. And read Chapters 2 and 3. You do not need to read the whole document.
Available at this link: <http://www.milbank.org/uploads/documents/HealthWorkerShortagesfinal.pdf>
- Jimba, M., et. al., *Health workforce: the critical pathway to universal health coverage*, WHO, 2010.
Read and become familiar with a few of the examples provided. No need to read the whole document.
Available at this link: http://healthsystemsresearch.org/hsr2010/images/stories/10health_workforce.pdf
- Savigny, D. and Adam, T. (Eds.), *Systems thinking for health systems strengthening*, Alliance for Health Policy and Systems Research, WHO, 2009.
Read Chapter 2.
Available at this link: http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf

Camotes Islands: Background

Demography

The Camotes Islands are located 62 kilometers northeast of Cebu and accessible by a two hour ferry ride from the port of Danao near Cebu City. There are four municipalities on the islands (Poro, San Francisco, Tudela, Pilar), the first three of which are interconnected by land and a small bridge. The municipality of Pilar is on an island located thirty minutes away by boat. Each municipality is divided into barangays (villages). Each village is further divided into puroks (sub-villages) comprising 20-36 households. The total population of the Camotes Islands is 94,578.

Municipality Name	Population	Barangays	Puroks
Pilar	13,945	13	42*
Poro	24,641	17	56*
San Francisco	44,890	15	129
Tudela	11,102	11	39*

*Figure estimated using an average of 28 households /purok.

Economy

The main industries in the Camotes are (corn, rice, pig, chicken, and cattle) farming, fishing, and tourism. Average annual family income for Region VII, where the Camotes are located, was 184,000 PhP (¥368,000) in 2009. In 2012, the Philippines Statistics Authority released a report showing that the incidence of poverty is highest among children, fisherman, and farmers in the Philippines.

Health

As in other parts of the world, non-communicable diseases are on the rise. While not high in incidence, cases of TB, dengue fever, typhoid fever and leprosy have been cited in recent years. Other health indicators are shown below.

IMR (Camotes/Philippines)*	MMR (Camotes/Philippines)*	Leading causes of morbidity in Camotes*	Leading causes of mortality in Camotes*
10 (2011)/17.64 (2014 est.)	2 (2011)/99 (2010)	respiratory infection, diarrhea, dental issues, hypertension, traumatic injury	pneumonia, cancer, myocardial infarction, chronic heart failure, stroke

*Camotes data from Camotes Municipal Health Officers' Report to the Provincial Dept of Health; Philippines national data from the online CIA World Factbook.

On the Camotes Islands, there is one 25 bed hospital, the Richard Maningo Memorial Hospital. There is an on-going struggle to attract and maintain physicians at this hospital. Currently, there are two physicians, one of whom is resigning her post to pursue work in Canada. There is no surgeon. Temporary nurses and staff are outsourced leading to low level of commitment to the hospital and community. The hospital lacks diagnostic technologies, supplies, medications, and training programs. An operating room and delivery room was added onto the hospital in 2013; however, it remains unopen due to lack of funding for electrical wiring. Travel to the hospital takes an average of one hour from the most remote barangays. Those in Pilar usually travel to Ormoc City of Leyte Province by boat due to the relative proximity.

There are four Municipal Health Offices (MHO), each with a Municipal Health Officer and a staff of nurses and midwives.

There are 46 Barangay Health Stations (BHS). Each BHS is staffed with one midwife and a team of Barangay Health Workers who travel into the barangays to provide medical care and consultation to the residents, many of whom cannot easily travel to the nearest MHO or the hospital. There are a total of 579 Barangay Health Workers in the Camotes. The Camotes Municipal Health Officers cite these health workers as the reason for the low MMR in the islands.

Traditional beliefs endure and many people take their health concerns first to hilots and arbularyos (traditional healers).

Natural Disasters

The Camotes Islands are highly vulnerable to natural disasters such as typhoons, floods, landslides, and monsoon winds. Given that the majority of the population financially depends on the sea and land, disasters impact the local economy as well. The islands are dependent on Cebu for supplies, which become unavailable during periods of inclement weather.

In 2011, the municipality of San Francisco was awarded the United Nations-Sasakawa Award for Disaster Risk Reduction in recognition of the purok system, a self-organization method within the villages. Because of limited telecommunications access, villagers use this system to disseminate information with the purok leader acting as the main source of information. Each member voluntarily contributes money for use as an emergency fund after a disaster.

2014 Global Health Summer Program Schedule

(Titles removed.)

Date & Time	Topic	Presenter	Location	
Friday, September 5				
12:45	Doors open		Meeting Room F-407, GRIPS	
13:00-13:30	Welcome	Anne Smith (HGPI)		
13:30-13:45	Opening Address	Kiyoshi Kurokawa (HGPI, Chairman)		
13:45-14:25	Group Activity: Icebreaker	Kazumi Kubota (HGPI) and GHSP staff		
14:25-14:40	BREAK			
14:40-15:50	Global Health Policy	Kenji Shibuya (Professor, Department of Global Health Policy, University of Tokyo)		
16:00-16:50	NTDs, Infectious Disease and Health Systems	BT Slingsby (CEO, GHIT Fund)		
17:00-17:40	MSF and Japan	Timothy O'Leary (Director of Communications, Medecins Sans Frontieres)		
17:45-18:05	Travel Logistics	Mitsuhiro Maruyama (HIS Travel)		
18:05-18:20	Q&A and Closing	Anne Smith and GHSP staff		
18:20-18:30	BREAK			
18:30-19:45	Welcome Reception			
Saturday, September 6				
9:00-9:10	Welcome	Anne Smith	Meeting Room F-407, GRIPS	
9:10-13:00	Program Design Workshop	Mayuka Yamazaki (Senior Research Associate, Harvard Business School), Kenichi Nonomura (Business Design Lead, IDEO Tokyo), and Yujiro Maeda (Project Assistant Professor, University of Tokyo)		
13:00-14:10	BREAK			
14:10-15:00	Creating Global Programs	Eitan Oren & Yotam Polizer (IsraAID)		
15:00-15:40	Camotes & Project HOPE	Ryoji Noritake (HGPI & Project HOPE)		
15:40-15:50	BREAK			
15:50-17:00	Global Health Career Panel	Akiyo Morita (Country Director, JICA) Akihito Watabe (Global Health Policy Division, MOFA) Robin Lewis (International Coordinator, Peace Boat Disaster Relief Volunteer Centre) Mayo Hotta (Corporate Social Responsibility Group, SoftBank) Miki Kunimura (HGPI, Moderator)		
17:00-17:30	Q&A and Closing	Anne Smith and GHSP staff		
Sunday, September 7 – Wednesday, September 10				
Fieldwork		Cebu and Camotes Islands, Philippines		
Thursday, September 11				
17:00-19:00	Synthesis of fieldwork observations	Mayuka Yamazaki	Meeting Room F-501, GRIPS	
Friday, September 12				
9:00-13:00	Meeting room open	Participants welcome to begin presentation preparations early		
13:30-13:40	Welcome	Anne Smith	Lecture Room F-501, GRIPS	
13:40-14:00	Introduction of Evaluators and Guests	Divya Bhat (Site Coordinator, Project HOPE) Bumpei Tamamura (Director of Communication Design, GHIT) Kumiko Yamamoto (Manager, Communication Design, GHIT) Kurokawa Kiyoshi Hiroaki Yoshida (Vice Chairman, HGPI) Hikaru Ishiguro (Board Member, HGPI) Toshio Miyata (Executive Director, HGPI) Yukiko Tanisho (HGPI, Moderator)		
14:00-14:20	2014 Fieldwork	Selected 2014 GHSP Participants		
14:20-16:00	Presentations from Teams	GHSP Team A, GHSP Team B, GHSP Team C		
16:00-16:15	BREAK			
16:15-16:45	Comments from Guests	Announcement of winning presentation		
16:50-17:30	Closing of GHSP 2014	GHSP participants, Anne Smith and GHSP Staff		
17:30-18:30	Transition to dinner venue			
18:30-21:00	Alumni Dinner for current and former GHSP participants	Roppongi Nouen		

2014 Fieldwork Schedule

Date & Time	Event	Details	Location
Sunday, September 7			
12:00	Convene	Narita International Airport, Terminal 2 Philippines Air check-in area	Tokyo
14:35	Depart for Cebu	Philippines Air PR433	
18:20	Arrive in Cebu		Cebu
19:30-21:00	Health policy exchange dinner	With medical students from Cebu Doctors University and Provincial Health Officer, Dr. Cynthia Genosolango	
21:00-21:30	Evening group meeting	Reflection of the day's events	
Monday, September 8			
6:00	Breakfast		Camotes Islands
6:40	Depart for Danao Port		
8:30	Ferry to Camotes		
11:00-11:30	Arrive in Camotes		
12:00-13:00	Lunch with Mary Ann Tapayan, Councilwoman, Tudela		
13:00-14:00	Ricardo Maningo Memorial Hospital (Provincial Health Center)	Tour the facility, examine hospital resources, and speak with nurses, the medical officer, and the medical technician	
15:00-17:00	Tudela Health Office (Municipal Health Office)	Tour clinic, meet with the doctor, nurses, midwives and other health workers	
19:00	Dinner		
21:00-21:30	Evening group meeting	Reflection of the day's events	
Tuesday, September 9			
7:30-8:15	Breakfast		Camotes Islands
8:20-8:30	Morning group meeting	Review day's schedule	
8:30-10:00	Travel to Pilar, Ponson Island		
10:00-12:00	Pilar Mass Immunization	Meet with nurse and midwives, who are very active in the health care system. Understand their perspective and listen to their views of the needs and challenges of the health care system. View a mass immunization underway.	
12:00-12:30	Lunch		
12:30-13:30	Meeting with Doctora of Pilar and San Juan midwife	Explore the community of Pilar, the area most affected by Typhoon Yolanda, and talk with local healthcare staff	
13:30-15:30	Pilar Health Office (Municipal Health Office)	Tour clinic, see the typhoon damage, speak with nurses	
16:00-17:30	Swim, Poro Island		
19:00-20:45	Dinner		
21:00-21:30	Evening group meeting	Reflection of the day's events	
Wednesday, September 10			
8:00-8:30	Breakfast		Cebu
8:30-9:50	Morning group meeting	Review day's schedule and discuss observations	
11:00-11:50	Meeting with Dr. Genaldo	Discussion with Maningo Hospital doctor	
12:00-12:45	Lunch		
13:00	Ferry to Cebu		
16:00-18:00	Group work	Teams meet to discuss and work on proposal	
18:00-21:00	Free time in Cebu (optional: continue group work)		
Thursday, September 11			
5:15	Convene	Ford's Inn Lobby 1F	Cebu
5:20	Leave for airport		
8:00	Depart Cebu	Philippines Air PR434	

Tokyo Meeting: Day 1

Friday, September 5, 2014

Opening Address

Kiyoshi Kurokawa (HGPI, Chairman)

“As technologies progress, heart, mind and guts are the three elements that define a person. The participants showed guts by joining the GHSP; they are using their minds as they consider various global health issues; and they will have the opportunity to make human connections using their hearts during the fieldwork. Understanding a problem by seeing and experiencing it enables a form of comprehension that is not possible by simply reading or researching using books and internet. Enjoy the journey!”



Global Health Policy

Kenji Shibuya (Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo)

After speaking about his personal journey to medicine and global health, Dr. Shibuya spoke on the differences between perceptions and the truth about health in developing countries, the major players in global health, and the importance of knowing about the Japanese healthcare system so that you are able to make adequate comparisons. Dr. Shibuya then took several questions from the participants about global health leadership and global health programs.



Neglected Tropical Diseases and Global Health

BT Slingsby (CEO, Global Health Innovative Technology Fund)

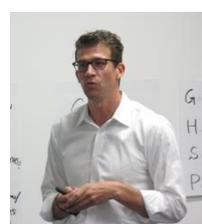
Dr. Slingsby began by describing the history of infectious diseases in Japan and Asia. He then moved onto discuss the physical and economic burden that infectious diseases have on people living in developing countries. The changing picture of diseases combined with the lack of incentives for research of certain diseases and a host of political and infrastructure issues present one of the major challenges of the world of global health and contribute to the ongoing threat of infectious diseases. Against this backdrop, GHIT works with Japanese pharmaceutical companies to increase research of neglected tropical diseases in order to help lift developing countries out of the cycle of poverty.



MSF and Japan

Timothy O'Leary (Director of Communications, Médecins Sans Frontières Japan)

Given the recent growth of the Ebola outbreak in Western Africa, Mr. O'Leary, who was posted in the Philippines with the WHO, shared his perspective on the role of the WHO and the challenges organizations like the WHO face in trying to contain infectious diseases that arise in the context of immense cultural, structural, and political factors. He went on to discuss his work at MSF and the impact that Japanese MSF volunteers can have on the status of global health.



Tokyo Meeting: Day 2

Saturday, September 6, 2014

Design Thinking Workshop

Mayuka Yamazaki (Senior Research Associate, Harvard Business School)

Ms. Yamazaki led the participants through a design thinking process that incorporated lecture, fieldwork, group work, demonstration, and role-playing. After explaining design thinking as human-centered, collaborative, optimistic, and experimental, Ms. Yamazaki presented the five phases of the design process. Participants were then given the opportunity to experience the first phase, observation, by going to the National Art Center and searching for at least 30 potential problems for museum visitors. Upon return, working in teams, the participants put the various issues into question form and began to brainstorm potential solutions with a focus on creativity and teamwork. Each team then presented their observations and ideas to the group for feedback and questions. Following this exercise, Ms. Yamazaki discussed interview and listening skills and presented a demonstration of how to conduct an interview. The participants were then asked to work in groups and practice the interview skills that Ms. Yamazaki had just explained. Finally, Ms. Yamazaki explained systems thinking laying a foundational framework for the students to use as they gather information and data in the field.



Creating Global Programs

Eitan Oren (Country Director, Japan IsraAID Support Program) and Yotam Polizer (Asia Regional Director, IsraAID)

The IsraAID team shared their experience working on mental health programs in Japan and around the world and presented some of the challenges they face when working across various cultures and languages. Their examples helped the participants to see global health programs in action while making the program development process more tangible.



Camotes and Project HOPE

Ryoji Noritake (Health Systems Consultant, Project HOPE)

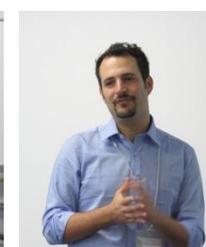
As a medical anthropologist, Mr. Noritake began his discussion by placing development work in the cultural context and reminding participants that approaches to health and medical care contrast across cultures and time. Then, after providing a brief introduction on Project HOPE, Mr. Noritake discussed Project HOPE's work in the Camotes Islands, the living conditions in Camotes, the most common health issues, and the multiple challenges Camotes faces as a rural health system. Mr. Noritake ended his session by presenting the participants with their fieldwork challenge.



Career Panel

Akiyo Morita (Country Director, JICA), Akihito Watabe (Global Health Policy Division, MOFA), Robin Lewis (International Coordinator, Peace Boat Disaster Relief Volunteer Centre), Mayo Hotta (Corporate Social Responsibility Group, SoftBank), Miki Kunimura (HGPI, Moderator)

Ms. Kunimura led the final session of the day, which brought in global health leaders from industry, government and the non-profit sectors to discuss their experiences working in global health and to provide their advice to the aspiring global health leaders of the GHSP.



Fieldwork 2014 Overview

Fieldwork Day 1: Making New Friends in Cebu

September 7, 2014



GHSP lands at Cebu Airport



Dinner with Cebu Provincial Health Officers, Representative from WHO-Cebu Office, and students and the Dean of Cebu Doctors' University College of Medicine. Participants and staff discussed medical education and the healthcare system in the Philippines with new friends over delicious lechon, Filipino BBQ.

Fieldwork Day 2: Healthcare in Camotes Islands

September 8, 2014



The participants experienced how inconvenient travel is in the area by using the same means of transport that residents use.

Group meeting during ferry ride from Cebu to Camotes Islands (left); travel in the Camotes Islands using a jeepney (middle); first views of life in the Camotes Islands (right)

Soon after arriving in Camotes, participants had lunch with local level policymakers where they discussed the challenges of funding healthcare in Camotes.



Lunch with the Mayor's Secretary (left) and Councilwoman Mary Ann Tapayan (middle) from Municipality of Tudela; GHSP participant, Kaori, asking about health issues in Camotes (right)

Fieldwork Day 2: Healthcare in Camotes Islands

September 8, 2014



Visit to **Maningo Hospital** (Provincial Health Center) where participants toured the facilities, viewed supplies and equipment, and spoke with hospital staff about their experience working at Maningo and the major health issues that are addressed at the hospital, which include infections, trauma, maternal health, and TB.



Visit to **Tudela Municipal Health Office (MHO)** where participants toured the clinic and engaged the Municipal Health Officer, Dra. Leah Nagsuban (left), midwives, and nurses in discussions about the how a MHO functions in relation to the provincial and barangay health centers, the workforce shortage and the health issues the clinic most often treats, which include TB and maternal and child health.

Fieldwork Day 3: Healthcare in Pilar

September 9, 2014



Travel to **Pilar**, the most remote municipality in Camotes, by 25 minute boat trip from Poro island (left). Arriving in Pilar (right).

The first stop on our tour of Pilar was a mass immunization event organized by the Provincial Department of Health.



Mass immunization program in progress (left); speaking with the Public Health Nurse of Pilar, Annabel Bing (middle); supplies (right)

Fieldwork Day 3: Healthcare in Pilar

September 9, 2014



Dra. Eufemia 'Zay' Maratas (left), the Municipal Health Officer of Pilar and the only doctor in Pilar; discussing the challenges to practicing medicine in Pilar, which include few training opportunities and electricity limited to 18 hours/day (middle left); Emilie de la Torre (middle right), Midwife of Barangay San Juan and the first user of the Project HOPE sponsored sea ambulance, where she birthed a baby during the journey; our group with Dra. Maratas and Midwife Emilie (right).



View of the damaged caused by Typhoon Yolanda (Haiyan) to the Pilar Municipal Health Office, which had multiple wards and space for diagnostics

Temporary site of the Pilar Municipal Health Office, one undivided 10x15m room



Visit to Barangay Health Station (village level health facility), which is operated by a midwife and a team of barangay health workers

Fieldwork Day 4: Final Day in Camotes Islands

September 10, 2014

Working in teams of four, participants began to brainstorm how to bring more health workers to the Camotes Islands



As we prepared to leave Camotes, we met another inspiring physician, Dr. Ian Loon Genaldo (left), one of two doctors at Maningo Hospital. Dr. Genaldo described his unrelenting work schedule, his love for Camotes where he was raised, and his efforts to keep his medical knowledge up to date (he was carrying two large medical texts that he purchased on a recent trip to the mainland).

Tokyo Meeting: Day 3

Thursday, September 11, 2014



After arriving in Tokyo, participants attended a session facilitated by Mayuka Yamazaki, who led the students through a wrap-up of the fieldwork and provided guidance on the program design process. Following this session, participants focused in on creating their program proposals and preparing for the final day of presentations.

Final Presentation Day

Friday, September 12, 2014



GHSP participants Yuta, Aiko, and Masamitsu started the session by presenting an overview of the fieldwork using photos from each site visited during their time in the Philippines.

Guests and participants observe as each team presents their ideas for how best to address the healthcare workforce shortage in Camotes.



Team A: (clockwise) Ayako Okuma, Aiko Inoue, Yoshiyuki Saito, Kaori Takahashi



Team B: (clockwise) Hideki Kabata, Miyako Otsuka, Reina Taguchi, Masamitsu Takamatsu



Team C: (clockwise) Yuta Inoue, Yuko Kamahori, Keiko Nakamura, Ayami Shigeno

GHSP 2014 Fieldwork Challenge Presentations

Presentation by Team A

Friday, September 12, 2014

The biggest challenge to healthcare in the Camotes Islands is the lack of emergency obstetric care.

Additional issues include:

- A) Maningo Hospital is in need of equipment and a surgeon,
- B) transportation is a challenge,
- C) local cooperation is lacking ,and
- D) screening is not standardized across the islands.

The doctor they want to attract would be a relatively young surgeon thus requiring a lower salary and likely having greater interest in an “unique” training opportunity. The team would attract this person by

- A) working with a local government agency, NGO, or university to provide the doctor with a certificate at the end of the term. The certificate will serve as a tangible accomplishment.
- B) making teaching opportunities available so doctor can share experiences in community health course and increase awareness of the realities of community healthcare
- C) Providing salary that is almost twice the average salary of a freshman doctor (although less than originally allocated by Project HOPE).
- D) Providing at least the minimal level of equipment necessary, including ultrasound and operating room equipment
- E) Support private life by offering a contract that is less than two years, providing marriage support, and helping the doctor to find friends.
- F) Facilitating communication with local officials, increasing access to Maningo Hospital, screening for urgent cases in advance, and standardizing checklist in the mother/child handbook

The program will be funded by reducing Project HOPE's current allocated budget for salary by 2/3 and using the remaining funds for the additional projects. The team suggested that the remote island of Pilar focus more on working with hospitals in Leyte, a large city that is much more accessible than Maningo Hospital.

As a result of this plan, the team foresees the following outcomes:

- A) In 2016, one surgeon will be at Maningo and local people feel comfortable going to Maningo for emergency care.
- B) In 2024, doctors who work at Maningo have a clear roadmap for future career and safer deliveries are achieved.
- C) In 2034, the program becomes a attractive gateway for medical students and there are lower rates of IMR and MMR in Camotes.

Presentation by Team B

Friday, September 12, 2014

The issues on the Camotes are interconnected and include

- A) a lack of potential candidates that leads to
- B) a lack of doctors, which then leads to
- C) limited access to emergency obstetric care,
- D) heavy workload at Maningo, and
- E) lack of additional doctor in Pilar.

The ideal doctor would be a general physician who loves the Camotes, is willing to stay in the Islands long-term, has a passion for community level health, and can perform basic surgeries. In order to attract more potential doctors to Camotes, Team B created a program called Feel the Love of Camotes (FLC) that is a 3-day program that includes

- A) hands on training, academic lectures,
- B) meeting with Dr Genaldo,
- C) interacting with local people, and
- D) nature and sightseeing.

The program will be paid for by reducing Project HOPE's current allocated budget for salary by 20%. Project HOPE's current program will be revised to have the doctor based at Maningo Hospital (three 12hr shifts/week) and in Pilar (one 12hr shift/week).

The combination of the FLC program and revising the travel schedule of the doctor will result in

- A) increased access to emergency obstetric care by having a surgery capable physician on staff at Maningo,
- B) decrease workload at Maningo by having one doctor attend to outpatients and one doctor attend to emergency cases, and
- C) an additional doctor to Pilar once a week.

GHSP 2014 Fieldwork Challenge Presentations

Presentation by Team C

Friday, September 12, 2014

Team C identified the following issues in the Camotes Islands

- A) lack of facilities,
- B) inadequate transportation system
- C) no surgeon, obstetrician, anesthesiologist, dentist
- D) geographic maldistribution of doctors
- E) brain drain to the US
- F) imprecision of diagnosis
- G) increasing diseases and economic gap

In order to increase the number of doctors, career, quality of medicine, and the system must be addressed. The program would include

- A) a network with the US Navy to form a collaboration
- B) a system for communicating via skype with hospitals and public health research offices in similar situations in order to facilitate the exchange of information regarding prognoses and public health research
- C) a rotation program between residents of the US Navy and Camotes Islands

Expected outcomes include

- A) increased training opportunities for young Filipino physicians in a US hospital
 - B) opportunities for both parties to benefit from discussions with counterparts in similar circumstances and the improvement of public health management
 - C) hospital receiving new residents will benefit from a more diverse staffing
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After the presentation session, representatives from Project HOPE commented on the high quality of the GHSP participants' ideas and proposals. Project HOPE is now revising its program to incorporate ideas from each of the groups. Following the GHSP Program, participants followed up with extensive notes about each of their meetings during the fieldwork and shared those notes with Project HOPE. The GHSP staff would like to thank the 12 participants of the 2014 Global Health Summer Program for their active participation throughout the program and their hard work.

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