

SPECIAL REPORT*

THE COLLEGE OF PUBLIC HEALTH, UNIVERSITY OF THE PHILIPPINES MANILA - MEETING THE CHALLENGE OF HEALTH DEVELOPMENT

JC Baltazar and RM Mercado

College of Public Health, University of the Philippines, Manila, Philippines.

INTRODUCTION

The pursuit of socio-economic development is a continuous process, irrespective of the state of sovereignty of a country. However in developing countries, such a process gains more prominence upon the attainment of national independence. Many countries, including the Philippines, started addressing the health development component of such a process many years prior to the attainment of independence and subsequently increased this effort. The College of Public Health of the University of The Philippines is a living proof of this fact.

The College itself has been the answer to the challenge posed to the then colonial government, to raise the level of health of the Filipino. Established in 1927 in response to a resolution of the medical officers of the then Philippine Health Service (the forerunner of the present Department of Health), it has continued up to the present to provide formal post-graduate training in public health, hospital administration, and other relevant specialties to personnel of the health sector of the country and of selected health personnel from neighboring countries. It has continued to engage in relevant biomedical, behavioral and health systems research, and to provide advisory and technical support services to major components of the health sector, particularly to the Department of Health.

THE GROWTH OF THE COLLEGE OF PUBLIC HEALTH

Over the years, the College has undergone several changes in name, starting as the School of Sanitation and Public Health in 1927, to the

School of Hygiene and Public Health in 1929 patterned after the Johns Hopkins School of Hygiene and Public Health which was a very close collaborator of the College, to the Institute of Hygiene in 1938, when aside from teaching, the College absorbed the health laboratories of the Bureau of Science. The name was again changed from Institute of Hygiene to Institute of Public Health in 1971 and to College of Public Health in 1985.

The formative years of the College represent a good example of intersectoral coordination which has been advocated as one of the basic precepts of the global goal of "Health For All" and of primary health care. The College was initiated with the Department of Hygiene of the College of Medicine of the University of the Philippines as the nucleus. The initial teaching staff was comprised of only one or two full-time faculty members. The rest were provided by the Bureau of Science, the Public Welfare Commission, the Rockefeller Foundation, the US Quarantine Service, and the Medical Corps of the US Army

The College also pioneered inter-university cooperation with the secondment of faculty members of the Johns Hopkins School of Hygiene and Public Health and the University of Cincinnati as early as 1929. Similar types of cooperation, though of shorter duration through visiting professorship/lecturer arrangements, were subsequently negotiated and lasted through the early 60s. To strengthen its facilities and its staff, the College successfully tapped and used effectively technical cooperation offered by various multilateral and bilateral agencies, and a few universities abroad. Such cooperation consisted of fellowships, provision of equipment and short-term consultants. By the mid-60s, the College has acquired sufficient capability that it

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began to be the source of consultants for other countries under the sponsorship of international agencies.

ACADEMIC PROGRAMS OF THE COLLEGE

The College started in 1927 with one program, that of a Certificate in Public Health. Over the years, it has increased its academic programs to the present offerings which are as follows:

- Master of Public Health*
- Bachelor of Science in Public Health**
- Certificate in Hospital Administration
- Master of Science in Public Health***
- Master of Hospital Administration
- Diploma in Dental Public Health
- Master of Occupational Health
- Doctor of Public Health****

* Started as Certificate of Public Health in 1927.

** Started as Bachelor of Science in Hygiene in 1951.

*** Started as Master of Science in Hygiene in 1953; areas of concentration in parasitology, microbiology, nutrition, biometry, epidemiology.

**** With areas of concentration in health education, epidemiology, parasitology and microbiology.

As of June 1992, 3,069 professionals had earned their post-graduate degrees from the College, and there were 876 graduates with the Bachelor of Science in Public Health. The highest proportion of those who obtained post-graduate degrees were from the Master of Public Health Program, followed by the Master of Hospital Administration Program. Of the graduate students in the past 20 years, some 79% were Filipinos, and 21% were from other countries. In the first 15 years of the College, the students came from the government sector. Starting in the midfifties, applicants from the private sector were admitted in very limited numbers; this number grew over the years and to date comprises some 19% of total enrolment. About 60% come from the Department of Health, and some 21% from other countries and health-related government agencies.

The College admitted an international student for the first time in 1938. This was repeated in 1953, and ever since the College has been admitting students from other countries in increasing numbers. These increased in the late 60s when SEAMEO started offering fellowships. Students

came from 20 countries, some supported by WHO, UNICEF, USAID, their respective governments, and personal funds, but the majority were supported by SEAMEO.

There has always been a big demand for the academic programs of the College, especially in public health and hospital administration. In the screening of students, the College gives due consideration to the future position of the applicant, and to his or her place of assignment. Those coming from far places or difficult areas are given priority. This policy is one means of enhancing the relevance of the institution to the national health goal. The relevance of the curricula is continuously being monitored, and every year each department holds an evaluation workshop of their courses. Every three years, the whole College conducts such a workshop. Aside from these measures, the College also holds consultations from time to time with clientele such as the Department of Health, with the college alumni society, and with alumni on an individual basis. The students themselves provide very important feedback: formally when they are requested to evaluate each subject upon completion, and informally during class discussions and presentation of papers. The continuing involvement of the faculty in various activities of the Department of Health, such as training courses, workshops, research and committee work, has added to their ability to enhance the relevance of their course offerings.

TRAINING COURSES

The demand for training has always been considerable and the College is fully aware that its academic programs alone cannot cope with these demands. So, in addition, there have also been specific task oriented courses as required occupying weeks rather than an academic year. In addition, there have been a number of courses that need to be taught on a regional basis in partnership with international agencies. Thus, the College has engaged in short courses on topics such as planning and management of the health system, occupational health, family planning and human sexuality, microbiology, parasitology, health education, hospital administration, epidemiology, research methodology, schistosomiasis control, teacher training and use of computers, to cite a few. Some of these courses are being supported through grants, while some are maintained by modest fees

paid by participants enrolling just to cover costs.

EXCHANGE OF INFORMATION

The College believes in continuous interaction with teaching and research institutions abroad through exchange of information and study visits on both sides. In fulfillment of its regional obligation, it has hosted international seminars and workshops. For example, the College organized an international symposium on Challenges for Health Development in 1989, the 32nd SEAMEO-TROP-MED Regional Seminar on Primary Health Care in 1990, and a DOST/JSPS seminar on Nutrition in Health and Disease in 1991. It was the lead agency in the organization of the 10th International Congress on Tropical Medicine and Malaria in the early 80s. As part of its strategic plan, to foster growth among its faculty and promote exchange of information on a national and regional basis, the College aims to organize, in collaboration with interested external agencies/institutions, one regional seminar a year on relevant priority health issues/concerns.

RESEARCH

The College is involved in biomedical, behavioral and health systems research. Of particular importance is the research conducted on schistosomiasis, a field in which the College is designated as a WHO Collaborating Center; on filariasis; in the field of microbiology and immunology; in environmental pollution, drug abuse, in studies on clientele behavior with respect to different public health programs, on diarrheal disease, AIDS and cardiovascular diseases.

The College may be considered to be among the early pioneers in health systems research. In 1929, the College started a field demonstration area in a nearby province and in a district of Manila, representing rural and urban areas. The purposes of the project were to provide a field laboratory for its graduate students to test and apply principles learned in the classroom, and to develop appropriate models for health service delivery for rural and urban areas. These demonstration areas continued until the outbreak of World War II. They were phased out in 1949 when the College re-opened, and was replaced by a new area in Quezon City in 1950. The results of the studies in this latter area contributed to the concept of rural health units

which were initiated and vigorously implemented by the Magsaysay government and all succeeding governments. The output of such an effort is the present rural health care delivery system. In 1960, the demonstration area was phased out, and the center was absorbed by the Department of Health. In the ensuing years the department created eight regional training centers spread throughout the country, patterned after the original center.

For many years since the phase-out, the College did not have any field practice area, and the institution suffered. However in 1969, it became a part of a health development project in the nearby province of Rizal. The project was a joint undertaking of the World Health Organization, the College of Public Health, and the provincial government. The project served as the entry point and administrative framework for the conduct of a WHO/Philippine government operations research program in the early 70's that led to the re-structuring of the rural health care delivery system. The recommendations of the study became the center piece of the World Bank supported First National Health Plan of the Philippines for the period 1976-1979.

THE DEVELOPMENT OF THE PRESENT FIELD PRACTICE AREA

The situation concerning its own area for field practice and for continuously developing models was not satisfactory to the College requirement. Upon approval of the national health plan in 1974, the project gradually faded out of the scene. In 1982, after a protracted negotiation, the College, the provincial government of Cavite (another nearby province South of Manila), the German Agency for Technical Cooperation (GTZ) and SEAMEO initiated a technical cooperation agreement which led to the establishment of field practice areas in 7 municipalities in Cavite province and in one community in Manila. The agreement included the construction of a project house in the province and construction of annexes to the health centers to provide hostel accommodation for students. The health services in the centers were improved through staff training and provision of needed equipment, and the assignment of research assistants.

The field practice areas have been providing the faculty and students with a field laboratory which is not only rich in technical materials for

investigation but also with respect to supportive personnel in the health service of the province. The provision of accommodation facilities, modest though they may be, has reduced students' anxieties and financial problems.

Through the project, the students have successfully implemented many activities, among which were sanitary toilet and garbage disposal, TB control, nutrition, maternal and child health, cardiovascular disease control, goiter control, training of school children in health promotion and information dissemination, training of village health volunteers and traditional birth attendants, and construction of two health subcenters. The project also introduced income-generating schemes, underwrote the construction of a water supply system in one of the municipalities, conducted training on disaster preparedness for health staff and community leaders, and conducted health surveys. All the activities mentioned were conceived in consultation with the community, and implemented with their support. For this reason, the College has acquired a considerable reservoir of goodwill among the people and the political leaders.

INSTITUTIONAL STRENGTHENING

Aside from addressing the problem of field practice, the GTZ also provided direct support for institutional strengthening. The Master of Occupational Health program was strengthened for which purpose a separate building, laboratory facilities and a mobile clinic were provided. This was followed by the construction of a three storey-building which eased to a great extent the space problem of the College. Next followed the renovation of the old building. Thus, the College now has three build-

ings and a well-equipped and spacious library which has been a SEAMEO Regional Documentation Center for Tropical Medicine since 1970. Transport, laboratory equipment, computers, other office equipment, and teaching aids have been provided, further expanding the capacity of the College in teaching and research. A fellowship program for faculty development has been going on for the past 10 years under the same agreement.

FUTURE PLANS

The College is now in the first year of implementation of its 3-year strategic plan. It expects to be deeply involved in national health policy analysis and formulation through relevant research, advisory services, and the assumption of an advocacy role for health improvement through primary health care. It aims to continue as a national institution of higher learning which seeks to improve the quality of its graduates both in terms of relevance, technical competence and value formation. To this end, it is very much concerned with multiple specialty programs with systems of tracking, updating itself on current and future issues/development, continuing the process of faculty and facility upgrading, expanding linkages and strengthening existing ones, national and international. The College will continue to concern itself with promoting and conducting research, as well as with sharing and utilization of findings. In brief, the College sees itself as a national health development center engaged in teaching, research, and advisory services, supporting the national effort, and sharing its resources with neighboring countries in the spirit of technical cooperation.