

CHAPTER VII

CONCLUSIONS

An embedded case study was presented to assess the relevance of postgraduate education in public health. The following conclusions on the process and the outcomes were drawn:

A. How can required Practice for Health Systems Development being identified?

1. Based on its mission, vision and goals; a health system can be described in terms of its core functions, its inputs (human resources, information and other resources), its process (practices), its outputs (services), its outcomes (policies and programs) and its impact on the population's well being. Further the system is situated in a context of a socio-political environment with competitive and complementary actors.
2. A decade of work did not yield agreement on the factors (and their measures and methods) that determine the development need of health systems. Although recent publications indicate that more and more agencies use the Public Health Services model in defining health systems development need, this study adopted both the Practices and the Services models. This decision was based on the rationale that Practices are national priorities. Practices create force fields for Services and, therefore, should be considered in determining development needs.

3. To identify required practice in health systems development it is essential to consider the public health system's mission, vision and goals, its core functions, the population's health status and well being, practices and services. This cannot be done in isolation. Therefore, it is important to review the literature, to partner with public health professionals and to utilise the National Health Development Plan. Once Practices and Services are identified it, then, becomes possible to prioritise Practices in terms of Levels of Importance, Services in terms of perceived Levels of Current Performance and both Practices and Services in terms of their inter-relationships.
4. Ten Public Health Practices for Thailand were identified. Out of these, 'Health Promotion', 'Health Insurance', 'Decentralisation' and 'Primary Care' were considered as top priorities.
5. Eleven Public Health Services were identified. Of these, none was considered as a Strength, 5 were considered to perform Satisfactory and 6 were considered to be a Weakness. The latter are, 'Monitor', 'Diagnose and Investigate', 'Partnerships', 'Enforce Laws', 'Evaluation' and 'Research'. Considering all Services, 'Monitor', 'Diagnose and Investigate' and 'Access to Services' were considered as very important. All other Services were considered important, except 'Policy Development' which was considered as less important.
6. Examination of the relationships between Practices and Services showed that among the Weak Services 'Partnerships' is most frequently affected by Practices. Among those Services that are considered to be Satisfactory ('Policy Development', 'Planning and Management', 'Disseminate Information' and 'Assure Human Resources') were most frequently affected by Practices.

7. Front-line Staff only participates in Services, while Mid-level Staff mainly participates and shares responsibility for 'Disseminate Information' and 'Evaluation'. Top-level Management Staff was considered responsible for all Services.

B. How can Requirements for Developing Competencies be identified, given the Needed Practices and Services?

1. Developing appropriate Competencies is based on identified Practices and Services and again requires partnering with professionals in the identification, prioritisation and selection of Competencies relevant to local health systems development.
2. The Public Health Competencies model developed by the Council for Linkages between Academia and Public Health Practice (1998) offers a useful framework for assessing training need. These Competencies need then to be prioritised to arrive at the required Levels of Mastery for each Level of Staff.
3. Of the 70 Public Health Skills, 67 were considered Core Skills for Front-line Staff, while all Skills were considered Core Skills for Mid-level and Top-level Management Staff. Mid-level Management Staff was considered as the Target Group for the LWP Program. For the 70 Core Skills Mid-level Management Staff was required to be Knowledgeable in 54 Skills and be Proficient in 16 Skills.
4. When Skills have been prioritised it is, then, useful to attribute Skills to each of the Public Health Services. In addition an examination of the relationships between Practices and Services is useful to gain more in-depth insight on focus areas within Services. To validate this attribution of Skills to Services and relationships between Practices and services, again partnering with professionals was required.

5. The outcomes of this process were, then, an identified Target Group for which required Levels of Skill Mastery were defined, attributed to Services and placed within a context of required Practices; and complemented by Programmatic Requirements, specific Learning Need and Partnership Requirements.

6. Attribution of Skills to Services resulted in 52 Skills attributed to 'Planning and Management', 37 Skills for 'Disseminate Information', 27 Skills for 'Partnerships', 22 Skills for 'Monitor Health', 27 Skills for 'Diagnose and Investigate', 23 Skills for 'Policy Development', 29 Skills for Evaluation and 25 Skills for Research. Of all Skills 57 (81.4%) were attributed to Services that were considered to have a Current Level of Performance as a 'Weakness'. Similar Skills were attributed to the following Services (1) 'Monitor Health', (2) 'Diagnose and Investigate', and (9) 'Evaluation' and (10) Research. All four Services were considered to have currently a Weak Performance.

7. Although educational programs should not be exclusive but inclusive in terms of Levels of Staff, it is useful to facilitate curriculum development because required Levels of Mastery vary from Front-line to Top-level Management Staff. This study found that Mid-level Management Staff in Provincial Thailand should be the Target Group for the LWP Program.

8. Programmatic requirements were described as a professional Master's Degree in Public Health with a major that is broadly generalist and oriented to health system reform and development.

9. Findings showed a clear need for communication, collaboration and co-ordination among partners at national and provincial levels as well as the need for reciprocity.

C. How can the Need for Programmatic Development be evaluated, for implementation of Relevant Postgraduate Educational Program in Public Health, given the requirements for achieving Competencies?

1. To evaluate the need for program development, in terms of relevance, a program's purpose and goal is required, which in turn requires an analysis of needs, which will then facilitate the design of the assessment.
2. A Relevance Assessment Instrument was developed that comprised Essential and Complementary Relevance Factors. The Essential Factors were tested. The units for which a quantitative analysis was applied showed good reliability with Cronbach's Alpha. Those units that were subject to content analysis showed a good reliability with Hosti's test and Cohen's kappa. Triangulation of results was found to be important.
3. In general terms the LWP Program's Purpose and Objectives were congruent with perceived need. At the Instructional Level, Curriculum Design was not congruent with professional need.

D. General

1. The process in assessing the relevance of an educational program can be generalised.
2. Need assessment and program evaluation outcomes are only local useful as they apply to the need in rural Thailand and the performance of the LWP Program.
3. More detailed respondent profiles and the use of ordinal scales with even categories would improve analysis of the mailed questionnaire data.

4. Key constituencies in prioritising need would be professionals and MOPH representatives.
5. A well-documented program would improve evaluation and future study is required to test Complementary Relevance Factors.