

**Q: What have been the key achievements since the Kampala Forum?**

**A:** Since the 2008 Forum, important new political and financial commitments have been made. Donor countries, such as the UK, US and Japan pledged funding to address the health worker crisis.

At the UN High Level meeting on MDGs in 2008, the UK government pledged over GBP450 million over three years to support national health plans, including training more nurses, midwives and doctors in eight of the world's poorest countries. Japan committed to train 100,000 new health workers in Africa over the next five years

The adoption, in 2010, of the WHO Global code of practice on the recruitment of international health personnel marks a major step forward in highlighting and addressing issues of migration. WHO also developed guidelines for countries to aid retention of health workers in rural areas.

At the UN Summit in September 2010, the UN Secretary General launched the Global Strategy for Women's and Children's Health<sup>4</sup>. Stakeholders including heads of state and governments, the private sector, foundations, international organisations, civil society and research organisations committed US \$40 billion to improving the lives of women and children and acknowledged the key role of a strong health workforce.

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<sup>4</sup> UN – Global strategy for Women's and Children's Health <http://www.un.org/sg/globalstrategy>

## Impact of health worker crisis on the MDGs

The health worker crisis impacts on many of the MDGs, but particularly the health-related goals 4,5, and 6 – reducing HIV/AIDS, malaria and other diseases and improving maternal and child health. And these are all inter-related. For example, strengthening HIV/AIDS-related services can significantly contribute to the outcomes on child and maternal health and vice versa.

### HIV/AIDS

Health workers are essential in administering treatment to HIV patients. One of the MDG targets is to achieve universal access to treatment by 2010 for all those who need it. Health workers now distribute life-saving ARVs to more than five million people - a 12-fold increase in the past six years. However, this still represents just one third of people who need HIV treatment. And for every two people who are able to start treatment, another five people are newly infected.

### Malaria

Malaria kills around 850,000 people a year, 89% of whom live in Africa. The MDG target seeks to halt the disease by 2015 and begin to reverse its incidence. In order to help meet this goal, sufficient numbers of trained health workers are needed to correctly diagnose the disease and administer the use of Artemisinin-based Combination Therapy (ACT) drugs and intermittent preventive treatment (IPTp) for pregnant women.

### Maternal health

Every year 358,000 women die due to complications during pregnancy or childbirth.<sup>5</sup> More than half of these deaths occur in sub-Saharan Africa.

The WHO estimates that to meet the MDG goal of reducing maternal mortality by 75%, 1,334,000 more skilled birth attendants are needed.

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<sup>5</sup> *Trends in maternal mortality*, released by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank.

# FIRST GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

Science to accelerate universal health coverage

16-19 November 2010, Montreux, Switzerland

**No other \$ 5 trillion economic sector would be happy with so little investment in research related to its core agenda: the reduction of health inequalities; the organization of people-centred care; and the development of better, more effective public policies. — *The world health report 2008***

Mark your calendar now – the World Health Organization and partners will convene the inaugural global symposium on health systems research on 16-19 November 2010. Researchers, policy-makers, funders, and other stakeholders representing diverse constituencies will gather in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and set a research agenda that reflects the needs of low- and middle-income countries.



## More and better health systems research

Health systems research – the purposeful generation of knowledge that enables societies to organize themselves to improve health outcomes and health services – is rapidly emerging as one of the most dynamic and complex areas of research for health.

Awareness is growing among politicians, policy-makers, health-care providers and researchers that the evidence base to support the theory and practice of strengthening health systems is not strong, especially in low- and middle-income countries. Moreover, the scientific foundations for this type of research are in need of significant development and improvement.

Calls for more and better health systems research are not new, but they have recently been given a boost. In November 2008, the High Level Task Force on Scaling up Research and Learning for Health Systems<sup>1</sup> recommended: 1) a high profile agenda of research, 2) the engagement of policy-makers in this agenda, 3) stronger country and global capacity for research, and 4) increased financing for health systems research. This four-point agenda was presented to the Global Ministerial Forum on Research for Health where it was unanimously endorsed in the Bamako Call to Action on research for health. Among the Task Force's recommendations was a global symposium on health systems research in 2010.

In June 2009, further support was advocated in a report to the Task Force on Innovative International Financing for Health Systems<sup>2</sup> which recommended: increasing the capacity of institutions in low- and middle-income countries to conduct high-quality health systems research; enhancing the capacity of policy-makers to apply evidence throughout the policy process; and supporting more multi-country studies to provide generalizable findings.

The time is ripe to harness this energy and generate – as fast as possible – more and better health systems research to improve health outcomes, health services and health equity.

## Universal health coverage

The first symposium will be dedicated to improving the scientific evidence needed by health policy-makers and practitioners to inform their decisions related to accelerating universal health coverage.

Achieving and sustaining universal health coverage requires attention to a broad range of issues that are central to health systems performance. This includes drawing on the six interdependent health system building blocks – finance, workforce, services, technologies, information, and governance – and understanding how policies and programmes from within and beyond the health sector can be developed and implemented effectively, efficiently, and equitably.

Although universal health coverage is highly country and context specific, rigorous scientific research has the potential to generate evidence to inform better policy and practice within and across countries. For example, robust methodologies could be instrumental in identifying how the services for HIV, tuberculosis, malaria, immunization and maternal and child health can be scaled up to reach the poor and disadvantaged more quickly and sustainably in low-income countries. Similarly, prospective monitoring and evaluation of universal health coverage policies in middle-income countries can help to better target the vulnerable populations and make important mid-course corrections.

## The symposium's objectives

The specific objectives of the symposium are to:

- share state-of-the art research on universal health coverage;
- develop a global agenda of priority research on accelerating progress towards universal health coverage;
- facilitate greater research collaboration and learning communities across disciplines, sectors, initiatives and countries;
- strengthen the scientific rigor of the field of health systems research including concepts, frameworks, measures and methods;
- identify mechanisms for strengthening capacities – individual, institutional and infrastructural – for research on health systems particularly in low- and middle-income countries.

## Who should attend?

- Researchers from low-, middle- and high-income countries interested in health systems research
- Health policy analysts
- National health policy-makers
- Representatives of multilateral organizations
- Representatives of donor governments and private foundations interested in funding health systems research in low- and middle-income countries
- Non-state actors from international and national NGOs, civil society, and the private sector.

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<sup>1</sup> The report is available at [www.who.int/alliance-hpsr/alliancehpsr\\_task\\_force\\_report\\_research.pdf](http://www.who.int/alliance-hpsr/alliancehpsr_task_force_report_research.pdf)

<sup>2</sup> Working Group 1 Report: Constraints to scaling up and costs. Available at [www.internationalhealthpartnership.net/taskforce.html](http://www.internationalhealthpartnership.net/taskforce.html)

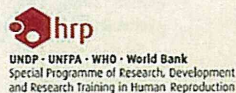
## How is the symposium being organized?

A Steering Committee has been set up to oversee the development and organization of the Symposium. The membership of the Committee includes representatives from other UN agencies, donor governments, and private foundations, and senior health policy-makers from developing countries. In order to ensure scientific rigour and robustness of the outputs emanating from the Symposium, a Scientific Committee will also be set up to provide technical inputs into the organization of the Symposium. The membership of this Committee will comprise leaders of the scientific research community interested in health systems research in both developed and developing countries. A small WHO-based secretariat is set up and responsible for the organization, administrative and operational support in the planning and preparation of the Symposium. A growing number of international organizations, donor governments, private foundations, and research partnership programmes are co-sponsoring the Symposium. As more partners join, we will update the current list of logos to reflect the additions.

The four-day event will include plenary sessions, concurrent sessions, panel and working group discussions, and poster presentations.

A call for abstracts on science to accelerate universal health coverage will be announced in late 2009. All information related to background documents, committee members, registration, abstract submission and the programme will be posted at relevant WHO websites.

For more information please contact  
[healthsystemresearch@who.int](mailto:healthsystemresearch@who.int)



CODE \_\_\_\_\_

# Questionnaire on Malaria (Microscopists-level)



Date

■ \_\_\_\_\_ Day / \_\_\_\_\_ Month / \_\_\_\_\_ Year

■ Starting (time)    ■ Ending (time)    ➔ Total

\_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ minute

1 / 12

## Section 1: Socio-demographic characteristics

Q1 Tirahan **Barangay** \_\_\_\_\_

Q2 Kailan naging BMM? **Buwan** \_\_\_\_\_ **Taon** \_\_\_\_\_

Q3 Edad \_\_\_\_\_ (YEARS OLD)

Q4 Kasarian  Lalaki /  Babae

Q5 Karayuan (Pumili ng isa)  Di nag-asawa /  May-asawa /  Diborsyo /  Balo

Q6 Layo ng bahay sa Health Center \_\_\_\_\_ minuto kung maglalakad/ Iba pa (specify) \_\_\_\_\_

Q7 Relihiyon (Pumili ng isa)  Katoliko /  Protestante /  4 Square /  LRC /  Muslim  
 Pagano /  Iba pa (specify) \_\_\_\_\_

Q8 Etniko (Pumili ng isa)

Cebuano /  Bisaya (binisaya) /  Cuyunon (Cuyunan) /  Bicolana /  Mindanao

Kagayanan /  Tagalog /  Tagbanwa /  Palawan (Pinalawon, Palawanon) /  OIba pa (specify) \_\_\_\_\_

Q9 Pinag-aralan (Pumili ng isa)

Di nakapag-aral /  Elementarya /  Mataas na Paaralan /  Kolehiyo /  Higher

Q10 Hanapbuhay (Pumili; kung higit sa 2 piliin ang mas mahabang oras na ginugugol)

Housewife /  Farmer: Rice /  Farmer: Coconut /  Fishery /  Shop keeper or owner /

Tourist business /  Construction worker /  Civil servant /  Teacher /  Other (specify) \_\_\_\_\_

Q11 Does your household own these items?

11.1 Elektrisidad  A. Oo /  B. Hindi

11.2 Radyo  A. Oo /  B. Hindi

11.3 Telebisyon  A. Oo /  B. Hindi

11.4 Refrigerator  A. Oo /  B. Hindi

11.5 Bisikleta  A. Oo /  B. Hindi

11.6 Motorsiklo  A. Oo /  B. Hindi

11.7 Bisikleta may sidecar  A. Oo /  B. Hindi

11.8 Yero o Semento)  A. Oo /  B. Hindi



## Section2: Activities of Microscopists

**Q12** Ano ang pinakamahalagang dahilan para maging BMM 9Pumili ng isa) (Pumili ng isa)

- 12.1. Interesado sa panggagamot ng malaria
- 12.2. Interesado sa pag-iwas sa malaria
- 12.3. Rekomendasyon ng barangay o ng Kapitan
- 12.4. Interesado sa dagdag na kita
- 12.5. Interesadong mapababa ang malaria sa barangay
- 12.6. Interesadong mailigtas ang buhay ng mga kabarangay sa malaria
- 12.7. Iba pa (specify) \_\_\_\_\_

**Q13** Ilan ang pasyente na nagpatingin noong nakaraang linggo? \_\_\_\_\_ **Person(s)**

**Q14** Ilan sa mga ito ay Malaria? \_\_\_\_\_ **Person(s)** (Kung wala→Q18)

**Q15** Kung OO Ano klase ng Malaria at ilan?

- 15.1. *Plasmodium. malariae* A. Oo (\_\_\_\_\_person/week)/ B. Hindi
- 15.2. *Plasmodium. ovale* A. Oo (\_\_\_\_\_person/week)/ B. Hindi
- 15.3. *Plasmodium. vivax* A. Oo (\_\_\_\_\_person/week)/ B. Hindi
- 15.4. *Plasmodium. falciparum* A. Oo (\_\_\_\_\_person/week)/ B. Hindi
- 15.5. Unknown A. Oo (\_\_\_\_\_person/week)/ B. Hindi

**Q16** Gaanong oras ang ginugugol ninyo sa mga gawain para sa pag-iwas ng malaria: Tag-ulan? Tag-araw?

16.1. Tag-init:\_\_\_\_\_araw sa 1 linggo at\_\_\_\_\_oras sa 1 araw

16.2. Tag-ulan\_\_\_\_\_araw sa1 linggo at\_\_\_\_\_oras sa 1 araw

**Q17** Gaanong oras ang ginugugol sa mga gawain para sa pagpapagaling ng malaria: Tag-ulan? Tag-init?

17.1. Tag-init:\_\_\_\_\_araw sa 1 linggo at\_\_\_\_\_oras sa 1 araw

17.2. Tag-ulan\_\_\_\_\_araw sa1 linggo at\_\_\_\_\_oras sa 1 araw

**Q18** Ang mga kabarangay ninyo ba ay humuhingi ng payong pangkalusugan kung sila ay may sakit? (Pumili ng isa) A. Palagi / B. Minsan / C. Madalang / D. Hindi

**Q19** Bumibisita ka ba sa mga kabarangay upang magtingin ng may sakit ng malaria? (Pumili ng isa)

- A. Palagi / B. Minsan / C. Madalang / D. Hindi (Kung Hindi → Q21)

**Q20** Kung Oo, Kailan ka bumibisita sa mga taga barangay para alamin ang may malaria? (Pumili ng isa)

- A. Tuwing Tag-ulan / B. Tuwing tag-init / C. Parehong panahon

**Q21** Kung may matagpuan kang may sakit, ano ang ginagawa upang malalaman kung siya ay may malaria?

- 21.1. Obserbahan ang simtomas A. Palagi / B. Minsan / C. Hindi
- 21.2. Tinatanong ang simtomas sa kasambahay A. Palagi / B. Minsan / C. Hindi
- 21.3. Kinukuha ang temperature (gamit ang kamay o thermometer) A. Palagi / B. Minsan / C. Hindi
- 21.4. Sinisilip sa microscope A. Palagi / B. Minsan / C. Hindi
- 21.5. Gamit ang RDTs A. Palagi / B. Minsan / C. Hindi
- 21.6. Dinadala sa Health Center o sa Ospital upang malaman kung may malaria A. Palagi / B. Minsan / C. Hindi
- 21.7. Iba pa (specify) \_\_\_\_\_

**Q22** Kung malaman na may malaria, ano ang ginagawa para gamutin?

- 22.1. Binibigyan ng gamot sa malaria A. Palagi / B. Minsan / C. Hindi
- 22.2. Pinabibili ng gamot sa malaria A. Palagi / B. Minsan / C. Hindi
- 22.3. Pinapupunta sa health center o hospital A. Palagi / B. Minsan / C. Hindi
- 22.4. Iba pa (specify) \_\_\_\_\_ A. Palagi / B. Minsan / C. Hindi

**Q23** Kapag ibinibigay ang gamot sa malaria, ipinaliliwanag ba kung ano ang mga gamot? (Pumili ng isa)

- A. Oo / B. Hindi (Kung Hindi → Q25)

**Q24** Kung Oo, Ano ang ipinaliliwanag tungkol sa gamot?

- 24.1. Ano/ dami ng tableta na kailangang inumin ng pasyente araw-araw  
A. Palagi / B. Minsan / C. Hindi
- 24.2. Kapag gumaling na ang pasyente pwede na niyang itigilang pag-inom ng gamot  
A. Palagi / B. Minsan / C. Hindi
- 24.3. Kung may matirang gamot pwede niyang itago o ipamigay sa iba  
A. Palagi / B. Minsan / C. Hindi
- 24.4. Kung ang pasyenta ay magaling na, kailangan ubusin niya ang lahat ng gamot  
A. Palagi / B. Minsan / C. Hindi
- 24.5. Iba pa (specify) \_\_\_\_\_

**Q25** Ano sa palagay ninyo ang mangyayari kung hindi uubusin ang lahat na ibinigay na gamot?

- 25.1. Pwede nilang itabi ang natirang gamot para sa susunod na pagkakasakit  
A. Narapat / B. Di nararapat / C. Hindi alam
- 25.2. Pwedeng itabi para sa kapamilya o kaibigan na magkakasakit ng malaria sa darating na panahon  
A. Narapat / B. Di nararapat / C. Hindi alam
- 25.3. Ang pasyente na may malaria ay di na magagamot  
A. Tama / B. Mali / C. Hindi alam
- 25.4. Magiging sanhi ng paglaganap ng "drug resistance"  
A. Posible / B. Di possible / C. Hindi alam
- 25.5. Iba pa (specify) \_\_\_\_\_

**Q26** Nagpadala ka na ba ng pasyante sa health center o sa ospital? (Pumili ng isa)

A. Oo / B. Hindi (Kung Hindi →Q28)

**Q27** Kung Oo bakit mo pinadala?

27.1. May malaria at malala na

A. Palagi / B. Minsan / C. Hindi

27.2. Walang malaria

A. Palagi / B. Minsan / C. Hindi

27.3. Walang malaria ngunit malala ang sintomas

A. Palagi / B. Minsan / C. Hindi

27.4. Wala akong gamot sa malaria

A. Palagi / B. Minsan / C. Hindi

27.5. Hindi gumaling ang pasyente sa malaria

A. Palagi / B. Minsan / C. Hindi

27.6. Ang pasyente ay buntis

A. Palagi / B. Minsan / C. Hindi

27.7. Iba pa (specify) \_\_\_\_\_

**Q28** Pagkatapos mong mabigyan ng gamot ang pasyente, binibisita mo ba para alamin kung siya ay gumaling?  
(Pumili ng isa) A. Palagi / B. Minsan / C. Hindi

**Q29** Pagkatapos mong mabigyan ng gamot ang pasyente, tinatanong mo ba ang kapamilya o ang pasyente kung gumaling? (Pumili ng isa) A. Palagi / B. Minsan / C. Hindi

**Q30** Ipinaliwanag mo ba sa mga taga barangay kung paano maiiwasan ang malaria? (Pumili ng isa)  
A. Oo / B. Hindi (Kung Hindi →Q32)

**Q31** Kung Oo, ano ang ipinaliwanag ninyo tungkol sa pagiwas sa malaria?

31.1. Huwag lalapit sa may sakit na malaria

A. Palagi / B. Minsan / C. Hindi

31.2. Huwag gagamit ng kagamitan ng may sakit ng malaria

A. Palagi / B. Minsan / C. Hindi

31.3. Iwasan ang kagat ng lamok

A. Palagi / B. Minsan / C. Hindi

31.4. Gumamit ng "mosquito coils"

A. Palagi / B. Minsan / C. Hindi

31.5. Magisprey ng bahay

A. Palagi / B. Minsan / C. Hindi

31.6. Linisin ang dawag sa paligid

A. Palagi / B. Minsan / C. Hindi

31.7. Alisin ang mga maiipon na tubig

A. Palagi / B. Minsan / C. Hindi

31.8. Takpan ang imbakan ng tubig

A. Palagi / B. Minsan / C. Hindi

31.9. Magsuot ng mahabang manggas

A. Palagi / B. Minsan / C. Hindi

31.10. Matulog sa loob ng kulambo

A. Palagi / B. Minsan / C. Hindi

31.11. Magdala ng kulambo kung pupunta sa gubat

A. Palagi / B. Minsan / C. Hindi

## Section 3: Knowledge of Malaria Epidemiology and Prevention

**Q32** What are the major symptoms of Malaria?

- |                        |                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------|
| 32.1. Sakit ng tiyan   | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.2. Nagtatae         | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.3. Nagsusuka        | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.4. Nilalagnat       | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.5. Giniginaw        | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.6. Walang malay     | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.7. Pinagpapawisan   | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.8. Hinihimatay      | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.9. Namumutla        | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.8. Masakit ang ulo  | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 32.9. Iba pa (specify) | _____                                                                                                    |

**Q33** Paano nasasalin ang malaria?

- |                                                              |                                                                                                          |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 33.1. Pag-ubo at bahin ng may sakit na malaria               | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.2. Sa paghawak sa dugo ng may malaria                     | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.3. Paghawak sa kagamitan na gamit ng may sakit na malaria | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.4. Makihati sa pagkain ng may sakit na malaria            | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.5. Paglapit sa lamok                                      | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.6. Kagat ng lamok                                         | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 33.7. Iba pa (specify)                                       | _____                                                                                                    |

**Q34** Alam ba ninyo kung anong lamok ang nagdadala ng malaria?

- |                                 |                                                                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| 34.1. Lalaking <i>Culex</i>     | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 34.2. Babaeng <i>Culex</i>      | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 34.3. Lalaking <i>Anopheles</i> | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 34.4. Babaeng <i>Anopheles</i>  | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 34.5. Lalaking <i>Aedes</i>     | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |
| 34.6. Babaeng <i>Aedes</i>      | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi / <input type="checkbox"/> C. Di alam |

**Q35** Kailan ang mga lamok ay aktibo? (Pumili ng isa) A. Umaga / B. Hapon / C. Gabi / D. Iba pa \_\_\_\_\_

**Q36** Paano mo nalaman ang tungkol sa pagsalin ng sakit na malaria?

- |                                      |                                                                    |
|--------------------------------------|--------------------------------------------------------------------|
| 36.1. Magulang                       | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi |
| 36.2. Napag-aralan sa eskuwelahan    | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi |
| 36.3. Telebisyon                     | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi |
| 36.4. Libro/Magazine                 | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi |
| 36.5. Pagsasanay bilang Microscopist | <input type="checkbox"/> A. Oo / <input type="checkbox"/> B. Hindi |
| 36.6. Iba pa (specify)               | _____                                                              |

**Q37** May ginagawa ka bang paraan ng pag-iwas pR sa iyong sarili?

A. Oo (Kung Oo→huwag itanong Q40) / B. Hindi (Kung Hindi → Q40)

**Q38** Kung Oo, Ano ang mga paraan na ginagawa?

**38.1.** Bumabalik sa bahay bago magdapit hapon

A. Palagi / B. Di palagi / C. Minsan / D. Bihira / E. Hindi

**38.2.** Magsuot ng mahabang manggas

A. Palagi / B. Di palagi / C. Minsan / D. Bihira / E. Hindi

**38.3.** Matulog sa loob ng kulambo

A. Palagi / B. Di palagi / C. Minsan / D. Bihira / E. Hindi

**38.4.** Iwasan ang pagpunta sa gubat

A. Palagi / B. Di palagi / C. Minsan / D. Bihira / E. Hindi

**38.5.** Magdala ng kulambo kung pupunta sa gubat

A. Palagi / B. Di palagi / C. Minsan / D. Bihira / E. Hindi

**38.6.** Iba pa (specify)\_\_\_\_\_

**Q39** Kung Oo, paano mo nalaman ang paraan ng pag-iwas?

**39.1.** Magulang

A. Oo / B. Hindi

**39.2.** Sa pag-aaral

A. Oo / B. Hindi

**39.3.** Ttelebisyon

A. Oo / B. Hindi

**39.4.** Libro/magazine

A. Oo / B. Hindi

**39.5.** Pagsasanay bilang microscopist

A. Oo / B. Hindi

**39.6.** Iba pa (specify)\_\_\_\_\_

**Q40** If No, why is that you did not take preventive measures against Malaria? Kung hindi, bakit hindi ka gumagamit ng paraan upang makaiwas sa Malaria?

**40.1.** Because I am not afraid of Malaria A. Oo / B. Hindi

**Hindi ako natatakot sa malaria**

**40.2.** Because I have Malaria Immunity A. Oo / B. Hindi

**Meron akong pananggalang laban sa malaria**

**40.3.** Because there is little chance of death from Malaria A. Oo / B. Hindi

**Kakaunti lamang ang namamatay sa malaria**

**40.4.** Because I am not sure what kinds of preventive measures are effective A. Oo / B. Hindi

**Hindi ako sigurado kung alin sa pamamaraan ng pag-iwas ang epektibo**

**40.5.** Iba pa (specify)\_\_\_\_\_

## Section 4: Job-satisfaction

Ask yourself; How **satisfied** am I with this aspect of my Microscopist job?

**Very Sat.** means I am very satisfied with this aspect of my job

**Sat.** means I am satisfied with this aspect of my job

**N.** means I can't decide whether I am satisfied or not with this aspect of my job

**Disat.** means I am dissatisfied with this aspect of my job

**Very Dissat.** means I am very dissatisfied with this aspect of my job

**Bilang microscopist , ito ang aking mga nararamdaman...**

	1	2	3	4	5
	Very Sat.	Sat.	N.	Disat.	Very Dissat
<b>Q41</b> Laging may pinagkakaabalahan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q42</b> Nagkaroon ng pagkakataon na magtrabahong mag-isa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q43</b> Nagkaroon ng pagkakataon na magtrabaho ng ibang bagay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q44</b> Nagkaroon ng makilala o maiba sa komunidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q45</b> Paraan ng pinuno sa pakikitungo sa mga kawani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q46</b> Ang pagiging kompiyansa ng pinuno na gumawa ng desisyon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q47</b> Magkaroon ng pagkakataon na gawin ang mga bagay na di labag sa kalooban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q48</b> Ang trabaho ay nagging permanente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q49</b> Makagawa ng ibang bagay sa kapwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q50</b> Nagkaroon ng pagkakataon na makapagbigay payo sa ibang tao kung ano ang dapat gawin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q51</b> Ang pagkakataon na gumawa ng ibang bagay na gamitin and sariling abilidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q52</b> Nagkaroon ng pagkakataon na ang mga patakaran sa programa sa pagsugpo ng malaria ay maipatupad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q53</b> Ang aking tinatanggap na kabayaran/dami ng gawain na ginagampanan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 2 3 4 5  
 Very Sat. Sat. N. Disat. V ery Dissat

- Q54 Pagkakataon na mapalawak ang kaalaman sa sa gawaing ito 1 / 2 / 3 / 4 / 5
- Q55 . Ang kalayaan na gamitib ang sariling paghusga 1 / 2 / 3 / 4 / 5
- Q56 Pagkakataon na gamitin ang sariling pamamaraan sa pagtupad ng tungkulin 1 / 2 / 3 / 4 / 5
- Q57 Ang kondisyon ng pinagtatrabahuan 1 / 2 / 3 / 4 / 5
- Q58 Ang magandang samahan ng mga katrabaho 1 / 2 / 3 / 4 / 5
- Q59 Mga papuri na nakukuha sa maayos na trabaho 1 / 2 / 3 / 4 / 5
- Q60 Ang pakiramdam ng katuparan na nakukuha sa trabaho 1 / 2 / 3 / 4 / 5

## Section 5: Paggamit ng microscope

### ◆ Preparation and documentation

- Q61 Paghahanda ng microscope, pantusok, methanol, first-aid dressing, giemsa, slides at iba pang kagamitan A. Palagi / B. Minsan / C. Hindi
- Q62 Pag-alam kung paso na gamit sa pag "stain" A. Palagi / B. Minsan / C. Hindi
- Q63 Paglagay ng pangalan ng pasyente sa slide A. Palagi / B. Minsan / C. Hindi
- Q64 Paglagay ng petsa sa slide A. Palagi / B. Minsan / C. Hindi
- Q65 Pagpili ng ikaapat na daliri ng kaliwang kamay para tusukin at gumawa ng smear A. Palagi / B. Minsan / C. Hindi
- Q66 Paglinis ng daliri ng bulak na mag alcohol at patuyuin A. Palagi / B. Minsan / C. Hindi
- Q67 Pagrekord ng resulta sa CHW register A. Palagi / B. Minsan / C. Hindi

◆ **Microscope usage**

- Q68** Pagkuha ng dugo A. Palagi / B. Minsan / C. Hindi
- Q69** Gawin agad ang sample pagkatapos kunin A. Palagi / B. Minsan / C. Hindi
- Q70** Paggamit ng malinis at bagong slides A. Palagi / B. Minsan / C. Hindi
- Q71** Paglagay ng isang patak na dugo sa slides A. Palagi / B. Minsan / C. Hindi
- Q72** Pagkalat ng dugo sa slide upang makagawa ng magandang thin smear A. Palagi / B. Minsan / C. Hindi
- Q73** Ang angulo ng pangkalat ng dugo ay 30° A. Palagi / B. Minsan / C. Hindi
- Q74** Patuyuin agad ang dugo A. Palagi / B. Minsan / C. Hindi
- Q75** Lagyan ng methanol A. Palagi / B. Minsan / C. Hindi
- Q76** Ang sobrang pagpapatuyo ay makasisira ng stain A. Palagi / B. Minsan / C. Hindi
- Q77** Kung ang slide ay nilalagyan ng methanol dapat ito ay nakatagilid A. Palagi / B. Minsan / C. Hindi
- Q78** Kung marami ang sample maaring gumamit ng staining rack o jar A. Palagi / B. Minsan / C. Hindi
- Q79** Ang tagal ng paglalagay ng stain ay depende sa konsentrasyon ng stain (karaniwan 10-30 minuto) A. Palagi / B. Minsan / C. Hindi
- Q80** Ang pinakamatagal na pag stain ay 45 minuto, kahit tagalan pa ito ay din a magbabago ang kulay A. Palagi / B. Minsan / C. Hindi
- Q81** Kung gusting maging matingkad ang kulay pwede pang ulutin ang pagstain kahit ito ay na stain na A. Palagi / B. Minsan / C. Hindi
- Q82** Hugasan ng buffer A. Palagi / B. Minsan / C. Hindi
- Q83** Kung may mga maliliit na dumi sa ibabaw ng stain, alinsin ito ng dahan-dahan A. Palagi / B. Minsan / C. Hindi
- Q84** Maiiba ang tindi ng kulay sa pamamagitan ng tagal sa paghugas A. Palagi / B. Minsan / C. Hindi



- Q85** Pagkatapos hugasan, alisin agad sa tubigat patuyuin A. Palagi / B. Minsan / C. Hindi
- Q86** Silipin sa microscope A. Palagi / B. Minsan / C. Hindi
- Q87** Ang nuclei ng malaria ay nagiging kulay pula pagkatapos malagyan ng stain A. Palagi / B. Minsan / C. Hindi
- Q88** Ang pinaka katawan ng malaria ay nagiging kulay asul A. Palagi / B. Minsan / C. Hindi
- Q89** Kung makitang malaria, alaming kung anong klasw A. Palagi / B. Minsan / C. Hindi

◆ **Identification of the kind of malaria**

**Q90** Kung may makitang *P. malariae*, paano makikilala

- 91.1** Ang laki ng red blood cells A. Small / B. Normal/ C. Big
- 91.2** May mga spikes sa paligid ng red blood cells A. Yes / B. No
- 91.3** May mga tuldok sa loob ng red blood cells A. Maurer dots/ B. Schuffner dots/ C. Ziemann dots
- 91.4** Marami sa loob ng red blood cells A. Always / B. Sometimes / C. Never
- 91.5** Iba ibang stage sa loob ng red blood cells A. Only the ring form / B. All stages
- 91.6** May malaking hugis singsing A. Always / B. Never
- 91.7** May chromatin dot A. Singular number / B. Plural number
- 91.8** May hugis pahalang sa red blood cells (band form) A. Always / B. Never
- 91.9** May hugis sausage o saging A. Always / B. Never

**Q91** Kung may makitang *P. ovale*, paano makikilala

- 91.1** Ang laki ng red blood cells A. Small / B. Normal/ C. Big
- 91.2** May mga spikes sa paligid ng red blood cells A. Yes / B. No
- 91.3** May mga tuldok sa loob ng red blood cells A. Maurer dots/ B. Schuffner dots/ C. Ziemann dots
- 91.4** Marami sa loob ng red blood cells A. Always / B. Sometimes / C. Never
- 91.5** Iba ibang stage sa loob ng red blood cells A. Only the ring form / B. All stages
- 91.6** May malaking hugis singsing A. Always / B. Never
- 91.7** May chromatin dot A. Singular number / B. Plural number
- 91.8** May hugis pahalang sa red blood cells (band form) A. Always / B. Never
- 91.9** May hugis sausage o saging Proliferative bodies A. Always / B. Never  
in sausage shapes

**Q92** Kung may makitang *P. vivax*, paano makikilala

- 91.1 Ang laki ng red blood cells  
91.2 May mga spikes sa paligid ng red blood cells  
91.3 May mga tuldok sa loob ng red blood cells  
  
91.4 Marami sa loob ng red blood cells  
91.5 Iba ibang stage sa loob ng red blood cells  
91.6 May malaking hugis singsing  
91.7 May chromatin dot  
91.8 May hugis pahalang sa red blood cells (band form)  
91.9 May hugis sausage o saging Proliferative  
bodies in sausage shapes

- A. Small / B. Normal/ C. Big  
A. Yes / B. No  
A. Maurer dots/ B. Schuffner dots/ C. Ziemann dots  
A. Always / B. Sometimes / C. Never  
A. Only the ring form / B. All stages  
A. Always / B. Never  
A. Singular number / B. Plural number  
A. Always / B. Never  
A. Always / B. Never

**Q93** Kung may makitang *P. falciparum*, paano makikilala

- 91.1 Ang laki ng red blood cells  
91.2 May mga spikes sa paligid ng red blood cells  
91.3 May mga tuldok sa loob ng red blood cells  
  
91.4 Marami sa loob ng red blood cells  
91.5 Iba ibang stage sa loob ng red blood cells  
91.6 May malaking hugis singsing  
91.7 May chromatin dot  
91.8 May hugis pahalang sa red blood cells (band form)  
91.9 May hugis sausage o saging Proliferative  
bodies in sausage shapes

- A. Small / B. Normal/ C. Big  
A. Yes / B. No  
A. Maurer dots/ B. Schuffner dots/ C. Ziemann dots  
A. Always / B. Sometimes / C. Never  
A. Only the ring form / B. All stages  
A. Always / B. Never  
A. Singular number / B. Plural number  
A. Always / B. Never  
A. Always / B. Never

◆ **Safe handling and disposal (Paraan ng paghawak at pagtapon ng mga ginamit)**

**Q94** Magsuot ng bagong glove kung magsisimula

- A. Palagi / B. Minsan / C. Hindi

**Q95** Huwag hawakan ang dugo ng pasyente

- A. Palagi / B. Minsan / C. Hindi

**Q96** Gumamit ng bagong lancet sa pagtusok sa pasyente

- A. Palagi / B. Minsan / C. Hindi

**Q97** Magkaroon ng tapunan ng lancet pagkatapos gamitin

- A. Palagi / B. Minsan / C. Hindi

**Q98** Gumamit ng bagong pantusok sa bawat pasyente

- A. Palagi / B. Minsan / C. Hindi

**Q99** Ang pagtapon ng gloves, bulak at iba pang kagamitan ay  
ihiwalay sa mga lancet.

- A. Palagi / B. Minsan / C. Hindi

**Thank you very much for your cooperation!**



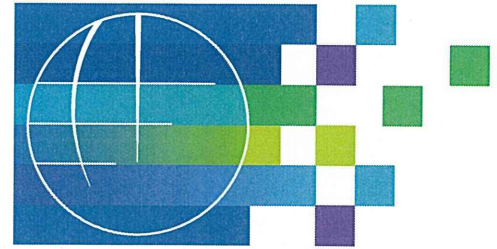
III. 研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
Pilarita Tongol-Rivera, Shigeyuki Kano <i>et al.</i>		Shigeyuki Kano	Social Capital Development and Malaria Control in the Philippines	Free Press Co.	Tokyo	2010	
Jimba M, Cometto G, Yamamoto T, Shiao L, Huicho L, Sheikh M.	Health workforce: the critical pathway to universal health coverage.		Background paper for the global symposium on health systems research.		Montreux, Switzerland.	2010	

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
Yanagisawa S, Poudel KC, Jimba M.	Sibling caregiving among children orphaned by AIDS: Synthesis of recent studies for policy implications.	Health Policy	98	121-30	2010
Poudel KC, Fujita M, Green K, Poudel-Tandukar K, Jimba M.	Building on chronic care systems for HIV: Applying lessons learnt to manage non-communicable diseases in Southeast Asia.	Lancet (correspondence)		In press	2011



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# Health workforce: the critical pathway to universal health coverage

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