



S A R A

SOUTH FOR
L'ANALYSE ET LA RECHERCHE
EN AFRIQUE

Trip Report

The Third Meeting of the Network of African Postgraduate Training and Research Institutions in Public Health

Brazzaville, Congo: October 2-6, 1995

Sambe Duale, MD, MPH
Research Manager, SARA Project
Tulane University



Trip Report

The Third Meeting of the Network of African Postgraduate Training and Research Institutions in Public Health

Brazzaville, Congo: October 2-6, 1995

Sambe Duale, MD, MPH
Research Manager, SARA Project
Tulane University



The Third Meeting of the Network of African Postgraduate Training and Research Institutions in Public Health

Brazzaville, Congo: October 2-6, 1995

Table of Contents

Executive Summary	
Introduction	1
Objectives	1
Specific objectives	1
Expected Results	2
Method of Work	2
Opening Session	3
The New Approaches to Public Health in the African Region	4
Training	4
Research	4
Practice	5
Relevant Information for the Network	5
New educational technology and its application to public health training in Africa	5
Health and Human Resources Analysis for Africa (HHRAA) Project	6
The Rockefeller Foundation's Public Health Schools Without Walls (PHSWOW) Initiative	6
Sustainable public health training - the public/private organizations	7
Utilizing the Network For Exchange	8
Accreditation of Public Health Programs	9
Country Reports	9
Summary of the Network Business Meeting	10
Election of the Officers of the Network	10
The Name and Membership of the Network	10
The Secretariat	11
Marketing the Network of African Public Health Training and Research Institutions	11
Designation of WHO Collaborating Centers in Public Health in Africa	12
Conclusion and Recommendations	12

Appendices:

Appendix A: Participant List

Appendix B: Executive Committee 1995-1997

Appendix C: Proposed Masters in Public Health Programme

Executive Summary

Dr. Samba Duale, Research Manager of the SARA Project, attended the Third Meeting of the Network of African Training and Research Institutions in Public Health held in Brazzaville, Congo, October 2-6, 1995. The meeting was sponsored by WHO/AFRO with additional support from HHRAA/SARA and the Rockefeller Foundation. The travel and per diem of five participants were supported by SARA. SARA's participation at this meeting was authorized under Task Order 257, to explore the use of the network as a channel for the dissemination of information generated by the HHRAA analytic agenda.

Participants at the meeting were deans, directors, department chiefs, researchers and practitioners from about twenty training and research institutions in public health, representing sixteen countries. Prof. Adjou Moumouni (retired) of Benin, Prof. Bertrand of Tulane, Prof. D'Almeida and Dr. Mandara of WHO/AFRO, Ms. Rowley of Rockefeller, and Dr. Duale of SARA served as resource persons. The participants discussed the implications of new approaches to public health on the practice, training, and research in the African region. They reflected on how their various institutions might take advantage of the booming information technology (Internet!) to access state-of-the-art information, such as information generated by the HHRAA Project, for updating and improving the quality of their training materials and practice.

The participants discussed how network services could improve public health education at undergraduate and graduate levels in Africa by facilitating the exchange of a) faculty members, b) training materials, c) students, and d) research protocols and results. The member institutions of the network, because of their role in **training** public health personnel in Africa, have an important role to play in the **practice** of public health on the continent.

A new Executive Committee of the network, elected at this meeting, will be chaired by Prof. Bukenya, Dean of the Makerere Medical School. Makerere University has offered to house the network's secretariat. A process is being initiated to obtain a legal NGO status for the network in Uganda. WHO/AFRO initiated such a process in Congo two years ago but did not succeed because of all the social and political unrest at that time. Once the legal status is acquired, WHO/AFRO might grant the network a WHO collaborating institution status.

SARA will follow-up with the Executive Committee of the network to explore collaborative dissemination activities. One priority activity that merits consideration is to explore mechanisms for facilitating electronic connectivity among network institutions, especially the seven institutions represented in the Network Executive Committee.

Introduction

In an effort to strengthen public health training in the African Region, WHO/AFRO has conducted two previous meetings: the first one in June 1990, and the second one in December 1992. The June 1990 meeting prepared guidelines for public health training in the African Region, adopted a framework for a Network of Postgraduate African Training and Research Institutions in Public Health (NAPTRIPH), and agreed on a basis for cooperation and partnership among African Public Health Institutions and their counterparts in Europe, America and elsewhere. The second meeting, held in Douala, Cameroon, in December 1992, adopted a constitution for the Network.

This October 1995 meeting, the third in the series, intended to put into action the aspirations of the network by outlining common features for public health training, practice, and research. The network offers a potential mechanism for exchange and dissemination of literature as well as research results, that could bring state-of-the-art information into public health training courses. In addition, the network offers an opportunity to use the Analytic Agenda priorities and products of USAID's Africa Bureau to influence the agenda and directions of the public health training institutions in Africa. The meeting offered a channel to disseminate information and discuss the implications of the Health and Human Resource Analysis (HHRAA) Project's analytical activities for human resource development in public health in Africa.

Objectives

The general objectives of the meeting were: 1) to define the new approach to public health as it applies to the African Region [see below, Specific objective a.], 2) to identify the core components of a public health curriculum in light of the new approach to public health [Specific objective b.], and 3) revitalize the public health network [Specific objectives c.-h.].

Specific objectives

- a. To develop a common framework of understanding of the new approach to public health in the African Region.
- b. To review current postgraduate public health training curricula in NAPTRIPH member institutions with a view to up-dating them in line with the theory and practice of the new approach to public health.
- c. To review and discuss issues concerning reciprocal accreditation of curricula.
- d. To develop mechanisms of involving non-governmental organizations and public/private sector organizations in the support of public health training.

Expected Results

- e. To propose a network service for improved public health education in Africa by facilitating the exchange of 1) faculty members; 2) training materials; 3) students; 4) research protocols and results.
- f. To propose a retirement benefit fund for faculty at all public health training institutions through the network or other institutional mechanisms.
- g. To develop mechanisms for the creation/adaptation and distribution of appropriate new educational technology to improve and facilitate training and communication of new scientific work through the network.
- h. To elect new officers, and determine the place and date of the next meeting.

Expected Results

- a. A common framework of understanding of the new approach to public health in the African Region.
- b. A mutually accepted outline of the core components of a public health curriculum incorporating the new approach to public health.
- c. An agreed formula for reciprocal accreditation among NAPTRIPH member institutions.
- d. Mechanisms accepted by NAPTRIPH members for involving non-governmental organizations, public/private sector organizations to support public health training.
- e. A NAPTRIPH approved network service for facilitating exchange of faculty, training materials, students and research protocols and results.
- f. A retirement benefits package for faculty members in NAPTRIPH member institutions.
- g. A mechanism for the creation, adaptation and distribution of new educational technologies amongst NAPTRIPH members.
- h. A new executive and a definite date and place for the next NAPTRIPH meeting, and any other business.

Method of Work

It was a mixture of plenary presentations and group discussions. There was simultaneous interpretation from French to English and vice versa. Participants were divided into three groups: one French, one English and the third one mixed-for which there was simultaneous interpretation. The groups elected their own chairpersons and rapporteurs who synthesized the groups' deliberations for presentation at the plenary sessions. The general rapporteurs were responsible for the final synthesis of the groups' reports. Prof. Bertrand, Ms. Laura Haas (a doctoral student at Tulane), and Dr. Duale provided

much needed logistical support to Dr. Mandara of WHO/AFRO in running and documenting the meeting.

Opening Session

The Chairman of the meeting, who was the Vice-Chairman of NAPTRIPH, Professor Gilbert Bukenya, welcomed all guests and participants to the meeting. He conveyed apologies from the Chairman of the Network, Professor Ibrahim Wone of Senegal, who was unable to attend due to academic commitments at his workplace. Professor Bukenya then invited Dr. A.M. D'Almeida, who was representing the WHO Regional Director for Africa, Dr. Ebrahim Malick Samba, to officially open the meeting.

Dr. D'Almeida, the Deputy Programme Manager of the WHO Africa Region, conveyed apologies from the Regional Director and presented Dr. Samba's address. In his opening remarks, the Regional Director expressed to the participants the need to clearly appreciate the concept of the new public health and the implications for public health training, practice and research in Africa. He further noted that the formation of a Network of Public Health Trainers in the Region was most opportune, and that such a network could strengthen the Region's capacity in the field of public health. He also advised that although such a network was essentially to link public health institutions in the Region, the network should also cultivate healthy linkages with some of the institutions in the North.

The Chairman, Professor Bukenya, expressed the appreciation of the meeting to both the Regional Director and the Deputy Program Manager for their personal and unconditional support for public health training in Africa in general, and for their support of the network in particular. The Chairman then requested the Deputy Programme Manager to invite Professor Adjou-Moumouni to give his keynote address.

In his Keynote address, Professor Adjou-Moumouni emphasised the need to train public health officers in Africa whose hearts would be with the people they serve. Professor Adjou-Moumouni then proceeded to give guidance to the meeting on three crucial questions:

- ◆ Who should be trained?
- ◆ Who should train? and
- ◆ How should training be conducted?

He alluded to the importance of using the new tools now available on the information highway, such as the Internet. He encouraged the audience to utilise the newer teaching and learning methods, such as learning by objective, problem-based learning, and learning of competencies and skills. Professor Adjou-Moumouni also addressed the

The New Approaches to Public Health in the African Region

need for local applied research which could be used to resolve local problems. He also advised participants to constantly evaluate their training programs.

The meeting then unanimously adopted the draft agenda. Thereafter, the participants elected the following officers for the meeting:

President:	Professor Adjou-Moumouni (Benin)
Vice-President:	Mrs. Glen Jager (South Africa)
First rapporteur:	Professor Lusamba Dikassa (Zaire)
Second rapporteur:	Dr. Reginald Matchaba-Hove (Zimbabwe)

The New Approaches to Public Health in the African Region

Health is considered to be a sector that can help develop other sectors. Reflecting this, major changes were introduced in public health approaches at the 1978 Alma Ata Conference. These changes have not had much impact in the intervening years.

At a time when there is worldwide consideration of new orientations in public health, it is important for Africa to develop new approaches in public health practice, training and research. This will provide African countries with tools that are appropriate for their own situation rather than being consumers of often inappropriate tools developed elsewhere.

The new approach to public health involves preventing disease and other health hazards, organizing health care services, carrying out fundamental and applied research, as well as managing resources. In Africa, this new approach to public health will have implications for the training of public health practitioners, for public health research, and for public health practice.

Training

There is a need to improve the quality of public health training at the undergraduate level in the various health disciplines. Public health training should be targeted at three levels, namely, policy-makers, middle managers, and grassroots level workers. Other professionals whose work has direct impact on public health, such as veterinary workers, civil engineers and architects should also receive public health training.

Research

Research should be driven by local problems; it should provide information to be used in training and in public health practice. Research results should be disseminated locally through local publications such as a journal that might be produced by the network, and using new technologies such as the Internet.

Important areas needing investigation may include the evaluation of training programs and training methods, and cost-benefit analysis of public health programs.

Practice

Training institutions should become more involved in public health practice through supervision of former trainees, and evaluation of public health programs.

The public health practitioner should be a motivator and a public health activist, and should demonstrate leadership and ability for team work. He/she should be able to meet unexpected challenges such as health interventions during natural and man-made disasters.

Relevant Information for the Network

New educational technology and its application to public health training in Africa (Professor Bertrand)

At any time, the emergence of new theories or new technologies is generally preceded by a period of professional insecurity. This was true when the microcomputer technology was first introduced in training in Africa. However, public health professionals quickly realized that microcomputers brought important advantages.

Among those advantages are an increase in productivity, with a decrease in costs, in storage space and time, a possibility to update easily and quickly the available information, and easy dissemination of knowledge, skills, information and research results.

The new information technology covers numerous applications among which are text processing, data analysis and presentation, desk top publishing, and electronic mail communication.

The Internet is among the fastest growing new information technologies. It is about to bring a true revolution in the training/education arena. Indeed, in the near future, computer assisted instruction will become commonplace. This network will facilitate the rapid distribution and dissemination of scientific literature and hence, access to information, which is still so difficult in Africa. With the Internet the traditional role of libraries and journals will certainly change. For the African public health specialist there is good news: the knowledge base of most public health information will become easily accessible through shared electronic library systems.

Health and Human Resources Analysis for Africa (HHRAA) Project

Health and Human Resources Analysis for Africa (HHRAA) Project (Dr. Sambe Duale)

Dr. Duale presented an overview of the Health and Human Resources Analysis for Africa (HHRAA) project funded by the Africa Bureau of the U.S. Agency for International Development (USAID), and discussed how the priorities and information generated by the HHRAA project might be of use to the network in discussing the training, research and practice of public health in Africa.

The HHRAA Project was launched in 1992 with the purpose of increasing the utilization of research, analysis, and information dissemination in support of improved health, nutrition, education, and family planning strategies, policies, and programs in Africa. The purpose of the project is to be achieved through the implementation of two project components: research and analysis consisting of synthesis, analysis, and field based research, and dissemination of information to decision makers. The project emphasized the participation of African professionals and institutions in the design and implementation of research activities, and in the dissemination of findings.

Dr. Duale emphasized the cross-cutting and multisectoral approaches being used by the HHRAA Project to address the information gaps in areas such as basic education, family planning, HIV/AIDS prevention and mitigation, malaria control, health financing, nutrition, reproductive health and child survival. A list of the African institutions currently collaborating with the HHRAA Project on a number of research and information dissemination activities was presented to the participants. A number of selected HHRAA/SARA materials were distributed at the meeting.

The Rockefeller Foundation's Public Health Schools Without Walls (PHSWOW) Initiative (Ms. Jane Rowley)

Ms. Jane Rowley, a Research Associate with the Rockefeller Foundation, based in New York, conveyed greetings to the meeting from the head of the Foundation's Health Sciences Division, Dr. Seth Berkely. She then outlined the three major areas the Foundation is currently sponsoring:

1. Population-based health care:
 - ◆ children's vaccine initiative
 - ◆ international AIDS vaccine initiative
 - ◆ STD diagnosis initiative
2. Human resources development:
 - ◆ International Clinical Epidemiology Network (INCLIN)

Sustainable public health training—the public/private organizations

◆ Public Health Schools Without Walls Initiative (PHSWOW)

3. Reproductive health and HIV/AIDS.

Ms Rowley then briefly described the PHSWOW initiatives which the Foundation supported in Zimbabwe (program launched in 1993), Uganda (program launched in 1994) and in Ghana (program launched in 1995). Important features of the programs included a country needs assessment, which was done first, collaboration between the academic institution and the ministry of health, and an emphasis on field-based, competency-based and problem-based learning. The first two programs, Zimbabwe and Uganda, are now actively linked with each other via exchange of faculty, training materials, and use of electronic mail. Similar linkages are actively developing with the new Ghana program. Although the programs have not yet been fully evaluated, the feeling is that the programs are a step in the right direction and can probably become models for other public health training institutions.

Sustainable public health training - the public/private organizations (Prof. Bertrand)

Due to the rapid changes occurring in the world today, competence alone is no longer the major factor for sustainability. Good organization certainly plays an increasingly important role. Sustainability should be discussed at different levels, i.e., the individual level, the institutional level and the network level.

Sustainability of individuals:

Individuals possess the intellectual capital. During the last decade, South Africa has been the recipient of much of the emigrating human resources in health. Carefully planned human resources emigration can, as in the case of Japan, be beneficial to the country. In order to achieve sustainability, individuals are often obliged to take several jobs simultaneously or to apply for an international position.

Institutional sustainability:

An institution or a program is considered to be sustainable if it can remain operational for a long duration. This is better achieved through integration into a key national service. One could inquire whether health services, as represented by the ministry of health, are considered a key national institution. In the search for sustainability, institutions or projects should pay attention to effectiveness, to their integration into national key services and to economic integration. One should keep in mind that community participation is difficult to obtain and that vertical programs create jealousy.

Utilizing the Network For Exchange

Network sustainability:

Sustainability is not ensured by joining together weak institutions. Rather, reinforce weak institutions by linking them with strong ones. Efforts should be made to increase national fund raising and cost recovery.

Fund raising models:

American state universities have been very successful raising funds by requesting state administrations to provide funds for agricultural research and by insuring that the research results were disseminated to farmers in order to help increase productivity in the state.

Several foundations in the United States and in Europe operate using the interest generated by an endowment fund. This model has been successfully used by organizations in Latin America and in Europe.

Sources of funds:

Among possible sources of funds for training institutions are tuition fees, research contracts, consultancies, and ordinary government budgets. Additional funds can be obtained from donor agencies and through international networks.

When raising funds for African institutions one should keep in mind that, as shown by a World Bank study, costs are generally three to four times higher in Africa than elsewhere. The presence of a dedicated national leader is crucial to project sustainability.

Utilizing the Network For Exchange

The network should facilitate communication between member institutions. It was agreed that a secretariat be established to coordinate the activities of the network. The secretariat should be separated from WHO/AFRO and should be coordinated by volunteers. It was suggested that a consultant be hired to collect the necessary data for the network's inventory, using a standard protocol. The meeting stressed the importance of financial viability and sustainability. Mechanisms for generating funds could include consultancies, running short courses, approaching donors, and investing money in an endowment fund.

More specifically, the network could play a role in exchange of students, faculty members, training materials, and research proposals and results.

The network can play a crucial role in the placement of students from sister institutions so as to enable them to gain appropriate training and experience.

Accreditation of Public Health Programs

An inventory should be developed of all the member institutions. The inventory should also contain the CVs of faculty members. This information could be used to facilitate exchange of faculty members and for consultancy work.

The network can facilitate the exchange of teaching materials for module formulation, short and long courses and for distance learning.

The network should keep an updated inventory of research proposals of students and faculty members. It should also be used for the dissemination of research results.

To facilitate information exchange, the network should have a regular newsletter/journal and should have access to modern information technology such as electronic mail.

Accreditation of Public Health Programs

The meeting examined the issue of accreditation from two aspects:

- ◆ accreditation of academic degrees;
- ◆ professional recognition of training, resulting in remuneration and promotion.

With regard to academic accreditation, it was resolved that the network should facilitate the understanding of respective programs, leading to eventual harmonization via the exchange of training materials, students, and faculty members.

Professional accreditation appeared to be a more contentious issue, with country-specific political overtones and trade union issues.

The meeting resolved that a committee should be appointed to specifically look into these issues of program harmonization and professional recognition among institutions represented in the network.

Country Reports

Among the African countries represented at the meeting, sixteen presented their public health training experience. Each representative presented a brief country report including pertinent information on the type of training offered, the profile of beneficiaries, training curricula, methods and techniques, as well as the training institution, facilities and faculty members.

Summary of the Network Business Meeting

Summary of the Network Business Meeting

Election of the Officers of the Network

The following individuals were elected to the Network Executive Committee for 1995-1997:

Chair:

Prof. Gilbert Bukenya, Makerere University, Uganda

Vice Chair:

Prof. Simaga Sidi Yaya, Ecole Nationale de Medecine et de Pharmacie du Mali

Secretary General:

Dr. Reginald Matchaba-Hove, University of Zimbabwe

Assistant Secretary General (Treasurer):

Prof. Tagliante-Saracino Janine (Mrs), Faculté de Medecine de l'Université, Côte d'Ivoire

Members:

Prof. Lusamba Dikassa, Ecole de Santé Publique de Kinshasa, Zaire

Mrs. Glen Jager, University of Natal, South Africa

Prof. Martins Mandara (ex officio), Human Resource for Health, WHO/AFRO

The Name and Membership of the Network

It was decided during this meeting to change the name of the network to the Network of African Public Health Institutions allowing for inclusion of training, research, and service organizations, as well as to reflect the goal of improving public health training, not only at the postgraduate level, but at all levels and for all categories of public health personnel.

The name change has resulted in a more open admission policy. The membership fee for institutions was fixed at \$100.00 per year. This amount will be reviewed on an annual basis.

The Secretariat

WHO/AFRO had provided temporary headquarters for the network and limited financial support up to this third meeting. At this meeting it was decided to move the secretariat out of WHO/AFRO and into one of the member institutions of the network.

The Faculty of Medicine of Makerere University has offered to house the network secretariat. The new executive committee will embark on a resource mobilization effort to make the secretariat functional.

A process is being initiated to obtain a legal NGO status for the network in Uganda.

Marketing the Network of African Public Health Training and Research Institutions

The network resolves that it will embark on an aggressive marketing strategy in order to make its activities known to all relevant role players and to achieve its objectives.

The marketing strategy should include the exchange of information among members of the network and interested parties as well as those outside the Region, and to this end should develop a data base of:

- ◆ all courses available or offered by its members, including skills and competencies;
- ◆ all human resources available in African Public Health Institutions (with abridged CVs), highlighting areas of expertise, (perhaps including golden paragraphs).

It is recommended that the information highway be utilized to market the network activities where possible:

- ◆ put curricula and courses available onto the Internet
- ◆ develop a human resource register to post on the Internet
- ◆ develop an on-line newsletter

This will be the major form of communication among members of the network in the next few years. All other forms of advertising should be immediately explored and funds obtained from WHO and donor agencies to do this.

Designation of WHO Collaborating Centers in Public Health in Africa

Designation of WHO Collaborating Centers in Public Health in Africa

WHO has, over the years, designated certain institutions as collaborating centers in various fields such as oral health, medical education, etc... Given the development of a consensus regarding the importance of the new public health for health development in Africa, and the concrete expression this has found in the strengthening of the Network of African Public Health Institutions, it is urgent that WHO designate certain African institutions as Collaborating Centers in Public Health. Such a move would enhance the profile of African public health and assist in the retention within and the attraction of resources to the continent, thereby facilitating the accelerated development of capacity in public health in Africa.

Conclusion and Recommendations

The network offers a potential mechanism for exchange and dissemination of literature as well as research results in order to incorporate state-of-the-art information into public health training courses. The network offers an opportunity to use the Analytic Agenda priorities and products of USAID's Bureau for Africa to influence the agenda and directions of the public health training institutions in Africa. The network offers a channel to disseminate information and discuss the implications of the Health and Human Resource Analysis (HHRAA) Project's analytical activities for human resource development for public health in Africa.

The member institutions of the network, because of their role in training African public health personnel, have an important role to play in the practice of public health on the continent. The HHRAA Project, particularly its SARA component, should follow-up with the Executive Committee of the network to explore collaborative research, dissemination and advocacy activities.

The network has identified a number of areas for consideration, including the evaluation of training programs and training methods, a cost-benefit analysis of public health programs, and the development of training modules on health-related disaster management and on applied research methodology.

One priority activity that merits consideration by HHRAA/SARA is to explore mechanisms for facilitating electronic connectivity among network institutions, especially the seven institutions represented in the Network's Executive Committee. This electronic connectivity could be used to disseminate and discuss HHRAA-generated information. Connectivity can facilitate the exchange of teaching materials for module formulation, short and long courses, and for distance learning.

The HHRAA Project through Tulane's SARA subcontract could provide technical and logistical support for the development of the network secretariat at Makerere Univer-

Conclusion and Recommendations

sity. With minimal additional funds, a Tulane doctoral student being posted to the Makerere Institut of Public Health for doctoral research on public health training, can assist in setting up the secretariat, especially in the area of electronic connectivity, and assuring that HHRAA/SARA generated information reaches network members.

The meeting recommended that African training institutions become more involved in public health research and practice. SARA can play a role in this area by facilitating collaboration between the network and its member institutions with HHRAA's collaborating agencies in Africa such as CERPOD in Bamako, CRHCS/ECSA in Arusha, and the disease prevention and control unit of WHO/AFRO.

Appendix A: Participants List

**Participants of the Third Meeting of the Network of African Public Health
Training and Research Institutes
2 - 6 October 1995
Brazzaville, Congo**

1. Jeanine Benoiton
Nurse Tutor
School of Health Studies
Seychelles Polytechnic
Mahe
PO Box 77
SEYCHELLES
Tel: 224777
Fax: 388354
email:

2. Prof. S Y Maselle
Director General
Muhimbili Medical Centre
PO Box 65000
Dar es Salaam. TANZANIA
Tel: 255 051 46229
Fax: 255 051 46229

3. Prof. J N Minjas
Director
Institute of Public Health
PO Box 65011
Dar es Salaam. TANZANIA
Tel: 255 051 27081
Fax: 255 051 46163
email: jminjas@tan.healthnet.org

4. Prof. Gilbert B Bukenya
Dean
Faculty of Medicine
Makerere University
P.O.Box 7072
Kampala, UGANDA
Tel: 256 41 530020
Fax: 256 41 531091
email: gilbert_bukenya@mukla.gn.apc.org

5. Prof. Diallo Pathé
Institut Régional de Santé Publique (IRSP)
BP 918
Cotonou, BENIN
Tel: 229 314864
Fax: 229 311372
email:

6. Mrs. Glen Jager
Academic Coordinator
Natal Institute of Community Health Education (NICHE)
c/o University of Natal, EIF
Private Bag X10
Dalbridge 4014
Durban, SOUTH AFRICA
Tel: 27 31 260 1576 -9
Fax: 27 31 261 6612
email:

7. Prof. Adjou-Moumouni
c/o IRSP - Attn Dr. Makoutode
BP 918
Cotonou, BENIN
Tel: 229 320048
Fax: 229 311372
email:

8. Dr. Michel Makoutode
Institute Régional de Santé Publique (IRSP)
BP 918
Cotonou, BENIN
Tel: 229 314864
Fax: 229 311372
email:

9. Dr. Reginald Matchaba-Hove
Chairman
Dept of Community Medicine
Deputy Dean
Faculty of Medicine
University of Zimbabwe
PO Box A178, Avondale
Harare, ZIMBABWE
Tel: 263 4 791631
Fax: 263 4 724912, 791995
email:

10. Dr. Damtew Woldemariam
Head
Jimma Institute of Health Sciences
PO Box 378
Jimma, ETHIOPIA
Tel: 251 07 111457
Fax: 251 07 112575
email:

11. Prof. Bernardin Niragira
Directeur
Projet Institut National de Santé Publique
BP 1995
Bujumbura, BURUNDI
Tel: 257 228167
Fax: 257 228249
email:

12. Prof. O A Sofola
Provost
College of Medicine
University of Lagos
PMB 12003
Lagos, NIGERIA
Tel: 234 1 832049
Fax: 234 1 837630
email:

13. Ms. Jane Rowley
The Rockefeller Foundation
420 5th Avenue
New York, NY 10018 USA
Tel: 212 852 8377
Fax: 212 852 8279
email: jrowley@rockfound.org

14. Prof. Issa Traoré
Doyen
Ecole Nationale de Medecine et de Pharmacie
BP 1805
Bamako, MALI
Tel: 223 225277
Fax: 223 229658
email:

15. Mr. Mathew F Magombo
Ministry of Health and Population
PO Box 30377
Lilongwe 3, MALAWI
Tel: 265 783044
Fax: 265 783109
email:

16. Prof. Simaga Sidi Yaya
Chef du Departement de Santé Publique
Ecole Nationale de Medecine et de Pharmacie
BP 1805
Bamako, MALI
Tel: 223 225277
Fax: 223 229658
email:

17. Dr. Alberto Nguema Nchuchuma
Director
Escuela Nacional de Sanidad
Bata, GUINEA ECUATORIAL
Tel: 26-87
26-82
Fax:
email:
18. Prof. Tagliante-Saracino Janine
Directeur
Institut National d'Hygiene Publique
Responsable
Dept de Santé Publique
Faculté de Medecine
Université d'Abidjan
BP V14
Abidjan, COTE D'IVOIRE
Tel: 225 259799
Fax: 225 246981
email:
19. Prof. Gil A Ashitey
Dept. of Community Medicine
PO Box 4236
Accra, GHANA
Tel: 233 21 665101
Fax: 233 21 500799
email: gilashitey@gha.healthnet.org
20. Prof. Lusamba Dikassa
Vice-Doyen et Directeur
Ecole de Santé Publique
Faculté de Medecine
Université de Kinshasa
BP 128 KIN XI
Kinshasa, ZAIRE
or c/o WR, WHO - ZAIRE
Tel:
Fax:
email:

21. Dr. Sebastian O. Baine
Director,
Institute of Public Health
Faculty of Medicine
Makerere University
PO Box 7072
Kampala, UGANDA
Tel: 256 41 531278, 531807
Fax: 256 41 531807
email:

22. Prof. Samuel Ofosu-Amaah
Director
School of Public Health
University of Ghana
PO Box 13
Legon, GHANA
Tel: 233 21 500799
Fax: 233 21 500388
email: sph@gha.healthnet.org

23. Prof. F. Canonne
Directeur
Centre Interétat d'Enseignement Supérieure en Afrique Centrale (CIESPAC)
BP 14513
Brazzaville, CONGO
Tel: 242 83 04 41, 83 04 30
Fax: 242 83 04 41, 93 67 84
email:

24. Prof. David Sanders
Director
Public Health Programme
University of the Western Cape
Private Bag X17
Bellville, SOUTH AFRICA, 7535
Tel: 27 21 959 2809
Fax: 27 21 959 2872
email:

25. Dr. Shan Naidoo
Executive Committee
Transvaal School of Public Health
Private Bag X385
Pretoria, 0001, SOUTH AFRICA
Tel: 27 11 407 7099, 27 12 328 6040
Fax: 27 12 328 6040
email: <tsph@hoopoo.mrc.ac.za>
26. Ms. Laura J. Haas
Office of Institutional Planning, Research and Innovation
Tulane University
128 Gibson
New Orleans, LA 70118-5698 USA
Tel: 504 862 8000 ext 2609, 504 865 5240
Fax: 504 865 5241
email: haas@mailhost.tcs.tulane.edu
27. Prof. William E. Bertrand
Vice President
Office of Institutional Planning, Research and Innovation
Tulane University
128 Gibson
New Orleans, LA 70118-5698 USA
Tel: 504 865 5240
Fax: 504 865 5241
email: wbertran@mailhost.tcs.tulane.edu
28. Dr. Sambe Duale
Research Manager
SARA Project
1255 23rd Street, NW, Suite 400
Washington, DC 20037 USA
Tel: 202 884 8809
Fax: 202 884 8701
email: sduale@aed.org

29. Dr. Martins Mandara
Regional Officer
Human Resource for Health (HRH)
Regional Office for Africa
World Health Organization
P.O.Box 6
Brazzaville, CONGO
Tel: 407 953 9248
Fax: 407 953 9400
email: afro@who.ch

30. Dr. Ayité D'Almeida
Deputy Program Manager
Regional Office for Africa
World Health Organization
P.O.Box 6
Brazzaville, CONGO
Tel: 407 953 9248
Fax: 407 953 9400
email: afro@who.ch

Appendix B: Executive Committee 1995-1997

Network of African Training and Research Institutes in Public Health

Executive Committee

1995-1997

Prof Gilbert B Bukenya, Chairman

Dean
Faculty of Medicine
Makerere University
P.O.Box 7072
Kampala, UGANDA
Tel: 256 41 530020
Fax: 256 41 531091
email: gilbert_bukenya@mukla.gn.apc.org

Prof Simaga Sidi Yaya, Vice Chairman

Chef du Departement de Santé Publique
Ecole Nationale de Medecine et de Pharmacie
BP 1805
Bamako, MALI
Tel: 223 225277
Fax: 223 229658
email:

Dr. Reginald Matchaba-Hove, Secretary General

Chairman
Dept. of Community Medicine
Deputy Dean
Faculty of Medicine
University of Zimbabwe
PO Box A178, Avondale
Harare, ZIMBABWE
Tel: 263 4 791631
Fax: 263 4 724912, 791995
email:

Prof. Tagliante-Saracino Janine, Assistant Secretary General

Directeur
Institut National d'Hygiene Publique
Responsable, Dept. de Santé Publique
Faculté de Medecine
Université d'Abidjan
BP V14
Abidjan, COTE D'IVOIRE
Tel: 225 259799
Fax: 225 246981
email:

Mrs. Glen Jager, Member

Academic Coordinator
Natal Institute of Community Health Education (NICHE)
c/o University of Natal, EIF
Private Bag X10
Dalbridge 4014
Durban, SOUTH AFRICA
Tel: 27 31 260 1576/9
Fax: 27 31 261 6612
email:

Prof. Lusamba Dikassa, Member

Vice-Doyen et Directeur
Ecole de Santé Publique
Faculté de Medecine
Université de Kinshasa
BP 128 KIN XI
Kinshasa, ZAIRE
or c/o WR, WHO - ZAIRE
Tel:
Fax:
email:

Dr. Martins Mandara, Member (ex officio)

Regional Officer

Human Resource for Health (HRH)

Regional Office for Africa

World Health Organization

P.O.Box 6

Brazzaville, CONGO

Tel: 407 953 9248

Fax: 407 953 9400

email: afro@who.ch

Appendix C: Proposed Masters in Public Health Programme

PROPOSED MASTERS IN PUBLIC HEALTH PROGRAMME

1. General objectives

At the end of the training the student for the masters in Public Health should:

- i) Be able to identify health problems and priority health needs and also determine the social cultural, economic and environmental conditions within which the populations concerned live.*
- ii) Elaborate and take into account of available and mobilizable resources for programmes and projects that meet the priority needs of the population in promoting and protecting their health and the prevention and treatment of diseases and the rehabilitation of deformities.*
- iii) Ensure the proper implementation, coordination and surveillance of health programmes and projects and also the evaluation of their results.*
- iv) Ensure the supervision of health team members working at each of the three levels of the national health system.*
- v) Develop with the working teams, a professional atmosphere which will facilitate communication and the participation in the process of decision making in a critical and innovative maner to meet the tasks of each team member.*
- vi) Put in place a system of self training and the development of members of the health team in their domaines and competences required by their programmes.*
- vii) Properly manage the appropriate activities and research that will facilitate the solving of problems and accelerate the realization of programme and project objectives.*
- viii) Obtain the committment (investment) of individuals, families and communities in the conception, implementation and evaluation of activities to reduce their health problems and meet (satisfy) their health needs.*
- ix) Provide at the appropriate levels of the health system informational, technical and management support required to implement health development activities.*

- x) *Provide both the national and the international partners involved in health development at the provincial, local, and community level information, technical and managerial support required for the bringing together of health development actions.*

2. *Training objectives*

They are defined for each unit and each module/part of a module identified below.

3. *Units of teaching learning*

UNIT 1 : INTRODUCTION TO PUBLIC HEALTH AND COMMUNITIES

Module 1: Historical evolution of concepts and principles fundamental to public health.

Module 2: Global and regional health development strategies of primary health care.

Module 3: Health and human development.

UNIT 2 : TECHNOLOGIES FOR PUBLIC HEALTH TRAINING

Module 4: Planning training programmes.

Module 5: Strategies and practice of teaching-learning.

Module 6: Evaluation of competences and training programmes.

UNIT 3 : METHODOLOGIES AND TOOLS OF PUBLIC HEALTH

Module 7: Epidemiological methods.

Module 8: Population dynamics.

Module 9: Health informatics.

UNIT 4 : MANAGERIAL PROCESS FOR HEALTH DEVELOPMENT

Module 10: Health systems and policy.

Module 11: Planning and programming health activities.

Module 12: Health financing.

Module 13: Surveillance and evaluation health policies and programmes.

UNIT 5 : HEALTH SYSTEMS RESOURCES MANAGEMENT

Module 14: Development of human resources.

Module 15: Management of drugs and pharmaceutical products.

Module 16: Management of equipment and materials including sundries.

Module 17: Management of the budget.

Module 18: Management of working time.

UNIT 6 : OVERCOMING MAJOR PUBLIC HEALTH PROBLEMS

Sub-Unit via: DISEASE CONTROL

Module 19: Prevention and control of epidemics.

Module 20: Prevention and control of major endemic diseases.

Module 21: Prevention and control of AIDS

Module 22: Elimination and eradication of diseases.

Module 23: Prevention and control of prevalent non communicable diseases.

Module 24: Public health laboratory technology.

Sub-Unit via: PROTECTION AND PROMOTION OF THE HEALTH OF AT RISK GROUPS

Module 25: HEALTH OF INDIVIDUALS AT RISK: mental health, mouth and dental health, health of adolescents, tobacco and drug addiction, health of the elderly, prevention and management of deformities.

Module 26: HEALTH OF FAMILIES AT RISK: mother and child health, nutrition and family planning.

Module 27: HEALTH OF COMMUNITIES AT RISK: health of travellers, management of the environment.

UNIT 7 : RESEARCH IN PUBLIC HEALTH

Module 28: Health systems research.

Module 29: Epidemiological research.

Module 30: Evaluative research.

UNIT 8 : COMMUNITY MOBILIZATION FOR HEALTH

Module 31: Social and interpersonnal communication.

Module 32: Information and education for health.

Module 33: Community initiatives.

UNIT 9 : INTERNATIONAL COOPERATION IN HEALTH

Module 34: Organization partnership in health development.

Module 35: Coordinating interventions.

Module 36: International public health.

4. Guiding principles of training

4.1 The following principles will serve as guide in determining, programming, implementing and monitoring teaching and learning activities.

1 - The acquisition of skills closely listed with the execution of the actual professional duties constitutes a powerful motivating force in the learning situation.

Learning experiences and activities should thus be as close as possible to the actual public health problems to be solved and the context in which they exist. A didactic and vertical perception of concepts must therefore be avoided in order to make them applicable. Consequently health economics must be understood as a component of health financing, sociology should not be taught as a subject but rather as part of information about the environment in which people live and in which activities of social mobilization for health and development are organized.

- 2 - *The effective participation of the mature student in his own learning process makes it easier for him to acquire the skills expected of him.*

Module 2, on the mastery of public health training technologies was designed and included in the early stages of the programme implementation precisely with this aim in mind.

- 3 - *Continuous assessment of behavioral changes (knowledge, ability, techniques and attitudes) expected of students is a priceless tool for stimulative learning.*
- 4.2 *The sequence of the teaching and learning units can be modified. It can be adapted to suit the training context.*

Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Tel 202-884-8700
Fax 202-884-8701 USA
Email SARA@AED.ORG