

**REPORT OF THE 8TH ANNUAL
GENERAL MEETING OF THE
ASSOCIATION OF SCHOOLS OF PUBLIC
HEALTH IN AFRICA**

April 27, 2017

Nairobi, Kenya

INTRODUCTION

The 8th Annual General Meeting (AGM) of the Association of Schools of Public Health in Africa (ASPHA) was held on April 27, 2017 at the Emerald Hotel, Nairobi, Kenya. The ASPHA meeting brought together eighteen (18) delegates from five (5) different countries (Ghana, Nigeria, South Africa, Kenya and South Sudan) with three people via Skype. Among them was Dr. Victor Joseph from UK Public Health (Faculty of Public Health). Most members who planned to join the meeting via Skype were unable to do so due to the time difference. The theme for this year's meeting was "Public Health Learning and Assessment in Africa".

During the 7th AGM, ASPHA together with the African Federation of Public Health Associations (AFPHA), Faculty of Public Health [FPH] and Public Health England [PHE] wished to establish public health institutes of excellence by assisting the growth of existing public health training institutions; undertaking meaningful research; advocating for health policy reform linked to broader public health goals; and also set a benchmark of quality standards for public health education in Africa. Major issues identified were the inadequate data on Public Health Professionals capacity, numbers, the gaps and challenges in public health professionals training. Thus, this year's meeting had an academic component which aimed to address this issue.

GENERAL MEETING

The meeting commenced at 8:45am with a welcome address by Prof. Stephen Okeyo. This was followed by a brief self-introduction by delegates. The President then gave members 5 minutes to read through the report of the 2016 7th Annual General Meeting in Ibadan, Nigeria.

Matters arising from previous meeting

- **Core Competencies**

The first draft of the Core competencies of an MPH graduate that was written was incomplete since most members did not contribute to it. It was suggested we collate the competencies from African Public Health institutions again and also get the core competencies document from other organisations and compare it with the one we would get from Africa. Some members volunteered to collate the core competencies from various

institutions in their respective countries so we have one document before the next AGM. This is to be completed by the end of July, 2017. This is to be done with the help of the country coordinators. The volunteers were:

Prof. Leslie London - South Africa

Prof. Philip Adongo - Ghana

Prof. Ademola Ajuwon - Nigeria

Prof. Stephen Okeyo - Kenya

Dr. Jomama One Jomama Lual - South Sudan

Prof. Sharon Fonn – Other Organisations

- **ASPHA Website**

It was reported that the website was complete and active now. Members were encouraged to link the website to their institution's website. A restricted site for members only was suggested to be made available on the website which can have a short biodata of all Faculty/Lecturers in the member institutions. This site would only be accessible to paid up institutions.

- **Membership Dues/ Funding**

It was reported that only four institutions have paid their 2016 membership dues of not less than USD500.00 and the rest were encouraged to pay their dues. The four institutions were:

- School of Public Health, University of Ghana, Legon-Ghana
- School of Public Health, University of Health and Allied Sciences, Ho-Ghana
- School of Public Health, Kwame Nkrumah University of Science and Technology, Kumasi-Ghana
- School of Public Health, University of Witwatersrand, Johannesburg-South Africa.

It was also suggested that the secretariat should contact the Deans of the various institutions for them to buy into ASPHA and remind them of their commitment fees.

In order to publicise ASPHA and also get some funds, it was proposed that ASPHA gets the Lancet (who are launching a new Lancet Public Health series) to provide a platform for an African perspective on key public health issues. This could take the form of a single opinion piece, or a series: Lancet Commission of Public Health in Africa on training and recruitment.

It was recommended we contact Richard Horton about this initiative through Prof. Fred Binka. Some of the ideas for papers/ themes for the Lancet Public Health were:

- **Public Health Training:**
 - Are there distinct core competencies for Public Health (PH) training in Africa
 - Is the training characterised by weaknesses in Health Systems in Africa
 - Human resource utilization by health systems – mismatch between production and career paths; and workforce development
- **Context for PH in Africa**
 - Critique of Global Health – northern consultants displace indigenous experts
 - Relevance and scope of Sustainable Development Goals for Africa

Main Business

- **Report from Country Coordinators**

There was no report from any of the country coordinators even though some promised to join the meeting via Skype to give their report. It was suggested that the executives should push them to do their work so we can get more new institutions to join ASPHA and also the old ones to pay their membership fees.

- **Report on WFPHA meeting & ASPHA**

Prof. Fonn reported that ASPHA is currently involved in three important things ie.

1. **World Health Summit (WHS):** This is mostly for Europeans but have side meetings for Africans. We also joined the discussion on Curriculum (undergraduate medical curriculum) which was organised by the M7 Alliance.
2. **World Federation of Academic Institutions for Global Health (WFAIGH):** We were the first to take the presidency and the secretariat. We have also nominated a representative (Prof. Philip Adongo) to the executive board.
3. **World Federation of Public Health Associations (WFPHA):** They are currently working on a Global Charter for the Public's Health. In line with this, they would be looking at the implications of the Global Charter for Schools of Public Health in Africa which we hope to be actively involved.

Prof. Fonn also gave a brief report on the Council of Academic Public Health Institutions Australia (CAPHIA) session at the World Congress on Public Health in Australia. This body she said was similar to ASPHA. During the session, various presentations were made by representatives from different organisations including ASPHA. The presentation from CAPHIA by Prof. Colleen Fisher showed that the Australian council was doing more advocacy work. They work with other bodies especially the Public Health Federation to comment on local issues and funding calls to promote public health issues. Members of the Australian Council who sit on other bodies to promote public health and public health education do this in recognition to the council as a whole. This, Prof. Fonn suggested could be an opportunity ASPHA could exploit to increase publicity. She also recommended that we work jointly with other various national public health associations.

Prof. Bettina Borisch from the WFPHA's presentation reflected on the changing teaching and learning environment. She also mentioned MOOCs and how society is changing greater focus on consumption. Also the presentation on WFPHA's Education and Training working group by Dr. Priscilla Robinson (WFPHA) seemed to be similar to what ASPHA is doing thus Prof. Fonn suggested that it would be great to pool resources together with them and work. Dr. Fiona Sim OBE in her presentation stated that the Royal Society for Public Health ensures that anyone (not just Drs) can specialise as public health specialists using the World Health Organisation (WHO) 10 public health competencies. They do as a group makes statement and also get involve in public health issues. They also run a number of courses to identify people who can act as agents for spreading public health messages like firemen and hairdressers. Prof. Philip Baker spoke on behalf of Asia-Pacific Academic Consortium for Public Health. Interestingly they are also involved in many of the issues that resonate with what we face in Africa, for example migration and slums.

The Network of Schools and Programs of Population and Public Health in Canada are focused on pedagogic methods as presented by Dr. Catherine Donovan. Mr Julien Goodman on behalf of the Agency for Public Health Education Accreditation made a big case for all schools to be accredited by their agency during his presentation.

In conclusion, Prof. Fonn reported that almost all the organisations present, i.e. both young and old have spent time looking at core competencies with others adopting that of the WHO.

Also, most of them have published on this. She also suggested we work in partnership with the WFPHA especially in Public Health training and education as the current President of WFPHA is also eager to explore this relationship.

- **Report on WFAIGH meeting & Public Health Africa Initiative**

Prof. Adongo gave a report of the last meeting of the WFAIGH. He explained that it was a workshop on the theme: “Academic Global Health: Definitions, Gaps and the Way Forward”. The key issue identified was urban health which is part of both the African and European countries health agenda. A report of this discussion he said would be published with ASPHA’s name on it. We were also informed that the current WFAIGH President (Prof. Leonel Valdivia) has been asked to stay on for a while to ensure continuity of the federations’ activities. In view of this, two Vice Presidents were selected with one coming from ASPHA (Prof. Philip Adongo) to take the executive position.

Prof. Adongo also reported that the Public Health Africa (PHA) initiative was started by the UK Public Health Team, in deliberations with African Federation of Public Health Associations (AFPHA), ASPHA and the West African College of Physicians (WACP) at the 7th ASPHA AGM, 2nd African Federation of Public Health Association (AFPHA) and the 3rd Society for Public Health Professionals of Nigeria (SPHPN) Conference in Nigeria. During the conference, they recognized the need for developing health human resources as part of achieving universal health coverage in Africa. They all then resolved to help strengthen African health systems for better health outcomes for people through collaborative efforts in key sections such as human resource training, establishment of a coherent and collective African voice and knowledge transfer and exchange. The aim of this initiative is to have an asset-based approach to Sustainable Health Developments in Africa. PHA he explained would operate on four main pillars namely: Innovation Partnerships; Policy & Implementation Partnerships; Education and training Partnerships; and Leadership & Governance Partnerships. He continued that ASPHA together with the UK Public Health would lead the education and training aspect of the pillar. They will help catalyse systemic and synergistic actions for large scale human resources, and public health training programme in Africa by linking and strengthening the capacity of existing public health institutions; harmonise curriculum & competency frameworks; and establish common and

consistent standards to enable better retention and deployment of public health workforce. Prof. Adongo informed members that the proposal is yet to be finalised and also the PHA initiative would be registered in Ghana. This initiative was accepted by all members present after further discussions and they pledged ASPHA's support to make it a reality.

- **Next ASPHA AGM**

It was proposed that the next ASPHA meeting should be held independently from other conferences. This would be a two-day conference in June, 2018 which would be hosted by the University of the Witwatersrand, Johannesburg in South Africa. At this meeting, there would be oral presentations on Public Health Capacity in Africa with a key focus on the Core competencies. A call would be made for members to present abstracts. A proposal should be written to solicit for funds for this all important meetings. Members were encouraged to send names of potential funders to the secretariat.

- **Election of New Executives**

Before the nominations, the bylaws governing the election of executive members were read. In all, seven members were nominated of which two are co-opted members. The nominees for the executive position were:

1. Prof. Seni Kouanda (Burkina Faso)
2. Prof. Philip Adongo (Ghana)
3. Prof. Ademola Ajuwon (Nigeria)
4. Dr. Woldekidan Amde (South Africa)
5. Dr. Margaret Kaseje (Kenya)

and the co-opted members were:

6. Prof. Benjamin Uzochukwu (Nigeria)
7. Dr. Akway Cham (South Sudan)

The election of the president and vice was not done since we did not form a quorum thus it was agreed we do this via email.

Any Other Business

- Prof. Fonn informed the house that the WFPHA is in the process of revising its 5 year strategic plan, which will take effect in 2018. In view of this, the new president of the

Federation, Prof. Laetitia Rispel has asked her to take ASPHA's input on the question: "Thinking about five years from now (end 2022), what would you like to have listed as the major achievement of the World Federation of Public Health Associations?" She just needed one answer but upon further deliberations, we came up with three suggestions for her to select one. These were that:

- The education working group of WFPHA would have worked with appropriate bodies such as ASPHA and has developed context specific core competencies.
- WFPHA would have reflected on the concerns and issues of the underdeveloped world and ensured such issues are prioritized by the association which also promotes equity in terms of the issues covered and the people who participated in WFPHA.
- At the national and international levels it is recognized that a skilled and well-trained, multidisciplinary, public health workforce, adequate in number and remuneration, is essential for functional health systems.

Action Points

1. Sharon to write to the various organisations and asked them for their core competencies documents.
2. Marian to include member institutions only section on the website which will benefit only ASPHA members
3. Member institutions are to include discussions on ASPHA in their School, Faculty or departments agenda to ensure continuity by new leaders.
4. Member institutions to link their websites to that of ASPHA.
5. Marian to setup a WhatsApp page for members.
6. Leslie to liaise with Fred Binka to get in touch with Richard Horton of the Lancet.
7. Marian to contact Victor Vuni (PH England) to give a presentation on mismatch between production of PH graduates and career path at the 2018 AGM.
8. Marian to contact the country coordinators of the other countries who were absent at the meeting to submit the core competencies of an MPH graduate from institutions in their respective countries.
9. Members should acknowledge their ASPHA membership publically in other forums i.e whenever they talk, write or present.

10. Members should add an ASPHA logo to presentations they give
11. Members should add their ASPHA membership in their signature in emails & include a link to the website as well.
12. Sharon to inform the President of WFPHA of the date and venue of our next AGM and also the incoming President of ASPHA.
13. Members to send names of potential funders to the secretariat for the 2018 AGM.
14. Country coordinators to liaise with core competencies collation volunteers to collect the information.
15. Marian to remind member institutions to pay their dues.
16. Country coordinators are to help strengthen ASPHA by being active, engage all the member institutions in their country and edge them to pay their dues.
17. Country coordinators are to speak with the heads or deans of public health institutions in their countries who are not part of ASPHA, collate their email address and send them to the secretariat.
18. Incoming President to have a periodic conference (Skype calls) with the country coordinators and urge them to work.

Conclusion

The general meeting came to a close at 1:00pm with a group picture.

ACADEMIC SESSION

The academic session started at 1:30pm and was chaired by Prof. Sharon Fonn. This session aimed to provide information about the current Public Health Professionals capacity, numbers, identify the gaps and devise mechanisms to respond to the challenges in public health professionals training. This information will help strengthen Public Health systems workforce in Africa through collaborative partnership which has become a growing concern for delivering health services in Africa. This concern is deeply shared by governments and development partners across the African continent.

1st Presentation: By Dr. Margaret Kaseje

Topic: Health workforce training for improved access to pediatric surgical care in Western Kenya

Dr. Kaseje in her introduction stated the burden of surgical diseases as compared to other infectious diseases. She enumerated that even though surgical diseases will be a greater contributor to the global burden of diseases than HIV/AIDs, TB and Malaria combined by 2026, minimal investments have been made to build the world's capacity to identify and provide essential surgical care especially in sub-Saharan Africa. Thus this work aimed to identify pediatric surgical diseases at the community level using CHWs in Western Kenya.

Key Findings:

The household prevalence rate of pediatric surgical diseases was 15%. The ratio of realized volume over expected volume was 0.001. Inguinal hernias were most frequent 67% (CI 0.45-0.88) followed by club foot 11.1% (CI 0-0.26). Surgical education followed traditional approaches consisting of lectures, group discussions, tutorials, self-directed learning, ward rounds, bedside teaching, simulations, and rotations in teaching hospitals. The ideal teacher to learner ratio of 1:10 was rarely achieved with ratios averaging 1:50.

Key Message/ Recommendation (s):

The realized volume at facility level was much lower than the expected volume, which is consistent with poor access to pediatric surgical care. Increased investments in surgical education are needed to address the poor access to surgical care.

Presentation 2: By Careena Otieno on behalf of Dr. Beverlyn Marion Ochieng

Topic: Perspectives on task shifting and motivation of community health workers (CHWs) in different socio-demographic contexts in Kenya

Careena provided brief background information on shortages of professional health workers as key ingredients in the growing crisis in the provision of health services, particularly in low income countries and the need for task shifting strategy to address this crisis. This study sought to describe the tasks shifted and perspectives of stakeholders in order to inform policy.

Key Findings:

Perspectives on task to be shifted, quality assurance in task shifting and motivational strategies were the main categories described by the various respondents (policy makers, managers, CHWs and consumers). The policy makers agreed there was an implementation gap in the policy framework thus there is the need for the task shifting to CHWs as agreed by the Managers, Consumers and the CHWs themselves. This they said would help create demand for services at the community level. All the various respondents agreed that in order to ensure quality assurance in task shifting, there should be training, supervision and linkage to the health facilities. The motivation of CHWs through a scheme of service that provides for career progression and also a finance strategy will help ensure sustainability.

Key Message/ Recommendation (s):

Dr. Ochieng recommended that there was the need for national policy or legislative framework on task shifting, emphasizing adaptation of the policy to different socio-cultural contexts, considering differences in accessibility and disparities in resource allocation. There is also the need for policy to include regulatory mechanisms, adapted to local contexts in order to ensure quality of care. Motivation and retention requires financial compensation, tokens and career related rewards thus should not be taken for granted.

Presentation 3: By Japheth Mativo Nzioki

Topic: Effect of Community Strategy on Focused Antenatal Care Coverage: A Pretest -Posttest Experimental Study in Rural Mwingi West Sub-County; Kenya

Japheth provided information on the growing rate of Maternal and Child Mortality in Kenya and also in sub-Saharan Africa as a whole despite global gains made in reducing them.

Studies have acknowledged that Focused Antenatal Care (FANC) plays a critical role in reducing Maternal Mortality Rate (MMR) and Child Mortality Rates (CMR). Thus this study sought to determine the effect of a community health worker led primary health care intervention (Community Strategy) on FANC in Mwingi West sub-county.

Key Findings:

Community Strategy significantly increased FANC coverage by 9.5% ($Z=2.7528$, $P<0.05$) within six months after implementation, and by 20.1% ($Z= 5.7881$, $P<0.05$) within 18 months of implementation. In intervention site, FANC coverage significantly increased to 59% from 38.9%. Women in intervention site were 1.7 times more likely to seek ANC services for at least 4 times compared to women in control site (95%CI: 1.464-2.014, $P<0.0001$).

Key Message/ Recommendation (s):

Community Strategy was effective in increasing FANC coverage in intervention site thus to improve Maternal and Child health outcomes in Kenya, the government should fast-track national implementation of Community Strategy.

Presentation 4: By Dr. Jomama One Jomama Lual

Topic: Strategies of availing research findings in training institutions for effective treatment of malaria in sub-Saharan Africa

Dr. Lual gave a brief background on the effect of disseminating research findings. He stated that research findings ensure up-to date information for clinical practice. This study was undertaken to determine awareness of medical lecturers and students about a study on sensitivity of Plasmodium falciparum to generic artemether-lumefantrine compared to artesunate-mefloquine among children (6-11 years) with uncomplicated falciparum malaria in Kisumu County in Kenya.

Key Findings:

The training curriculum contained research methodology and dissemination of research findings. Meetings and internet were cited for research updates. Informants were aware of existing policy of treating uncomplicated falciparum malaria with generic artemether-lumefantrine but were unaware of the most recent research on malaria treatment and influence on treatment policy.

Key Message/ Recommendation (s):

Continuous medical education, integration of research findings into medical training curricula and use of e-mails are feasible strategies for communicating malaria research findings to medical professionals.

Presentation 5: By John Kagira

Topic: Assessment of equity and inclusion compliance for persons with disabilities and elderly persons in open defecation free villages in Naivasha sub-county, Nakuru county, Kenya

This paper talks about the need to ensure compliance to equity and inclusion to persons with disabilities and elderly people in open defecation free villages. The study sought to determine the access to sanitation, water and hygiene by persons with disabilities and the elderly people in open defecation free villages. It also aimed to determine the status of supportive structures of equity and inclusion.

Key Findings:

The persons with disability and all elderly persons with mobility challenges had no access to water, sanitation, and hygiene before capacity building and follow ups. 100% of mobility challenged persons (persons with disability and elderly persons) have access to water sanitation and hygiene. A sustainable community unit, Kenya environmental sanitation and hygiene policy, assistive devices such as commodes, ropes are essential in ensuring compliance.

Key message/ Recommendation(s):

Compliance to equity and inclusion is essential in achieving SDG 6 (Clean water and sanitation). A village with trained community volunteers and natural leaders on equity and inclusion does well in ensuring the water, sanitation and hygiene issues of persons with disabilities and elderly person are addressed in a sustainable manner.

Question/ Contribution Session

Members made contributions on a number of key issues.

- Scientific conferences should be made compulsory for all students to help update them with new findings/ knowledge.
- Lecturers should try and use their own research as a teaching tool for students.

- Snow ball method can be used to identify the physically challenged in the society.
- You should be able to indicate whether those you trained have the competencies to perform the task shifting before you give them the task. For instance if you want them to do curative, you should give them both training in curative and preventive measures.
- Healthcare providers should be encouraged to educate mothers on the benefits of focused antenatal care to their babies and themselves.
- Surgical care should be prioritised in public health education as well.

Concluding Remarks: By ASPHA President (Prof. Sharon Fonn)

Acknowledging colleagues from Schools of Public Healths and academic institutions, Prof. Fonn reiterated the need to form a unified body of institutions that train in public health. She proceeded to thank all for participating in the 8th AGM and edged them to start preparation towards the 2018 AGM. She also thanked all the local organizing committee members for hosting us and wished all participants a safe travel.

8TH ASPHA AGM - NAIROBI, KENYA

27TH APRIL, 2017

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