

REPORT OF THE 6TH ANNUAL GENERAL MEETING OF THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH IN AFRICA



Kampala, Uganda

September 24, 2015

INTRODUCTION

The 6th Annual General Meeting (AGM) of the Association of Schools of Public Health in Africa (ASPHA) was held in collaboration with the 11th Joint Annual Scientific Health Conference organized by the Makerere University in Kampala, Uganda from September 23-25, 2015 at the Speke Resort, Munyonyo. The ASPHA meeting brought together Thirty-one (31) delegates from five (5) different countries (Ghana, Kenya, Nigeria, South Africa and Uganda). The theme for the meeting was “Curriculum review, achieving relevance and quality in Africa.”

During the 3rd ASPHA AGM held on December 9, 2012, delegates agreed on a number of issues concerning core competencies and curricula reform in public health training. A major issue identified was the absence of a standard curriculum for Public Health training for the Schools on the continent and this needed to be addressed. This year’s meeting had an academic component which aimed to address this issue.

GENERAL MEETING

The meeting commenced at 8:30am on 24th September, 2015 with a welcome address by Prof. Sharon Fonn, president of ASPHA. This was followed by a brief self-introduction by delegates. The President then enumerated some of the commitments that were made at the 2014 5th Annual General Meeting in Cape Town.

Reports

- **Public Health Education/ Curriculum Development Committee**

Sharon Fonn indicated that they have developed a paper on the Core competencies of a Public Health Graduate from seven public health institutions. When the review article was sent out to individuals, only two people responded. This meeting will also review the MPH curriculum. The development of the curriculum for public health training would be an essential tool especially for upcoming Public Health institutions to use. Member institutions are already collaborating with each other in sharing ideas and lecturers.

- **Advocacy & Fundraising Committee**

Sharon Fonn indicated that fundraising has been a challenge and suggested that member institutions should be made to pay their dues. This was deliberated upon and members finally settled on a membership fee of US\$500.00 per institution or more depending on the strength of the institution. This will just be a commitment fee but would not help sustain the Association thus we should seek for more funds for our activities. She also informed us that we were able to secure some funds from the International Development Research Centre (IDRC) for this meeting.

- **Research Committee**

It was suggested we collaborate with each other and write a research proposal to help raise funds for the association. This should be something all members would be interested in without any conflict of interest.

- **World Federation of Academic Institutions for Global Health (WFAIGH)**

The next meeting of the Federation would be in Berlin during the World Health Summit which Sharon Fonn would represent us.

- **11th Joint Annual Scientific Health (JASH) Conference**

This brought several institutions from Uganda and ASPHA together to deliberate on issues of great public health importance. The theme for the conference was: “The 360 approach to epidemics”. Research papers on the status of some killer epidemics (Ebola, Marburg, Hepatitis, Cholera, Typhoid, HIV/AIDS, Tuberculosis and Malaria) in the African region, experiences and new technologies/ approaches in preventing or managing these epidemics were presented. These issues were discussed under the subthemes of health system issues, cultural norms, leadership, occupational safety, economic challenges, climate change and how these contribute or contributed positively or negatively to epidemics. Members from ASPHA also made some presentation at the conference.

ASPHA was able to get two new member institutions (Islamic University in Uganda and Makerere University) to join our fold. The conference organisers presented ASPHA members with a gift from Uganda since this year was the first time they have had people from other Countries participating in the conference.

Country Coordinators

Duties:

- Facilitate in-country meetings
- Prepare report for AGMs
- Be present at all ASPHA AGMs
- Send list of public health institutions in their respective countries and or neighboring countries with contact details to the secretariat.
- Facilitate participation of country member institutions in ASPHA activities.

The performance of the country coordinators over the years was reviewed and some countries (Nigeria, Kenya and South Africa) replaced their coordinators. Below is the updated list of coordinators for the various countries.

Botswana	-	Dr. Reginald B. Matchaba-Hove
Democratic Republic du Congo	-	Prof. Mala Ali Mapatano
Ethiopia	-	Netsanet Fentahun
Ghana	-	Dr. Richmond Aryeetey
Kenya	-	Dr. James Ouma
Nigeria	-	Prof. Anthonia Adindu
South Africa	-	Woldekidan Amde

Membership

ASPHA currently has 29 members. We have received four new members. They are:

University of Kabianga	-	Kenya
Eduardo Mondlane University	-	Mozambique
Horseed International University	-	Somalia
University of Lusaka	-	Zambia

ASPHA is made up of Schools/ Institutions that offer public health training. Individuals can join as associate members with the task of bringing their public health institution on board. They can only attend our meetings as observers.

Executives

Some members were selected as co-opted members to support the executives as most of the executives are dormant. They were: Dr. Rose Olayo, Prof. Ademola Ajuwon and Prof. Philip Adongo.

Way Forward

- The ASPHA Logo should be used when institutions want to request for external examiners or members are contacted by non-members to give inputs on issues of public Health concern.
- Country coordinators are to make ASPHA visible in their country by bringing all Schools of public health in their respective countries together.
- All member institutions are to be given accreditation to confirm their membership.
- The member institutions should have links to ASPHA website on their website.
- ASPHA coordinated activities and all advertisement (scholarship, work, fellowship, trainings, workshops, calls, etc.) should be uploaded unto the website and members prompted to it.
- Next ASPHA AGM
 - We need to look out for a meeting to host ours with. It was suggested that Marian should contact Prof. Ajuwon on the venue for our next AGM.

Action Points

1. Members are to send reports of all ASPHA coordinated activities to the secretariat to upload unto the website.
2. Secretariat to send description of ASPHA and what one stands to benefit from joining ASPHA to Country representatives and individuals to get other institutions on board.

3. Secretariat to update country coordinators on the current member institutions in their country with ASPHA and task them to get the rest on board.
4. Member institutions to nominate one member to represent them and also send the secretariat an updated list of faculty members with their interest and qualification. They are also to send the programmes they offer at their institutions with the requirements to the secretariat.
5. Member institutions are to link ASPHA to their website.
6. Secretariat to send invoice to institutions to pay their dues.
7. Sharon to send membership certification letters to member institutions.

Conclusion

The general meeting came to a close at 1:00pm



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ACADEMIC SESSION

The academic session started at 2:00pm with a welcome address by Sharon Fonn, ASPHA president. This session aimed to get more inputs from other Public Health training institutions in Africa on the core competencies an MPH graduate should have in Africa. This will help finalise the paper on the Core competencies. This session will also enable members to deliberate on general public health training in Africa, challenges and recommendations through various presentations.

1st Session

Chaired by Prof. Augustine Ankomah

1st Presentation: By Prof. Ademola J. Ajuwon

Topic: History, structure and evolution of the MPH program at the University of Ibadan, Nigeria

Prof. Ajuwon in his introduction gave a brief history of the University of Ibadan and the MPH program. The presentation introduced the nature of the MPH curriculum which is made up of four components. i.e. Class room teaching; fieldwork placement in communities where students work with residents to plan and implement community-prioritized projects; internship placement in organizations where trainees acquire hands-on-experience and supervised research.

He also enumerated some of the achievements of the MPH program in his University. The School is currently offering ten (10) new tracks of MPH (Epidemiology and Medical Statistics [field epidemiology]; Occupational Health; Environmental Health; Health Policy and Management; Population & Reproductive Health Nutrition; Reproductive & Family Health; Population and Reproductive Health Education; Community Medicine; Child and Adolescent Health; and Global Health) due to high demand in addition to the Health education track they had at inception of the program.

Key Findings:

There was a delay process for registration of title and conducting oral examination. Weak candidates were admitted into program because they relied on screening of certificates. They had



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poor laboratory infrastructure affecting students in EHS track. The examination structure made the academic workload heavy for students which caused delay in completion of program. The students had poor skills for research and also lacked the time for research especially among employee students.

Key Message/ Recommendation (s):

Various interventions have been put in place to help resolve some of the challenges they encountered. There has been an introduction of new compulsory courses including Ethics of research and practice, Global health and population dynamics, and Community directed interventions. The admission process has been revised to two types of screening i.e. Test of use of English by Postgraduate School and face-to-face interview or written examination by the departments. A course system has been introduced with the duration of the program reduced from 4 to 3 semesters. The periodic revision of the MPH curriculum for different tracks has helped to improve the completion rate.

Introduction of new tracks of MPH and revision of programme should be in response to the Public Health needs of your country. Programs should be evaluated & may be revised with time.

Presentation 2: By Dr. Virginia E.M. Zweigenthal

Topic: Doctors who do MPHs at the University of Cape Town: Implications for MPH curriculum development in Africa

Dr. Zweigenthal provided brief background information on public health situation in South Africa and the nature of MPH at the University of Cape Town. She presented the findings of a study that explored the motivations for training, perceptions of the values of the MPH, careers and recommendations for the program amongst the group of doctors completing MPH at UCT from the inception to those who were enrolled in 2010.



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Key Findings:

The cohort of doctors commencing MPH were a mature group (median age of 33) of experienced, well qualified professionals, mostly women (65%). Almost three quarters (72%) were non-specialist clinicians.

The main motivations that led them to do MPH they said were to develop research skills, obtain a population approach to health problems and to change careers in specific directions. i.e. clinical research, policy and management. Most of the unspecialised doctors thought it would be very useful to them as it would open new career path for them.

Key Message/ Recommendation (s):

MPH is a catalyst for career change, skills development and job promotion which will attract mature group of doctors based on work and life experiences to offer the program. Younger, 'African' doctors use the MPH as a spring board to change from clinical to research, policy or management. MPH's value was research skills and population perspectives on health issues. The under graduate public health training attract new doctors to Public health practice and training and also to prepare doctors for clinical work that emphasize on disease prevention.

MPH programmes should be benchmarked and accredited with common core competencies. The qualification should be professionalised and graduates should be certified for professional practice. Health services should be engaged about the skills needed to pursue MPH and also the positions for MPH graduates.

Presentation 3: By Dr. Beverly Marion Ochieng

Topic: Perceptions of health stakeholders on task shifting and motivation of community health workers in different socio-demographic contexts in Kenya (nomadic, peri-urban and rural agrarian).

Dr. Ochieng provided information on the growing crisis in the provision of health services thus the need for "task-shifting" strategy to address the crisis. Among those who were recruited to help with this crisis were the Community health workers (CHWs). The study sought to describe the tasks shifted and perspectives of stakeholders in order to inform policy.



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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 4: By Prof. Dan Owino Kaseje

Topic: The role of schools of public health in global health improvement: a case of, Kenya

Prof. Kaseje gave a brief background on the situation in the health system thus the need to involve highly competent public health specialist to help tackle the challenges to improve upon the health of the people. He explained that the Tropical Institute of Community Health (TICH) has developed a Public Health Training Model that places students and their lecturers in service delivery and management contexts through partnership with the Ministry of Health and communities. They address contextual issues that shape the health situation of populations, applying knowledge and skills obtained through learning processes and competency based pedagogical approach. This study examined the effectiveness of the model in contributing to improvement of health outcomes, addressing issues of scale and sustainability.



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Key Findings:

Antenatal care visits improved significantly from 40% to 80% (4 times more) in intervention sites as compared to the non-intervention sites, ($p= 0.000$). The proportion of women delivering at health facilities also improved significantly in the intervention as compared to the non-intervention sites ($p=0.049$). Similar difference was observed in completed immunization coverage. The differences between the control and intervention sites before and after the intervention in a period of six years were all significant ($p < 0.05$). The Training model was effective in improving health outcomes while producing skilled public health specialists, thus fulfilling the mandate of a University.

Key Message/ Recommendation (s):

The placing of students in service delivery and management helps avoid the problem of external, donor-driven interventions and encourages local problem-solving, and self-reliance. This paper also suggests that a set of core competencies are required of public health specialists in Africa. These competencies can be acquired most efficiently through practical service linked learning processes.

Schools of Public Health in Africa can respond to the many systemic issues that confound health status improvement at the population level and make sustainable contribution.

Presentation 5: By Prof. Anthonia Adindu

Topic: Training backgrounds of MPH candidates: Implications for curriculum development in Africa.

This paper talks about the need for public health training as quality of training affects performance of public health practitioners and hence partly responsible for performance of health systems in Africa. Impacting practitioners with the capacity and competencies to meet 21st century health sector challenges in Africa and also able to compete in the global public health market is crucial for public health development in Africa. She also enumerated the nature of MPH training at the University of Calabar.



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Key Findings:

Clinically skilled practitioners tend to have weak foundation in basic health research and application of scientific process due to the nature of their training. Systems thinking is critical in the training of public health professionals who tend to lead teams for different purposes. The work they do can affect people both positively and negatively thus clinical interventions on health of populations must be clear to everyone.

Key message/ Recommendation(s):

The paper therefore advocates as mandatory for training at the MPH level principles of scientific research and application of scientific methods. In addition, training in every country require competencies and skills in health policy analysis, health planning, leadership, human resource management, information management, team work, organising, leadership, quality assurance, and holistic thinking.

Question/ Contribution Session

Participants made contributions on a number of key issues.

- Some of the tracks offered for the MPH program at the University of Ibadan, Nigeria are similar thus they can review and limit them and also run some as MSc programs.
- MPH graduates should have competencies in biostatistics; monitoring and evaluation; management and leadership.
- There is the need to address the issues with doctors who want to offer MPH because most of them are motivated by the fact that they would not have to go back to the consulting room.
- 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.
- In selection of students for the MPH program, you should know those preventing diseases in your country to train them instead of recruiting the medical professionals. This is because it would not be easy for them to shift from curative to preventive quickly.
- Risk analysis & management and the current trend climate change and health should be included in the competencies an MPH graduate should acquire.



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2nd Session

Chaired by Prof. Philip Adongo

Presentation 6: By Prof. Ademola J. Ajuwon on behalf of Prof. Godwin N. D. Aja

Topic: Building professional dialogue and establishing an *association for public health teaching, research and service* in Nigeria: A dream come true.

Prof. Ajuwon in his introduction explained how sustained Public Health professional dialogue can help achieve the goals of Public Health in Nigeria. He also gave a summary of the 2013 International Public Health Conference held at Babcock University. The resolution from the conference led to the formation and official registration of the *Association for Public Health Teaching, Research and Service* (APHTReS), whose objectives are to promote research, training, regulation of standards for public health professional training and practice in Nigeria.

Key Findings:

A partnership has been created among faculty and students of participating schools in the areas of external examination, curriculum review, sabbatical leave exchanges, and research collaboration. Conference participants have continued to interact in the areas of external examination, curriculum review, sabbatical leave exchanges, research collaboration, organization of students into a vibrant national association, high level advocacy to Government at the State level and inter-agency cooperation with other professional health manpower organizations.

Key message/ Recommendation(s):

The 2013 Public Health conference created the platform for professional dialogue which led to collaboration among Public Health schools in Nigeria. APHTRes is a platform to market the harmonized curriculum being developed by ASPHA.

Presentation 7: By Prof. Helen Schneider

Topic: Emerging opportunities in post-graduate public health education for health systems development: report of a workshop.



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This paper talks about the opportunities in strengthening post-graduate health education for health systems development. It outlined some of the challenges educators face in training graduates. The emerging opportunities include flexible and distance learning, new technologies & online learning and work based learning. She also outlined the framework for redesigning curricula.

Key Findings:

It is evident that collaborations in the field, as well as international higher education debates, has led educators in the field of Public Health to revisit and re-think issues of access to and delivery of post-graduate programs. They are currently making increasing use of distance/blended learning and online and mobile (e-learning) technologies. An additional dimension of these initiatives is better integration of formal class-based training with workplace-based learning, which includes modalities such as mentoring, networking, peer learning and coaching.

Key message/ Recommendation(s):

There is the need for collaborative engagement, shift in mindset and also strengthen capacity to improve post-graduate public health training, especially in health systems development.

Presentation 8: By Dr. Tollulah Oni

Topic: Health in Context, an integrated course for undergraduate medical students

Dr. Oni talked about the Health in Context 8-week course which was developed for 4th year undergraduate medical students at the University of Cape Town. This course is aimed at introducing students to the practice of community-oriented primary care (COPC) through theoretical and experiential learning. She also explained the components of the course.

Key Findings:

Students were unable to understand how the different components are integrated. There was undue didactic lecture burden with inadequate time to complete epidemiology project group work. Interference from different departments and insufficient supervisors for all projects also posed a great challenge to the 8-week course.



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Key message/ Recommendation(s):

The paper therefore advocates as mandatory to identify core themes that run through the different components, conceptualise alternative modes of delivery beyond didactic lectures, map curriculum to incorporate key threads, link clinical to population, understand the context of population and finally intervene to improve health through research and health promotion.

Presentation 9: By Janine White

Topic: Trials and tribulations of increasing post-graduate throughput in the Wits School of Public Health (WSPH) – lessons from the Legacy Student Project (LSP)

This paper sought to determine the barriers to successful completion with legacy students. Janine explained legacy students as post-graduate students who had registered in 2009 or prior to that date, completed course work successfully, but has not completed the research report, which enables graduation.

Key Findings:

The study identified common problems, including the inability to mediate the work/life/studies balance; personal problems such as the loss of a loved one; poor project management skills; sub-optimal supervision; poor communication among key stakeholders (student, supervisor, school and faculty administration); little or no student knowledge of appeals mechanisms; and inability of the existing student management information system (SIMS) to identify potentially at risk candidates.

Key message/ Recommendation(s):

There is the need for comprehensive strategy to address student, supervisor and system identified barriers to throughput. There should be an effective information system to ensure ongoing communication and monitoring of student performance. Finally there should be regular interaction with the faculty post-graduate office, the university academic support information unit and the business intelligence information support unit.



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Presentation 10: Dr. Richmond Aryeetey

Topic: Curriculum audit of Public health programs in Ghana using the proposed ASPHA MPH Core Competencies.

Dr. Aryeetey presented a study that assessed existing MPH programs (using MPH curricula) in Ghana with the draft ASPHA MPH core competencies; comparing the ASPHA core competencies with existing competency framework (ASPH) and also stimulating further discussion on the applicability of the proposed core competencies.

Key Findings:

From the ASPHA MPH core competencies, 28 measurable competency indicators were identified. Majority of these indicators are covered by MPH programs assessed while some were partially covered. Many indicators of the core competency are in elective courses. Some programs had more intense coverage of competencies than others which suggests potential benefits of cross-learning.

The gaps in ASPHA core competency document as compared to ASPH core competency were Informatics and information systems management; Biological basis of public health; and Biostatistics.

Key message/ Recommendation(s):

ASPCHA should facilitate more interaction between public health institutions so they can learn from each other. Guidance is needed from ASPCHA to ensure clarity and consistency of course content description including how to use the ASPHA core competencies.

Presentation 11: Prof. Leslie London

Topic: MPH Core Competencies: A survey of 7 African Schools of Public Health compared to international experiences.

As part of the curriculum work of the Association of Schools of Public Health in Africa (ASPCHA), Prof. London presented a preliminary review of curriculum competencies which aimed to investigate and describe the core competencies offered by MPH programs on the



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African continent in comparison to other countries globally. Curricula from seven African institutions, and 6 other institutions or networks globally were sourced.

Key findings:

Three major domains were identified for core competencies across almost all institutions, which included: (1) Epidemiology and measurement sciences (including communicable and non-communicable disease, demography, biostatistics, outbreak investigation, surveillance, social determinants of health and effectiveness/causation); (2) health systems (including teaching in areas such as health policy, management, health economics, health services evaluation, legislation and health systems research methods); and (3) an ‘Other’ category that included social sciences, occupational and environmental health, and human rights or ethics-based policy.

Prof. London also pointed out that while some institutions in Africa offered particular specialised training (e.g. clinical epidemiology or health communication), there was overall consistency across institutions in the basic package.

Key message/ Recommendation(s):

MPH programmes in Africa have been developed to meet health system needs but without explicit attention to competency-based elements. As a result, there is less standardisation in what is regarded as core competencies than in northern institutions where accreditation has driven greater consistency across institutions.

This review has begun a process aimed at contributing to potential benchmarking of MPH training across the African region. Further work needs to be done to expand this and is ongoing. We should post useful review material on ASPHA website and insert links. Good practice should be shared so we learn from our mistakes. We must all aim for ASPHA Core Competence guideline and ASPHA publication.



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Questions/ Contribution Session

- Doctors should be allowed to offer MPH as there is the need for them to understand the plight of the patients in terms of where they live, economic status, etc.
- In dealing with competencies we should look at the objectives of the program and describe the curriculum based on what we want to achieve.
- Institutions offering the programs should be able to enumerate the competencies they want students to acquire based on their curriculum. In competencies we look at areas of coverage in terms of content and whether objectives were achieved.
- The study on the core competencies should also be able to do an assessment on where we are now in Africa as compared to other regions in terms of public health training.
- Tool used to assess initiation of contact should be pretested for accuracy so that we can make a competent conclusion on what we are measuring at the end of the study.
- Competencies are used to develop the courses for MPH training.
- The clinical presentation has been linked to public health for the training of medical doctors which has made them take the course seriously.

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

Acknowledging the Chairman, colleagues from SPHs 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 6th AGM of ASPHA and the JASH Conference and apologizing on behalf of the IDRC's inability to attend this meeting. Thanking all local organizing committee members and participants, Prof. Fonn wished all participants a safe travel and also counting on their support and input in the future.