

# **Report of the Conference Proceedings of the 3rd Annual General Meeting of the Association of Schools of Public Health In Africa and the 4th Global Summit of Schools of Public Health**

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**Accra, Ghana  
December 9-10, 2012**

## **LIST OF ABBREVIATIONS**

ASPH	Association of Schools of Public Health (USA)
ASPFA	Association of Schools of Public Health in Africa
ASPHER	Association of Schools of Public Health in the European Region
AGM	Annual General Meeting
ANC	Ante Natal Care
AFENET	African Field Epidemiology Network
CHEPSAA	Consortium for Health Policy and Systems Analysis in Africa
CPD	Continuous Professional Development
EAGHA	European Academic Health Alliance
HPSR	Health Policy and Systems Research
HPSR+A	Health Policy and Systems Research and Analysis
HSR	Health Systems Research
ICT	Information Communication Technology
UCT	University of Cape Town
NHSSP	National Health Sector Strategic Plan
MOH	Ministry of Health
MPH	Master of Public Health
PPME	Policy, Planning, Monitoring and Evaluation
SPH	School of Public Health
UG	University of Ghana
UNICEF	United Nations Children's' Fund
UN	United Nations
MDG	Millennium Development Goals
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

The 3rd Annual General Meeting (AGM) of the Association of Schools of Public Health in Africa (ASPHA) was held in conjunction with the 4th Global Summit of Schools of Public Health in Accra, Ghana from December 9-10, 2012 at the La Palm Royal Beach Hotel. The meeting brought together one hundred and nine (109) delegates from twelve (12) different countries (Botswana, Belgium, Democratic Republic of Congo, Ethiopia, France, Ghana, Kenya, Netherlands, Nigeria, South Africa, United Kingdom and United States) and various Public Health institutions. The theme for the meeting was ‘Policy and Health Systems Research: The Contribution of Schools of Public Health’.

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. It was agreed that individual institutions with specific public health strengths would assist to train graduates in specific competencies. These institutions would also identify funds to provide grants or bursaries to support interested students to help in collating these competencies. The University of Witwatersrand was requested to lead this development.

Country coordinators were nominated in the course of the meeting. They were subsequently tasked to build a database of human and technical resources available and the ones that can be shared among member institutions. Country coordinators were also to act as the contact people for collating concept papers to be published in the subsequent ASPHA newsletter following the recent release of the maiden issue. It was proposed that the country coordinators would provide a report on their activities by the end of March 2013.

There was the need to identify where public health graduates are currently deployed and to track their publications and research outputs. None of the institutions or organizations represented, volunteered to work on this initiative. A platform was to be created for students and staff to interact, possibly utilizing social media such as the African Field Epidemiology Network (AFENET) model where students can publish in special issues of journals. Additionally, forums like the African Federation of Public Health meetings can be set up for further interaction. The

University of Nairobi offered to lead this initiative pending a proposal to be developed to seek funding led by the Executive Committee.

Reports and proposals from the Education/Curriculum Development, Advocacy & Fundraising and Research Committees were each presented. A motion moved by Prof. Uzochukwu to retain the current executives for another year as they had not completed the three (3) years mandated by the constitution, was unanimously adopted.

The Association of Schools of Public Health in Africa (ASPHA), the Association of Schools of Public Health (ASPH) and the Association of Schools of Public Health in the European Region (ASPHER) with its hosted European Academic Global Health Alliance (EAGHA) organized the Fourth Global Health Summit of Schools of Public Health on December 10, 2012 in Accra to renew their commitment to fostering collaboration in education, research, and capacity-building in public health.

At the 4<sup>th</sup> Global Summit of schools of Public health held on December 10, 2012, it was suggested that information technology platforms should be used for networking schools of public health and associated institutions to assist with sharing information and bridging knowledge gaps. Secondly, there is the need to make events in different countries accessible to people everywhere who are interested in participating. Lastly, the Association should explore the setting up of a mentoring system for young researchers; and to provide and deliver short courses and training.

Acknowledging the need to train new workforce to be able to deal with the needs of public health, a call for partnership among schools and institutions was made for students to be exchanged and rotated among member institutions to facilitate learning from varied teaching arrangements and settings. It was recommended that membership and attendance of public health workshops should not be limited to schools of public health only, but should also be open to other academic institutions in health related fields.

At the end of the meeting, it was proposed that a World Federation of Associations of Schools of Public Health should be formed to strengthen the impact on public health issues especially during current discussion on the post-2015 agenda. It was suggested that ASPHA should take a lead role in this initiative and that proposed federation should be housed in Africa. The challenge

to take the lead in setting up the federation was accepted by Ghana (Prof. Binka) on behalf of ASPHA. A proposal for a strategic plan to be drafted for the world federation was put forward. The declaration on promoting collaboration in public health education, training and capacity building in research was signed. Objectives and outcomes to be expected in the next year to guide the strategic plan are to be prepared for review before the next meeting.

## **INTRODUCTION**

The Association of schools of Public Health (ASPHA) was inaugurated on October 23, 2010 in Nairobi with representatives from fourteen (14) public health institutions all over Africa. The School of Public Health, University of Ghana (SPH Ghana) hosts the association's secretariat. The ASPHA's 3rd AGM was held in concomitance with the 4th Global Summit of Schools of Public Health in Accra, Ghana from December 9-10, 2012 at the La Palm Royal beach hotel. The theme for the meeting was 'Policy and Health Systems Research: The Contribution of Schools of Public Health'.

### **3RD ANNUAL GENERAL MEETING OF ASPHA**

The meeting commenced at 9:00am on 9<sup>th</sup> December, 2012 with a welcome address by Prof. Fred Binka, president of ASPHA. He stated the purpose of the meeting: to agree on the possible direction of the association; to elect officers/country representatives; and to welcome the global society at the global summit to be held the following day (10th December, 2012).

Prof. Binka was optimistic that the meeting would help to build upon the initial progress made in order to forge ahead. He entreated all to engage themselves in activities and discussions in the 2-day meeting to enable ASPHA identify progression needs. This was followed by a brief self-introduction by the delegates. The first scientific session chaired by Prof. Richard Adanu followed after the introductions.

#### **Scientific Session 1**

Presentations in this session bordered on health systems strengthening and public health training.

**Presentation 1:** By Prof. Benjamin Uzochukwu

**Topic:** African Public Health Schools' capacity for health policy research, analysis and teaching: The CHEPSAA experience.

Prof. Uzochukwu provided some background on Health Policy & Systems Research and Analysis (HPSR+A). In his introduction, he emphasized on the relevance of HPSR+A for HS

strengthening and achieving universal health coverage. He however, noted that capacity for HPSR+A is limited in lower income countries.

The presentation introduced the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA) which is made up of seven (7) Sub Saharan African and four (4) European Universities. CHEPSAA is aimed at building capacity in health policy and systems research and analysis in Africa to produce high quality HPSR+A work, provide HPSR+A training, engage with networks and translate research into policy and practice. The first part of the CHEPSAA project was a needs assessment aimed at contributing to organisational development, health policy and systems research and analysis.

**Key Findings:**

There are staff shortages, lack of clarity on identifying the vision for HPSR+A and also no HPSRA teaching networks in many institutions. Senior staff shortages and infrastructural constraints observed have been limited to East and West Africa only.

There is an absence of an existing framework for assessing capacity for health policy and systems research and analysis (HPSR+A) in Sub Saharan Africa. A range of organisations require analytical capacity e.g. MOHs, research think tanks, civil society, academia.

**Key Message(s):**

International priority for HPSR+A exists and institutions can help to enhance strengthening capacity because of teaching mandate and knowledge production but little is known about capacity of universities to teach and research into HPSR+A.

**Recommendation(s):**

CHEPSAA and ASPHA can collaborate in: (i) building and profiling the field of HPSR+A; (ii) building community of practice among member institution on HPSR+A in Africa; and (iii) research and teaching practice.

**Presentation 2:** By Prof. Stephen Okeyo

**Topic:** Implications of health training reforms for public health training in Kenya.

Prof. Okeyo provided brief background information on key health educational reforms in Kenya. Indicating that Kenya's medical education reforms are informed by national performance needs assessment.

**Key Findings:**

Despite significant changes in the field of public health, there have been limited attempts to review the curricula and teaching/training methods. In most, if not all instances there is limited mention of Continuous Professional Development (CPD) relevant to Public health. Attempts at setting regulatory structures and systems have been limited, in part blamed on poor public health policy environment.

Certificate and diploma courses at the medical training council are regulated by the Ministry of Health (MOH) through a one-off accreditation process. The regulation of training programmes in private institutions is less certain. The new Kenya constitution seeks to devolve services, inclusive of medical/health training, and embedding equity in services, thus offering opportunity to correct some of the gaps in training and services.

**Key message(s):**

The global medical educational reform, calling for harmonization and quality, is an additional opportunity for corrective action. Additional opportunities include revitalization of PHC, growth of partnerships like ASPHA and CHEPSAA.

Revised National Health Sector Strategic Plan (NHSSP) is set to inspire greater focus on strengthening Public Health (PH) services and by extension public health training.

**Recommendation(s):**

Prof. Okeyo proposed a broad curriculum development framework for public health training programmes that would be designed and reviewed periodically. Also proposed was that the public health workforce should be integrated into Human Resources for Health (HRH) forecasting, and that funding allocated to public health training should be increased. Training and management systems should be strengthened to provide optimum support for public health training, including the establishment of requisite resources e.g. ICT, partnerships, Exchange and Networking. Faculty should be supported to design and deliver public health training through

innovative approaches. Continuous professional development and mentorship programmes should be developed where none exist and effective ones should be scaled up.

**Presentation 3:** By Prof. Leslie London on behalf of Dr. Sumaya Mall

**Topic:** Core competencies in Public health (MPH) review.

Prof. London presented a preliminary review of curriculum competencies and stated that more work would be needed to guide training and capacity building.

**Key findings:**

The review identified the absence of a standard curriculum for public health training. Existing curricula however were identified to have Epidemiology and Health Systems as core competencies across all curricula but these varied in depth and emphasis depending on the available resources.

Prof. London also pointed out the absence of a distinction between general and specialised degrees.

**Key messages:**

The absence of a standard curriculum for public health training suggests that the competencies of graduates with a Master of Public Health (MPH) degree may be widely different in developed countries (USA, Australia, Europe) and developing (ASHPA, Brazil, India) countries. It is however possible to move towards some harmonisation to improve quality of training.

**Recommendations:**

There is need for a preliminary review of MPH core competencies from developed and developing countries to compare and contrast similarities and differences. That notwithstanding, schools of public health were entreated to contribute to the strengthening of country health systems.

## **Question/ Contribution Session**

Participants made contributions on a number of key issues.

- Key players in public health:  
Other key players and cadres of health workers should be considered as part of Public Health training and strategies should be put in place for them.
- Policies developed:  
Strategies should be put in place to avoid the potential misinterpretation of policies developed.
- Curriculum reform:  
Reforms should remain dynamic and respond to the needs of the populations.  
Curricula from universities that have been considered to be strong in specific areas should be analyzed. The feasibility of attaining these demonstrated strengths in training graduates with specific competencies should be investigated.
- Possible ways of getting policy implementers to work with institutions to get research into policy and practice should be investigated and proposed.

## **Scientific Session 2**

Chaired by Prof. Oladimeji Oladepo

Presentations in this session bordered on maternal and neonatal health issues.

**Presentation 1:** By Dr. Gbenga Kayode

**Topic:** Individual and community determinants of neonatal mortality in Ghana: a multilevel analysis.

The research looked at Ghana's progress towards attaining MDGs 4 and 5 and also assessed direct and indirect factors affecting neonatal mortality. It used population based cross sectional study utilizing Ghana's Demographic health survey (GDHS) data.

### **Key findings:**

Community level, maternal and neonatal factors were not found to be statistically significant in influencing neonatal mortality in this study (presenter proposed that this may possibly be due to

underreporting since some other studies have found significance). However, the individual (neonatal, maternal, antenatal, delivery and postnatal) factors were significant.

**Recommendations:**

The recommendation to improve the quality and accessibility of maternal and neonatal care and integrate neonatal care into the integrated management of childhood illnesses (IMCI) was made. Additionally the promotion of family planning and exclusive breastfeeding was also proposed.

**Presentation 2:** By Dr. Richmond Aryeetey

**Topic:** Multiple pathways to assessing pregnancy and delivery care in urban Ghana

Dr. Aryeetey presented a study that was intended to map out the pathways of care seeking and the motivation for using those sources of care during pregnancy.

**Key Findings:**

Among urban women, most seek care from hospital or other orthodox health facilities as first point of call. A greater number of them attend antenatal care (ANC) on an average of four times with some attending more (median=9). Pregnant women in urban areas were found to access Antenatal care (ANC) more than the recommended number of times.

The first ANC visit is delayed for more than a third of pregnant women and the utilization of alternative care inclusive of spiritual, herbal and self-medication during pregnancy is not only common but may occur simultaneous with orthodox care. Contextual issues such as past experience, perception of efficacy, recommendations and fear, are critical in the decision to access care.

**Key messages:**

Poor maternal health is a key development challenge in Ghana and the improvement in maternal health indicators is occurring at slow pace.

Contextual issues such as past experience, perception of efficacy, recommendations and fear, are critical in the decision to use a care source.

**Recommendations:**

Dr. Aryeetey emphasized that it is important to not only recognize the multiplicity of care sources and build interventions around this behavior, but also the physical and financial barriers and social norms that drive health-seeking behaviour in behaviour change programmes.

**Presentation 3:** By Dr. Oyedunni Sola Arulogun

**Topic:** Maternal mortality from the lens of the legislators: How real?

Dr Arulogun presented a brief background on maternal health in Nigeria.

**Key findings:**

Most legislators in Nigeria are male and did not fully comprehend maternal health and related issues. Knowledge and awareness of concepts related to maternal mortality is low (36%) among legislators and the predominant perception was that maternal mortality was not a threat to the economy. Legislators were also of the view that: maternal health should not be financed by constituency funds; making ANC compulsory would not reduce maternal mortality and that maternal mortality was not a threat to the Nigerian economy. The review also found inadequate monitoring of maternal health programmes by legislators.

**Recommendations:**

Good relationships between legislators and health workers should be nurtured and evidence based data should be used to convince legislators that maternal mortality is a threat that can impact upon the economy.

Women should form pressure groups to raise awareness on family planning in Nigeria. Political party leaders and royal fathers should be involved in maternal health related programmes.

**Questions/Contribution Session**

- Participants raised concern with a number of issues previously discussed.
- Clarification was sought on what Nigerian legislators think is their specific role in addressing maternal mortality.
- Participants also identified that in Nigeria, there are policies that exist but appear weak because they have not been implemented well.

- Issues bordering on selection biases were raised. The concern was that since the sample was of women who had recently had a live birth at a health facility, the finding would show use of a health facility as predominant.
- An elaboration of the choice of individual and community level factors used in presentation 1 was requested to clarify the ambiguity of which specific factors were used.
- Also the issue of mothers at public health facilities generally not being encouraged to visit the health facility during their first trimester was raised. The inquiry was into how this can be addressed especially because only women attending private facilities would have reported for ANC in the first trimester.
- It was finally agreed that evidence was essential for all the points raised from the presentations as this will be the only way to move things forward.

## **BUSINESS MEETING**

Chairperson- Prof. Sharon Fonn

The Business Meeting began with reports from the various standing committees of ASPHA.

### **Public Health Education/ Curriculum Development Committee - Prof. Leslie London**

Prof. London stressed the need to identify themes or core competencies a graduate student in Public Health should have. Country coordinators should be appointed by each country group during the meeting with the role to assist in identifying these national themes and develop ‘a set of core competencies for public health specialists’. The motion to break into country groups to determine what these core competencies should be was proposed.

Concerns about the core competencies to be decided upon at this meeting were addressed – these would not supersede regulatory or accreditation bodies in the various countries represented. The expected outcome is rather to be able to identify key aspects that should be part of training to guide structuring of curricula to meet international criteria. The goal is to be able to clearly define what a public health person should be able to do and also to assist with data collection for reviews.

## **Advocacy and Fundraising Committee - Prof. Fred Binka**

### **Advocacy:**

Following extending invitations to other English, French and Portuguese speaking Schools of Public Health in Africa (35 institutions), a few acceptances have been received. Non-ASPHA members present were entreated to join. And all members were entreated to help identify key individuals of other institutions or Schools of Public Health in order to solicit their participation. Prof. Binka announced that the maiden publication of the ASPHA newsletter had been released and would be mailed to all. Further improvement on development of the newsletter was proposed.

### **Fundraising:**

Following up from the meeting in Ethiopia, country representatives were requested to identify donor bodies to fund the association. The option of soliciting funding by membership subscription and through the publication of journals was put forward and areas of joint activity that can be used to raise funds not only for meetings but other ASPHA related activities should be investigated.

The establishment of an executive fundraising committee was proposed to coordinate the fundraising activities. The main task for 2013 will be to develop annual budget and identify key areas of collaboration to help raise funds for ASPHA. The Rockefeller Foundation, World Health Organization (WHO) and Swedish International Development Agency (SIDA) were acknowledged for funding and supporting the third ASPHA AGM and fourth Global Summit of Schools of Public Health.

The need to identify key sources of funding especially for training of public health specialist was reiterated, and participant proposed the option of having champions from public health friendly legislators or leaders in their countries.

## **Research Committee - Prof. O. Oladepo**

Prof. Oladepo pointed out that calls for research proposals had not been shared among association members advocating for a need for collaborative research.

The committee recommended capacity mapping among institutions, the possibility of publishing concept papers and establishing some form of mentorship for effective research. He requested that institutions recommend one member as a contact person for coordinating the concept papers.

## **PLENARY SESSION**

Moderator - Prof. Sharon Fonn

**Ideas from Executive Committee Meeting (8<sup>th</sup> December 2012) revisited and opened for discussion:**

1. Mapping human resources- examiners, lecturers.
2. Develop core competencies- public health history of respective partner institutions, minimum competencies required to qualify as public health specialist.
3. Mapping public health graduates to assess impact.
4. Assess extent to which schools of public health are meeting the needs of the health system in Africa.
5. Create a common repository of curriculum linked to partner schools' website for shared use. This requires a web manager.
6. Share expertise in teaching health promotion for social change.

## **Contributions/ Discussion**

A database of graduating students should be created from now on to assist with mapping. Student publications and research output and how these relate to health systems building blocks could also be assessed as a part. As part of mapping human resources, there should also be some mapping of external examiners for ASPHA members. Country networks and databases were proposed to be developed and these databases should be web based.

In response to the need to define who a Public Health specialist is, country coordinators were to be identified to carry hereof the core competencies review forward. These country coordinators were proposed to work virtually and report by the end of March 2013. Their activities include:

collecting data and forwarding this data to ASPHA secretariat; and building a database of other resources (eg. Technical) available and what they are willing to share. This data collection review could potentially also be done by MPH students in the various schools. The idea would be for ASPHA to provide bursaries and grants to motivate students to undertake this. A proposal was to be developed to seek funding for this which will be led by the Executive Committee. Also suggested was the need to develop a platform on the themes and get interested groups to be involved. The University of Witwatersrand offered to take the lead on that.

Concerns were raised about the cadres of public health workers and what their core competencies and career prospects should be. The competence of lower cadre of health staff must be considered when developing curriculum in order to establish knowledge and competences required for all health staff.

A forum like an African Federation of Public Health meeting can be set up where students could meet and interact. The University of Nairobi was asked to set up the common communication/repository platform.

The use of social media was also proposed to be investigated. Lessons can be learnt from the AFENET model where students can publish in special issues of journals. Country coordinators were nominated. They were: Dr. Reginald Matchaba-Hove for Botswana, Prof. Mala Ali Mapatano for Democratic Republic of Congo, Mr. Netsanet Fentahun Babbel for Ethiopia, Prof. Stephen Okeyo for Kenya, Prof. Oladimeji Oladepo for Nigeria, Dr. Flavia Senkubuge for South Africa and Dr. Richmond Aryeetey for Ghana.

## **ELECTIONS**

A motion moved by Prof. Uzochukwu to retain the current executives for another year as they had not completed the three (3) years mandated by the constitution, was unanimously adopted.

## 4<sup>TH</sup> GLOBAL SUMMIT OF SCHOOLS OF PUBLIC HEALTH

Guests arrived amidst a cultural display between 08:30 to 09:10hrs.

The Pro-Vice-Chancellor of University of Ghana (UG), Prof. John Gyapong gave the welcome address on behalf of Prof. Ernest Aryeetey (Vice-Chancellor of UG). Prof. Gyapong in his remarks expressed his pleasure for being part of such an important event and hoped activities of ASPHA will significantly impact on Global health issues. He further entreated international delegates to visit University of Ghana campus and other places of interest in and around Accra.

Prof. Fred Binka (President of ASPHA) in his declaration of purpose, requested participants to engage themselves in all discussion in order to raise issues of relevance to the cause of ASPHA and individual partner institutions. He also reaffirmed the agreed collaboration to integrate various associations.

The Guest of Honour Dr. Luis Sambo, represented by Dr. Bokar Toure began his address by stating that Health Policy and Systems Research must be directional in shaping and correcting anomalies in policy and also integrated into design and implantation of programmes and policies. He stressed the need to strengthen capacity in order to make research demand and need driven rather than academic. This he said would make research findings useful in decision making and policy formulation. He stated that a repository of knowledge needed to be established by collaborating with relevant authorities to make outputs relevant to all. He concluded by elaborating on the importance of ASPHA to health systems strengthening. This was then followed by a cultural interlude.

### **Presentations**

**Presentation 1:** By Prof. Irene Agyapong Amarteifio

**Topic:** The evolution of Health Systems Research and Policy Development in Ghana

Prof Agyapong Amarteifio gave some historical background (Pre and Post-independence) of Health Systems Research (HSR) in Ghana.

- Pre-independence up to 1957

Health research focused on epidemiological and clinical research related to disease control and expatriates generally did research with no significant attempts at local research capacity building.

- Post-Independence 1957 – 1990

Research moved from predominantly epidemiological disease control related and clinical towards more systems and primary care service delivery focus with the Danfa comprehensive health and family project (1969 – 1979). Control, lead and capacity building remained mainly in the University of Ghana Medical School (UGMS).

- 1990 onwards

Establishment of Health Research Unit as part of MOH (1990) and School of Public Health in University of Ghana (1994). Also evolved was a sub-unit of the Policy Planning Monitoring and Evaluation (PPME) to a research and development division of the GHS.

### **Success**

The high level policy support for health research development and institutionalization of a culture of health research within the public sector has been important in the development of HPSR capacity. HPSR capacity in Ghana has been the development and retention of committed researchers within institutions grounded in the health system, with the capacity to write proposals and attract research funding.

### **Challenges**

A continuing weakness is in national priority setting, coordination, harmonization and control of health research financing. The close ties between the UG-SPH and the MOH appear to have weakened somewhat over the years but must not be allowed to weaken further. The tendency of people to stick to and protect their zones and territories is not very conducive to good health policy and systems research. The expertise of academic and research institutions is critical but without a close partnership with the health sector and ownership, research no matter how rigorous may not make much impact.

### **Way forward**

The MOH and UG-SPH partnerships must be assisted to stay closely linked in a strategic alliance. Research should be institutionalized with the MOH as well as within academic and research institutions. The MOH has to be an active partner influencing agenda setting and the conduct of research to facilitate getting research to inform policy and programme decision making.

**Presentation 2:** By Prof. Sharon Fonn**Topic:** Health Systems and Health Systems Research from African Perspective

Prof. Fonn acknowledged HSR as a research area that is coming of age. In consequence, two Global Symposia have been held on HSR and a first international society for HSR has been created in Beijing in November 2012.

**Key Points**

Prof. Fonn stressed that to advance and strengthen methods used, the challenges faced must better be met. She also spoke about the selective bias towards known methods as there is no common understanding of what health systems research is. In conclusion, she stated that as complex issues and complex systems require a multidisciplinary approach, disciplines at universities have historically developed in response to needs. Public Health has thus developed as a response to the needs of society.

**Key Messages**

The public health training capacity in most universities is limited and half the countries in Africa have no post-graduate training in public health. Training capacity is further constrained by record growths in student numbers and reduction in per capita funding, which have negative implications for staff morale and research.

She stated that external interventions are prioritised over local, context-specific solutions and that a number of reforms are determined by outside agencies and donors, and then driven by international technical experts. These reformers are concerned with technical solutions rather than with the processes required to support change and have been preoccupied with trying to identify one-off, large-scale fixes, rather than with supporting longer-term, incremental improvement. She concluded that support for a radical change in the current global health architecture is in the interest of every disease- or issue-specific advocate.

**Way forward**

Although population health can be improved through specific health interventions that target high burden diseases, these interventions must be offered within a functional health system for optimal effectiveness.

The current global planning needs a clear African voice in defining what health systems research should be. A progressive voice of all of the people who understand the centrality of an accountable and functional health system developed with local knowledge and expertise. There should also be accountability to the people who use it, within countries and between countries.

**Presentation 3:** By Prof. Antoine Flahault

**Topic:** The Future of Global Public Health

The presentation sought to deliberate on what the place of health in the post-2015 agenda Millennium Development Goals (MDGs) will be.

The speaker spoke about the three related goals of the MDGs: (i) child survival; (ii) maternal and reproductive health and (iii) Malaria, Tuberculosis and HIV.

The post-2015 agenda:

- Global consultation on the nine (9) themes including health
- The World Health Organization (WHO), UNICEF, Government of Sweden and Botswana are leading the global consultation on health

Global health academic organizations propose delivering a common response to 5 questions. Firstly, what criteria would you suggest are used to select priorities for the post 2015 agenda? Secondly, what are your suggested health priorities for the post-2015? What are the lessons to be learned from the health related MDGs for the post 2015 agenda? How should the health fit into the post-2015 sustainable development agenda? Finally, how should we measure progress?

### **Conclusion:**

Key areas that can provide an opportunity to influence the UN consultation on health include:

- Not losing achievements from the MDGs: new goals should be additional tools.
- Need to include goals that cover the functioning of health systems as well as the universal health care coverage.
- Need to promote intersectoral collaborations (for environmentally sustainable development through health in all policies).
- Importance of good governance including full range of stakeholders.
- Importance of development of accurate vital registration systems and collection of relevant health information (e.g. Healthy Adjusted Life Expectancy).

## **Address by Prof. Sir Andy Haines**

**Topic:** Developing and assessing health systems guidance – potential for collaboration between SPHs.

Prof. Haines in his address stressed that health systems need systematic and guiding evidence. Adding that in the clinical field, guidelines can be effective tools to support decision-making when implemented properly.

He identified some challenges to generating and using evidence for guidance on health systems issues: the study designs, interconnections between health system elements and the complexity of the health system context. There is the need to involve decision makers with diverse backgrounds who are strong political and ideological drivers of health policies.

He emphasised that policy decision-making required a combination of research and contextual evidence and said that the critical factors to improve the use of research evidence include: (i) interactions between researchers, policy makers; (ii) timeliness in the availability of evidence; (iii) and consistency between the evidence and beliefs and values of stakeholders.

Evidence would also be needed at different geographical levels i.e. Global (GFATM, GAVI Alliance, WB, etc.), WHO Regions, National and Sub-national (province, state, etc.) levels.

He however pointed out a number of challenges to assessing research evidence: study designs are generally weak i.e. small number of observational and case studies; there is a significant amount of variability in reporting of outcomes of interest making it difficult to pool results from different studies; and the mechanisms by which interventions achieve intended objectives rarely explained.

Prof. Haines concluded by reiterating that bridging gaps between research and health systems policies are a priority for collaboration. He stressed on the importance of setting up a mentoring system or organizing short courses for young Faculty/researchers and also proposed the use of electronic communication media.

## **Questions/ Contribution Session**

Participants sought more background on the process of receiving information concerning meetings of this nature as interested participants who do not work directly with the ministries receive short notice.

Stressing upon the importance of who the drivers of public health issues in Africa should be, schools of public health were proposed to be more active in controlling the quality of information in current research that gets to ministries of health.

## **Addresses by regional representatives**

This was chaired by Prof. Oladimeji Oladepo

### **➤ Address by Prof. John R. Finnegan - ASPH**

In his remarks, Prof. John R. Finnegan proposed the utilization of current information technology platforms to share information and bridge knowledge gaps to network schools.

### **▶ Address by Prof Antoine Flahault - (ASPHER)**

In Prof. Flahault's address, he proposed that ASPHA take the lead in initiating the formation of a World Federation of Schools of Public Health and host its secretariat. He also called for one voice to champion public health issues especially during current discussion on post-2015 agenda.

### **▶ Address by Prof. Sir Andy Haines - (EAGHA)**

Prof Haines reinforced the need for a strong voice and working together to be able to influence the post-2015 agenda. Thus, it is important to interact with global and regional organisations so that with one voice we can influence decision-making. He also supported the idea of a world federation and emphasized the need for public health to be represented in the global health agenda. He further stressed the need to bring together specialists from fields like agriculture and nutrition to work together as actors for change. He noted that not all partnerships are equitable but as a global institution it is possible to work together for equitable partnerships for the common good.

Prof. Haines also reinforced the need for sharing materials and curricula for development to assist in moving forward. "Knowledge can also be pooled together by sharing learning ideas and teaching methods". There is the need to ensure that events in different countries are accessible to people interested in participating. He indicated that issues of health are getting broader and more

international e.g. the pandemic flu. He emphasized the need for a wider network. This, he concluded, will also allow for mentoring of emerging leaders.

▶ **Prof. Fred Binka - ASPHA**

Prof. Binka acknowledged that several attempts had been made to come together to improve and develop public health training on the continent. Previously, most of the work done had been conducted in isolation. Now there will be concerted effort to move the Public health agenda on the globe forward. Recognising that all African schools have peculiar historical beginnings, he stated that there are many ways that they can strengthen each other.

He mentioned that regions can benefit from the resources that each has – some regions have the best teaching arrangements and Africa has the best settings to learn (i.e. diseases and conditions). Acknowledging the need to train the new workforce to be able to deal with the needs of public health, he identified some areas of communicable diseases in epidemiology that can be strengthened and incorporated into the core competencies. Students can then be exchanged between member institutions to learn as much as they possibly can.

Prof. Binka laid emphasis on the need for any decision to work together now to have more tangible expected outputs than have been committed before. He affirmed that the resources available would best be utilized if members can partner each other. Coming together will enable the pooling of resources and bilaterally or unilaterally source for resources from donors. Prof. Binka concluded that there is truly strength in numbers, so the African association would like to partner with the other associations to form one world federation/ body.

**Questions/ Contributions**

Participants agreed unanimously to form a global federation and clarification was sought on the organisational structure and funding sources. This was proposed to be discussed by all before proceeding with the formation of the federation.

Overall support for a federation and partnerships to be formed was reiterated. Further to the decision to partner other schools, a proposal for all members who were present to substitute for those absent now to come up with a document that defines the partnership relationship and

decide on what further steps we should take was tabled. These would be circulated to all others to be acted upon.

### **Prospects of Federation**

ASPHER representative, Prof. Flahault proposed that initiation to form the world federation be moved by ASPHA. Prof. Fred Binka on behalf of ASPHA accepted the challenge to take the lead in setting up the federation. The World Federation when set up should have a location from which it does all its activities. It was then proposed that, as a start, the federation should be housed in Africa.

A proposal for a strategic plan to be drafted for the world federation was put forward. Some objectives of the new federation were outlined in the signed declaration.

The Declaration (appendix 1) was read by Dr. Mary Amoakoh-Coleman (Master of Ceremonies for the occasion) and signed by the representatives from the various regions (Prof. Fred Binka, Prof. Sir Andy Haines, Prof. Antoine Flahault and Prof. John R. Finnegan) respectively.

Gifts were presented to some participants (executive committee members, invited guests and founders of ASPHA) by the Local Organizing Committee.

### **Concluding Remarks:** By ASPHA President (Prof. Fred Binka).

Acknowledging the Chairman, colleagues from SPHs and academic institutions, Prof. Binka reiterated the commitment to form a World federation and emphasized the decision by the African institutions to take the lead in setting up and housing the federation. He proceeded to thank all for participating in the 3rd AGM of ASPHA and the 4<sup>th</sup> Global Summit of Schools of Public Health and setting objectives and outcomes to be expected in the next year to guide a strategic plan to be prepared for review before the next meeting.

Thanking all local organizing committee members and participants, Prof. Binka wished all participants a safe travel and also counting on their support and input in the future.

## Communiqué signed for promoting collaboration in education, training, research and capacity building in Global Health.



### Fourth Global Summit of Schools of Public Health

Accra, November 10, 2012

*Declaration on promoting collaboration in education, training research, and capacity-building in Global Health*

The Association of Schools of Public Health in Africa (ASPCHA), the Association of Schools of Public Health (ASPHER) and the Association of Schools of Public Health in the European Region (ASPHER) with its hosted European Academic Global Health Alliance (EAGHA) have organized the Fourth Global Summit of Schools of Public Health during the 2012 ASPCHA Annual General Meeting in Accra to renew their commitment to fostering collaboration in education, research, and capacity-building in Public Health.

As international associations of schools of public health, we declare that:

- Schools of public health have the responsibility of promoting education, research evidence-based policy and capacity-building in Public Health.
- ASPCHA, ASPHER and EAGHA and ASPHER will promote integration of the recommendations of the Global Commission on the Education of Health Professionals in the 21<sup>st</sup> Century—competency-based curricula, creative use of information technology, transformative learning, inter-professional teamwork and a systems approach to institutional reforms—throughout schools of public health.
- ASPCHA, ASPHER and EAGHA and ASPHER will collaborate in advocating for evidence-based policy and increased resources for improving Public Health.
- ASPCHA, ASPHER and EAGHA and ASPHER recognize the importance of forging sustainable partnerships between institutions in response to their priorities and supporting the development of capacity in areas such as research, teaching, administration and infrastructure.

The signatories of this declaration pledge to promote collaboration in Public Health education, training, capacity-building and research across regions by forging links, sharing experience and opportunities for joint funding to support these activities. We propose the creation of a "World Federation of Associations of Schools of Public and Global Health" which would bring together existing regional Associations of Schools of Public Health and all academic institutions that offer programmes in public and global health. These Associations will work together to improve teaching and research in Public Health in all institutions and to advocate for evidence-based policies in Global Health.

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Association of Schools of Public Health in Africa (ASPCHA)

**John Finnegan, Jr., MA, Ph.D**  
Association of Schools of Public Health (ASPHER)

**Andy Haines, MBBS, MD, FFPN**  
European Academic Global Health Alliance (EAGHA) (ASPHER)

**Antoine Flahault, MD, PhD**  
Association of Schools of Public Health in the European Region

